

FAMILY PLANNING MARKET REPORT

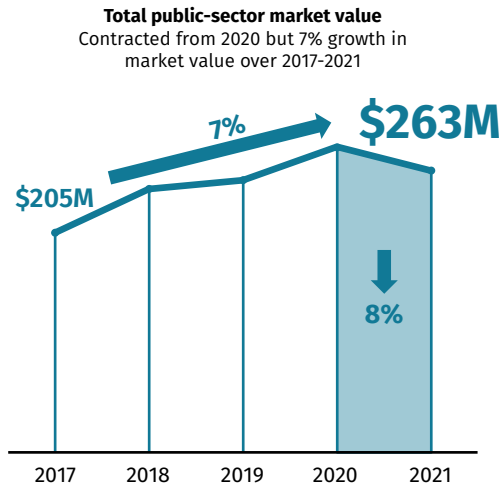
DECEMBER 2022



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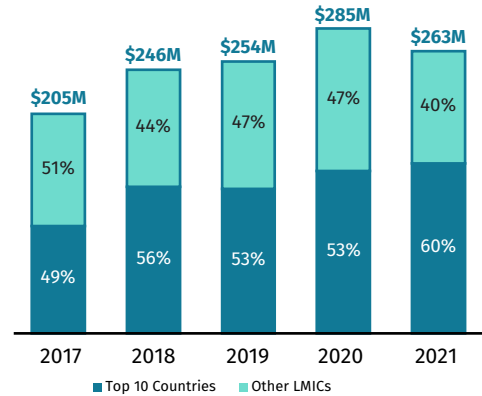
THE STATE OF FAMILY PLANNING IN 2021

Notable market trends



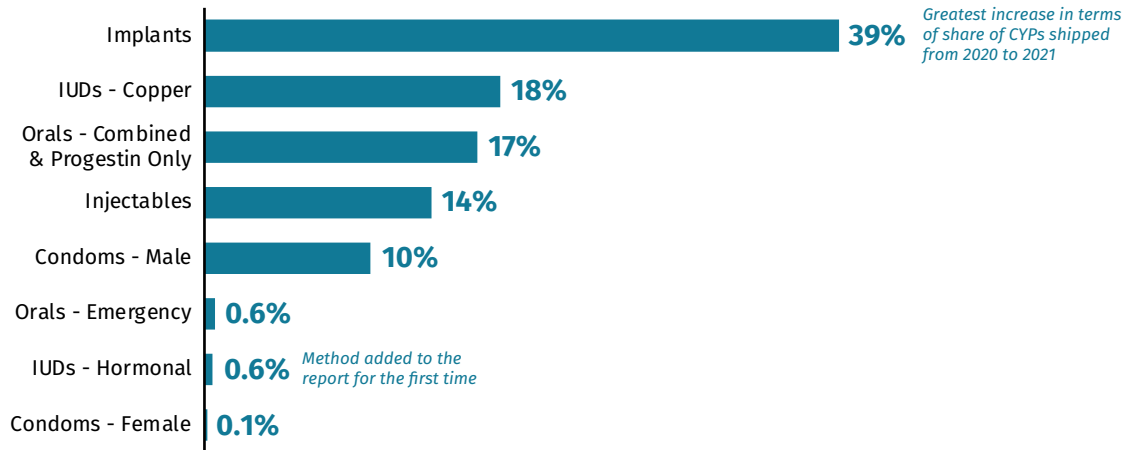
Share of 10 Largest Public-Sector Countries

*Top countries in this graph are defined by 2021 data and, in alphabetical order, are: Bangladesh, Burkina Faso, Democratic Republic of Congo, Ethiopia, Malawi, Mozambique, Nigeria, Tanzania, Uganda, and Zambia.



Method mix analysis

Market share per method based on CYPs shipped in 2021



Global Procurer spend analysis

\$108M

UNFPA's total spend on contraceptive procurement in FY2021 decreased by 34% from FY2020.

Driven primarily by a notable reduction in 2021 FCDO funding for UNFPA due to the COVID-19 context.

\$35M

USAID's total spend on contraceptive procurement in FY2021 decreased by 24% from FY2020.

Within the typical fluctuation range seen for FY2017 - FY2021.

SUPPLIER SHIPMENT ANALYSIS

The 2022 Family Planning Market Report provides visibility into the public-sector contraceptive market in 83 low- and lower-middle income countries (LMICs)¹ from 2017-2021. While previous market reports have focused on the 69 FP2020 focus countries, the geographic scope of this year's report has been updated to encompass the larger set of 83 LMICs now included in the new global partnership and measurement structure for the sexual and reproductive health (SRH) community announced by FP2030 in 2021.

The public-sector volumes that are included in this report's scope are those purchased by public sector procurers such as the United States Agency for International Development (USAID) and United Nations Population Fund (UNFPA), ministries of health, government affiliated procurers as well as social marketing organizations (SMOs) for 83 LMICs. The Family Planning Market Report analyzes procurement trends for all product-based modern methods of contraception based on historical supplier-reported shipment data. This shipment data is collected from 17 suppliers for methods including female condoms, implants, injectables, intrauterine devices or IUDs (copper and hormonal)², oral contraceptives (combined and progestin-only), and emergency oral contraceptives. Findings for male condoms are based on shipment data from the Reproductive Health Supplies Visualizer (RH Viz).³ Shipment data provides insights into the historical procurement of contraceptive products but is not necessarily equivalent to the demand for contraceptives, given procurement is shaped by key factors such as available funding and production capacity.

In 2021, the value of the public-sector market decreased by 8 percent relative to 2020 but remained above 2017-2019 levels. Market volumes also decreased in 2021 by 15 percent relative to 2020. Due to method-specific trends, there was also a decline of 13 percent in couple years of protection (CYPs)⁴ shipped to the public-sector market from 2020 to 2021.

The contraction of the public-sector market from 2020 to 2021 in terms of CYPs shipped was primarily driven by decreased volumes of copper IUDs, injectables, as well as combined and progestin-only orals. Long-acting reversible methods of contraception (LARCs), which include implants, copper IUDs, and hormonal IUDs, continued to comprise the majority of CYPs shipped to the public-sector market in 2021 as they did during the 2017-2020 period. While the overall LARC share of CYPs shipped remained constant from 2020 to 2021 at 58 percent, there has been movement within the LARC sub-categories with the implant and hormonal IUD share of CYPs shipped, increasing from 2020 to 2021. The copper IUD share of CYPs shipped declined during that time period.

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- 1 These 83 low- and lower-middle income countries are defined as per the World Bank income classification as of 2020. Further information on the LMICs for which FP2030 will report data is available here: https://fp2030.org/sites/default/files/Data-Hub/FP2030_DataReport_v5.pdf. Note that the FP2030 report includes 82 LMICs, which is one less than the 83 countries in-scope for the Family Planning Market Report. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara (which was formerly among the 69 FP2020 focus countries.) After consultation with FP2030, however, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report, for a total of 83 in-scope LMICs. To ensure consistency in country scope across all years included in the report, historical shipment data has been collected from suppliers for the 83 in-scope countries from 2017-2021.
 - 2 IUD is an abbreviation for an intra-uterine device. The hormonal IUD is included in the Family Planning Market Report for the first time this year since a publicly available hormonal IUD price was included in the UNFPA Contraceptive Price Indicator for the first time for 2021.
 - 3 This report has historically used data from the Reproductive Health Interchange (RHI) to estimate the size of the male condom market. Since the male condom market is quite fragmented, RHI historically has provided greater visibility for that method. Additionally, RHI data has historically been used to assess the relative visibility the Family Planning Market Report provides across all methods. In September 2020, however, the SRH community transitioned away from the RHI platform to the Reproductive Health Supplies Visualizer (RH Viz). The 2022 Family Planning Market Report, therefore, now utilizes RH Viz data for male condom volumes and market visibility calculations. See Appendix C for further details.
 - 4 Couple Years of Protection (CYP) is the estimated protection provided by contraceptive methods during a one-year period (for example, 120 condoms provide a couple protection for one year). For all CYP calculations, this report utilizes the CYP factors most recently published by USAID. See Appendix C for further details.

This section analyzes trends in shipment volumes, value in USD, and CYPs shipped in the public-sector market from 2017 to 2021.



Notable Market Trends

THE TOTAL VALUE OF THE PUBLIC-SECTOR MARKET IN USD CONTRACTED FROM \$285 MILLION IN 2020 TO \$263 MILLION IN 2021 BUT REMAINED ABOVE 2017-2019 LEVELS. THE NUMBER OF CYPs SHIPPED ALSO DECLINED FROM 2020 TO 2021, DUE TO CHANGES IN THE MIX OF CONTRACEPTIVES PROCURED.

The total value of the public-sector contraceptive market in the 83 LMICs increased from \$205 million⁵ in 2017 to \$263 million in 2021 (Exhibit 1). While market value increased each year between 2017 to 2020, it declined from a peak of \$285 million in 2020 to \$263 million in 2021, a reduction of 8 percent. The \$263 million market value in 2021, however, was still greater than the annual market value seen from 2017 to 2019 (Exhibit 1).

The quantity of CYPs shipped also declined from 2020 to 2021, falling from 118 million in 2020 to 103 million in 2021 (Exhibit 3). This 13 percent decline in CYPs was primarily due to a decline in copper IUDs which are relatively low-cost but have a relatively high CYP factor. Copper IUD CYPs shipped decreased by 9 million from 2020 to 2021. Reductions in CYPs shipped from 2020 to 2021 were also seen for injectables (-6 million CYPs shipped) as well as combined and progestin-only oral contraceptives (-2 million CYPs shipped). A slight decline in CYPs shipped for implants was also observed from

2020 to 2021 (-0.4 million), although historically implants had consistently maintained an upward trend. This decrease was partially offset by an increase in CYPs shipped from male condoms (+2 million) and hormonal IUDs (+0.5 million).

In terms of regional trends for the 2017 to 2021 period, sub-Saharan Africa's market share stayed largely constant, ranging from a low of 56 percent in 2017 to a high of 65 percent in 2019 (Exhibit 7). Market share in the Asia and Pacific region increased by 4 percentage points between 2020 and 2021 to 28 percent, although the region's share has remained relatively constant over the 2017-2021 period, with a previous high of 28 percent reported in 2017 (Exhibit 7). Within the public-sector market captured in this report,⁶ the 10 largest countries (in terms of market value) represented over 50 percent of the overall market value in 2021, with Bangladesh⁷ comprising approximately 19 percent of the public-sector market (Exhibits 8, 9). Despite the contraction in overall public-sector market value in 2021 relative to 2020, the market value for the 10 largest countries increased from \$151 million in 2020 to \$159 million in 2021 (Exhibit 9). While the list of top 10 markets has changed from year to year, five countries—Bangladesh, Ethiopia, Nigeria, Tanzania, and Uganda—have consistently appeared in the top 10 markets each year from 2017 to 2021.



Notable Method Trends

THE DECLINE IN MARKET VALUE FROM 2020 TO 2021 WAS PRIMARILY DRIVEN BY DECREASES IN THE INJECTABLE AS WELL AS THE COMBINED AND PROGESTIN-ONLY ORAL CONTRACEPTIVE CATEGORIES. CYPs SHIPPED ALSO DECLINED IN 2021 COMPARED TO 2020 GIVEN LOWER VOLUMES OF COMBINED AND PROGESTIN-ONLY ORAL CONTRACEPTIVES, COPPER IUDs, AND INJECTABLES IN 2021. THERE WAS A NOTABLE INCREASE IN HORMONAL IUD CYPs SHIPPED IN 2021 COMPARED TO PREVIOUS YEARS.

Copper IUD volumes declined for a third consecutive year in 2021, decreasing by 33 percent compared to 2020 volumes (Exhibit 2). Specifically, copper IUD procurement decreased from 6 million units in 2020 to 4 million units in 2021 (Exhibit 2). This decrease in volumes equates to a small decline in the 2021 overall market value (-\$0.5 million) due to the copper IUD's relatively low unit cost (Exhibits 1, 4). However, since the copper IUD has a relatively high CYP factor per unit, the decrease in copper IUD volumes has a meaningful effect on CYPs shipped, resulting in a decline of 9 million copper IUD

⁵ The currency reported is in US dollars, unless otherwise noted

⁶ Private-sector contraceptive use does not factor into these market share numbers. Additionally, some procurement from domestic suppliers in markets like Bangladesh and India (among others) may not be captured in the shipment data from participating suppliers. Accordingly, it should also be noted that market share estimates are based only on available shipment data from participating suppliers. For more detailed information on the Bangladeshi and Indian markets, please refer to Appendix E.

⁷ As noted previously, the Family Planning Market Report provides visibility into contraceptive procurement trends in Bangladesh with data from the participating suppliers. However, there are additional suppliers active in the Bangladesh market, beyond the participating suppliers captured in the Family Planning Market Report (see Appendix E for more details).

CYPs shipped from 2020 to 2021 (Exhibits 3, 4). A few countries, e.g., Nigeria, Indonesia, Kenya, and Uzbekistan, were relatively larger contributors to this decline in the copper IUD market from 2020 to 2021. Several of these countries procured notably higher volumes of the copper IUD in the previous one to two years indicating that some of the decline in copper IUD volumes in 2021 may have been in part related to procurement cycles.⁸

The hormonal IUD category saw an increase from 2020 to 2021. Specifically, CYPs shipped for hormonal IUDs increased from 0.1 million in 2020 to 0.6 million in 2021 as countries that were ready to do so began to introduce and scale up this method.⁹

The market value of injectables decreased by 31 percent from 2020 to 2021 to \$47 million, after a high of \$68 million in 2020 (Exhibit 1). The volumes shipped of injectables also declined from 85 million to 58 million units from 2020 to 2021 (Exhibit 2). Bangladesh accounted for approximately 40 percent of the overall decline in injectable volumes from 2020 to 2021. Bangladesh procured notably higher volumes of injectables in 2020, so this 2021 decline in injectable volumes in Bangladesh may be a result of procurement cycles as well as the COVID-19 pandemic. Injectable market disruptions, driven

by both supply and funding related disruptions, may have also contributed to this decline seen in 2021.

