# GUATEMALA

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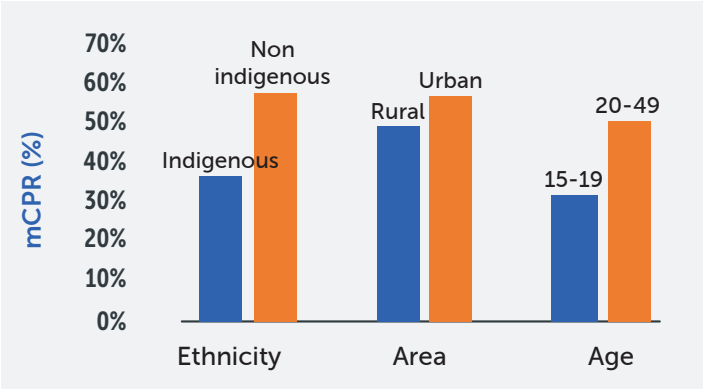
## Guatemala: Inequalities plague family planning access

Guatemala has made progress in improving access to family planning (FP) services for its population. However, the country must address systemic weaknesses in and severe underfunding of the health sector to bring FP services to the country's most vulnerable populations, including indigenous and young women, and those in rural areas. Use of FP methods in Guatemala grew from 54.1 percent in 2009 to 60.6 percent (women married or in union) in 2015, while the modern contraceptive prevalence rate (mCPR) increased from 44.0 to 48.9 percent. The use of traditional methods also increased, from 10 to 12 percent—nearly 20 percent of total contraceptive use—and accounted for a much larger share of contraceptive use among indigenous women (28%) and in rural areas (22%). Modern contraception use remains lower among indigenous, rural, and young women (13, 6, and 18 percentage points lower, respectively) than among the general population (Figure 1).

| KEY FAMILY PLANNING INDICATORS | |
|---|---|
| CPR, modern methods (2015) | 48.9%* |
| Unmet need (2015) | 14.1%* |
| TFR (2015) | 3.1% |
| **FUNDING SOURCES FOR FP COMMODITIES (2015 EST.)** | |
| Private Out-of-Pocket | 63.2% |
| Ministry of Public Health and Social Assistance | 29.9% |
| Guatemala Social Security Institute | 7.0% |
| **SOURCE OF MODERN METHODS (2015 EST.)** | |
| Public sector facility | 60.0% |
| Private facility, retail outlet, or social marketing | 40.0% |
| **MODERN METHOD MIX (2015)*** | |
| Female sterilization | 42.9% |
| Injectable | 33.9% |
| Male condom | 7.8% |
| Oral pill | 6.7% |
| Implant | 3.9% |
| Others** | 4.7% |

*Sources: [2], [6], Author's estimate.*
*CPR = contraceptive prevalence rate, TFR = total fertility rate*
** Women married, in union, or sexually active **Other methods in use include: IUDs (3.1%) and male sterilization (1.2%)*

### Figure 1: mCPR by Subgroups




*Source: [4]*

Guatemala's health services are concentrated in urban areas, primarily Guatemala City and Quetzaltenango. The Expansion of Coverage Program (PEC)—through which the Ministry of Public Health and Social Assistance (MSPAS) contracted out to nongovernmental organizations and private providers—provided health services, including family planning, to as much as 20 percent of Guatemala's population living in rural areas. However, this program was canceled in 2014. Use of modern FP methods is significantly lower in the country's rural Northwest Region (Figure 2) and the end of the PEC threatens a severe and lasting impact on access to FP services in the areas it served.

Guatemala's public sector is the primary provider of healthcare, including FP services; 38 percent of FP users obtain services from MSPAS facilities. The Guatemala Social Security Institute (Instituto Guatemalteco de Seguridad Social, or IGSS), which covers 17.5 percent of Guatemalans with health insurance [1], accounts for only 9.3 percent [2] of modern FP method provision. Since 2004, Guatemala has allocated 15 percent of taxes on alcoholic beverages to fund family planning and reproductive health (FP/RH); of the total amount, 30 percent is designated for FP commodities. However, use of these funds for family planning is inconsistent (Figure 3).

## Health financing in Guatemala

In 2013, only 36 percent of total health spending in Guatemala came from the public sector, divided primarily between MSPAS (19%) and IGSS (15%). Out-of-pocket expenditure accounts for more than half (52%) of total health spending in the country. In theory, MSPAS provides services at all care levels free of charge, while IGSS covers all formal sector employees through a designated payroll tax. From 2005–2014, IGSS coverage grew from 2.3 to 3.0 million; however, attempts to expand coverage beyond formal sector workers have been limited [3].

