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GUATEMALA PRIVATE HEALTH SECTOR ASSESSMENT



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Summary: This brief summarizes the *Guatemala Health System Assessment 2015: Private Health Sector Assessment of Family Planning, Antenatal Care, and Delivery* (called simply the “PSA”) conducted by the Strengthening Health Outcomes through the Private Sector (SHOPS) project from December 2014 through March 2015. The PSA focused on the private sector’s current role in family planning and maternal health services and identified ways to mobilize untapped private sector resources to increase supply of and demand for services. Its recommendations provide innovative ideas for stakeholders to consider when working to strengthen the health system. This brief discusses the assessment methods, findings, and recommendations.

Note: This brief presents a snapshot of the private sector’s participation in family planning, antenatal care, and delivery in Guatemala and the five USAID priority departments in the Western Highlands.

Keywords: antenatal care, delivery, family planning, Guatemala, maternal health, private sector assessment, private sector health

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Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID’s flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O’Hanlon Health Consulting.

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GUATEMALA PRIVATE HEALTH SECTOR ASSESSMENT

The Strengthening Health Outcomes through the Private Sector (SHOPS) project conducted a private sector assessment (PSA) in Guatemala at the request of USAID/Guatemala. The PSA team identified the strengths and weaknesses of the private health sector and solicited recommendations from private sector stakeholders to strengthen health system efforts in the country. The PSA will serve as a resource for public sector, private sector, and international stakeholders as they work to improve health outcomes in Guatemala. The PSA focused on the private sector's current role in family planning and maternal health services and identified ways to mobilize untapped private sector resources to increase supply and demand of services.

This assessment includes findings and recommendations on how health system stakeholders could address some of the current shortfalls and inequities of the health care system. The researchers used the following sources of information: a literature review; quantitative analysis of the *Encuesta Nacional de Salud Materno Infantil* (ENSMI), National Health Accounts, *Encuesta Nacional de Condiciones de Vida* (ENCOVI); USAID's Western Highland Integrated Program (WHIP) baseline; and in-country stakeholder interviews.

The SHOPS team found that while there is tremendous need for more health care in Guatemala, there is little constructive dialogue between the public and private sectors to increase supply of and demand for those services. Contraceptive prevalence is low and has not increased significantly over the past decade, the method mix is skewed to just two methods, and a large proportion of births are taking place in the absence of skilled birth attendants. Simultaneously, there is excess capacity within some institutions which could be tapped to serve the population.

To improve health outcomes, the assessment team recommends greater coordination and communication between public and private actors and advocacy groups to improve market inequities. To improve service delivery and increase access to health services among the poor, IGSS (social security) could increase its provision of family planning, antenatal care, and delivery services; the NGO APROFAM could strengthen and subsidize high priority services; and the Red Segura network of private providers could expand geographically and offer maternal health services. Underserved groups should be targeted to increase demand for quality health services, and health insurance and micro insurance could expand access among middle-income populations. Finally, corporate social responsibility endeavors and private partnerships could be leveraged to create strategic synergies to improve the Guatemalan health system.

BACKGROUND

Guatemala suffers from high levels of inequality and widespread poverty, with more than half of its 15 million inhabitants living below the national poverty line. Life expectancy is short, at 72 years for both sexes (WHO, 2014), and maternal mortality is among the highest in Latin America and the Caribbean (UNICEF, 2013).

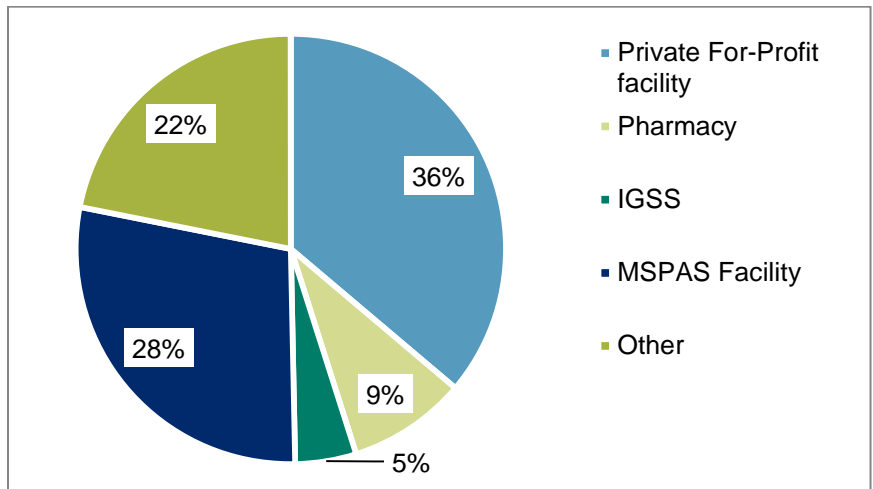
Despite significant improvements in the last decade, the country is still facing major challenges in health. The conditions are acutely worse in regions with predominantly indigenous, rural, and poor populations, such as the Western Highlands, USAID's focus region for its 2012–2016 Country Development Cooperation Strategy. In this region, which faces particularly severe challenges in health, more than 60 percent of the population is indigenous, compared to 29 percent at the national level, and 49.6 percent of children under 5 suffer from malnutrition (USAID, 2012).