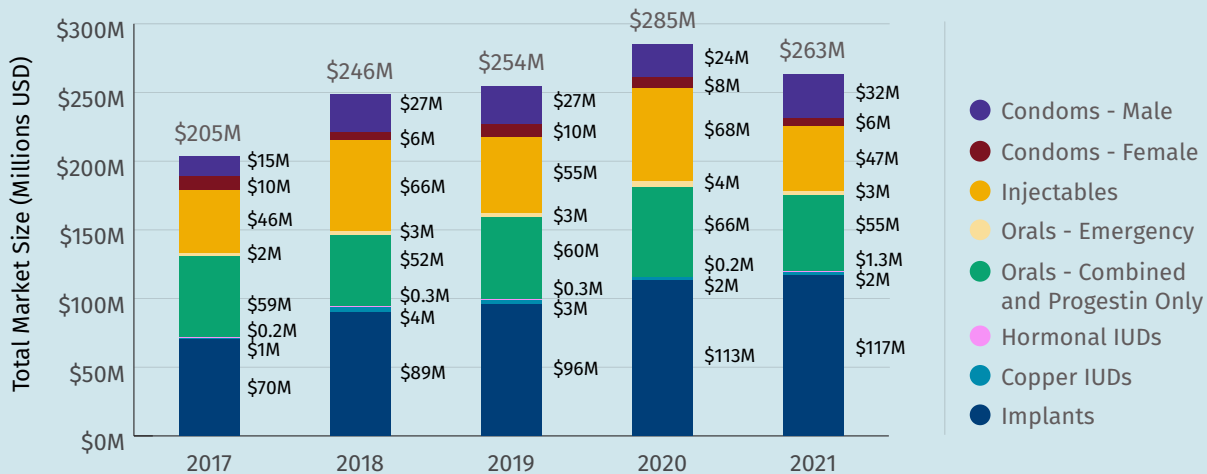
The market value of combined and progestin-only orals decreased by 16 percent from \$66 million in 2020 to \$55 million in 2021 (Exhibit 1). Volumes shipped of oral contraceptives also declined from 283 million in 2020 to 257 million in 2021 (Exhibit 2). Oral contraceptive procurement decreased across several countries, most notably Zimbabwe. Potential drivers of these patterns include normal procurement cycle fluctuations as well as transportation-related difficulties given supply chain challenges experienced over the past few years. These factors were reported to delay the arrival of oral contraceptive shipments in some countries, thus impacting the size and timing of subsequent oral contraceptive shipments.

Note: While procurement cycle fluctuations and the other factors described above have contributed to the market trends seen from 2020 to 2021, another notable factor shaping the 2021 market picture was a decline in available contraceptive procurement funding. This driver is elaborated upon further in the following “Global Procurer Spend Analysis” section.

⁸ Since copper IUDs have a long shelf life (approximately 3-7 years) and long period of protection (up to 12 years after insertion), their procurement cycles may not always align with the annual timeline of the FP report. Countries may procure large volumes in one year and not procure any for several years.

⁹ Hormonal IUD introduction efforts have been supported by the Hormonal IUD Access Group, which is a global consortium of governments, donors, manufacturers, procurement agencies (UNFPA and USAID/GHSC-PSM), researchers, and service delivery partners that are collaborating to expand access to the hormonal IUD in LMICs by ensuring availability of affordable, quality-assured products to facilitate sustainable markets and by supporting countries that are ready to introduce and scale-up the method (e.g., as demonstrated by strong government interest in the method, development of an introduction plan, etc.). More information can be found at the Hormonal IUD Access Portal (<https://www.hormonaliod.org/>).

Exhibit 1: Value of the public-sector market (USD)



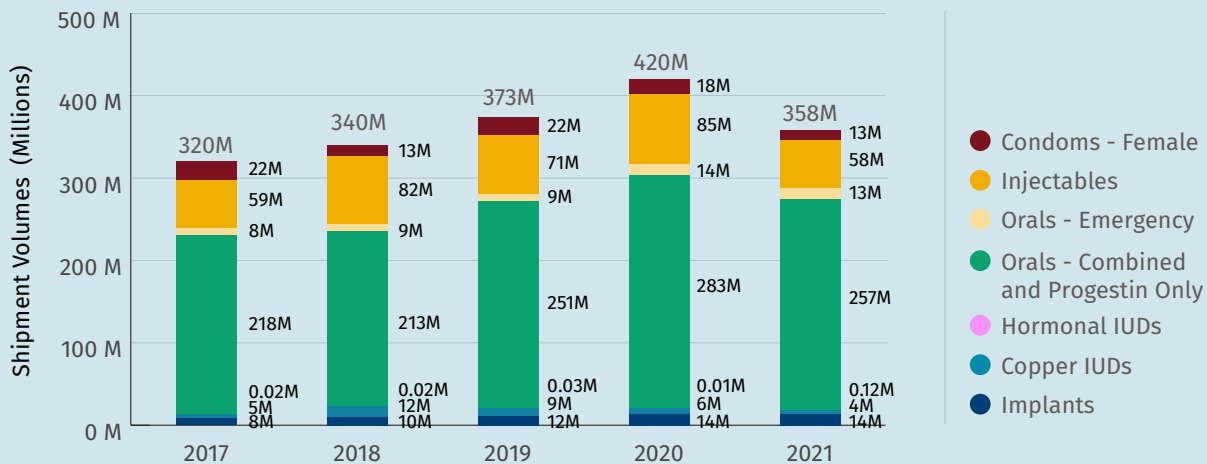
| Method | Year over year 2020-2021* | Compound annual growth rate 2017-2021** |
|----------------------------------|---------------------------|---|
| Condoms- Male | 33% | 21% |
| Condoms- Female | -29% | -14% |
| Injectables | -31% | 0.3% |
| Orals- Emergency | -7% | 12% |
| Orals- Combined & Progestin Only | -16% | -2% |
| Hormonal IUDs | 785% | 55% |
| Copper IUDs | -22% | 4% |
| Implants | 4% | 14% |
| Total | -8% | 7% |

*Year over year (YOY): change in the value of the public-sector market between 2020-21
 **Compound Annual Growth Rate (CAGR): [(final value/beginning value)^(1/number of years)]-1

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year over year and compound annual growth rate numbers are calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021

Exhibit 2: Total public-sector market volumes (male condoms excluded*)



| Method | Year over year 2020-2021 | Compound annual growth rate 2017-2021 |
|----------------------------------|--------------------------|---------------------------------------|
| Condoms- Female | -31% | -13% |
| Injectables | -32% | -0.3% |
| Orals- Emergency | -4% | 12% |
| Orals- Combined & Progestin Only | -9% | 4% |
| Hormonal IUDs | 785% | 55% |
| Copper IUDs | -33% | -4% |
| Implants | -1% | 13% |
| Total | -15% | 3% |

| Male condom shipment values (billions) | | | | | | |
|--|-------|-------|-------|-------|--------------------------|---------------------------------------|
| 2017 | 2018 | 2019 | 2020 | 2021 | Year over year 2020-2021 | Compound annual growth rate 2017-2021 |
| 0.65B | 1.21B | 1.17B | 1.04B | 1.28B | 23% | 18% |

*Male condoms are shown separately because the source of the shipment data is RH Viz, whereas all other methods are supplier-reported. See Appendix C for further details.

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year over year and compound annual growth rate numbers are calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022.

Exhibit 3: CYPs shipped to the public-sector market



| Method | Year over year 2020-2021 | Compound annual growth rate 2017-2021 |
|----------------------------------|--------------------------|---------------------------------------|
| Condoms- Male | 23% | 18% |
| Condoms- Female | -31% | -13% |
| Injectables | -30% | 0% |
| Orals- Emergency | -4% | 12% |
| Orals- Combined & Progestin Only | -10% | 4% |
| Hormonal IUDs | 785% | 55% |
| Copper IUDs | -33% | -4% |
| Implants | -1% | 12% |
| Total | -13% | 5% |

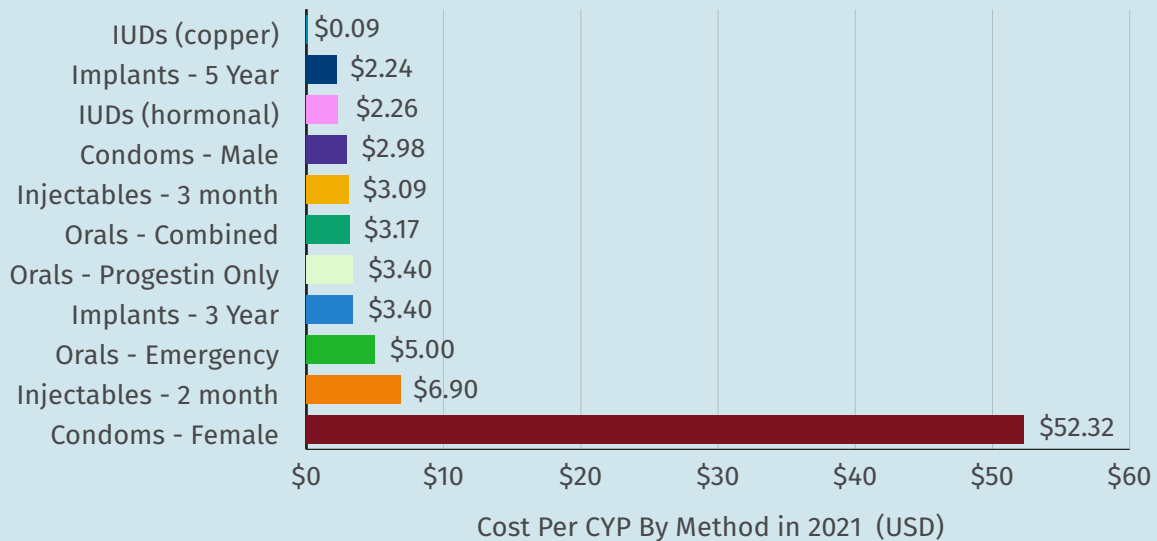
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Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] USAID, "Couple-Years of Protection (CYP)".

Exhibit 4A: Cost per CYP by method per duration of use (USD)

| Method | Units per CYP | Unit Cost | | | | | Cost per CYP | | | | |
|------------------------|---------------|-----------|--------|--------|--------|---------|--------------|---------|---------|---------|---------|
| | | 2017 | 2018 | 2019 | 2020 | 2021 | 2017 | 2018 | 2019 | 2020 | 2021 |
| Condoms - Female | 120.00 | \$0.46 | \$0.47 | \$0.44 | \$0.43 | \$0.44 | \$55.32 | \$56.88 | \$53.28 | \$51.48 | \$52.32 |
| Condoms - Male | 120.00 | \$0.02 | \$0.02 | \$0.02 | \$0.02 | \$0.02 | \$2.71 | \$2.64 | \$2.72 | \$2.75 | \$2.98 |
| Injectables - 1 month | 13.00 | \$0.85 | \$0.85 | N/A | N/A | N/A | \$11.05 | \$11.05 | N/A | N/A | N/A |
| Injectables - 2 month | 6.00 | \$1.15 | \$1.15 | \$1.15 | \$1.15 | \$1.15 | \$6.90 | \$6.90 | \$6.90 | \$6.90 | \$6.90 |
| Injectables - 3 month | 4.00 | \$0.77 | \$0.79 | \$0.75 | \$0.77 | \$0.77 | \$3.09 | \$3.16 | \$3.00 | \$3.07 | \$3.09 |
| Orals - Combined | 15.00 | \$0.27 | \$0.24 | \$0.23 | \$0.23 | \$0.21 | \$4.01 | \$3.56 | \$3.51 | \$3.38 | \$3.17 |
| Orals - Progestin Only | 12.00 | \$0.32 | \$0.29 | \$0.29 | \$0.30 | \$0.28 | \$3.80 | \$3.52 | \$3.47 | \$3.60 | \$3.40 |
| Orals - Emergency | 20.00 | \$0.26 | \$0.28 | \$0.40 | \$0.26 | \$0.25 | \$5.14 | \$5.52 | \$7.98 | \$5.18 | \$5.00 |
| Implants - 3 Year | 0.40 | \$8.50 | \$8.50 | \$8.50 | \$8.50 | \$8.50 | \$3.40 | \$3.40 | \$3.40 | \$3.40 | \$3.40 |
| Implants - 5 Year | 0.26 | \$8.50 | \$8.50 | \$8.50 | \$8.50 | \$8.50 | \$2.24 | \$2.24 | \$2.24 | \$2.24 | \$2.24 |
| IUDs (hormonal) | 0.21 | N/A | N/A | N/A | N/A | \$10.84 | N/A | N/A | N/A | N/A | \$2.26 |
| IUDs (copper) | 0.22 | \$0.31 | \$0.30 | \$0.31 | \$0.37 | \$0.43 | \$0.07 | \$0.07 | \$0.07 | \$0.08 | \$0.09 |

