

Emergency contraception in Chile: Analysis of public policy according to Walt and Gilson

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ABSTRACT

This study aims to analyze Chile's policy governing access to the emergency contraceptive pill from the perspective of Walt and Gilson's policy triangle. Its purpose is to generate evidence on relevant actors, implementation, activities, and decisions taken. Through a retrospective case study with a qualitative–analytical approach, supported by a literature review, official reports available online, and analysis of relevant documents, an empirical analysis was conducted using a qualitative–descriptive synthesis matrix based on the Policy Triangle. The analysis followed a historical structure organized into four time periods that characterized the political process surrounding the emergency contraceptive pill in Chile. The main results highlight the participation of numerous sociopolitical actors in formulating the public policy to secure access to the emergency contraceptive pill, within a context of persistent ideological tensions. These dynamics were expressed in arguments that at different moments strengthened or weakened the policy process. Although issues were progressively resolved and the policy remains a work in progress, the process contributed to strengthening the reproductive rights of Chilean women. In conclusion, Walt and Gilson's policy triangle, as an interpretive tool, offers concrete opportunities to analyze public policy in health, confirming the importance of interaction among health authorities, politicians, academic groups, and civil society organizations in matters related to health in general and respect for the sexual and reproductive rights of women with the introduction of emergency contraception.

KEYWORDS Contraception, Postcoital, Contraceptives Postcoital, Health Policy, Health Policy, Planning and Management

INTRODUCTION

Emergency contraception is defined by the World Health Organization (WHO) as a contraceptive method used after sexual intercourse that can prevent more than 95% of pregnancies [1]. The most effective and widely used method is the emergency contraceptive pill, which prevents pregnancy by preventing or delaying ovulation without inducing abortion [1,2]. The availability of emergency contraception varies worldwide; it is estimated that of the 195 countries, 147 have at least one brand of emergency contraceptive pill registered, and 47 have none. It is noteworthy that 66 allow access through a pharmacist, 19 allow purchase without a prescription, and some require a legal representative for minors under 18 [2]. Unwanted pregnancy is a significant public health problem. Direct consequences for women include delayed

prenatal care, physical and psychological violence, and mental health problems. Children may experience physical and mental health problems, as well as difficulties in school. Thus, it has a financial impact on the affected woman, her family, the community, and the healthcare system. Although rates of unwanted pregnancy have declined overall, inequalities persist based on race, age, income, educational level, and other factors [3]. Unfortunately, due to misconceptions about how it works, emergency contraception legislation has not had an impact at the population level.

In Chile, the Chilean Institute of Reproductive Medicine began studying the issue in 1995. In 2001, the first emergency contraceptive pill was registered. Later, in 2007, a lawsuit was filed challenging the constitutionality of the Fertility Regulation Act, and finally, in 2010, Law No. 20,418 was enacted.

Currently, the role of policy analysis in public health evaluation is increasingly recognized [4]. This is because health system interventions have unpredictable implementation paths, and interpretive and time-dependent decisions by different actors underpin the subsequent process. Public policies refer to specific solutions for managing public affairs or socially problematic situations. On the one hand, a research team can use evaluation to provide information on policy performance to establish the degree of success achieved or make decisions on

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Citation Saldías Fernández MA, Parra-Giordano D. Emergency contraception in Chile: Analysis of public policy according to Walt and Gilson. Medwave 2025;25(10):e3139

DOI 10.5867/medwave.2025.10.3139

Submitted Jul 21, 2025, **Accepted** Oct 15, 2025,

Published Nov 26, 2025

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MAIN MESSAGES

- The introduction of the emergency contraceptive pill as a public policy has generated considerable public debate and various legal challenges to limit its distribution and use.
- This article highlights the synergistic processes involved and provides a chronological reconstruction of the development and implementation of public policy on access to the contraceptive pill in Chile.
- Its main limitation is the lack of generalization of the findings due to the type of study.

how to make improvements to achieve results [5]; and, on the other hand, it can use analysis to answer questions related to policy development [4].

When analyzing public policies, it is essential to employ robust conceptual models, such as the health policy analysis triangle, developed in 1994 by Walt and Gilson. This model encompasses the general areas of content, context, actors, and the policy-making process [6].