Guatemala's family planning and maternal health indicators are also lagging behind the regional averages. Guatemala has a total fertility rate of 3.6 births per woman, higher than all other Central American countries, with an average total fertility rate in the region of 2.1 (WHO, 2012). According to the latest Demographic and Health Survey, total contraceptive use by women in union is 54.1 percent, with a polarized modern contraceptive market that is dominated by injectables and female sterilization.

Maternal health remains a challenge in Guatemala, especially in the Western Highlands and among the most vulnerable populations, and maternal mortality, at 113 maternal deaths for 100,000 live births in 2013 (MSPAS, 2015), is far above the regional average.

Only half (49 percent) of Guatemalans visited health providers for any kind of service when faced with health problems. This behavior is consistent countrywide, including in the Western Highlands, where 51 percent self-medicate or do not seek care. For those who do seek care, the private sector is the preferred provider for general health issues throughout the entire country, including in the Western Highlands (Figure 1). However, family planning and maternal health services are mostly sought from public providers.

FIGURE 1: PLACE OF TREATMENT – WESTERN HIGHLANDS – 2011



Source: MSPAS, 2011

To understand more about the current role of the private sector in providing family planning and maternal health services, USAID/Guatemala asked the Strengthening Health Outcomes through the Private Sector (SHOPS) project to conduct a private sector assessment (PSA) of private sector providers of family planning and maternal health services.

Nationally, of those who seek care at a facility, 36 percent attend private for-profit facilities, 9 percent attend pharmacies, and 5 percent attend facilities operated by the Social Security Institute of Guatemala (IGSS in Spanish). Public facilities represent 28 percent of all the places where people seek care.

And finally, approximately 4 million residents of rural, indigenous areas had insufficient or no access to health services, due largely to the recent institutional crisis at the Ministry of Health and Social Welfare (MSPAS in Spanish) that suppressed the mechanism allowing MSPAS to contract-out with NGOs for the delivery of primary health care services (Avila et al., 2015).

SCOPE

Through discussions with USAID Guatemala, the SHOPS team designed the assessment to determine the private sector's role in family planning, antenatal care (ANC), delivery, and maternal and child health and to identify ways to mobilize untapped private sector resources. The assessment was designed to answer the following questions:

- What is the general role of the private sector in delivering family planning and maternal health services, especially in the Western Highlands?
- Where is the population currently sourcing its family planning and maternal health services?
- How could the private sector be more engaged or play an increased role in the delivery of family planning and maternal health services? To what extent and under what circumstances would independent private providers be interested in providing family planning or maternal health services?

The PSA focused on private sector service delivery trends both at the national level and within USAID's focus areas of the Western Highlands, which are highlighted in the map.

FIGURE 2: MAP OF GUATEMALA, WESTERN HIGHLANDS



METHODS

The SHOPS assessment team used a mix of quantitative and qualitative methods to conduct the assessment. The team undertook a two-stage data collection process. The first stage consisted of a review of available published and grey literature done to gain a deeper understanding of the legal and regulatory framework governing the private sector as well as the role of the private sector in family planning and targeted areas of safe motherhood. The deskwork also involved conducting a market segmentation analysis based on the latest Demographic and Health Survey in order to determine the role of each of the main stakeholders. In the second stage, the team interviewed key stakeholders who had been identified in the preliminary review and in discussions with USAID/Guatemala, as well as individuals and organizations added during the course of the field assessment through a snowball sampling. The team used an interview guide that SHOPS had developed for earlier PSAs and tailored it to the specific actors interviewed. Team members met with representatives from the public and private (for-profit and nonprofit) sectors to understand the role of the private sector and identify ways to potentially mobilize untapped resources.

LIMITATIONS

The scope for this assessment was limited to family planning, ANC, and safe deliveries. The PSA team limited its scope to assessing source and use of the private sector, without addressing quality of services. Commodity supply was purposely excluded because it has been covered by other recent assessments.

A challenge in data analysis stemmed from the secondary data sources, which were dated and from different time periods and different regions. The sources included several national databases (*Encuesta Nacional de Salud Materno Infantil* (ENSMI) conducted in 2008–2009; National Health Accounts, conducted in 2014; *Encuesta Nacional de Condiciones de Vida* (ENCOVI), conducted in 2012), as well as a database from USAID's Western Highland Integrated Program (WHIP) baseline from 2013 used by the agency to measure the impact of its integrated programs. Additionally, the differences in sampling between ENSMI 2008–2010 (presenting data at the national level, with a possibility to disaggregate at the departmental level) and WHIP baseline data from 2013 (focusing on USAID priority municipalities in the Western Highlands) made it impossible to directly compare the two surveys. The team did not conduct quintile analysis at the departmental level due to inadequate sample sizes. Therefore, it was not possible to identify variations across departments in the country.

Finally, the assessment occurred at a time when the Guatemalan government, including MSPAS, was experiencing a serious political crisis, which introduced a level of uncertainty among the informants. As a result of the political turmoil, several stakeholders were reluctant to discuss issues in depth with the interviewers.