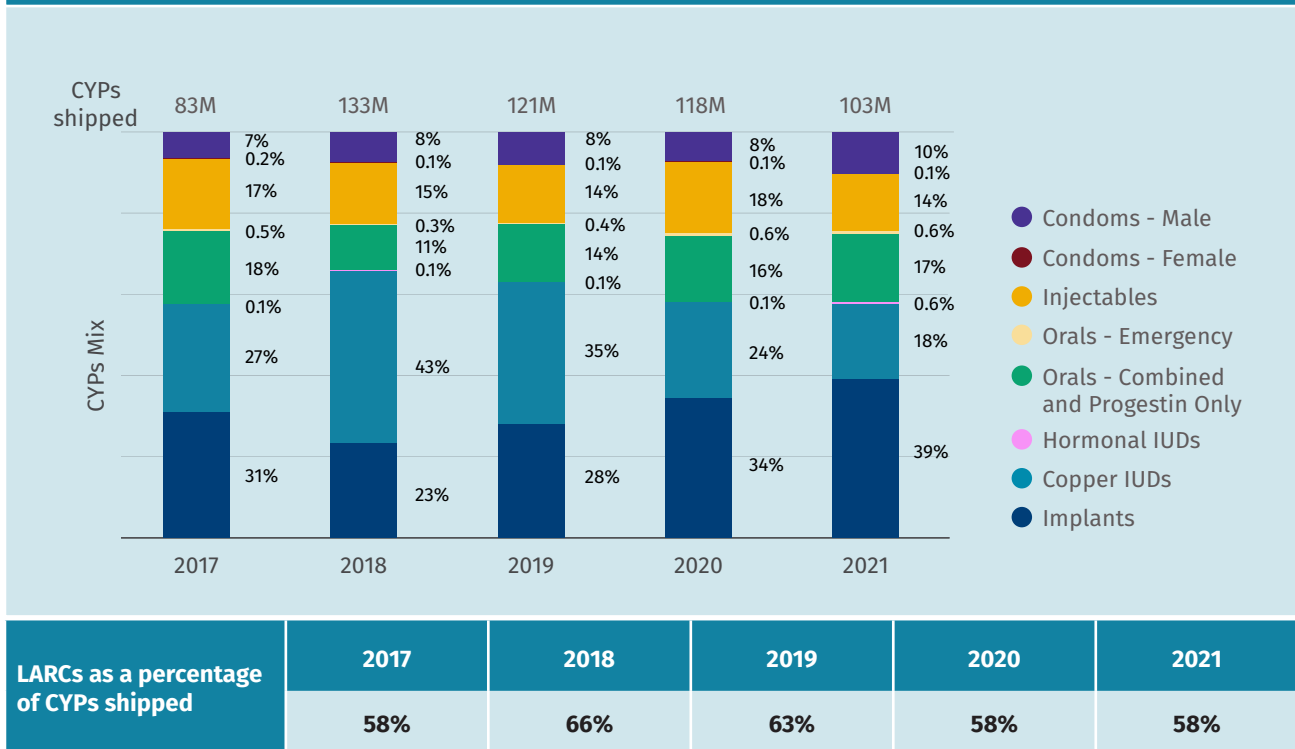
Exhibit 4B: Cost per CYP by method in 2021 (USD)



Note: N/A indicates method was not listed on the UNFPA Contraceptive Price Indicator. Implant pricing in this exhibit uses the IAP implant price. 2021 is the first year that UNFPA Contraceptive Price Indicator has listed separate prices for the 3-year and 5-year implants, but to maintain historical consistency, we continue to use the \$8.50 IAP implant price for this illustrative cost per CYP calculation.

Sources: [1] UNFPA Contraceptive Price Indicator, 2017-2021; [2] USAID, "Couple-Years of Protection (CYP)", [3] IAP Implant Price.

Exhibit 5: CYP mix (in terms of CYPs shipped) in the public-sector market

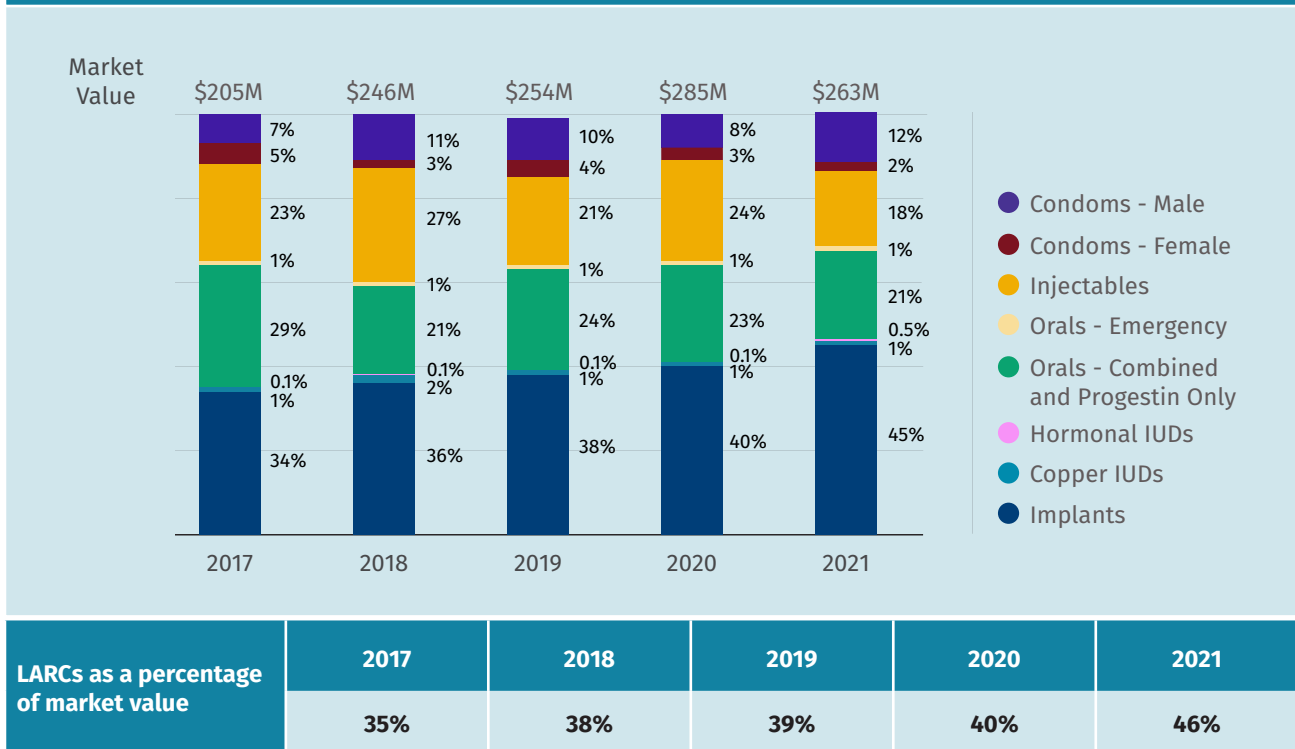


Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

LARCs as a percentage of CYPs shipped were calculated using actual values, not the rounded values in the chart.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021; [4] USAID, "Couple-Years of Protection (CYP)".

Exhibit 6: Market share per method in the public-sector market (USD)

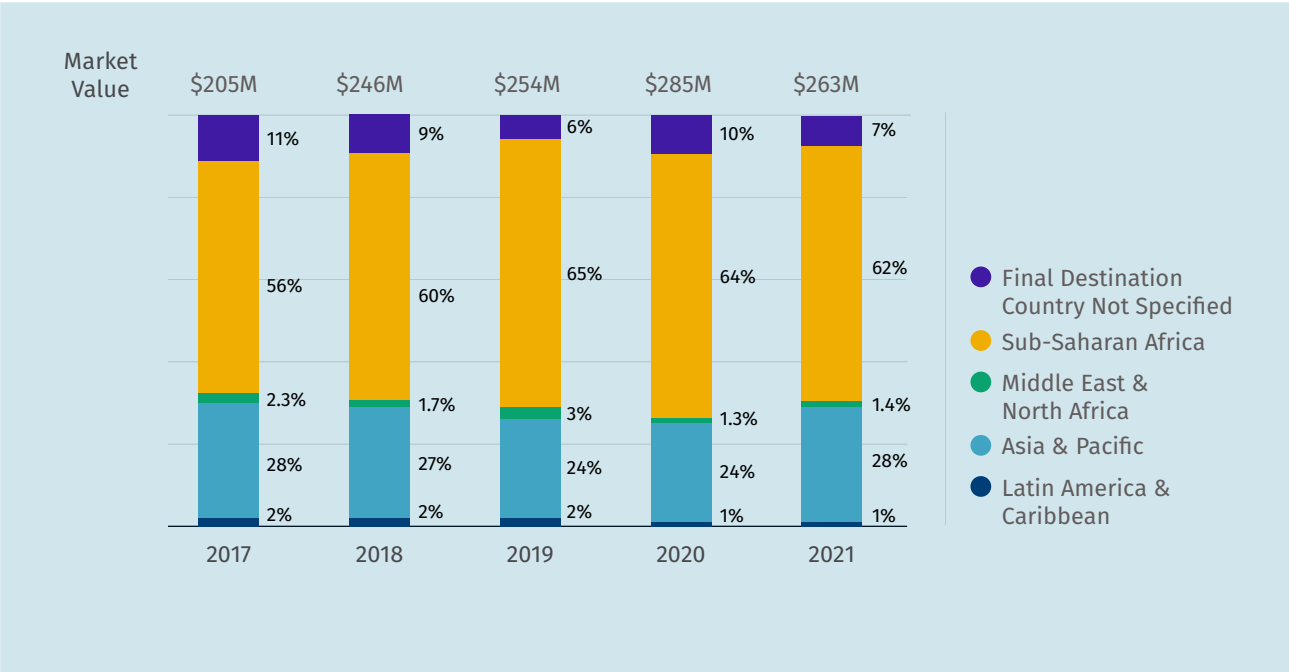


Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

LARCs as a percentage of market value were calculated using actual values, not the rounded values in the chart.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021.

Exhibit 7: Market share of public sector by region (USD)



Note: Public-sector, regional market share shown in the graph above is influenced by the relative distribution of LMICs, the majority of which are located in Sub-Saharan Africa. Only a small number of countries from both the Latin America & Caribbean and Middle East & North Africa regions are included among the 83 LMICs; trends across the whole of these regions are not captured above.

“Destination country not specified” indicates that shipments were received in warehouses for later distribution to LMICs. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017–2021

Exhibit 8: Top ten countries in terms of value, 2021

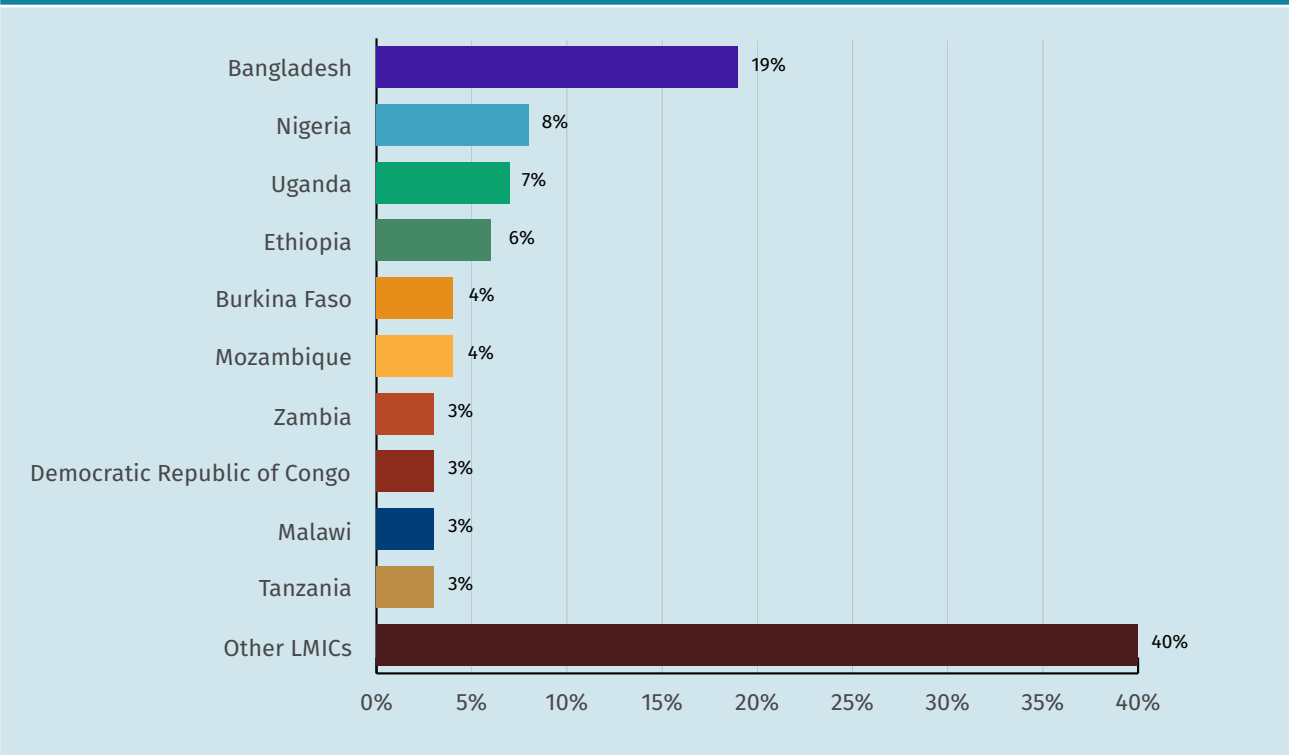
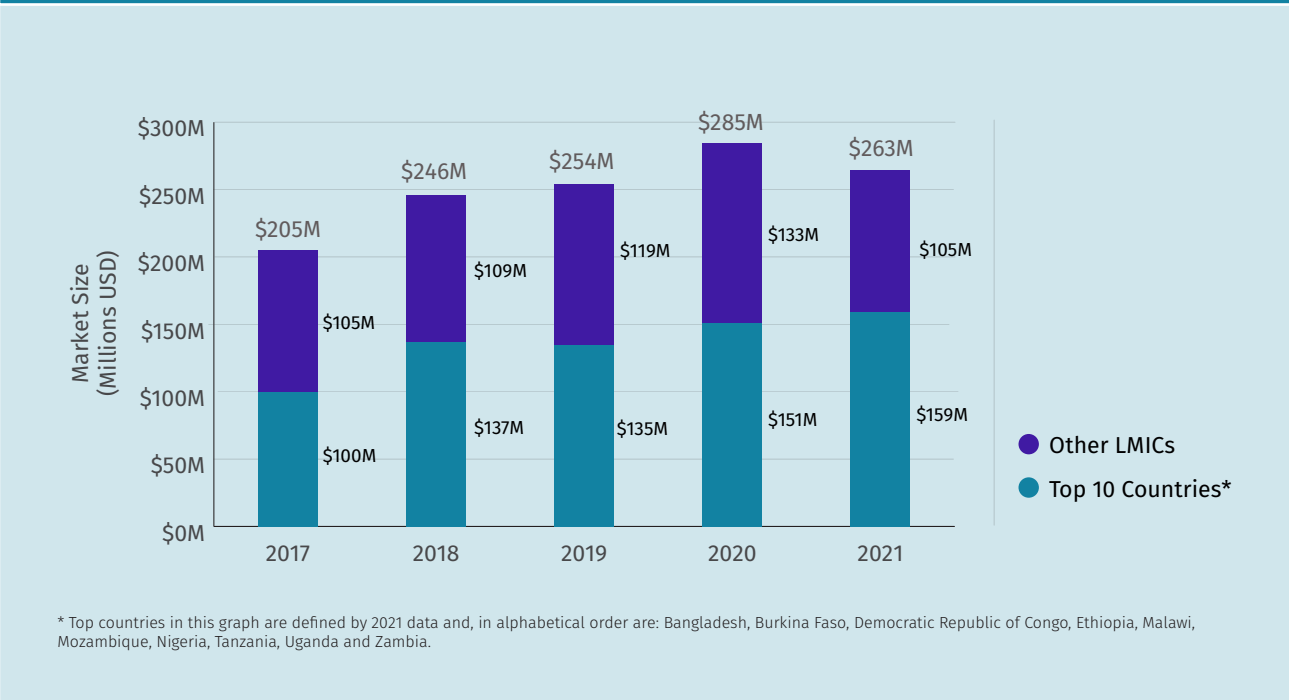


