



KATHMANDU

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**19TH GENERAL MEMBERSHIP MEETING OF THE
REPRODUCTIVE HEALTH SUPPLIES COALITION**



Access to contraceptives in Argentina and Brazil

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Introduction

➤ *Why Argentina and Brazil?*

Similarities and differences between them

➤ *Why the period 2003-2015?*

In that years Argentina and Brazil implemented medicines policies and sexual and reproductive health programs as well.

➤ *Why Contraceptives?*

Health- Human Right-State Responsibility
Contraceptives - Essential Medicines (WHO)
Access barriers= Negative indicators for Women ´s health



Methodology

- *How did I conduct the comparison and analysis?*
- Carried out a literature review
- Developed 3 analyses matrix with specific dimensions: 1) to compare the health systems; 2) to compare the national sexual and reproductive health programs, 3) to compare the medicines policies with focus in contraceptives.
- Collected data (secondary sources), analyzed and compared both countries
- Analyzed how this issue reached the public agenda
- Mapped the key-actors and stakeholders
- Conducted 6 semi-structured interviews with stakeholders from both countries



Findings

Six key elements in the creation of ways to access to contraceptives:

Political
Processes

Health System

Outsiders

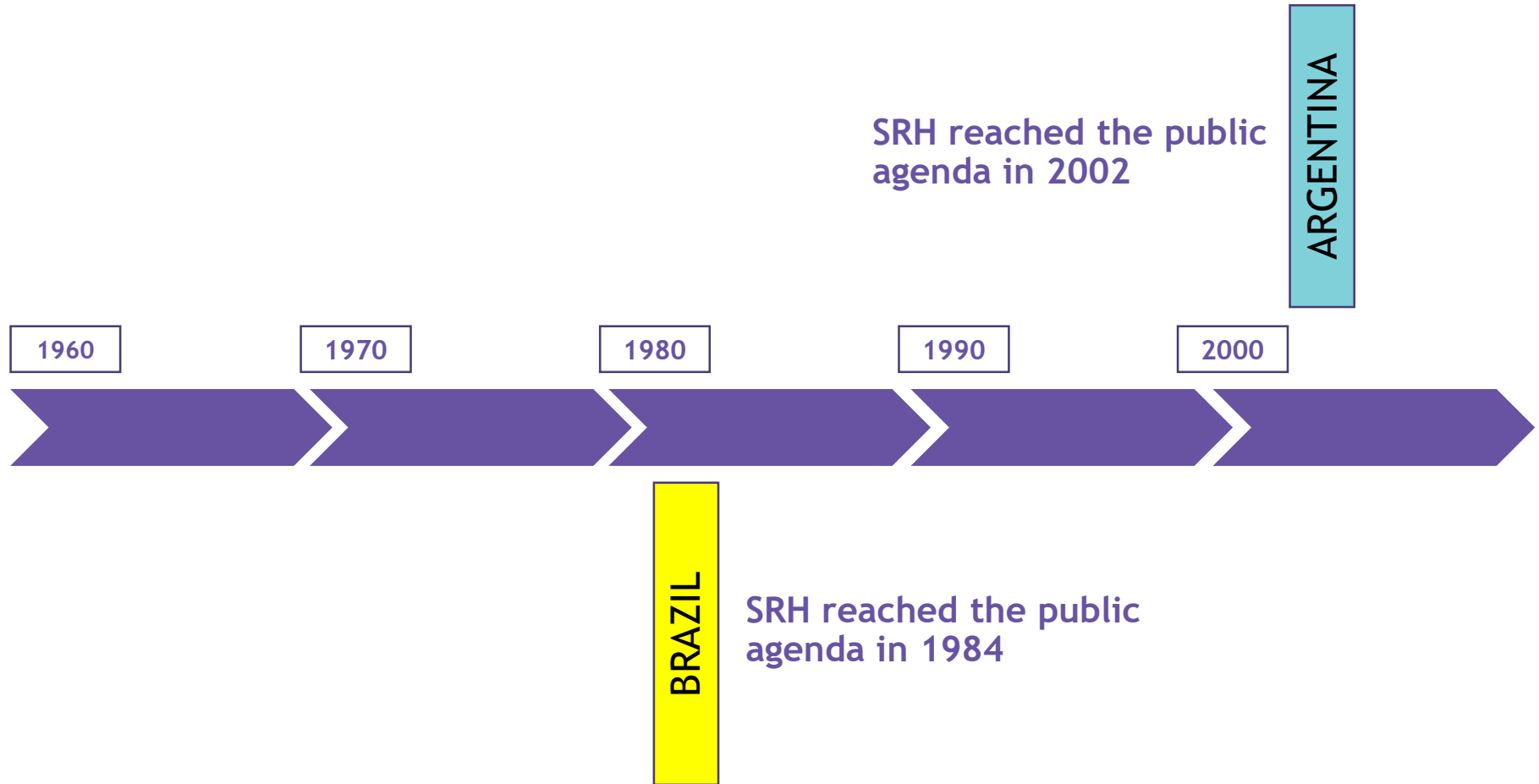
Feminization

Lack of
Knowledge

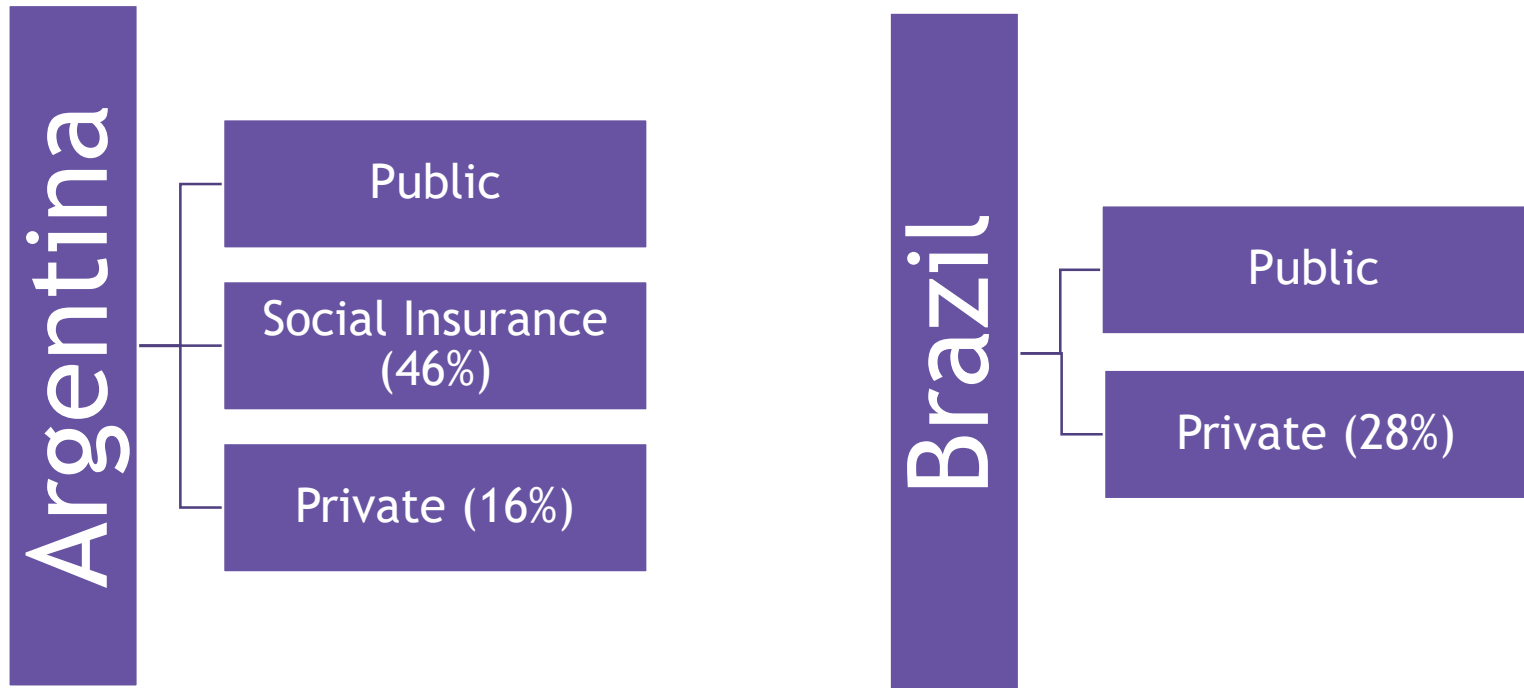
Medicines
Policies and SRH



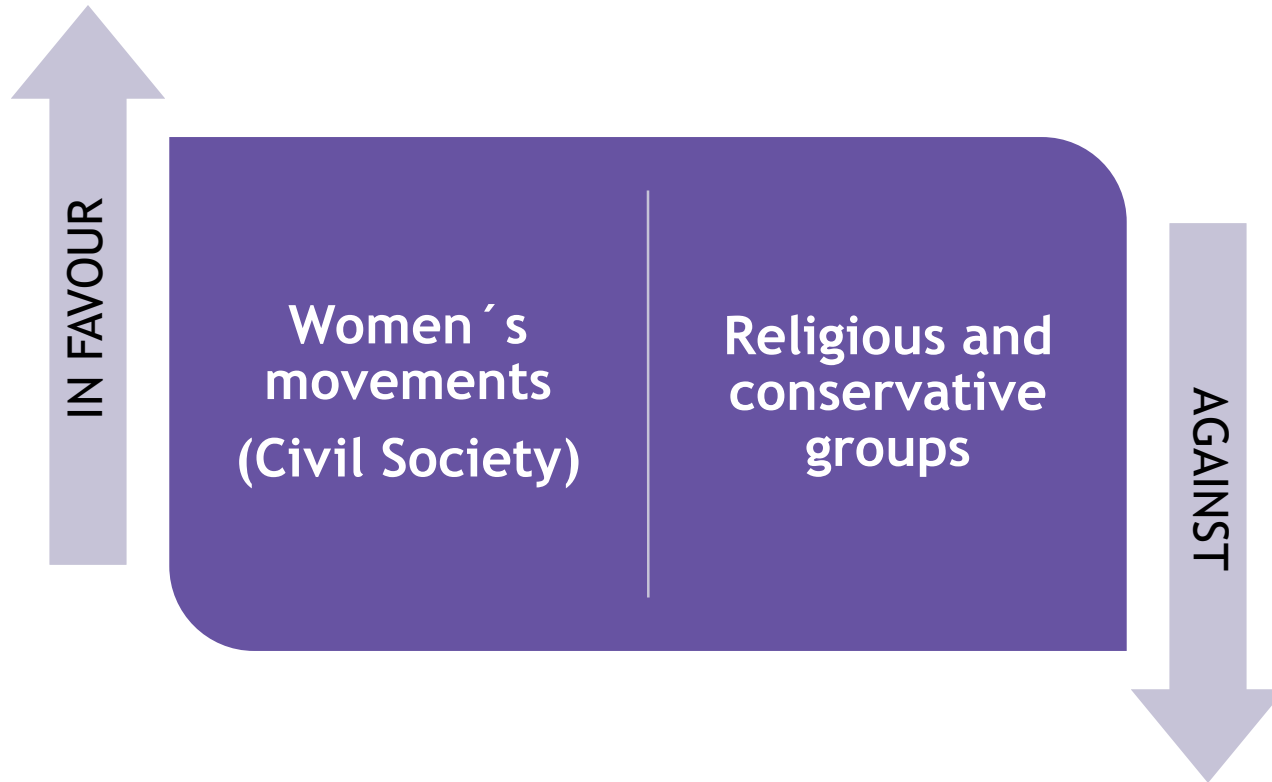
The influence of the political process



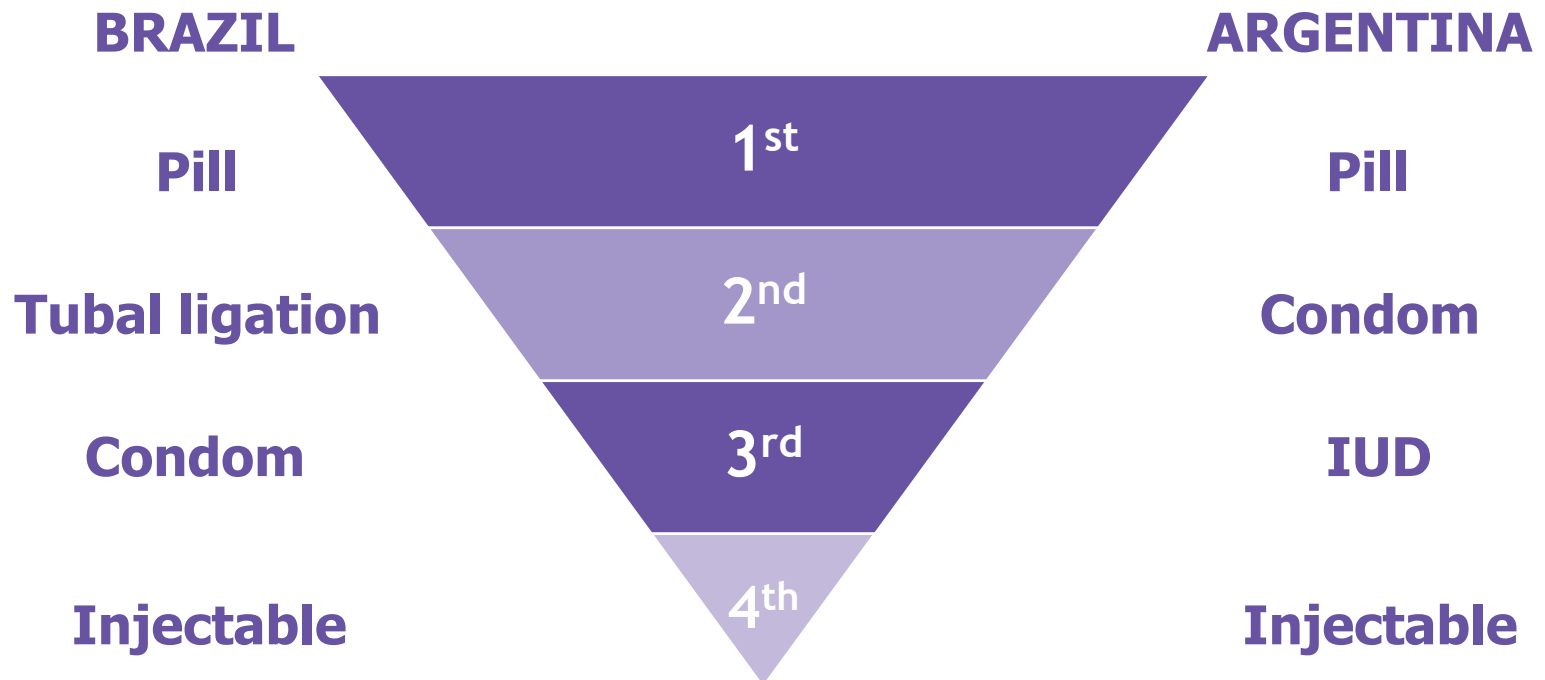
The relation between the ways of access and the institutional design of the health system