FINDINGS

Guatemala has a strong regulatory framework that guarantees access to maternal health, reproductive health, and family planning services, providing a legal basis to guarantee and defend the right to these services. Despite important legal and regulatory advances, stakeholders report that there are still budget shortfalls for contraceptives and limited competitive procurement options. In addition, a high percentage of funds that are dedicated to reproductive health and family planning (RH/FP) services are not effectively executed.



Mother and Child. Credit: Jessica Daly

MSPAS is experiencing a severe financial crisis that is not likely to be resolved in the short term. MSPAS's share of the provision of family planning, ANC, and maternal health services has increased over time, in some cases significantly, contributing to an increasing financial deficit for MSPAS and underlining the need for a more balanced, sustainable total market.

IGSS is the second-largest health service delivery institution in Guatemala; stakeholders reported that IGSS could play a critical role in ensuring a more balanced, sustainable market.

Several NGOs play important roles in service delivery. Prime among them is the International Planned Parenthood Federation affiliate, APROFAM, which is the second-largest provider of family planning methods after MSPAS. APROFAM has an underutilized capacity for delivery services that could be used to ease the volume of clients at MSPAS facilities.

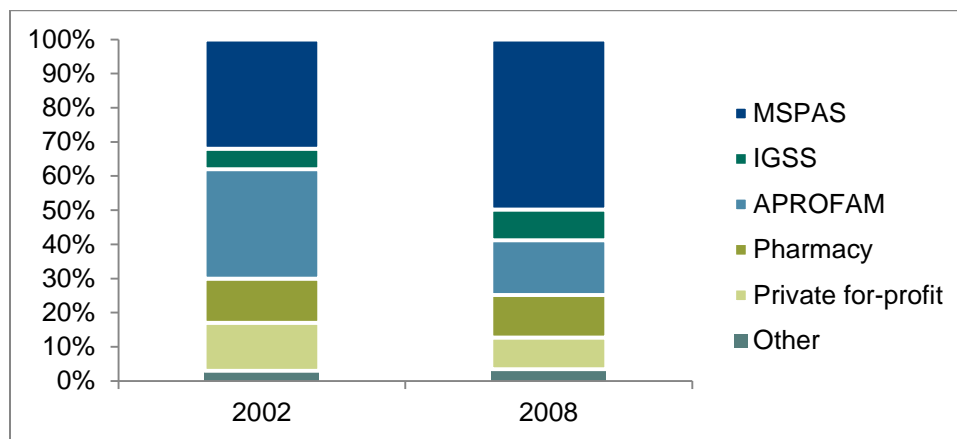
Guatemala's private sector represents a large and growing segment of the health care market, including high-end tertiary hospitals, small specialty and general clinics and hospitals, individual practices, pharmacies, and traditional providers. Regardless of income level, many Guatemalans seek care in the private sector, and although the use of private sector providers requires out-of-pocket payments, many households use the private sector as their first point of care. Private health insurance represents a small segment of the Guatemala health care market, with less than 5 percent of the Guatemalan population covered by a private health insurance scheme (MSPAS, 2010). Interviews with representatives from the insurance industry suggest that the segment is growing and that over 90 percent of the population covered resides in Guatemala City.

MARKET SEGMENTATION: FAMILY PLANNING

In USAID's 30 focus municipalities within the Western Highlands, 39 percent of women of reproductive age interviewed reported using a modern method of family planning, and 21 percent of users applied traditional methods in 2013 (Angeles et al., 2014). Short-acting methods requiring resupply were the most popular, followed by permanent methods.

There are a handful of family planning and maternal health stakeholders in Guatemala: MSPAS and IGSS from the public sector side, APROFAM and the Pan American Social Marketing Organization (PASMO) as the biggest representatives of the NGO sector, as well as private for-profit facilities and pharmacies.

FIGURE 3: MARKET SHARE FOR FAMILY PLANNING PRODUCTS, ALL METHODS – 2002 AND 2008



Source: MSPAS, 2002 and 2008

MSPAS is by far the major provider of family planning products and services for both short-acting and permanent methods, and its share of the market increased significantly from 2002 to 2008 (Figure 3). MSPAS is the major provider of family planning for all wealth quintiles except the fifth quintile and the largest provider for Guatemala's two most widely used methods: injectables (79 percent sourced from MSPAS countrywide) and female sterilization (43 percent sourced from MSPAS countrywide).

While IGSS is the second-largest health care provider in the country, its role in family planning is limited, and beneficiaries source their methods from other sources such as the public sector (28 percent), the private for-profit sector (10 percent), APROFAM (17 percent), or pharmacies (17 percent). For injectable services, 52 percent of IGSS's beneficiaries source their method from MSPAS. For sterilization services, 26 percent of IGSS's beneficiaries source from MSPAS, 24 percent from APROFAM, and 15 percent from the for-profit private sector.

APROFAM, with a network of clinics and a strong contraceptive community-based distribution program, is the second most important source of family planning—and the most important provider in the private sector. In 2008, APROFAM was also the largest provider of implant services.