Exhibit 9: Value of 10 largest public-sector countries compared to value of all other countries combined



Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), the transition from RHI to RH Viz for male condom data, as well as a few supplier-reported revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021.

GLOBAL PROCURER SPEND ANALYSIS

This section focuses on data¹⁰ from the Procurement Services Branch of UNFPA and USAID's "Overview of Contraceptive and Condom Shipments" report and is aimed at understanding historical contraceptive procurement spend by the two major global procurers in the public-sector markets of the 83 LMICs.

UNFPA SPEND ON CONTRACEPTIVES DECLINED SHARPLY IN FY2021 AFTER PEAKING DURING THE 2017-2021 PERIOD IN FY2020. USAID'S SPEND ALSO DECREASED FROM FY2020 TO FY2021 BUT REMAINED WITHIN THE TYPICAL FLUCTUATION RANGE SEEN OVER THE FIVE-YEAR PERIOD FROM 2017-2021.

UNFPA's total spend on contraceptive procurement (across both UNFPA program procurement as well as third-party procurement) decreased from \$163 million in FY2020 to \$108 million in FY2021, a reduction of 34 percent (Exhibit 10).¹¹ However, UNFPA's FY2021 spend on contraceptive procurement was still higher than the five-year low of \$97 million in 2017 (Exhibit 10). The decline in UNFPA's FY2021 spend on contraceptive procurement was anticipated given substantial changes to the UNFPA funding landscape that year. In particular, due to the economic challenges posed by COVID-19, the United Kingdom announced significant cuts to its funding for Official Development Activities (ODA) in 2021, which included an approximate 85 percent cut in its funding to UNFPA Supplies.¹² Other governments (such as the French and American)¹³, foundations, and private donors did step in to mitigate the impact of these funding cuts; however these contributions were not sufficient to meet all programmatic needs and fully close the funding gap in 2021.¹⁴

While overall UNFPA contraceptive procurement spend decreased significantly from FY2020 to FY2021, third-party procurement as a percentage of the total UNFPA spend increased from 9 percent in FY2020 to 20 percent in FY2021. Specifically, third-party procurement increased by approximately \$7 million (+50 percent) while program procurement decreased by approximately \$62 million (-42 percent) from FY2020 to FY2021. Between FY2017-FY2021, third-party procurement as a percentage of total annual UNFPA spend for LMICs has fluctuated between 10 and 20 percent each year.

For USAID, the annual value of contraceptive procurement in FY2021, excluding male and female condoms,¹⁵ was \$35 million, down by 24 percent from FY2020 (Exhibit 11).¹⁶ USAID spend has fluctuated yearly between \$34 million to \$50 million from FY2017-FY2021. USAID spend in FY2021 falls within this range. The 2021 USAID Overview of Contraceptive and Condom Shipments report highlights a few key drivers of the downward trend from FY2020 to FY2021 including shifts in country funding sources (e.g., shifts towards increased domestic financing in certain countries), fluctuations due to procurement cycles, and the COVID-19 pandemic. USAID spend on contraceptive procurement remains decentralized and determined by country missions. As mentioned in the USAID report, USAID missions in certain countries may be submitting fewer requests for contraceptive procurement funding as USAID continues to implement its "Journey to Self-Reliance".¹⁷

10 Prior to the publication of the 2018 Family Planning Market Report, CHAI and RHSC leveraged data from RHI for global procurer spend analysis. Since then, the Family Planning Market Reports have utilized data from the Procurement Services Branch of UNFPA and from USAID's annual "Overview of Contraceptive and Condom Shipments" reports.

11 Decline in global procurer spend from 2020 to 2021 is greater than the decline seen in public-sector market value for the 83 LMICs based on the supplier shipment data in part because the supplier shipment data includes procurement for countries like Bangladesh and India that utilize some domestic financing for contraceptive procurement, which is funding that is not captured in the global procurer spend data. Additionally, the supplier shipment analysis utilizes the UNFPA Contraceptive Price Indicator pricing to calculate total market value as it is a publicly available regularly updated data source, even though there may be some variation in actual pricing based on the country, product, etc.

12 <https://www.unfpa.org/press/statement-uk-government-funding-cuts>

13 <https://www.unfpa.org/press/support-france-safeguard-health-and-lives-millions-women-and-girls?page=27>, <https://www.state.gov/u-s-engagement-with-the-un-population-fund-unfpa/>

14 <https://www.unfpa.org/unfpa-supplies-annual-report-2021>

15 USAID data on contraceptive shipments is taken from the "Overview of Contraceptive and Condom Shipments FY2021 report". The FY2021 report is reflective of family planning funding and does not include HIV/AIDs funded condoms; thus, we have excluded female and male condom values for FY2017 to FY2021 to compare a consistent data set across years. The USAID report is available here: https://www.usaid.gov/sites/default/files/documents/CC_FY21.pdf

16 USAID Fiscal Year (FY) runs from Oct. 1 to Sept. 30. Since FY2018, USAID has shared data in the "Overview of Contraceptive and Condom Shipment" reports based on the year in which orders are delivered, rather than shipped to countries.

17 USAID's "Journey to Self-Reliance" strategy fosters cooperation with host country governments to strengthen local capacities, mobilize public and private revenues, and accelerate enterprise-driven development. Additional information is available here: <https://www.usaid.gov/documents/1870/journey-self-reliance-fact-sheet>

Exhibit 10: UNFPA procurement value – contraceptives to LMICs (in USD)

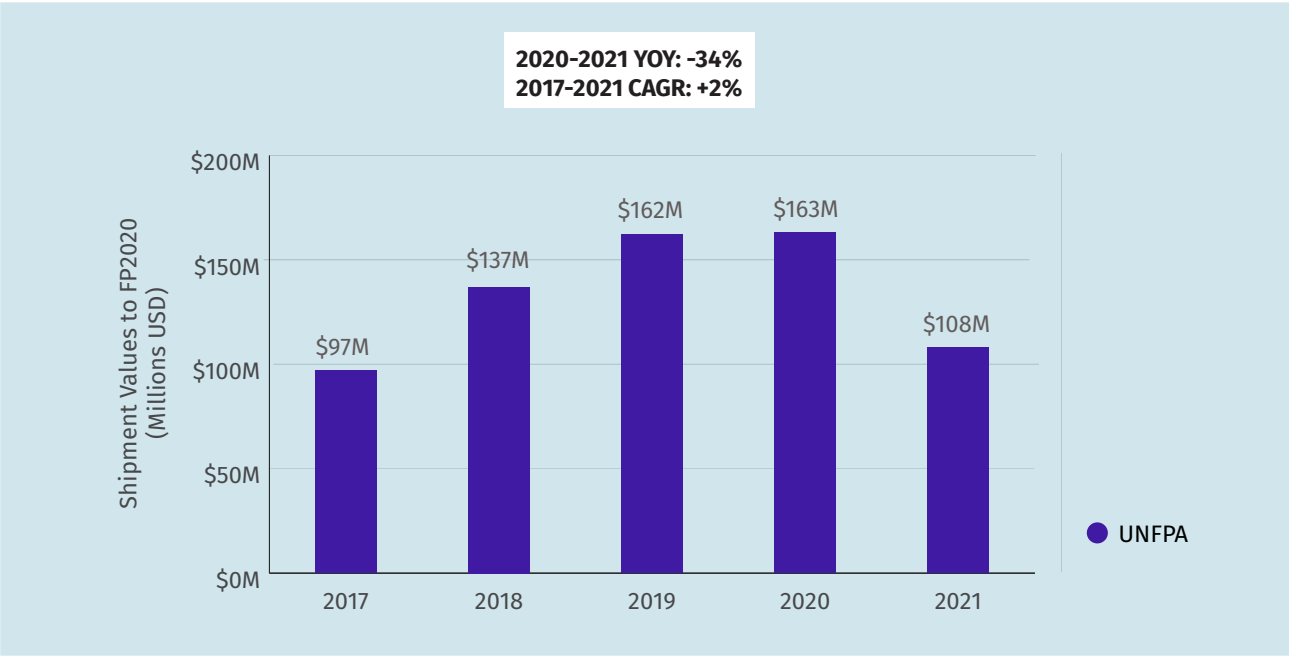
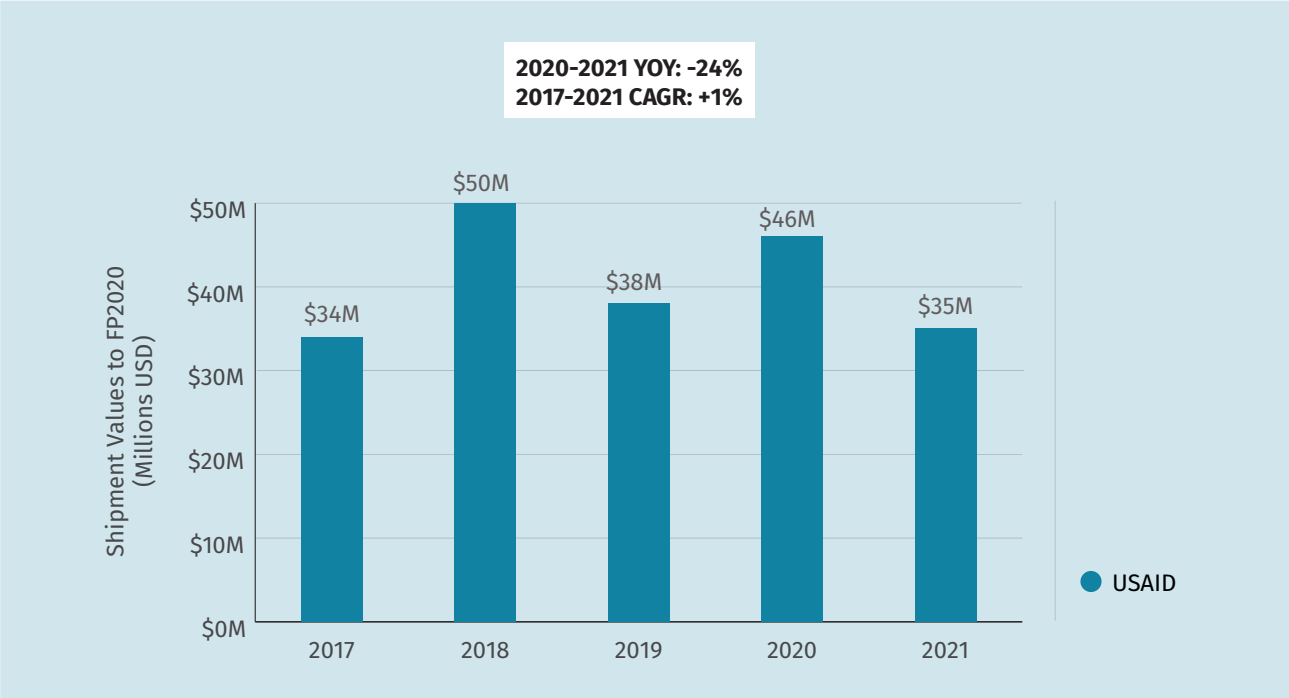


Exhibit 11: USAID procurement value (excluding male and female condoms) – contraceptives to LMICs (in USD)



Sources: [1] UNFPA Procurement Services Branch data FY2017 - FY2021; [2] USAID "Overview of Contraceptive and Condom Shipments" reports, FY 2017 - FY2021.