The participation of actors (outsiders from the sanitary sector) in the design and implementation of these strategies



A feminization of contraception



Emergency contraception: conflicts

Misoprostol: in Argentina not in the EML

The lack of knowledge on the right to free contraception



Despite the fact that both countries implemented public supply strategies, the main way to access contraceptives is through commercial/private pharmacies (the population pay the full price)

(IEPS, 2009; PEREIRA VONK et al., 2013; RODRIGUEZ DE MEDEIRO et al., 2016; ROCHA FARIAS et al., 2016; UNFPA, 2016b)



Medicines policy and Sexual and Reproductive Health

DIMENSIONS	SUBDIMENSIONS	ARGENTINA	BRAZIL
SANITARY	Public supply	Yes	Irregular
	Co-payment	Soc Security and Private	PFPB
ECONOMIC	Price control	No	CMED
	Generic	Yes	Yes
INDUSTRIAL	Public Production Incentives	Incipient	Yes



Average unit price of hormonal contraceptives in Argentina and Brazil (in dollars PPA)

COUNTRY	Drospirenone + Ethinylestradio l	Levonorgestrel + Ethinylestradiol	Levonorgestrel	Ethinylestradiol + Gestodene
ARGENTINA	1,919	0,738	13,051	1,238
BRAZIL	1,016	0,301	9,404	0,557

Source: UNFPA, 2016



Lessons learned

- There is a need to understand the health system as a whole in order to analyze specific health policies' interventions
- Analyze the participation of key-actors and stakeholders in public policy design
- Know the political context where the implemented health strategies emerge.

Next Steps

- Translating research results into practice (researchers and policy makers)
- Improve communication



Thank you very much!
Muchas gracias!

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