In Chile, the introduction of the emergency contraceptive pill as public policy has generated considerable public debate and various legal challenges to limit its distribution and use [7]. The milestones that marked the history of this public policy, consolidated with the enactment of Law 20.418, which established the obligation to provide emergency contraceptive pills to all women, can be analyzed using Walt and Gilson's health policy analysis triangle, since it represents a framework for analyzing health policies that emphasizes the need to consider who (actors) and how (process) decisions are made, what decisions (content) are made, and under what conditions (context) [8].

Viewed in this light, the present study aims to analyze Chilean public policy on access to emergency contraception from the perspective of Walt and Gilson's health policy analysis triangle. The purpose is to generate evidence on relevant actors, implementation dynamics, activities carried out, and decisions made over time regarding this public policy.

METHODS

Study design and search strategy

This work is a retrospective case analysis with a qualitative analytical approach, supported by literature review methods, official online reports, and analysis of relevant documents [9,10], aimed at identifying the public policy governing access to the emergency contraceptive pill through the framework of Walt and Gilson's health policy analysis triangle [6]. The general areas studied were content, context, actors, and the policy-making process. Content includes policy objectives, operational policies, and related elements. Actors refer to individuals and organizations that act and exert influence. Context alludes to the social, economic, political, cultural, and environmental conditions that may affect public policies. The process denotes how policies are initiated, developed, or formulated, negotiated, communicated, implemented, and evaluated, from agenda-setting through formulation, implementation, and evaluation [4,8]. Walt and Gilson's health policy analysis triangle links these variables by

showing how they influence and interact with one another, placing actors at the center of the triangle [11].

As inclusion criteria, official websites and ministerial reports were incorporated. As the exclusion criterion, only documents that were not available online were excluded.

Recognizing that public policy itself is a determinant of the use of emergency contraception [12], the components of Walt and Gilson's health policy analysis triangle were organized following a historical structure related to four time periods that characterized the political process of establishing access to the emergency contraceptive pill in Chile.

Data sampling

The information search was conducted from December 2022 to March 2023. A search strategy was developed using the key terms emergency contraceptive pill, public policy, and health policy, combined with the Boolean operator "AND," in the databases OVID, MEDLINE/PubMed, ClinicalKey, LILACS, and SciELO. Filters were applied for publication years (2000-2022), research area (policy), document type (article, critical analysis, or case study), language (English, Spanish, or Portuguese), and text availability (abstract and full text). Additionally, various documents were reviewed using a manual snowball sampling approach.

Data analysis and processing

Abstracts from each selected study were reviewed, applying eligibility criteria and relevance to the subject matter. The data obtained was used to generate a descriptive qualitative analysis based on historical background, implementation milestones, and relevant actors. The data from the different studies were summarized using a narrative-qualitative synthesis, considering a timeline constructed as the primary analytical structure. No ethics committee was required.

ANALYSIS

An initial search found 30 documents. After a critical analysis in accordance with the study objective, 19 documents were selected: ten scientific articles, seven ministerial documents, and two documents from international organizations. Together, the multidisciplinary texts allowed for the analysis of the access to emergency contraceptive pills policies to be structured according to the components of Walt and Gilson's Health Policy Analysis Triangle: actors, content, context, and process [8].

Based on the analysis of the historical structure, the process was divided into four time periods according to the political milestones that occurred, as presented in Table 1.

Stage 1: Manifestations of the conservative-liberal axis (1995 to 2000)

The emergency contraceptive pill in Chile has been the subject of political and judicial controversy [13], materialized through various legal remedies since March 2001, a similar situation to what occurred worldwide, which hindered legislative progress.

While the global history of emergency contraception dates back to the 1960s [2], in Chile, the political tensions surrounding the introduction of this method into the public health system began in 1995, when the Chilean Institute of Reproductive Medicine initiated its study [14]. The first legal actions consisted of filing constitutional protection actions (*recursos de protección*) before the Santiago Court of Appeals to obtain authorization for the first product, Postinal. These actions were supported by cross-cutting civil society organizations and reflected the conservative-liberal axis [13]. From 1995 to 2000, there was a series of political, media, and judicial campaigns targeting distributors of emergency contraception and the general public.