WHILE GLOBAL PROCURER SPEND ON CONTRACEPTIVE PROCUREMENT FELL IN FY2021 LARGELY DRIVEN BY 2021 FUNDING CUTS TO UNFPA SUPPLIES, SOME REBOUND IS ANTICIPATED FOR FY2022 AND POTENTIALLY SUBSEQUENT YEARS.

UNFPA has been actively fundraising for FY2022 and subsequent years to counter the decline in contraceptive procurement spend seen in FY2021, which was primarily due to the 2021 United Kingdom's Foreign, Commonwealth and Development Office (FCDO) funding cuts. Based on these efforts, it appears likely that the UNFPA budget will rebound going forward, more in line with pre-2021 levels. For example, as part of its forward-looking integrated budget, UNFPA indicated that overall UNFPA income projections for FY2022-FY2025 are anticipated to be in line with actual contributions received over 2018-2021.¹⁸ The average UNFPA spend on contraceptive procurement from FY2018-FY2021 as per Exhibit 10 was approximately \$142 million per year. Thus, assuming UNFPA contraceptive procurement follows suit with the overall UNFPA income projections, that would imply a rebound of average annual UNFPA contraceptive procurement spend above the FY2021 level over the next few years.

However, given the challenging economic context in countries, some uncertainty regarding longer-term donor funding remains. For example, in Nov 2022, the United Kingdom announced a \$2.05 billion cut to its aid budget, with further cuts anticipated in the following year.¹⁹ This is the third time in three years that the aid budget

has contracted due to a fraught economic situation in the country. It is not yet certain which areas or regions will be most affected by these cuts, but it is understood that International Development Minister Andrew Mitchell wants to prioritize protecting spending on humanitarian aid, and women and girls.²⁰

USAID spend on contraceptive procurement has fluctuated within a relatively stable range from FY2017-FY2021.²¹ Missions will continue to determine the level of contraceptive procurement spend in individual countries and USAID will continue to work towards increased levels of domestic financing as part of its "Journey to Self-Reliance" strategy.

Looking forward, considering the anticipated contraceptive demand growth trajectory, the funding requirement for contraceptive procurement is likely to continue to increase. FP2030 estimates the percentage of women with an unmet need for modern methods of contraception is approximately 15 percent across LMICs in 2021.²² In addition to current needs, RHSC's LEAP (Landscape & Projection of Reproductive Health Supply Needs) analysis suggests that the total number of contraceptive users in LMICs will increase by 88 million users in 2030 as compared to 2019.²³ Therefore, the demand for contraception will likely continue to grow, which will also drive the need for increased contraceptive procurement funding over time across different funding streams as well as the need for continued efforts to enhance contraceptive availability and accessibility.

18 <https://www.unfpa.org/press/statement-executive-director-unfpa-integrated-budget-2022-2025-second-regular-session>

19 <https://www.devex.com/news/uk-aid-faces-third-major-cut-in-3-years-with-1-7b-to-be-cut-104513>

20 Same as above, note 19.

21 President Biden released his FY2023 budget request to Congress on Mar 28, 2022. Bilateral FP/RH funding included in this request totaled \$572 million, which constitutes a 9 percent increase above the FY22 approved funding level. Proposed funding for UNFPA increased to \$56M over the \$32.5 million enacted in FY22. On June 28, 2022, the House Committee on Appropriations released its FY2023 State, Foreign Operations, and Related Programs (SFOPs) appropriations bill report, proposing funding increases above the Administration's budget request. The bilateral FP/RH funding included in this bill totaled \$830 million, with a total of \$70 million in funding allocated for UNFPA. On July 28, 2022, the Senate Appropriations Committee released its version of the FY2023 SFOPs appropriations bill, proposing \$710 million in bilateral FP/RH funding and \$60 million in funding for UNFPA. At the time of writing, budget conversations were ongoing. Information available at: <https://www.kff.org/news-summary/white-house-releases-fy-2023-budget-request/>; <https://www.kff.org/news-summary/house-appropriations-committee-releases-the-fy23-state-and-foreign-operations-sfops-appropriations-bill/> and <https://www.kff.org/news-summary/senate-appropriations-committee-releases-fy23-state-and-foreign-operations-sfops-and-labor-health-and-human-services-labor-hhs-appropriations-bills/>

22 FP2030 Measurement Report 2021

23 Weinberger M, Eva G, Gold J, Bellows N, Reidy M, Sanders R, and Skibiak J. LEAP: Landscape and Projection of Reproductive Health Supply Needs. Reproductive Health Supplies Coalition 2021. Report available at <https://leap.rhsupplies.org/#/contraception>

HIGHLIGHTS FROM DISCUSSION WITH KEY STAKEHOLDERS

A NUMBER OF SUPPLIERS, DONORS, AND OTHER SRH PARTNERS WERE CONSULTED TO DISCUSS THE TRENDS OBSERVED IN THIS REPORT.

In discussing the 2017-2021 market trends, stakeholders were not surprised by the contraction of the public-sector market seen from 2020 to 2021 given the sizeable FCDO funding cuts to UNFPA announced for 2021. Stakeholders expressed an appreciation for the SRH community's efforts to mitigate the impact of these significant funding cuts. Examples of such efforts included the following: the SRH community, with the help of the Global Family Planning Visibility & Analytics Network (VAN),²⁴ identified countries with the greatest contraceptive needs and mobilized resources to address these needs; USAID committed an additional \$17.5 million to help fill supply gaps in 10 countries; and UNFPA Supplies mobilized an additional \$8.8 million in total resources during the year.²⁵

To mitigate the impact of the FCDO UNFPA funding shortfall, other donors, such as France and the United States, also increased their own commitments to UNFPA.²⁶

While stakeholders acknowledge that 2021 was a uniquely challenging year for contraceptive procurement funding, looking forward, they indicated that the funding outlook for contraceptive procurement was likely to improve and move toward pre-2021 levels. Learning from the experiences of 2021, stakeholders also recommended that UNFPA strive for greater budget smoothing over multiple years, if possible, which would make it more resilient to unexpected changes in the funding landscape.

In addition to the funding disruptions and learnings highlighted, stakeholders also shared additional factors that shaped contraceptive procurement trends. For example, the delivery delays and longer lead times first observed in 2020 continued into 2021 due to international transport instability caused by the COVID-19 pandemic.²⁷ While the analysis reflected in this report focuses specifically on contraceptive commodity costs and spend, another challenge underlined by stakeholders was the relatively higher cost of freight and transport during the COVID-19 pandemic. For example, USAID reported a significant increase in freight costs, amounting to an average increase of 3 percent

for sea freight and 24 percent for air freight over pre-pandemic costs.²⁸

Stakeholders also highlighted product-specific trends. The increasing share of implants as a percentage of CYPs shipped resonated with stakeholders, given their experiences and market intelligence on the growing demand for implants and the growing implant share as a percentage of the method mix seen in many countries. Stakeholders were also excited to see hormonal IUDs included in the Family Planning Market Report for the first time as the method now begins to scale up in targeted LMICs. They were also eager to understand the interplay between the hormonal IUD and copper IUD markets over time. For example, initial anecdotal findings from some countries in the initial stages of the introduction of the method have indicated that areas rolling out hormonal IUDs may also potentially see reinvigorated interest in copper IUDs. This will be a key dynamic to monitor in the coming years as hormonal IUD continues to scale up.

Finally, stakeholders also noted that while the Family Planning Market Report provides a useful overview of contraceptive procurement, it does not necessarily provide a view into the distribution or consumption of contraceptives in countries.²⁹ While the market value of contraceptive procurement decreased from 2020 to 2021, the supplier shipment data cannot be used to infer how family planning consumption in countries changed from 2020 to 2021, since consumption is impacted by a range of additional factors such as distribution and supply chain logistics in country, provider awareness and training, and end-user access to health services. Therefore, the procurement data and trends from the Family Planning Market Report should not be confounded with consumption data and trends.

The global COVID-19 pandemic and tough economic context over the past few years created a uniquely challenging environment for contraceptive procurement in 2021 and it will be important to continue to monitor key economic trends going forward. Overall, though, stakeholders remained impressed with the SRH community's resilience and level of collaboration during these challenging times and reiterated the need to sustain strong partnerships and innovation moving forward with the goal of ensuring users have reliable access to effective, quality contraceptive products.

24 <https://www.rhsupplies.org/gfpvan>

25 <https://medium.com/its-about-supplies/how-greater-data-visibility-helped-the-reproductive-health-community-confront-the-challenges-of-f02bdb9324ba>

26 <https://www.unfpa.org/press/support-france-safeguard-health-and-lives-millions-women-and-girls?page=27>, <https://www.state.gov/u-s-engagement-with-the-un-population-fund-unfpa/>

27 <https://www.unfpa.org/updates/international-freight-alert>

28 USAID, response to USAID Office of Inspector General request for information, August 2021. Available at: <https://oig.usaid.gov/sites/default/files/2021-11/COVID-19%20Information%20Brief%204.pdf>

29 As stated in the 2016 RHSC Commodity Gap Analysis, general procurement trends "may also reflect a number of factors in addition to user consumption such as the volume necessary to fill supply pipelines and maintain adequate inventory levels from central warehouses to individual service delivery points. Procurement quantities may take into account the volume of supplies already present or on order, inventory holding policies along the supply chain, and wastage or "leakage" of supplies at various levels. Constraints on funding, price, incentives, plans to expand programs in the future, and preferences by donors or the government itself for particular methods or products may also influence what type and what volume of supplies to procure." Link available at (following page): https://www.rhsupplies.org/uploads/tx_rhscpublications/Global_Contraceptive_Gap_Analysis_2016.pdf

GLOBAL MARKETS VISIBILITY PROJECT ACKNOWLEDGEMENTS

About the Global Markets Visibility Project

The Global Markets Visibility Project is a landmark initiative that has provided the reproductive health community with detailed assessments of the public-sector family planning market across the 69 FP2020 focus countries (and, this year, all LMICs) since 2015. The initiative provides insightful and strategic outputs for donors, MOHs, implementing organizations, and suppliers to develop and implement more effective strategies to enable users in the LMICs to access family planning products and services.

This report is a collaboration between CHAI and the RHSC. The initial 2015 report comprised of data from 11 manufacturers. Each manufacturer entered a formal MOU with CHAI or provided their information through collaborations with the then Generic Manufacturers Caucus for Reproductive Health (GEMs) and i+solutions. Since then, coverage has expanded, and today there are 17 suppliers participating in the project.

Market Definition, Scope, and Coverage

The total public-sector market referenced in this report only includes data for the public sector, which is defined as volumes purchased by public sector procurers such as the United States Agency for International Development (USAID) and United Nations Population Fund (UNFPA), ministries of health, government affiliated procurers as well as social marketing organizations (SMOs).

Although significant efforts have been made to collect as much data as possible, it should be noted that the data in this report may not represent the entirety of contraceptive procurement for the public sector. This report includes data from most, but not all, suppliers associated with these markets.

About the Participating Suppliers

(in alphabetical order)

Bayer

Bayer is a Germany-based life science company with core competencies in health care and agriculture. Its contraceptive product portfolio includes contraceptive implants, hormonal IUD, oral contraceptives, and injectables.

Cipla

Cipla Limited is an India-based generic manufacturer with over 1,500 products in the areas of respiratory diseases, HIV/AIDS, malaria, MDRTB, and reproductive health. Its contraceptive product portfolio includes emergency contraceptives and combined oral contraceptives. It also manufactures misoprostol.

Corporate Channels

Corporate Channels India Pvt. Ltd. (CCIPL) is a manufacturer of female contraceptive devices based in India, since 1993. CCIPL's contraceptive product portfolio includes several IUDs (EVE'S Copper T380A, TCu380A Ultra Loadezy, PPIUD, Cu 375, and Cu375SL) that provide long-acting reversible contraception, and Tubal Rings³⁰ that provide permanent contraception for women.

CCIPL's Copper T 380A IUD has been prequalified by WHO/UNFPA for global supply, and several products (EVE'S Copper T380A, EVE'S Cu 375 and EVE'S Cu 375 SL) have been CE marked.

CR Zizhu

China Resources Zizhu Pharmaceutical Co., Ltd. (CR Zizhu) is a manufacturer of reproductive health products based in China. Its contraceptive product portfolio includes emergency oral contraceptives and combined oral contraceptives. CR Zizhu also manufactures misoprostol and several APIs including levonorgestrel.

Cupid

Cupid Limited is a manufacturer of both male and female condoms based in India. Its services include contract manufacturing (e.g., Playboy condoms, Trust condoms) and research and development, as well as the marketing and manufacturing of its own branded products.

Female Health Company

Female Health Company is the global public sector division of Veru Healthcare focusing on urology and oncology, headquartered in Miami, Florida, USA.

The Female Health Company is the manufacturer of the FC2 female condom and focuses on the global public health sector business. FC2 is approved by the US FDA and WHO pre-qualified for offering dual protection against sexually transmitted infections and unintended pregnancy.

Incepta

Incepta Pharmaceuticals Ltd. is a pharmaceutical company based in Dhaka, Bangladesh that manufactures and markets generic drugs. Incepta has a portfolio of more than 600 generic products in 1,100+ presentations, across various therapeutic areas. Incepta currently exports its products to 83 countries around the world. Its contraceptive product portfolio includes oral (combined and progestin only) and injectable contraceptives.

Medicines360

Medicines360 is a U.S.-based, nonprofit global women's health pharmaceutical company that seeks to catalyze equitable access to medicines and devices through product development, policy advocacy, and collaboration with global and U.S. partners. Medicines360's portfolio consists of a hormonal IUD marketed as Avibela in LMICs and Liletta in the U.S.

Organon & Co.