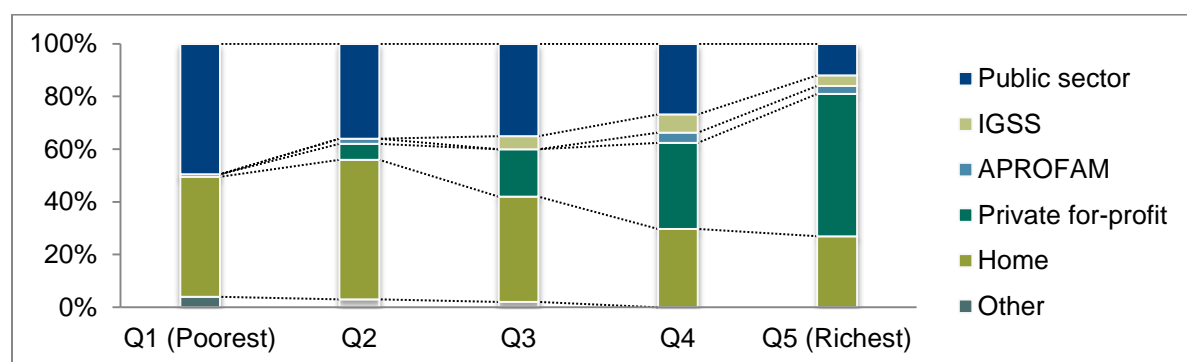
Private for-profit providers supply 9 percent overall, primarily for IUDs, implants, and sterilization services. Pharmacies are the primary source of oral contraceptives (34 percent) and condoms (72 percent), which is common for resupply methods. Interestingly, pharmacies are a source of supply for all wealth quintiles, including a small percentage of the lowest quintiles. Of women in

the highest wealth quintile obtaining modern contraceptives, 20 percent do so at pharmacies and 23 percent do so at for-profit facilities.

MARKET SEGMENTATION: ANTENATAL CARE

The major source of ANC across all geographic regions is home-based care, mostly from traditional birth attendants (TBAs). Figure 4 shows that although home-based care is a major source of care in all wealth quintiles, this is especially true in the lowest three quintiles; the private for-profit sector provides ANC to the most women in the upper two quintiles. The public sector's provision of ANC services is negatively correlated with wealth, and IGSS provides ANC services to only a small proportion of women in the upper three quintiles.

FIGURE 4: SOURCE OF ANC BY WEALTH QUINTILE – 2008–2009



Source: MSPAS, 2010

TABLE 1: PLACE OF DELIVERY AND PLACE WHERE ANC WAS RECEIVED – 2008–2009

		Place of delivery (%)					
		MSPAS	IGSS	Private for-profit	Private house (own/TBA)	Other	Total
Place where ANC was received (%)	MSPAS	36	3	2	57	1	100
	IGSS	44	35	14	7	0	100
	Private for-profit	46	6	33	12	3	100
	Private house (own/TBA)	25	7	2	66	1	100

Source: MSPAS, 2010

While the provider of ANC could potentially have an impact on the place of delivery, institutional ANC does not systematically lead to institutional delivery (Table 1). Usually, women who receive ANC in the public health facilities give birth at home (57 percent) or public facilities (36 percent). Additionally, private for-profit clients for ANC, though the most likely to deliver in a private for-profit facility, are not always retained in the private sector and tend to use other providers for delivery, such as the public sector (46 percent MSPAS) or home delivery (12 percent). Similarly, IGSS clients for ANC (direct affiliates and beneficiaries alike) are not retained for delivery. There is potential to increase the role of IGSS for ANC and encourage women of reproductive age to remain with IGSS for delivery, as 44 percent of women receiving ANC at IGSS deliver in the

public sector. As is the case with family planning services, the use of MSPAS facilities by IGSS beneficiaries is crowding the public sector.

The majority of women countrywide (48 percent) and in the Western Highlands (64 percent) deliver either in their own home or in the home of a TBA. Only in Guatemala City are facility-based deliveries the most common delivery, occurring for 43 percent of the time at MSPAS. In fact, at the national level, MSPAS is the second source for delivery services (38 percent countrywide and 28 percent in Western Highlands), and it reaches women from all wealth quintiles. APROFAM and the NGO sector are not major players in delivery services, and the for-profit private sector represents a fair share of the market for deliveries only for women from the wealthiest quintile (37 percent of deliveries).

- Enabling environment

Guatemala has a strong legal framework that guarantees access to RH/FP and maternal health services. In 2001, the Law on Social Development was approved, defining reproductive health (Article 10) as a right of the Guatemalan population, including “effective access to information, orientation, education, provision, and promotion of reproductive health services” in a variety of areas, including family planning services, ANC, delivery and postnatal care, and sexually transmitted diseases. In 2004, the Tax Law on Sale of Alcoholic Beverages guaranteed 15 percent of tax income would be dedicated to financing RH/FP and prevention of alcohol consumption and smoking. In 2005, the Law on Universal and Equal Access to Family Planning was approved; however, Catholic Church opposition to regulation tied to the law delayed its implementation until 2009.