Stage 2: Harassment and shortage campaign (2001 to 2006)

Between 2001 and 2006, a campaign of harassment and drug shortages began to develop through a series of legal actions by conservative political actors. It has been demonstrated that people's perceptions have a significant impact on public policy, particularly in unstable political environments [15].

Stage 3: Legal proceedings surrounding the national fertility regulation standards (2006 to 2009)

After emergency contraception was included on the Ministry of Health's list of essential medicines, new litigation gave way to intense questioning of emergency contraception. In this context, Walt and Gilson's health policy analysis triangle could be applied comprehensively to analyze the situation.

Stage 4: Enactment of Law No. 20.418 and subsequent regulatory advances (2010 to 2021)

Following the historical milestones of previous periods, new political processes led by new social actors emerged in this stage, culminating in Law Number 20.418, signed by President Michelle Bachelet in January 2010, along with further regulatory improvements that delineated reproductive rights. The

World Health Organization stated that all women and girls have the right to emergency contraception when faced with an unintended pregnancy, and national family planning programs should make it available [1].

In the historical process of developing and implementing the policy for access to the emergency contraceptive pill, resistance to change stood out, originating mainly from conservative groups both inside and outside government, as well as members of civil society. However, there was also strong political support from citizens and aligned groups that can be considered stakeholders, according to the political science literature. While it may be tempting to view actors' resistance to the process, context, and content of this public policy as motivated by a desire to protect life, the significance of women's reproductive autonomy as rights holders is often overlooked [16].

Finally, it is striking how policymakers found a window of opportunity to secure approval mechanisms and the promulgation of Law 20.418, advancing respect for women's reproductive rights as a determinant of their health [17]. Regarding the impact of the implemented public policy, it is worth noting that the rate of unplanned pregnancy in Chile has decreased over the years. Unplanned pregnancy without the use of contraceptive methods fell to 22% in 2018 from 42% in 2006 [18].

Through the documentary and bibliographic review presented in this study, it was possible to analyze the factors proposed by Walt and Gilson and to highlight historical milestones related to the Chilean emergency contraceptive pill. In this framework, the authors place actors—individuals and members of groups or organizations—at the center of the model. Below, characteristics emphasized in the literature are discussed, following a historical structure of four stages that characterized the political process under study. Table 2 presents the elements of Walt and Gilson's health policy analysis triangle for each stage.

Regarding limitations, although the literature clarifies that case studies do not represent a sample of a specific population or universe, but rather a particular phenomenon analyzed using multiple sources of information, the findings cannot be generalized statistically. Instead, they may be used to explain theoretical propositions related to the decision-making processes involved in formulating and implementing this public policy. This is because the investigators' objective was essentially an analytical-interpretive generalization of the health policy on access to the emergency contraceptive pill.

Table 1. Time periods that characterized the political process of the emergency contraceptive pill.

Stage 1: conservative-liberal axis manifestations (1995 to 2000).	Stage 2: harassment and supply shortage campaign (2001 to 2006).
Stage 3: legal disputes over the national fertility regulation standards (2006 to 2009).	Stage 4: enactment of Law No. 20,418: "Regulations on information, guidance, and services related to fertility regulation" and subsequent regulatory advances (2010 to 2023).

Source: Prepared by the authors based on a review of the literature.

Table 2. Elements of Walt and Gilson's policy triangle in the time periods that characterized the political process of emergency contraception in Chile.