Organon & Co. is a U.S.-based healthcare company. Its contraceptive product portfolio includes contraceptive implants (Implanon NXT, which includes a prefilled sterile applicator), oral contraceptives (Exluton and Marvelon) for LMICs' public-sector markets, and oral contraceptives (Cerezette, Exluton, Marvelon, Mercilon, and for USA/CAN Zoely), contraceptive implants (Implanon NXT) and the contraceptive vaginal ring (NuvaRing) for other markets.

Pfizer

Pfizer is a U.S.-based healthcare company. Its contraceptive product portfolio includes 3-month injectable DMPA IM (Depo-Provera) and 3-month injectable DMPA SC (Sayana Press).

Pregna

Pregna is a manufacturer of contraceptive products based in India. Its contraceptive product portfolio includes hormonal IUD (Eloira), copper IUDs, and tubal rings used for female sterilization.

PT Tunggul

PT Tunggul Idaman Abdi (PT Tunggul) is a pharmaceutical company based in Jakarta, Indonesia, with a focus on reproductive healthcare. Its contraceptive product portfolio includes a monthly injectable, a three monthly injectable, a combined oral contraceptive, and an emergency oral contraceptive. Today, PT Tunggul exports to over 60 countries and in August 2021, its three monthly injectable Triclofem received WHO prequalified status.

Renata

Renata is a pharmaceutical company based in Bangladesh. Its contraceptive product portfolio includes combined oral contraceptives, progestin-only oral contraceptives, and emergency oral contraceptive pills.

Shanghai Dahua

Shanghai Dahua Pharmaceutical Co., Ltd (Dahua) is a manufacturer of contraceptive implants based in China. On June 30th, 2017, the World Health Organization (WHO) pre-qualified Dahua's Levoplant (formerly known as Sino Implant II) for three years of use.

SMB

SMB is a manufacturer of medical devices, including copper IUDs and surgical sutures, based in India. Its key contraceptive products are IUDs, including Copper T 380A, TCu 380Ag, TCu 380 Plus, and SMB Cu 375.

Techno Drugs

Techno Drugs Ltd. is a manufacturer of both human and veterinary medicines based in Bangladesh. Its contraceptive product portfolio includes combined oral contraceptives, implants, and injectables. For injectables, Techno Drugs served as a supplier to Helm AG previously.

Viatris (Mylan)

Viatris (Mylan) is a U.S. based healthcare company with over 7,500 marketed products. Its contraceptive product portfolio includes oral solids, injectables, and devices.

APPENDICES

APPENDIX A - 83 LMICs: MARKET VOLUMES BY METHOD³¹ AND COUNTRY, 2017–2021

| Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017 | | | | | |
|--|-------------------------|-----------|-------------|--------------------------|------------|
| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
| Afghanistan | 16,665,410 | 9,800 | 59,600 | 100,000 | 365,200 |
| Algeria | – | – | – | – | 1,488,982 |
| Angola | 12,000,000 | 22,000 | 530,600 | 18,000 | 1,807,419 |
| Bangladesh | 1,195,200 | 400,000 | 6,258,000 | – | 86,252,000 |
| Belize | – | – | – | – | – |
| Benin | 368,399 | 34,900 | 30,600 | – | – |
| Bhutan | – | – | – | – | – |
| Bolivia | 2,001,600 | 94,600 | 50,400 | – | 30,000 |
| Burkina Faso | 15,050,020 | 95,300 | 481,200 | – | 3,741,150 |
| Burundi | – | – | 17,500 | – | 169,980 |
| Cabo Verde | – | – | – | – | 254,880 |
| Cambodia | 1,929,600 | 40,056 | 900,000 | 60,000 | 7,082,236 |
| Cameroon | 6,658,400 | 95,200 | 327,000 | 41,500 | 298,080 |
| Central African Republic | 268,999 | – | – | – | 95,040 |
| Chad | – | – | – | – | – |
| Comoros | 1,267,200 | 2,520 | 40,000 | 150 | 60,480 |
| Congo Dem Rep | 840,000 | 364,828 | 2,143,580 | – | 1,380,220 |
| Cote d'Ivoire | 11,992,968 | 196,600 | 243,000 | 8,000 | 6,521,413 |
| Djibouti | – | – | – | – | 6,480 |
| El Salvador | 7,210,720 | 10,858 | 209,800 | 7,182 | 225,960 |
| Eritrea | 8,640,000 | 12,500 | 100,000 | – | 112,560 |
| Ethiopia | 57,600,000 | 1,107,134 | 7,436,988 | 440,000 | 10,794,948 |
| Gambia | 5,371,200 | 16,488 | 110,000 | 1,500 | 235,440 |
| Ghana | – | 250,256 | 106,000 | 11,500 | 3,183,960 |
| Guinea | 158,136 | 100,000 | – | – | 30,240 |
| Guinea-Bissau | 6,972,620 | 27,300 | 2,500 | – | 2,160 |
| Haiti | 69,455,900 | 4,116 | 863,400 | – | 647,304 |
| Honduras | 3,024,000 | 1,440 | 21,000 | 6,000 | 1,641,840 |
| India | – | – | 1,047,488 | 522,885 | 2,262,311 |
| Indonesia | – | – | – | – | – |
| Kenya | 229,000 | 408,781 | 437,376 | 126,000 | 7,921,836 |
| Kiribati | – | – | – | – | – |

³¹ Female condoms are aggregated with male condoms and hormonal IUDs are aggregated with copper IUDs by country in order to protect data confidentiality.

Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|-----------------------|-------------------------|----------|-------------|--------------------------|------------|
| Kyrgyz Republic | – | – | – | – | – |
| Lao PDR | 1,929,000 | 65,808 | 76,800 | – | 701,040 |
| Lesotho | 14,001,000 | 31,200 | 165,000 | – | 176,400 |
| Liberia | 2,853,000 | 36,100 | 319,000 | – | 5,760 |
| Madagascar | – | 256,618 | 3,012,800 | 295,019 | 1,288,800 |
| Malawi | 21,759,000 | 167,408 | 1,000,000 | 36,500 | 236,700 |
| Mali | 17,255,400 | 209,728 | 293,000 | 26,000 | 210,240 |
| Mauritania | – | 10,404 | 88,600 | 1,500 | 295,920 |
| Mongolia | 8,488,800 | 800 | – | 53,000 | 350,160 |
| Morocco | – | 720 | – | – | 10,000,001 |
| Mozambique | 56,748,000 | 60,016 | 1,373,600 | 23,600 | 3,278,160 |
| Myanmar | 35,136,646 | 18,936 | 6,108,125 | 200 | 16,446,928 |
| Nepal | 16,701,000 | 211,800 | 641,000 | 74,000 | 4,015,160 |
| Nicaragua | 2,911,680 | 504 | – | – | 50,000 |
| Niger | 979,200 | 54,100 | 499,000 | 7,920 | 437,040 |
| Nigeria | 44,137,000 | 665,160 | 3,316,700 | – | 1,229,445 |
| Pakistan | 512,480 | 900 | – | 495,960 | 123,840 |
| Papua New Guinea | 669,600 | 30,000 | 22,000 | 4,000 | 82,720 |
| Philippines | – | – | – | – | – |
| Rwanda | 1,631,200 | 84,062 | 8,200 | 13,200 | 68,400 |
| Samoa | – | – | – | – | – |
| Sao Tome and Principe | 1,108,800 | 300 | 28,000 | – | 98,100 |
| Senegal | – | 67,864 | 160,000 | – | 139,140 |
| Sierra Leone | 19,728,000 | 230,400 | 332,650 | 16,000 | 1,087,240 |
| Solomon Islands | – | – | – | – | – |
| Somalia | – | 2,500 | 3,500 | – | – |
| South Sudan | 11,340,000 | 25,016 | 150,000 | – | 20,000 |
| Sri Lanka | 4,056,620 | 65,500 | – | 50,000 | 3,589,760 |
| Sudan | – | 36,936 | – | 6,000 | 2,123,400 |
| Tajikistan | 4,687,200 | – | 142,000 | – | 613,440 |
| Tanzania | 4,320,180 | 798,920 | 2,830,850 | 177,000 | 2,885,763 |
| Timor-Leste | 1,080,000 | 20,000 | – | – | – |
| Togo | 8,466,200 | 67,388 | 140,000 | 5,000 | 25,002 |
| Tunisia | 1,000,800 | – | – | – | – |
| Uganda | – | 297,652 | 3,895,400 | 251,000 | 249,520 |
| Ukraine | – | – | – | – | – |
| Uzbekistan | 13,217,540 | – | – | – | 718,989 |

Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|----------------------|-------------------------|------------------|-------------------|--------------------------|--------------------|
| Vanuatu | - | - | - | - | - |
| Vietnam | 21,816,000 | 12,636 | 1,196,500 | 1,239,531 | - |
| Western Sahara | - | - | - | - | - |
| Yemen | 5,304,960 | 64,288 | 445,000 | - | - |
| Zambia | 16,389,600 | 161,800 | 3,418,650 | - | 3,528,960 |
| Congo | 2,160,000 | 20,376 | 32,000 | 500 | 720 |
| DPR Korea | - | - | - | - | - |
| Egypt | - | 40,032 | - | 375,045 | - |
| Eswatini | 32,415,000 | 18,406 | 107,650 | 5,017 | - |
| Iran | 120,000 | - | - | 73,600 | - |
| Micronesia | - | - | - | - | - |
| State of Palestine | 1,944,000 | - | - | - | - |
| Syria | 1,440,000 | - | - | 7,500 | - |
| Zimbabwe | 64,653,000 | 60,496 | 1,399,200 | 10,000 | 12,716,941 |
| Other LMIC Shipments | 5,859,600 | 1,058,100 | 5,912,600 | 308,145 | 23,003,805 |
| Total Volumes | 675,719,880 | 8,247,551 | 58,533,857 | 4,897,954 | 226,409,613 |

Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|--------------------------|-------------------------|-----------|-------------|--------------------------|-------------|
| Afghanistan | – | 16,500 | 307,750 | – | 224,480 |
| Algeria | 5,037,980 | – | – | – | 10,080 |
| Angola | 26,601,000 | – | 529,750 | – | – |
| Bangladesh | 12,355,200 | 793,064 | 15,194,000 | 720,000 | 105,801,680 |
| Belize | 864,000 | – | 20,000 | 3,000 | 45,360 |
| Benin | 12,966,000 | 38,100 | 38,000 | – | 2,250 |
| Bhutan | – | – | – | – | – |
| Bolivia | – | 73,300 | 200,000 | 10,000 | 230,022 |
| Burkina Faso | 11,720,400 | 342,940 | 246,400 | – | 3,398,400 |
| Burundi | 22,039,200 | 4,000 | 126,400 | – | 415,332 |
| Cabo Verde | 2,000,160 | 3,000 | – | – | 201,600 |
| Cambodia | 3,427,200 | 46,392 | 700,000 | 30,000 | 11,986,296 |
| Cameroon | 9,633,600 | 112,952 | 338,000 | 3,500 | 100,000 |
| Central African Republic | 12,960,000 | 4,800 | 108,200 | 738 | 39,648 |
| Chad | 1,008,000 | 38,846 | 187,000 | – | 5,000 |
| Comoros | 1,180,800 | – | – | – | 3,000 |
| Congo Dem Rep | 49,969,750 | 399,170 | 1,343,100 | – | 370,560 |
| Cote d'Ivoire | 25,420,800 | 139,088 | 474,800 | 23,000 | 3,867,676 |
| Djibouti | 396,000 | 3,200 | 70,400 | – | – |
| El Salvador | 1,255,968 | – | 386,100 | – | 581,040 |
| Eritrea | – | 2,200 | 100,000 | – | 10,025 |
| Ethiopia | 35,004,720 | 1,205,446 | 7,753,455 | 600,000 | 7,896,030 |
| Gambia | – | 1,400 | 160,500 | 1,000 | 660,816 |
| Ghana | 33,221,400 | 282,314 | 2,179,000 | 30,500 | 2,827,200 |
| Guinea | 9,360,000 | – | 100,000 | – | 51,360 |
| Guinea-Bissau | 10,310,400 | – | 6,600 | – | 42,120 |
| Haiti | 85,745,640 | 34,016 | 1,827,000 | 2,000 | 100,212 |
| Honduras | 24,012,000 | 1,000 | 107,000 | 1,100 | 74,880 |
| India | – | – | 102,000 | 3,223,328 | 366,065 |
| Indonesia | – | – | – | 852,430 | – |
| Kenya | 2,000,000 | 379,232 | 470,124 | 101,225 | 12,791,937 |
| Kiribati | – | – | – | – | – |
| Kyrgyz Republic | 1,432,800 | – | – | 220,800 | – |
| Lao PDR | 600,000 | – | 242,000 | 12,500 | 660,600 |
| Lesotho | 8,192,600 | 7,644 | 15,000 | 10,000 | 116,682 |
| Liberia | 1,180,800 | 35,000 | 705,200 | – | 32,400 |
| Madagascar | 5,001,000 | 325,344 | 4,866,200 | 500 | 204,800 |
| Malawi | 166,785,600 | 223,260 | 4,947,825 | – | 1,250,484 |

Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|-----------------------|-------------------------|-----------|-------------|--------------------------|------------|
| Mali | 13,067,620 | 56,576 | 1,578,800 | 8,757 | 1,063,635 |
| Mauritania | – | 5,700 | 86,800 | – | 87,840 |
| Mongolia | 5,508,000 | 6,200 | – | 28,000 | 420,000 |
| Morocco | – | – | – | – | – |
| Mozambique | 86,133,400 | 231,648 | 3,291,800 | 97,816 | 51,120 |
| Myanmar | 49,103,686 | 88,540 | 2,889,125 | 54,200 | 14,847,143 |
| Nepal | 13,197,480 | 176,000 | 2,170,400 | 60,000 | 3,299,530 |
| Nicaragua | 11,164,300 | 2,854 | – | 12,000 | – |
| Niger | 849,600 | 170,940 | 914,200 | – | 658,002 |
| Nigeria | 42,934,272 | 1,023,764 | 4,731,600 | 151,800 | 2,146,764 |
| Pakistan | 758,016 | 10,000 | 100,000 | 486,525 | – |
| Papua New Guinea | 6,112,800 | 60,000 | 5,000 | 9,964 | 424,967 |
| Philippines | 2,397,600 | – | – | 50,450 | – |
| Rwanda | 31,860,800 | 256,072 | 862,200 | 11,000 | 55,680 |
| Samoa | – | – | – | – | – |
| Sao Tome and Principe | 1,112,832 | 500 | 26,000 | – | 67,080 |
| Senegal | 16,566,000 | 186,336 | – | 7,000 | – |
| Sierra Leone | – | 151,033 | 972,800 | 25,500 | 435,480 |
| Solomon Islands | – | – | – | – | – |
| Somalia | 72,000 | 15,240 | 100,000 | – | – |
| South Sudan | 2,476,000 | 54,000 | 340,000 | – | 610,080 |
| Sri Lanka | – | 500 | – | 50,000 | 2,119,680 |
| Sudan | 720,000 | 51,264 | – | 4,000 | – |
| Tajikistan | – | – | 138,000 | 100,500 | 595,224 |
| Tanzania | 2,868,000 | 810,780 | 2,067,300 | 23,600 | 1,273,980 |
| Timor-Leste | – | 3,900 | – | – | – |
| Togo | 21,247,832 | 75,264 | 118,400 | – | 164,154 |
| Tunisia | 2,001,600 | – | – | – | – |
| Uganda | 124,701,400 | 811,576 | 5,469,525 | 248,500 | 4,369,950 |
| Ukraine | 21,033,000 | – | – | – | – |
| Uzbekistan | – | – | – | – | – |
| Vanuatu | – | – | – | – | – |
| Vietnam | 21,816,000 | – | – | 925,250 | – |
| Western Sahara | – | – | – | – | – |
| Yemen | 1,303,200 | 37,440 | 1,093,600 | 51,700 | 30,000 |
| Zambia | 93,849,400 | 115,096 | 1,855,950 | – | 7,399,200 |
| Congo | – | 10,000 | – | 86,000 | 12,120 |
| DPR Korea | – | – | – | – | – |

Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|----------------------|-------------------------|-------------------|-------------------|--------------------------|--------------------|
| Egypt | – | 160,046 | – | 3,774,650 | – |
| Eswatini | – | – | – | – | – |
| Iran | – | – | – | – | – |
| Micronesia | – | – | – | – | – |
| State of Palestine | – | – | – | 5,000 | – |
| Syria | 1,440,000 | – | – | 40,000 | – |
| Zimbabwe | 66,442,460 | 87,500 | 1,010,975 | 25,000 | 18,265,635 |
| Other LMIC Shipments | 4,179,902 | 1,263,200 | 7,977,325 | 156,180 | 9,714,060 |
| Total Volumes | 1,226,600,218 | 10,434,177 | 81,651,604 | 12,339,013 | 222,479,359 |

Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|--------------------------|-------------------------|-----------|-------------|--------------------------|-------------|
| Afghanistan | 4,002,000 | 7,800 | 617,000 | 175,800 | 1,503,896 |
| Algeria | - | - | - | - | - |
| Angola | 15,060,576 | - | 300,000 | - | 1,212,002 |
| Bangladesh | 1,224,000 | 265,253 | 4,383,060 | 300,000 | 115,651,300 |
| Belize | - | 10,000 | 15,200 | - | 50,760 |
| Benin | 103,000 | 214,400 | 125,600 | 52,000 | - |
| Bhutan | 1,584,000 | - | - | - | - |
| Bolivia | 10,000 | 78,500 | 60,000 | - | 12,240 |
| Burkina Faso | 7,301,000 | 416,984 | 1,161,500 | 41,000 | 4,800 |
| Burundi | - | 130,000 | 1,080,000 | 26,050 | 343,160 |
| Cabo Verde | 2,880,000 | - | 60,000 | - | 267,120 |
| Cambodia | 6,724,800 | 55,780 | 750,000 | 50,000 | 11,455,614 |
| Cameroon | 24,774,470 | 29,780 | 40,000 | 41,100 | 80,640 |
| Central African Republic | - | 738 | 94,900 | 13,000 | 1,615,008 |
| Chad | 1,008,000 | 153,366 | 379,800 | 20,000 | 226,080 |
| Comoros | 1,180,800 | - | - | 500 | - |
| Congo Dem Rep | 46,256,800 | 907,864 | 3,128,810 | 211,384 | 2,297,938 |
| Cote d'Ivoire | 25,732,600 | 180,376 | 692,050 | 33,000 | 2,906,090 |
| Djibouti | 288,000 | - | - | - | 218,160 |
| El Salvador | 3,049,000 | - | 160,000 | - | 84,672 |
| Eritrea | - | 17,300 | 100,000 | - | 10,800 |
| Ethiopia | 11,628,720 | 1,558,934 | 8,006,045 | 55,863 | 9,009,906 |
| Gambia | 2,548,800 | 69,984 | 140,000 | - | 105,840 |
| Ghana | - | 390,383 | 1,596,700 | 31,653 | 4,097,860 |
| Guinea | 49,433,000 | - | 666,600 | 38,000 | 287,440 |
| Guinea-Bissau | 7,557,900 | - | 22,500 | 3,000 | 221,436 |
| Haiti | 68,804,640 | 10,000 | 2,691,800 | - | 670,896 |
| Honduras | 10,728,000 | 144 | 45,000 | - | 1,200,000 |
| India | - | - | - | 814,796 | 38,100 |
| Indonesia | 5,000 | - | - | 1,093,300 | - |
| Kenya | 38,478,000 | 373,320 | 80,000 | 448,930 | 3,613,720 |
| Kiribati | - | - | - | - | - |
| Kyrgyz Republic | 198,000 | - | - | - | - |
| Lao PDR | 1,490,400 | - | 256,000 | - | 2,857,608 |
| Lesotho | 1,728,000 | 2,016 | 65,800 | - | 117,900 |
| Liberia | 13,440,000 | 9,800 | 75,000 | 12,500 | - |
| Madagascar | - | 308,616 | 5,184,400 | 90,500 | 1,599,120 |
| Malawi | 119,369,000 | 670,252 | 6,569,700 | - | 2,571,300 |

Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|-----------------------|-------------------------|-----------|-------------|--------------------------|------------|
| Mali | 25,216,560 | 293,636 | 256,200 | 29,000 | 682,560 |
| Mauritania | 5,000 | 18,580 | 46,200 | - | 813,960 |
| Mongolia | 180,000 | 13,800 | 103,260 | 103,000 | 285,600 |
| Morocco | - | - | - | - | - |
| Mozambique | 69,433,000 | 202,108 | 4,086,200 | 31,150 | 4,518,240 |
| Myanmar | 26,785,000 | 80,100 | 1,425,000 | 30,000 | 16,447,915 |
| Nepal | 13,999,870 | 224,200 | 349,800 | - | 2,407,144 |
| Nicaragua | - | 5,484 | - | - | - |
| Niger | 444,000 | 116,248 | 100,000 | - | 1,416,762 |
| Nigeria | 60,693,400 | 1,217,772 | 3,450,800 | 329,216 | 1,457,740 |
| Pakistan | 3,749,600 | 242,600 | 204,400 | 1,226,500 | 40,320 |
| Papua New Guinea | 2,997,800 | 145,000 | 572,400 | - | 479,643 |
| Philippines | 2,390,400 | 200,000 | - | - | 29,808 |
| Rwanda | 15,346,000 | 213,185 | 441,000 | 27,000 | 956,160 |
| Samoa | - | - | - | - | - |
| Sao Tome and Principe | 1,260,376 | 800 | 19,000 | - | 100,080 |
| Senegal | 12,218,000 | 142,056 | 466,000 | 72,000 | 986,580 |
| Sierra Leone | 5,589,400 | 284,900 | 276,000 | 57,500 | 468,720 |
| Solomon Islands | - | - | - | - | - |
| Somalia | 28,800 | - | 45,000 | - | 810,000 |
| South Sudan | 50,000 | - | 350,000 | - | 1,004,400 |
| Sri Lanka | 4,913 | 100,508 | - | - | 2,119,680 |
| Sudan | - | 26,800 | 146,400 | - | 6,472,122 |
| Tajikistan | 9,572,398 | - | 166,000 | - | 717,768 |
| Tanzania | 30,880,356 | 421,154 | 3,895,300 | 174,590 | 4,488,591 |
| Timor-Leste | 725,760 | 10,000 | 220,000 | - | 340,704 |
| Togo | 26,079,160 | 79,600 | 274,400 | - | 600,192 |
| Tunisia | 5,000 | - | - | - | - |
| Uganda | 147,135,800 | 414,360 | 3,655,140 | 161,500 | 436,968 |
| Ukraine | 21,382,200 | - | - | - | - |
| Uzbekistan | 6,652,800 | - | 570,000 | 1,730,000 | 760,002 |
| Vanuatu | - | - | - | - | - |
| Vietnam | - | 11,000 | 490,900 | 476,950 | - |
| Western Sahara | - | - | - | - | - |
| Yemen | 1,449,600 | 97,708 | 498,600 | 128,100 | 12,694,226 |
| Zambia | 60,015,740 | 94,934 | 2,884,600 | 14,800 | 4,628,694 |
| Congo | - | 26,300 | 19,800 | 191,405 | 9,540 |
| DPR Korea | - | - | - | - | 74,880 |

Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|----------------------|-------------------------|-------------------|-------------------|--------------------------|--------------------|
| Egypt | 11,224,800 | 333,164 | – | 490,200 | – |
| Eswatini | 22,008,000 | – | 82,999 | – | 4,500 |
| Iran | – | – | – | – | – |
| Micronesia | – | – | – | – | – |
| State of Palestine | 1,761,120 | – | – | – | – |
| Syria | 1,895,040 | – | – | – | – |
| Zimbabwe | 140,329,440 | 186,600 | 758,000 | 48,500 | 16,751,896 |
| Other LMIC Shipments | 5,955,160 | 456,500 | 6,291,200 | 341,900 | 12,749,040 |
| Total Volumes | 1,194,052,999 | 11,520,687 | 70,692,064 | 9,215,687 | 260,085,841 |

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|--------------------------|-------------------------|-----------|-------------|--------------------------|-------------|
| Afghanistan | 8,783,160 | – | 42,200 | 280,974 | 504,954 |
| Algeria | – | – | – | – | – |
| Angola | 51,788,140 | – | 500,000 | – | 1,568,374 |
| Bangladesh | 943,200 | 20,000 | 14,867,040 | 2,500 | 163,162,360 |
| Belize | – | – | – | – | – |
| Benin | 15,000 | 10,000 | 762,000 | 20,000 | 441,504 |
| Bhutan | – | – | – | – | – |
| Bolivia | 11,000 | 36,000 | 50,000 | 9,500 | 14,400 |
| Burkina Faso | 26,343,300 | 236,448 | 3,041,050 | 98,400 | 1,565,376 |
| Burundi | 18,439,200 | 193,100 | 1,176,000 | – | 336,492 |
| Cabo Verde | 13,512,100 | 5,000 | 80,000 | – | 310,356 |
| Cambodia | 124,272 | 43,160 | 400,000 | – | 4,406,662 |
| Cameroon | 15,854,400 | 123,340 | 1,034,400 | 4,500 | 603,900 |
| Central African Republic | 6,480,000 | 63,900 | 214,600 | – | 171,360 |
| Chad | 9,273,800 | – | 560,000 | – | 342,120 |
| Comoros | – | 500 | – | – | – |
| Congo Dem Rep | 77,059,680 | 1,194,128 | 966,200 | 122,000 | 3,090,000 |
| Cote d'Ivoire | 8,642,000 | 198,000 | 987,000 | 28,500 | 4,758,577 |
| Djibouti | 250,880 | 200 | – | – | 39,600 |
| El Salvador | 10,127,200 | – | 50,000 | – | 467,280 |
| Eritrea | – | 14,500 | 4,000 | – | 162,000 |
| Ethiopia | 1,968,240 | 1,290,093 | 5,458,646 | 16,600 | 2,570,348 |
| Gambia | – | 29,000 | 193,300 | – | 150,192 |
| Ghana | 11,930,400 | 316,176 | 2,059,300 | 98,850 | 5,960,232 |
| Guinea | 291,000 | 136,800 | 59,200 | – | 51,300 |
| Guinea-Bissau | 3,024,000 | 53,400 | 232,600 | – | 800,460 |
| Haiti | 21,600,000 | 11,600 | – | – | – |
| Honduras | 16,999,200 | 49,456 | 690,900 | – | – |
| India | – | – | – | 107,884 | 24,960 |
| Indonesia | – | – | – | 1,047,270 | – |
| Kenya | 23,732,800 | 1,527,332 | 1,360,048 | 400,750 | 3,319,772 |
| Kiribati | – | – | – | – | – |
| Kyrgyz Republic | – | – | – | 300 | – |
| Lao PDR | – | – | 526,000 | – | 1,600,488 |
| Lesotho | 4,378,600 | 2,900 | 129,800 | 1,500 | 660,780 |
| Liberia | 15,774,000 | 81,700 | 363,000 | – | 780,120 |
| Madagascar | 11,334,760 | 485,114 | 3,635,300 | 216,000 | 5,438,960 |
| Malawi | 59,538,600 | 386,442 | 4,810,000 | 11,400 | 1,400,232 |

