
CLAE INDEX

of access to emergency contraception¹

Executive Summary

One of the most pressing challenges facing emergency hormonal contraception (EHC) in Latin America, refers to the need to ensure its availability and access, and guarantee its legal status. Taking this into consideration, the CLAE INDEX purpose is determine the situation of accessibility to EHC in Latin America and the Caribbean, considering the facilitators and barriers imposed by legal systems to provide women with this pregnancy prevention method.

The CLAE INDEX is an indicator that combines quantitative and qualitative methodologies, which aims to describe the estimated percentage of potential users of EHC who have free access to this technology, considering the regulatory framework of each country. Thus, from a rights approach, it contemplates the public offering of EHC from each State of the region, and the potential access to it.

Methodology

The CLAE INDEX values vary between 0 and 100. 0 represents a 0% of potential users who could access to the public offering of EHC and, by contrast, 100 represents the existence of 100% of access.

By "potential users" we mean the estimated population of women of childbearing age (between 10 and 49 years old, following the criteria of the World Health Organization) motivated to access this method. The variables measured by the index are: a) reasons considered for access to EHC (unprotected sexual intercourse, failure or misuse of contraceptive methods, and rape or sexual abuse); b) restrictions on access based on applicant's age; c) the role of the parents or representatives of the adolescents, considering the legal provisions provided by law (assuming the right to confidentiality and autonomous decision-making capacity of the adolescent); d) conscientious objection (considering the need to ensure access to EHC in cases where the law guarantees conscientious objection); e) political and institutional barriers (considering especially those

¹ This document is the executive summary of CLAE Index report, prepared by CLAE (consultant: José Manuel Morán Faúndes). Full information can be reviewed in the document "Índice CLAE de acceso a la anticoncepción de emergencia. La Situación de la Anticoncepción de Emergencia en América Latina y El Caribe: Barreras y facilitadores en la accesibilidad", available at <http://www.colectiva-cr.com/Anexo%2013%20Indice%20CLAE%202010%20final.pdf>

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associated federal systems); f) unquantifiable barriers (barriers to accessing EHC whose impact has not been quantified, or it is not possible to access data collected by government agencies, such as the EHC availability in the health services or the annual doses purchased by each State).

Main results

Most critical cases observed correspond to Costa Rica, Peru and Honduras (all with 0% of accesibility), where the law prohibits or does not provide free access to EHC at the health system.

Although some countries have laws and regulations favorable for access to EHC, the budget deficit and some availability problems restrict the effective access. Such is the case of Guatemala, El Salvador, Nicaragua and Panama. All these countries have regulations that provide free access of the EHC, but the real availability of this technology is practically nil.

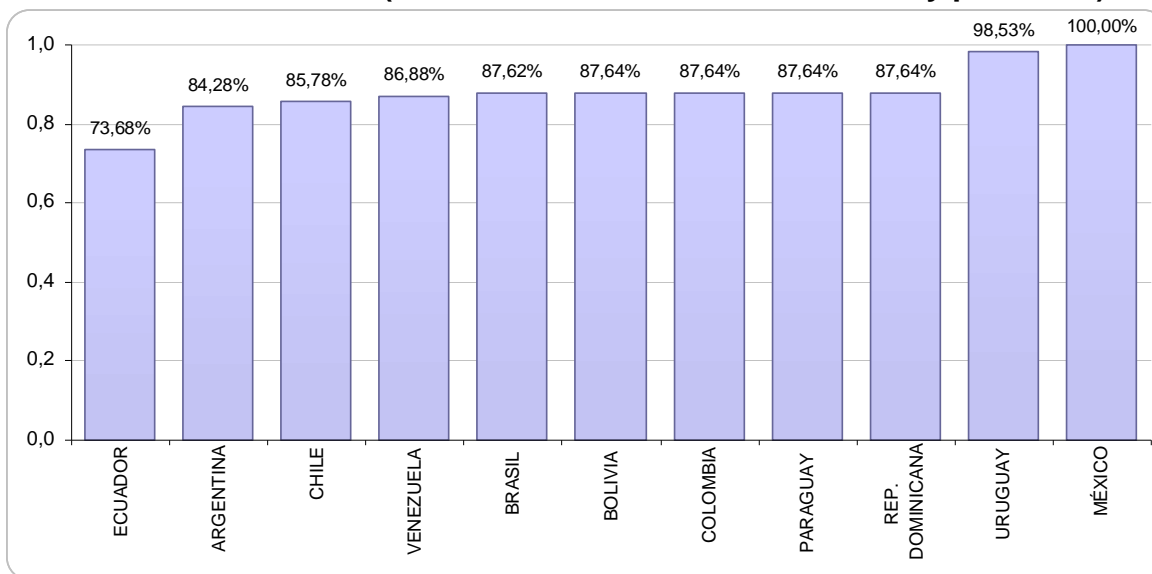
On the other hand, countries with higher index scores correspond to Mexico (100%) and Uruguay (98.53%), respectively.