Element	Stage 1	Stage 2	Stage 3	Stage 4
Political actors	It was evident in the power and influence of individuals and organizations [13] during the initial stages of the policy on access to the emergency contraceptive pill. From 1995 to 2001, ideas played a key role as a strategy to articulate the concerns of the leading actors; opponents framed the policy's implementation using both internal and external lenses, highlighting the vulnerabilities of emergency contraception among the general public, including leaders who controlled resources [13] and other external actors [16]. Numerous socio-political actors across the conservative-liberal spectrum emerged as these public policies were rolled out: the general public, the WHO, health, justice, and SERNAM authorities, medical professionals and technical experts in the emergency contraception method, journalists, and lawyers advocating for emergency contraception. All of them were necessary to address the second identified stage.	In 2001, the first emergency contraceptive pill—Postinal—was registered [14]. The Supreme Court granted a writ of amparo, prohibiting its sale due to uncertainty about its mechanism of action and possible abortifacient effect. A second drug, Postinor, was later registered, without the restriction being extended to it. In 2002, lawsuits were brought by business associations. APROFA, ICMER, the Corporación de Salud y Políticas Sociales, and women's NGOs attempted to join the proceedings but were not admitted. Other "technical" NGOs advised the Ministry of Health. From 2003 onward, several scientific publications showed that emergency contraception's mechanism of action was safe [14] and that its use was appropriate regardless of age, weight, or breastfeeding status [19]. Supply problems revealed a disconnect between policy and practice. Evidence showed that although 100% of health providers endorsed the use of emergency contraception, only 49% were aware of the available options [20]. Given that refusal to provide the emergency contraceptive pill is associated with worsening reproductive health outcomes, this became a critical issue [18].	In 2007, 36 deputies from the conservative bloc filed a claim of unconstitutionality against the Fertility Regulation Norm before the Constitutional Court (TC). Forty-six members of parliament, NGOs, ICMER, APROFA, the University of Chile, and women's groups joined as parties in the defense of emergency contraception. Various national and international organizations sent letters supporting the judicial process. That same year, the Movement for the Defense of Contraception was created. Among the public, two politically significant actors emerged in the debate: groups of citizens who opposed allowing services to provide the emergency contraceptive pill, and others who demanded its availability. There were also mayors who, through legal actions, challenged the requirement that municipal health services provide it [16].	In 2009, the General Comptroller interpreted the Constitutional Court's decision as prohibiting the provision of emergency contraception in institutions of the National Health System. This not only created unmet needs among all women who sought to prevent an unintended pregnancy, thereby limiting the exercise of rights in a pluralistic society, but also reflected the power of the Catholic Church and conservative politicians. In 2010, President Bachelet sent to Congress, with <i>suma urgencia</i> (fast-track) status, a bill seeking to reinstate the provision of emergency contraception in the public health sector [21].
Content	The elements of these public policies began to be mapped out based on the strategy designed by the authorities of the time to introduce emergency contraception. The drafting of a protocol for the use of emergency contraception in women who were victims of rape (1998) established the need to provide emergency contraception in cases of sexual assault [2]. The distribution of this protocol targeted authorities at the Ministries of Health and Justice, as well as SERNAM. Training on the medical and technical aspects of the emergency contraception method focused on journalists and	During this period, the protocol remained in force. As it was disseminated to the Ministries of Health and Justice and to SERNAM, it was kept without major changes. However, external advisers to the Ministry of Health and the academic community incorporated recommendations stemming from new scientific publications. These clarified the drug's mechanism of action, confirming its safety [14].	In 2008, the Constitutional Court (CC) declared it unconstitutional to include emergency contraception in the Fertility Regulation Norm. Thirty-six members of parliament filed the petition. It specifically referred to the use of the emergency contraceptive pill, as well as counseling for minors under 14 without parental consent. The Court decided to prohibit the distribution of the emergency contraceptive pill in central-level health services, but left municipal clinics and health posts to decide on its	In 2010, the bill was introduced and comprised five articles concerning information and the provision of services related to fertility regulation. The bill established: the right of every person to receive information and counseling on fertility regulation and emotional and sexual life; the right to freely choose methods of fertility regulation; the right to confidentiality; the State's duty to make authorized contraceptive methods,