While major legal texts recognize the important role of the private sector in providing RH/FP and maternal health services, there is still limited coordination across sectors, and there is no mechanism in place to ensure appropriate reporting of health statistics. IGSS, for example, is particularly averse to sharing its RH/FP data, and reporting of private sector activities is limited.

- Main organizing bodies and service providers

Several coordinating bodies exist in the Guatemalan health system to strengthen integration and dialogue between stakeholders on general health policy questions or on specific issues such as contraceptive security. Guatemala’s National Health Council, for instance, was established in 2001 and promotes coordination among its variety of members, which include MSPAS, IGSS, National Association of Municipalities, Assembly of Professional Medical Associations, and public and private tertiary education institutions. While the National Health Council provides a forum for dialogue among representatives of the public health sector, professional and academic associations, and the organized private sector, it lacks the regulatory power to issue agreements or resolutions with binding authority over any segment of the public health system,



A WINGS family planning educator speaks with patients about contraceptive options in Escuintla. Credit: Anna Zatonow/WINGS Guatemala, courtesy of Photoshare.

including MSPAS and IGSS, making it in essence a discussion forum with no power of enforcement. Within the last year, with renewed leadership by MSPAS, the council has started meeting more regularly. Its existence provides an opportunity for the interchange of information regarding institutional priorities and programs that may be taken into account as each institutional actor individually develops and implements its own health-related programs.

In 2009, the National Commission for Contraceptive Security (*Comisión Nacional de Aseguramiento de Anticonceptivos*, CNAA) was officially established and coordinated by MSPAS's Coordinator of the National Reproductive Health Program. Other government and nongovernmental agencies, such as the Presidential Secretariat for Women, Office for the Defense of Indigenous Women, IGSS, APROFAM, and the Association of Guatemalan Female Physicians, participate in the CNAA. In late 2013, the CNAA published its Market Segmentation Strategy for contraceptives, which recognizes the importance of a sustainable, total market approach, and the need for an increased role for the private sector. The strategy outlines different scenarios for reducing unmet need and shifting method mix, projections and scenarios for Guatemala's three primary family planning providers, MSPAS, IGSS, and APROFAM, through 2015, but does not define specific actions to achieve these scenarios. Nonetheless, there are still some important barriers to sustainable access to contraceptive commodities, including insufficient budget, legislation that requires special exemptions to allow for international procurement, and limited engagement of the private sector.

- Public-private partnerships

Over the past 20 years, NGOs have been contracted by MSPAS to provide health services in rural areas, and they have played a major role in the expansion and improvement of health services throughout the country. Faced by many challenges to expanding its services directly, MSPAS elected to contract NGOs to expand coverage more rapidly through the Extension of Coverage Program (*Programa de Extensión de Cobertura*, PEC). The PEC system contracted private providers and administrators to provide health services to populations without access to a (public) health post. PEC implementers included many types of organizations, from NGOs that provided health services, to savings and loan cooperatives, and other enterprises.

The PEC expanded, both in scope and reach: in 2003, family planning services and products (condoms, oral contraceptives, and injectables) were added to PEC benefits, and in 2012, MSPAS expanded services from 4,400 community health centers, 380 basic health teams, and 23,000 community facilitators into hard-to-reach communities throughout the country.

However, the PEC program suffered from poor implementation, including weak performance objectives and services, limited oversight and monitoring, and limited financing (which led the PEC to make late payments) for implementing NGOs. In 2013, amidst criticisms and accusations of inefficiencies and lack of accountability of PEC contracts, Guatemala's Congress passed Decree 13-2013, which sought to improve efficiency and transparency of the resources in the health sector and prohibited NGOs from managing government resources. The law provided a three-year period for MSPAS to phase out the PEC program, but at the end of 2014 MSPAS cancelled the program without having an alternative strategy in place. The abrupt cancellation was due to irregularities in implementation and resource management by some NGOs as well as lack of MSPAS resources to continue funding the PEC.

- Municipal-level partnerships

Several municipalities in the Western Highlands have entered into innovative partnerships to address the health care needs of their populations, including agreements between municipalities and the departmental-level MSPAS office. These partnerships also include Community Development Councils (COCODEs), which are designed to guarantee the

participation of indigenous groups in community development. The partnerships share resources for personnel, and provide medical supplies and commodities, and training. Proposals and development projects are presented by the COCODEs, and are reviewed, approved, and then financed by the municipality. Public-private partnerships with municipalities are an innovative model for resolving health care needs where infrastructure and services are lacking. However, local-level advocacy and planning and government funding cycles can make the process lengthy.

- Public sector

MSPAS plays the dual role of “*rector*” (overall senior authority, or *rectoría*) of the country’s health system and provider of publicly financed health services including the largest network of local, regional, and national health services providers. In practice, coordination and communication among sectors is limited, particularly concerning IGSS and the private sector.

Nearly all informants mentioned the institutional crisis that MSPAS is currently facing, which is linked to recurring insufficient budgets and weakened infrastructure for providing basic care. Stakeholders reported widespread shortages of essential medicines, including vaccines, family planning commodities, and vital supplies for delivery services.

- Social Security Institute

IGSS is a major player for health services in Guatemala; it covers 17 percent of the population in the country. The institute delivers services through a network of 123 medical units, including 23 hospitals.