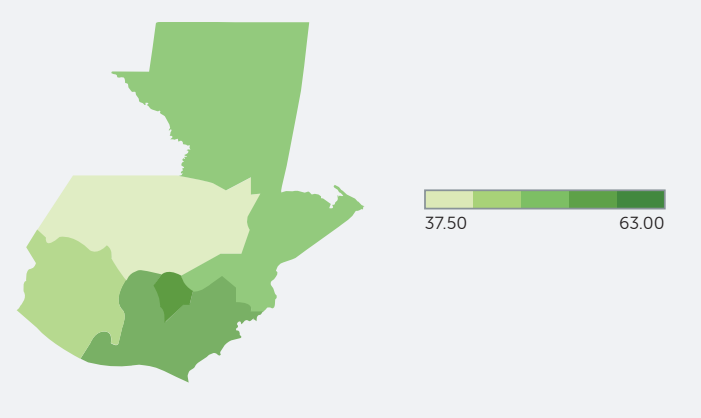
Both IGSS and MSPAS have faced recent financing crises. Even in urban areas where public facilities are concentrated, clients often seek services in the private sector due to limited capacity at lower levels of care and frequent stockouts of supplies and essential medicines [1, 4]. IGSS operates with a budget similar to MSPAS while serving only one-quarter of the population. Although IGSS includes services at all levels of care, it plays a limited role in primary care, including antenatal care and FP services, with many IGSS clients seeking such services in MSPAS facilities.

## Financing family planning services

### Family planning services and key financing schemes

In theory, MSPAS provides condoms, injectables, and oral contraception at the primary level of care, while some secondary

## Figure 2: mCPR by Geography




*Source: [2]*

and tertiary facilities also provide intrauterine devices (IUDs), implants, and sterilization services. However, commodity stockouts are frequent in MSPAS facilities [4] and clients frequently must pay out-of-pocket (OOP) for commodities in the private sector. IGSS provides IUDs, oral and injectable contraception, and tubal ligation as a postpartum procedure. Due to limited access in the public sector, 22 percent of FP services are obtained through private, for-profit clinics, hospitals, and pharmacies, with social marketing organizations (primarily APROFAM) providing 16 percent at subsidized prices based on income levels.

### Access to family planning and financial protection for uninsured women

Despite the theoretically free provision of FP services in public facilities, a large proportion of women using modern FP methods pay OOP for FP services. Although the cost of most FP methods in the private sector is lower than in other Latin American/Caribbean countries, these OOP costs still present a significant barrier to FP access for poor women.

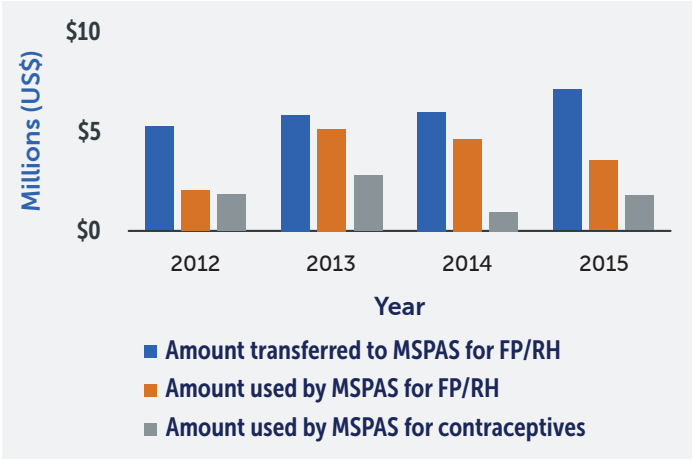
### Government policies to increase affordable access

Guatemala's earmarked alcohol tax for FP/RH raised an estimated US$7 million in 2015, of which only approximately half was used for FP/RH and one-quarter for FP commodities. Over the last four years, on average, only 64 percent of earmarked funds have been used for FP/RH. Thirty-one percent of collected funds—slightly more than the allocated 30 percent—were used for FP commodities.

## Summary

Despite efforts to ensure sustainable and sufficient financing for family planning in Guatemala, key gaps and weakness in the health sector must be addressed to further reduce unmet need and increase financial protection for family planning. Primary healthcare must be strengthened in rural areas that have been under/unserved and lack access to FP commodities. In urban areas, family planning must be better integrated into the IGSS package of services to reduce pressure on MSPAS for the provision

## Figure 3: Earmarked Tax Revenue and Execution for FP/RH




*Source: [5]*

of FP services. Special attention must also be paid to key groups with low mCPR, particularly indigenous and young women. In light of emerging vector-borne diseases in Guatemala influencing reproductive outcomes (such as Zika), family planning should be an important piece of Guatemala's primary and preventative healthcare strategy.

## References

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