Bolivia (87,64%), Colombia (87,64%), Paraguay (87,64%) and the Dominican Republic (87,64%) have favorable situations, as the EHC is guaranteed for cases of rape, contraceptive failure and unprotected sexual intercourse, there are no age restrictions, and the regulatory system protects the autonomy and confidentiality of adolescents.

CLAE INDEX scores

Country	CLAE INDEX score	Countries with critical availability problems
Mexico	100,00%	NO
Uruguay	98,53%	NO
Bolivia	87,64%	NO
Colombia	87,64%	NO
Paraguay	87,64%	NO
Dominican Republic	87,64%	NO
Brazil	87,62%	NO
Venezuela	86,88%	NO
Chile	85,78%	NO
Argentina	84,28%	NO
Ecuador	73,68%	NO
El Salvador	87,64%	YES
Nicaragua	87,64%	YES
Panama	87,64%	YES
Guatemala	29,51%	YES
Costa Rica	0,00%	YES
Honduras	0,00%	YES
Peru	0,00%	YES

CLAE INDEX scores (countries without critical availability problems)



Although most regulations of the region are designed to ensure a high level of access to the EHC, it is necessary to expand access to the 100% of the potential demand. Furthermore, it is necessary to solve the problems of effective availability that presents some countries despite the guarantees provided by the law.

ANNEX

Status of access to EHC in Latin America and the Caribbean, according to variables of the CLAE INDEX, September 2010²

Country	EHC Access	Ages without access to EHC	Reasons considered for access to EHC	Role of the parents or representatives of the adolescents users	Conscientious objection	Political and institutional barriers	Unquantifiable barriers
ARGENTINA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	The law requires the presence of an adult in cases of adolescents under age 14	The law allows conscientious objection, but it not undertakes to ensure the health service to the patient	According to CONDERS's and PNSSyPR's information, there are three provinces with deficits in the availability of AOE: Córdoba, La Rioja and Tierra del Fuego	
BOLIVIA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	
BRAZIL	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	In the municipality of Maringá (Paraná) AE is provided only in cases of rape.	
CHILE	The regulatory framework ensures access	All ages access to EHC	The law does not specify any particular reason, but the "Normas y guía clínica para la atención en servicios de urgencia de víctimas de violencia sexual" ensures access in cases of rape	Health professionals must inform parents of adolescents under age 14, after providing AE	The law allows conscientious objection, but undertakes to ensure the health service to the patient	-	
COSTA RICA	NO	-	-	-	-	-	There is no EHC drug in Costa Rica. Lack of regulations for EHC access.
COLOMBIA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	
ECUADOR	The regulatory framework ensures access	All ages access to EHC	The law ensures access in cases of sexual abuse	Adolescents under age 12 require authorization from an adult	Not considered by law	-	
EL SALVADOR	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	The EHC is not available in public health services and health personnel is not well-informed
GUATEMALA	The regulatory framework ensures access	All ages access to EHC	Rape or sexual abuse	Not considered by law	Not considered by law	-	Since 2005, EHC is regulated by the Ministry of Health's regulatory framework, but the drug is not available in the public health services

² The full content of the table can be reviewed in the document "Índice CLAE de acceso a la anticoncepción de emergencia. La Situación de la Anticoncepción de Emergencia en América Latina y El Caribe: Barreras y facilitadores en la accesibilidad", available at <http://www.colectiva-cr.com/Anexo%2013%20Indice%20CLAE%202010%20final.pdf>

Country	EHC Access	Ages without access to EHC	Reasons considered for access to EHC	Role of the parents or representatives of the adolescents users	Conscientious objection	Political and institutional barriers	Unquantifiable barriers
HONDURAS	NO	-	-	-	-	-	The Ministerial Agreement N° 2744 prohibits access to EHC
MEXICO	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Health professionals are obliged to provide EHC	-	
NICARAGUA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	There is no budget to purchase AE
PANAMA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	There is no dedicated EC product in Panama
PARAGUAY	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	
PERU	NO	-	-	-	-	-	The Ministerial Resolution N° 652-2010 of the MINSA, prohibits access to EHC
DOMINICAN REPUBLIC	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Not considered by law	Not considered by law	-	
URUGUAY	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	The law requires the presence of an adult	The law allows conscientious objection, but undertakes to ensure the health service to the patient	-	
VENEZUELA	The regulatory framework ensures access	All ages access to EHC	- Unprotected sex intercourse - Contraceptive failure - Rape or sexual abuse	Adolescents under age 14 require authorization of an adult	Not considered by law	-	

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