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Element	Stage 1	Stage 2	Stage 3	Stage 4
	lawyers advocating for emergency contraception.		availability according to each municipality. This created a scenario of uncertainty regarding effective, free access and the circumstances under which emergency contraception would be provided. Monitoring of distribution began. In 2009, 50.5% of municipalities dispensed the emergency contraceptive pill, while 41.4% did not dispense it regardless of the circumstances [22].	including emergency contraception, available to the population; and, where sexual violence is suspected, the duty of the competent authority to make the relevant records available [21].
Context	The Catholic Church and actors from the conservative bloc opposed emergency contraception since the first drug registered in the country for this purpose (Postinal) was introduced. In addition, an intense campaign across various media outlets fostered public prejudice against the drug.	During this period, sociopolitical tensions escalated between the public and social organizations that sought to participate in official debates but were denied the opportunity to do so. In the civil lawsuit brought by business associations against the laboratory and the PHI, organizations such as APROFA, ICMER, the Corporación de Salud y Políticas Sociales, and women's NGOs attempted to join the case but were not admitted. The public debate continued, with extensive media coverage. Within the government, the Undersecretary of Health was dismissed after announcing emergency contraception for all women (2005). In addition, the new authorities planned other health processes regarding its distribution [16].	During 2009, opinion polls showed that most Chileans supported emergency contraception. In light of this, emergency contraception became a topic in the presidential campaign, and all the candidates supported it.	At this stage, Chilean public opinion favored emergency contraception. In response, deputies and senators signaled their support for legislating on emergency contraception. To that end, it was necessary to implement effective education systems, since knowledge of emergency contraception is the main predictor of its use [12]. A thorough understanding of how it works is crucial for individuals to make informed decisions [23]. Misperceptions about its mechanism of action generate resistance to its implementation among the population and among health professionals [19,24].
Political process	According to the literature, the involvement of numerous sociopolitical actors in the process of formulating public policies for access to the emergency contraceptive pill revealed a scenario of ongoing ideological tensions, with arguments that continually strengthened and weakened the initial policy-making process. This was resolved 10 years later with the promulgation of Law 20.418, which strengthened the reproductive rights of Chilean women.	In 2004, emergency contraception was included in the Ministry of Health's standards for care in cases of sexual violence [25], as part of the protocol proposed by ICMER for the prevention of pregnancy and STIs, thereby strengthening the policy initiative. However, there was a setback in implementation: following the dismissal of the Undersecretary of Health, the new appointee announced that emergency contraception would not be discussed until March 2006. In the meantime, the Court of Appeals and the Supreme Court upheld the PHI's decision to approve	In 2009, the Comptroller General (CGR) interpreted the Constitutional Court's (CC) decision from the previous year as prohibiting the delivery of emergency contraception in institutions of the National Health System. This represented a significant setback for the policy proposal. Nevertheless, the Executive introduced a bill to regulate family planning services that included emergency contraception. The bill passed the initial stage and was approved by a vast majority in the Chamber of Deputies [22].	The bill became a reality with the promulgation of Law 20.418. A series of milestones followed to advance the implementation of these public policies. In 2010, 50 000 doses of emergency contraception were procured to improve nationwide availability; however, numerous NGOs reported shortages of the emergency contraceptive pill. A new study by FLACSO showed that 50% of municipalities were not dispensing emergency contraception. In addition, some Regional

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Element	Stage 1	Stage 2	Stage 3	Stage 4
		emergency contraception in the case in which ICMER and APROFA participated. The issue remained in the public debate and became part of the presidential campaign, with all candidates in favor. Emergency contraception was added to the Ministry of Health's essential medicines list, further strengthening the nascent public policy. This period culminated in 2006 with the inclusion of emergency contraception in the Ministry of Health's National Fertility Regulation Norms [26].		Ministerial Secretariats and pharmacies rejected prescriptions issued by midwives. In 2011, the need arose to amend the Health Code so that midwives could prescribe the emergency contraceptive pill; this was achieved with Law 20.533. In 2015, a decree allowed the emergency contraceptive pill to be sold in pharmacies without a medical prescription [27]. In 2018, the updated National Fertility Regulation Norms were published. In 2021, the Ministry of Health published a protocol for the provision of emergency contraception [28–31].

Stage 3: litigation concerning national fertility regulation standards (2001 to 2006). Stage 4: promulgation of Law No. 20.418 "Standards on information, guidance and services regarding fertility regulation" and subsequent regulatory advances (2010 to 2023). WHO: World Health Organization. SERNAM: National Women's Service. NGOs: Non-Governmental Organizations. APROFA: Chilean Association for the Protection of the Family. ICMER: Chilean Institute of Reproductive Medicine. CGR: Office of the Comptroller General of the Republic. CC: Constitutional Court. PHI: Public Health Institute. FLACSO: Latin American Faculty of Social Sciences. STIs: Sexually Transmitted Infections. Stage 2: harassment and supply shortages campaign (2001 to 2006). Stage 1: manifestations of the conservative-liberal axis (1995 to 2000).