IGSS provides family planning and maternal health services, including health education and early detection of cancer. The institute’s family planning program is institutionalized under a resolution from August 2005 (Resolution #1165), but interviews revealed that IGSS’s family planning policy needs commitment and wider dissemination, both within the institute and to potential clients, as contraceptive products are often not available at facilities, and neither providers nor beneficiaries know about the policy. Despite the organization’s commitment and potential comparative advantage in services (due to the available infrastructure), IGSS’s policyholders often use other sources of services (such as MSPAS), which highlights a need for IGSS to play an increased role in family planning, ANC, and delivery service provision.

- Key NGOs

Guatemala has several NGOs that play important roles in family planning, ANC, and delivery service delivery and advocacy. Service delivery leaders include APROFAM, the International Planned Parenthood Federation affiliate, and PASMO. Advocacy leaders include The Reproductive Health Observatory and *Red de Mujeres Indígenas por la Salud Reproductiva* (REDMISAR) that monitor public policies and advocate for better RH/FP services.

Between 2002 and 2008, APROFAM’s role in the provision of family planning services fell from 32 percent to 16 percent, which likely reflects APROFAM’s increasing emphasis on diversifying its services and client base to strengthen financial sustainability in preparation for USAID phase-out.

APROFAM is the second largest provider of family planning methods after MSPAS, offering fee-based services as well as social programs to reach the underserved. APROFAM operates from a network of 27 facilities, including hospitals, clinics, and mobile units as well as a well-organized community-based distribution system. The organization has a competitive advantage with its mobile units, the only ones in the country that are equipped to provide laparoscopic voluntary surgical contraception, and provides stakeholders an opportunity to continue to support targeted outreach services in priority areas. APROFAM’s social programs providing

services to poor and remote areas will always require significant subsidy, and external funding may not cover all costs. APROFAM must decide what social programs are essential to its mission and continue its full commitment to their success. Additionally, APROFAM's hospitals, particularly in the Western Highlands, report underutilized capacity for delivery services, which through appropriate targeting and demand-side financing (e.g., vouchers) could ease overflow in MSPAS facilities in the Western Highlands.

In 2009, PASMO established Red Segura, a network of 243 private providers, primarily gynecologists (80 percent) and general physicians (20 percent). Red Segura has proven to be a successful model for increasing IUD and implant use through private providers: Its monitoring data indicate a 73 percent increase in IUD distribution between 2010 and 2011 and an 18 percent increase between 2013 and 2014. Given that there is limited coverage outside of Guatemala City, the network could explore the feasibility of geographic targeting of new providers in priority regions; for example, Quetzaltenango, Guatemala's second-largest city, has a strong network of private hospitals and lower-level facilities.

To counter a generally conservative environment, there are a number of Guatemalan advocacy organizations that monitor public policy related to reproductive health. The Reproductive Health Observatory (*Observatorio de la Salud Reproductiva*, OSAR) gathers representatives from the Congress of Guatemala, academia, the college of doctors, and others and is dedicated to the systematic follow-up and collection of data and indicators regarding the advancement and performance of health policy implementation. REDMISAR is a network of indigenous women's organizations that, since 2009, has advocated for indigenous women's reproductive rights and has been involved in monitoring at the service delivery level. The network is especially active in the Western Highlands. There are 25 member organizations in Quetzaltenango and 20 in Totonicapán.

- For-profit private sector

Guatemala's private sector is a growing part of the health care market, through private providers, corporate social responsibility, and insurance providers. The majority of the country's for-profit facilities are located in Guatemala City and Quetzaltenango. PSA interviews suggested that there are no incentives or credit opportunities available to encourage providers to open private practice outside of major urban areas.

MSPAS oversees private sector facilities through the General Directorate for Health Regulation, Vigilance, and Control (*Departamento de Regulación, Acreditación y Control de Establecimientos de Salud*, DRACES), which is responsible for overall regulation and licensing of for-profit private sector facilities. DRACES is also responsible for monitoring all private sector facilities, although its resources are limited and monitoring teams make only periodic visits outside of Guatemala City.

Regarding the for-profit sector's role in the provision of RH/FP and maternal health services, according to the 2008–2009 ENSMI, approximately 9 percent of women seek their family planning services through a private hospital, clinic, or provider, primarily for IUDs (13 percent of private for-profit sector users for family planning) and implants (9 percent of private for-profit sector users for family planning). This percentage is fairly consistent both in Guatemala City and country-wide. In terms of ANC, while all wealth quintiles use home-based care for ANC services, the role of the for-profit sector increases significantly in the fourth and fifth wealth

Private For-profit Sector by the Numbers

There are 9,553 facilities related to health care registered in the country, with the majority registered in Guatemala City and Quetzaltenango. The for-profit private sector includes high-end tertiary hospitals, small specialty and general hospitals (95), clinics for specialized medicine (2,927), clinics for general medicine (1,103), and laboratories (1,373), representing approximately 60 percent of all registered facilities.

quintiles. The market segmentation analysis suggests many women may seek ANC services in the for-profit private sector but deliver at public facilities. PSA interviews with private providers offered anecdotal evidence to support this trend.

Guatemala's for-profit commercial sector has a strong base of corporate engagement and social responsibility in health, supporting underserved communities in a sustainable and scalable manner. Given the opportunity to collaborate with corporate partners and foundations on health initiatives, there is a need for a new paradigm on partnerships with better coordination among donors.

While insurance coverage is still low in Guatemala, innovative risk-pooling mechanisms have been developed to target lower-middle- and middle-income groups through microcredit institutions. Some of the very successful experiences, such as the one implemented by the Enterprise for Promotion of Health Services (EPSS) that has reached more than 650,000 families since 2002, are worth exploring and expanding.

RECOMMENDATIONS

HEALTH SYSTEM STEWARDSHIP

STEWARDSHIP THAT ENGAGES MULTIPLE PRIVATE SECTOR PLAYERS

Guatemala's MSPAS is charged with stewardship or governance (*rectoría*) of the overall health sector. However, in practice, coordination and communication among sectors is limited, particularly concerning IGSS and the private sector. At the same time, various commissions for multisectoral dialogue exist in Guatemala, yet there is little engagement of the for-profit private sector in these fora. The PSA team recommends that MSPAS continue to look for opportunities to engage new private sector players, including the for-profit sector. This would include participation of the for-profit sector, including the pharmaceutical industry as well as professional medical associations such as the College of Physicians and Surgeons, Association of Obstetricians and Gynecologists, and Association of Pediatricians.

ADVOCACY TO IMPROVE MARKET INEQUITIES

Despite important legal and regulatory advances, Guatemalan advocacy organizations report that there are still budget shortfalls for contraceptives and limited competitive procurement options to ensure efficient use of resources. In late 2013, CNAA published its Market Segmentation Strategy for contraceptives, which recognizes the importance of a sustainable, total market approach. The strategy outlines different scenarios for reducing unmet need and shifting method mix, but it does not define specific actions to achieve the scenarios. The market segmentation analysis conducted by the PSA team suggests that there are still important inequities in the delivery of family planning, ANC, and delivery services, and the potential to move upper health quintiles toward private sector channels.

The team recommends that the CNAA strengthen the engagement of the for-profit private sector as part of a sustainable health market, as well as identify specific next steps for all sectors. CNAA should also consider the comparative advantages of NGOs and the for-profit sector to expand access to ANC and delivery services.

SERVICE DELIVERY

IGSS TO INCREASE ITS PROVISION OF FAMILY PLANNING, ANC, AND DELIVERY SERVICES

IGSS is the second-largest health service delivery institution in the country. There is evidence that a large percentage of IGSS beneficiaries and their dependents are seeking family planning services at non-IGSS facilities. Many of these users are going to MSPAS, creating an additional burden for that institution. Stakeholder interviews suggest that there is not widespread knowledge of IGSS policy to provide family planning services, and contraceptives are not widely available.

We recommend that IGSS's stakeholders conduct a review of Articles 4 and 5 of Resolution #1165 to ensure that it is consistent with Guatemala's law on universal access to family planning services.

IGSS plays a very small role in ANC services, even among the highest wealth quintiles. The PSA team recommends that IGSS strengthen provision of ANC services as well as delivery services outside of Guatemala City. Given its infrastructure and resources, IGSS is the organization that will have the most immediate and significant impact on strengthening RH/FP and maternal health services.

The PSA team recommends continued high level advocacy with IGSS to ensure that IGSS realizes its role as a strategic player in ensuring a more balanced, sustainable market for family

planning, ANC, and delivery services, sharing facilities and resources, and avoiding an unnecessary duplication of facilities and services.



Shop where medicines are sold. Credit: Patricia Pope, courtesy of Photoshare

APROFAM TO IDENTIFY ITS COMPARATIVE ADVANTAGES AND COMMIT TO STRENGTHEN AND SUBSIDIZE HIGH PRIORITY AREAS

APROFAM is in a critical time striving to maintain its leadership position as the second-largest provider of family planning services in the country, while streamlining operations and increasing its overall sustainability. APROFAM's mobile units represent an important comparative advantage for the organization since they are the only ones in the country that provide laparoscopic surgical sterilization. However, APROFAM should seek to strengthen coordination, promotion, and dissemination of this medical outreach with other key stakeholders to ensure that they are optimizing the number of people who can benefit from services. Additionally, APROFAM's hospitals, particularly in the Western Highlands, report underutilized capacity for delivery services, which through appropriate targeting and demand-side financing (e.g., vouchers) could be used to improve maternal health indicators in that region.

The PSA team recommends that APROFAM determine which social programs are essential to its mission and then continue its full commitment to their success, using the Sustainability Trust Fund to cross-subsidize high-priority activities.

RED SEGURA TO CONSIDER TARGETED EXPANSION OF GEOGRAPHIC COVERAGE AND MATERNAL HEALTH SERVICES

Red Segura has proven to be a successful model for increasing IUD and implant use through private providers. Given the network's success in rapidly expanding provision of long-acting methods in the private sector, there are opportunities to consider for targeted expansion to priority geographic areas and to incorporate additional maternal health services among participating providers, particularly among middle-income users who are largely using the public sector for ANC and delivery services.