Elements refer to the time periods that characterized the political process to secure access to the emergency contraceptive pill in Chile. .

Source: Prepared by the authors, based on a literature review.

CONCLUSIONS

The documentary and bibliographic analysis of the health policy for accessing the emergency contraceptive pill incorporated the factors that Walt and Gilson consider to be at play when health policies are developed: political actors, context, content, and process. All of these represent core components of those authors' health policy analysis triangle as applied to this public policy.

Applying the model to the analysis of access to the emergency contraceptive pill enabled the identification of synergistic processes and the reconstruction of the chronological process of drafting and implementing the policy for the use of the emergency contraceptive pill. Added to this framework are the roles of multidisciplinary scientific evidence, external actors, and the mass media, which undoubtedly influence political debates and the associated decision-making process. These influential actors are neither new nor unique to this particular policy process. Moreover, they constitute ongoing areas of attention arising from interactions that reflect a struggle for power and contending forces.

Consequently, it is essential to foster sustained dialogue among policymakers, health professionals, and the community

so that policies involving emergency contraception are effective and sustainable.

Accordingly, evaluating emergency contraception in Chile from the perspective of Walt and Gilson's health policy analysis triangle reveals that, although policies are in place, their effectiveness is compromised by a lack of knowledge and cultural resistance. It is essential to implement educational and awareness-raising strategies that strengthen access to and acceptance of emergency contraception, thereby ensuring that women have the tools needed to make informed decisions about their reproductive health.

Contributor roles MASF: conceptualization, data curation, formal analysis, investigation, methodology, project management, resources, supervision, validation, visualization, writing of the original draft, writing, revision, and editing. DPG: visualization, writing of the original draft, writing, revision, and editing.

Funding No funding.

Acknowledgments We are grateful for the funding provided by the Chilean National Research and Development Agency (ANID) through a National Doctorate Grant for the author, Ma. Angélica Saldías (2022 - 21220823).

Conflictos de intereses The authors declare that they have no conflict of interest related to the law or its political process for the development of this investigative process.

Language of submission Spanish.

Peer review and provenance Not commissioned. Externally peer-reviewed by three reviewers, in a double blind modality.

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Anticoncepción de emergencia en Chile: análisis de la política pública según Walt y Gilson

RESUMEN

Este estudio tiene por objetivo analizar la política de acceso a la píldora anticonceptiva de emergencia desarrollada en Chile, desde la perspectiva del triángulo de políticas de Walt y Gilson. Su propósito es generar evidencia sobre actores relevantes, implementación, actividades y decisiones tomadas. Por medio de un estudio de caso retrospectivo, con enfoque analítico cualitativo, apoyado con métodos de revisión de literatura, informes en línea de fuentes oficiales y análisis de documentos relevantes; se desarrolla un análisis empírico mediado por matriz de síntesis cualitativa-descriptiva basada en el triángulo de las políticas de Walt y Gilson. Para ello se siguió una estructura histórica relacionada con cuatro períodos de tiempo que caracterizaron el proceso político de la píldora anticonceptiva de emergencia en Chile. Como principales resultados destacan la participación de numerosos actores sociopolíticos en el proceso de formulación de la política pública para obtener la píldora anticonceptiva de emergencia, que dieron cuenta de un escenario de tensiones ideológicas permanentes. Esto fue demostrado en argumentos que fortalecen y debilitan el proceso político que, si bien logró resolverse con el tiempo, siendo hoy un trabajo en progreso, impactó en el fortalecimiento de los derechos reproductivos de las mujeres chilenas. Para concluir, el triángulo de políticas de Walt y Gilson como herramienta interpretativa brinda oportunidades concretas para analizar la política pública en salud, confirmando la importancia de la interacción de autoridades sanitarias, políticos, grupos académicos y organizaciones de la sociedad civil en temas relacionados con la salud en general y el respecto a los derechos sexuales y reproductivos de mujeres con introducción de la anticoncepción de emergencia.



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