The team recommends that PASMO/Red Segura develop its sustainability strategy, identifying which elements of the provider network are essential to long-term access to key family planning, ANC, and delivery services in the for-profit private sector. At the same time, it should identify sources for long-term funding. And finally, it should identify opportunities for expanding geographic access and providing broader maternal health services.

EPSS AS A SUSTAINABLE AND SCALABLE PRIVATE SECTOR HEALTH CARE MODEL

The *Empresa de Promoción de Servicios de Salud*, Enterprise for Promotion of Health Services (EPSS) represents an innovative, sustainable private sector health care model. EPSS management is open to exploring options for increasing access to RH/FP and maternal health services among its network of private providers. EPSS's proven business model and large network of enrolled members represents a very interesting opportunity for large-scale expansion of RH/FP and maternal health services, such as including family planning services in the health insurance policies that are focused specifically on women, for example, Banrural's Vivo Segura. The PSA team recommends exploring opportunities to expand access to RH/FP and maternal health services, building on EPSS's sustainable and scalable service delivery health model.

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DEMAND SIDE

TARGETED DEMAND GENERATION AMONG UNDERSERVED GROUPS

The team recommends that the country engage in demand generation activities that recognize important differences within the population, for example, urban/rural, ethnic groups, age, and levels of wealth. Stakeholders could contribute to this effort by supporting behavior change communication activities on family planning and safe motherhood through its partners in the WHIP. The behavior change communication campaigns should include information on how to access private providers and NGOs, including locations and services available.

SUPPLY SIDE

HEALTH INSURANCE AND MICRO INSURANCE TO EXPAND ACCESS AMONG MIDDLE-INCOME POPULATIONS

Private health insurance represents a small but growing segment of the Guatemalan health care market. The PSA team recommends exploring strategic partnerships with insurance agents to expand access to RH/FP and maternal health services for middle-income populations. The strongest potential for growth in insurance products is within middle-income populations in large urban centers.

CORPORATE SOCIAL RESPONSIBILITY AND PRIVATE PARTNERSHIPS TO CREATE STRATEGIC SYNERGIES

Guatemala's for-profit commercial sector has a strong, sophisticated base of corporate engagement and social responsibility in health. Many of these organizations are already supporting RH/FP and maternal health services through their existing programs.

The PSA team recommends exploring strategic partnerships that focus more on identifying added-value and comparative advantage among organizations and less on financial leveraging.

HUMAN RESOURCES FOR HEALTH

CADRE OF SKILLED BIRTH ATTENDANTS TO ADDRESS NONFACILITY-BASED BIRTHS

The majority of women countrywide and in the Western Highlands delivers either in her own home or in the home of a TBA, and many TBAs are illiterate and not qualified to manage emergency cases. The team recommends creating a professional midwife cadre either as a specialization within the nurse cadre or as a separate category. Similarly, the team recommends that Guatemala recognize skilled birth attendants in the formal sector and standardize their qualifications and scope of practice. And finally, the team recommends increasing the number of skilled birth attendants through training.

REFERENCES

- Angeles, Gustavo, Edgar Hidalgo, Roberto Molina-Cruz, Tory M. Taylor, José Urquieta-Salomón, César Calderón, José Carlos Fernández, Mynor Hidalgo, Kristen Brugh, and Martin Romero. 2014. *Encuesta de Monitoreo y Evaluación del Programa del Altiplano Occidental: Línea de Base 2013*.
- Avila, Carlos, Rhea Bright, Jose Gutierrez, Kenneth Hoadley, Coite Manuel, Natalia Romero, and (editor) Michael P. Rodriguez. 2015. *Guatemala Health System Assessment, 2015*. Bethesda, MD: Health Finance and Governance Project, Abt Associates Inc.
- MSPAS (Ministerio de Salud Pública y Asistencia Social). 2010. *Encuesta Nacional de Salud Materno Infantil 2008 (ENSMI-2008/09). Informe Final: Mujeres*. Ministerio de Salud Pública y Asistencia Social (MSPAS)/Instituto Nacional de Estadística (INE)/Centros de Control y Prevención de Enfermedades (CDC). Guatemala.
- . 2011. *Encuesta Nacional de Salud Materno Infantil 2008 (ENSMI-2008/09). Informe Final: Hombres*. Ministerio de Salud Pública y Asistencia Social (MSPAS)/Instituto Nacional de Estadística (INE)/Centros de Control y Prevención de Enfermedades (CDC). Guatemala.
- . 2015. *Estrategia Fortalecimiento y Desarrollo del Primer Nivel de Atención*. PowerPoint. PSA Interview with Dr. Pablo Werner Ramírez, MSPAS. Guatemala.
- UNICEF (United Nations Children’s Fund). *Annual Report 2013 – Guatemala*. New York.
- USAID. 2012. *Guatemala Country Development Cooperation Strategy 2012–2016*. Guatemala City.
- WHO (World Health Organization). 2012. *Global Health Observatory Data Repository*. Geneva.
- . 2014. *Guatemala Health Profile*. Geneva.