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|-----------------------|-------------------------|-----------|-------------|--------------------------|------------|
| Mali | 2,954,200 | 297,950 | 937,300 | 31,000 | 30,960 |
| Mauritania | – | 3,300 | 175,600 | – | 385,344 |
| Mongolia | 280,800 | 11,900 | 75,000 | 14,400 | 495,000 |
| Morocco | – | – | – | – | – |
| Mozambique | 106,529,230 | 124,700 | 1,136,900 | – | 2,654,220 |
| Myanmar | 17,952,400 | 52,232 | 3,463,620 | 3,500 | 13,207,812 |
| Nepal | 11,695,970 | 72,500 | 10,000 | – | 365,220 |
| Nicaragua | 705,600 | 6,600 | – | 6,000 | – |
| Niger | 17,894,740 | 96,256 | 389,860 | 51,300 | 4,400,010 |
| Nigeria | 76,046,500 | 1,491,608 | 4,234,600 | 722,299 | 2,993,913 |
| Pakistan | 30,096,000 | 95,200 | – | 192,112 | 443,520 |
| Papua New Guinea | 4,266,600 | 31,000 | – | – | – |
| Philippines | – | 403,364 | – | 30,725 | – |
| Rwanda | 31,076,000 | 46,728 | 58,200 | 8,000 | 1,224,009 |
| Samoa | – | – | – | – | – |
| Sao Tome and Principe | – | 200 | 17,400 | – | 2,700 |
| Senegal | 9,345,000 | 125,000 | 1,007,072 | 28,760 | 1,157,409 |
| Sierra Leone | 2,932,688 | 516,100 | 1,515,000 | 29,000 | 1,741,998 |
| Solomon Islands | 10,000 | – | – | – | – |
| Somalia | – | – | 8,400 | – | 77,001 |
| South Sudan | 8,640,000 | – | 250,000 | 2,500 | 1,531,920 |
| Sri Lanka | – | 40,064 | 30,000 | 50,000 | 2,119,680 |
| Sudan | 4,320,000 | 59,944 | 2,500 | 6,000 | 4,651,020 |
| Tajikistan | 5,889,600 | – | – | 160,000 | 496,944 |
| Tanzania | 19,067,140 | 801,040 | 2,475,000 | 192,399 | 6,231,664 |
| Timor-Leste | 4,068,000 | 19,000 | 118,000 | – | 126,000 |
| Togo | 20,843,800 | 15,540 | 316,400 | 46,000 | – |
| Tunisia | – | – | – | – | – |
| Uganda | 84,725,600 | 878,680 | 2,341,900 | 138,000 | 1,915,410 |
| Ukraine | – | – | – | – | – |
| Uzbekistan | 6,854,400 | – | 279,400 | 830,000 | – |
| Vanuatu | – | – | 40,000 | – | – |
| Vietnam | 3,888,000 | 33,000 | 146,440 | 169,350 | – |
| Western Sahara | – | – | – | – | – |
| Yemen | 504,000 | 67,900 | 70,000 | 200,000 | 5,177,940 |
| Zambia | 99,441,200 | 406,532 | 3,228,400 | 118,800 | 5,095,576 |
| Congo | – | 625 | 21,300 | 148,600 | 12,600 |
| DPR Korea | – | – | – | – | – |

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|----------------------|-------------------------|-------------------|-------------------|--------------------------|--------------------|
| Egypt | 1,000 | 53,000 | 1,387,600 | 180,030 | – |
| Eswatini | – | – | – | – | 9,900 |
| Iran | – | – | – | – | – |
| Micronesia | – | – | – | – | – |
| State of Palestine | 3,335,042 | – | – | – | – |
| Syria | 5,927,900 | – | – | – | – |
| Zimbabwe | 57,873,000 | 264,444 | 2,555,400 | 69,000 | 13,756,208 |
| Other LMIC Shipments | 4,111,600 | 1,126,600 | 14,319,600 | 193,560 | 21,995,237 |
| Total Volumes | 1,059,494,942 | 13,649,296 | 84,863,476 | 6,088,263 | 297,002,374 |

Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|--------------------------|-------------------------|-----------|-------------|--------------------------|-------------|
| Afghanistan | – | 52,000 | 605,200 | 142,700 | 3,670,668 |
| Algeria | – | – | – | – | – |
| Angola | 385,000 | – | 600,000 | – | – |
| Bangladesh | 6,220,800 | 845,885 | 3,926,560 | 34,500 | 178,895,520 |
| Belize | 122,400 | – | – | – | 51,192 |
| Benin | 6,000,000 | 20,000 | – | 10,000 | 989,280 |
| Bhutan | – | – | – | – | – |
| Bolivia | – | 30,000 | – | – | 291,114 |
| Burkina Faso | 43,021,480 | 894,124 | 520,000 | – | 5,993,475 |
| Burundi | – | 173,200 | 161,550 | 30,000 | 424,800 |
| Cabo Verde | – | 10,000 | 150,000 | – | 318,528 |
| Cambodia | – | 52,040 | – | 55,000 | 5,957,011 |
| Cameroon | 880,020 | 79,880 | – | 30,000 | 95,040 |
| Central African Republic | 7,200,000 | – | – | – | 317,472 |
| Chad | 5,784,480 | 125,976 | 300,000 | – | 296,640 |
| Comoros | – | – | – | – | 30,240 |
| Congo Dem Rep | 196,001 | 781,100 | 2,187,100 | 6,000 | 1,274,037 |
| Cote d'Ivoire | 8,260,620 | 150,880 | 524,600 | 29,900 | 6,698,447 |
| Djibouti | 561,024 | 3,000 | 9,600 | – | – |
| El Salvador | 714,096 | – | – | – | 277,920 |
| Eritrea | – | 35,200 | 98,400 | 5,000 | 171,900 |
| Ethiopia | 3,041,400 | 1,716,725 | 953,200 | 488,000 | 2,253,150 |
| Gambia | 2,200,610 | 3,000 | 189,000 | – | 671,310 |
| Ghana | 30,495,200 | 193,192 | 2,715,600 | 53,000 | 4,329,200 |
| Guinea | 28,223,800 | 100,000 | 300,000 | 22,000 | 20,700 |
| Guinea-Bissau | 7,404,190 | 20,000 | 3,600 | – | 11,280 |
| Haiti | – | 23,000 | 410,000 | – | 268,128 |
| Honduras | 43,682,360 | 26,056 | 692,200 | 29,490 | 651,330 |
| India | – | – | – | 574,270 | – |
| Indonesia | – | 51,132 | – | 335,800 | – |
| Kenya | – | 706,740 | 312,800 | 3,575 | 300,240 |
| Kiribati | – | – | – | – | – |
| Kyrgyz Republic | 1,814,400 | – | – | – | – |
| Lao PDR | – | – | 222,000 | – | 20,700 |
| Lesotho | 1,640,040 | 3,795 | 252,600 | 2,500 | 763,434 |
| Liberia | 7,407,000 | 41,300 | 177,200 | 4,000 | 693,504 |
| Madagascar | 793,800 | 194,184 | 1,510,000 | 9,500 | 4,416,048 |
| Malawi | 145,520,300 | 358,416 | 2,008,000 | 20,100 | 218,880 |

Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|-----------------------|-------------------------|-----------|-------------|--------------------------|-----------|
| Mali | 46,485,520 | 183,505 | 778,800 | 17,000 | 437,040 |
| Mauritania | 3,499,200 | 19,600 | 65,400 | 51,500 | 355,338 |
| Mongolia | 187,200 | 6,000 | 41,250 | 49,000 | 286,000 |
| Morocco | - | - | - | - | - |
| Mozambique | 78,397,400 | 386,696 | 2,279,000 | 8,750 | 1,967,202 |
| Myanmar | 37,621,290 | 24,640 | 269,380 | - | 9,473,857 |
| Nepal | 9,252,000 | 130,000 | 2,470,000 | - | 4,975,504 |
| Nicaragua | 4,896,000 | 600 | 85,000 | - | 276,066 |
| Niger | - | 151,000 | 838,000 | 50,500 | 1,774,224 |
| Nigeria | 102,328,200 | 1,714,504 | 2,958,775 | 81,235 | 1,047,191 |
| Pakistan | 18,892,800 | 246,400 | 425,000 | 260,360 | 1,450,080 |
| Papua New Guinea | 2,535,120 | 25,000 | 404,000 | - | 391,878 |
| Philippines | 6,451,200 | 502,917 | 9,600 | - | - |
| Rwanda | 21,467,740 | 130,016 | 476,400 | 2,520 | 584,424 |
| Samoa | - | - | - | - | - |
| Sao Tome and Principe | 346,320 | 500 | 24,000 | - | 126,720 |
| Senegal | 5,505,000 | 130,084 | 1,845,200 | 58,500 | 813,600 |
| Sierra Leone | 13,489,920 | 349,500 | 974,900 | - | 1,189,548 |
| Solomon Islands | - | 10,000 | - | - | - |
| Somalia | 504,000 | 18,000 | 43,000 | 20,000 | 194,292 |
| South Sudan | 120,000 | 41,100 | 150,000 | 1,000 | - |
| Sri Lanka | 1,668,960 | 104,032 | 372,800 | 33,000 | - |
| Sudan | 7,552,800 | 77,400 | 150,625 | 35,500 | 100,080 |
| Tajikistan | 10,148,400 | 7,500 | - | - | - |
| Tanzania | 605,000 | 518,707 | 1,340,000 | 25,500 | 6,057,526 |
| Timor-Leste | - | 36,000 | 122,000 | - | 139,680 |
| Togo | 12,816,000 | 76,700 | 60,000 | - | 48,396 |
| Tunisia | 1,512,000 | - | - | 80,750 | - |
| Uganda | 420,326,400 | 463,564 | 3,640,200 | 68,400 | 2,267,860 |
| Ukraine | - | - | - | 30 | - |
| Uzbekistan | - | - | - | 534,360 | - |
| Vanuatu | - | - | - | - | - |
| Vietnam | - | 40,000 | - | - | - |
| Western Sahara | - | - | - | - | - |
| Yemen | - | 42,700 | - | 160,000 | - |
| Zambia | 72,474,000 | 430,900 | 2,903,600 | 178,945 | 3,628,512 |
| Congo | 8,640,000 | 5,100 | 6,600 | 406,275 | 30,600 |
| DPR Korea | - | - | - | - | - |

Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

| Country | Condoms - Male & Female | Implants | Injectables | IUDs - Copper & Hormonal | Orals |
|----------------------|-------------------------|-------------------|-------------------|--------------------------|--------------------|
| Egypt | – | 365,090 | – | – | – |
| Eswatini | – | 4,208 | 72,000 | – | – |
| Iran | – | – | – | – | – |
| Micronesia | – | – | – | – | – |
| State of Palestine | – | – | – | 1,000 | – |
| Syria | – | – | – | 50,000 | – |
| Zimbabwe | 50,475,000 | 173,324 | 510,000 | 15,000 | 3,813,984 |
| Other LMIC Shipments | 2,216,000 | 422,000 | 15,751,320 | 146,550 | 8,160,126 |
| Total Volumes | 1,291,982,491 | 13,528,112 | 57,896,060 | 4,221,010 | 269,960,916 |

APPENDIX B – DATA SOURCES

In developing this report's market analyses, a variety of data sources from partner organizations that provide family planning market data at the global level were reviewed. These databases were assessed based on available metrics, coverage of countries, frequency of updates, and ease of access to identify the most appropriate sources for sustainable analyses, that will be updated as new data becomes available. The following provides an overview of the data sources this report relied upon for market analyses:

FP2020 Global Markets Visibility Project

In early 2014, CHAI, in partnership with RHSC and the FP2020 Market Dynamics Working Group, launched the Global Markets Visibility Project to help various donors, suppliers, and partners improve their understanding of the current market size and trends for key contraceptive markets. In the past, CHAI collected historical shipment data by product and country from suppliers for each of the 69 FP2020 focus countries and this year has updated the market report's geographic scope to include the 83 LMICs. For the reports published in 2015, 2016, 2017, and 2018, CHAI partnered with Concept Foundation to collect and aggregate shipment data from participating members of the former RHSC Generic Manufacturers for Reproductive Health Caucus (GEMs). For the subsequent reports, CHAI has collected shipment data directly from the former GEMs suppliers. To date, the Global Markets Visibility Project has collected historical shipment data that covers global procurer sales (USAID and UNFPA), MOH tender volumes and SMO purchases from 17 manufacturers across five family planning product categories. The main analyses and data reflected in this report in the Supplier Shipment Analysis and associated Appendices are based on the supplier shipment data collected through this project.

U.S. Agency for International Development (USAID)

USAID has provided commodities for family planning and reproductive health activities since the mid-1960s. The Overview of Contraceptive and Condom Shipments report is an annual publication that summarizes contraceptive and condom shipments sponsored by USAID, by value and unit. For the purposes of this year's Family Planning Market Report's Global Procurer Spend Analysis, the FY2017 through FY2021 reports were accessed and used to analyze USAID's spend on contraceptives in LMICs, excluding male and female condoms, over the period. Values are inclusive of commodity and freight costs and are reported based on the USAID fiscal year which ends on September 30.

The United Nations Population Fund (UNFPA) Procurement Services Branch (PSB) Procurement Data

UNFPA is the lead agency within the United Nations system for the procurement of reproductive health commodities and has been procuring reproductive health supplies for LMICs for over 40 years. For the purposes of this year's Family Planning Market Report's Global Procurer Spend Analysis, CHAI worked with UNFPA PSB to determine the value of the contraceptive procurement conducted by UNFPA from 2017 to 2021 for LMICs. Values are inclusive of commodity cost and exclude services such as freight, sampling, inspection, and testing and are reported based on the calendar year.

Reproductive Health Supplies Visualized (RH Viz)³²

The RH Viz database provides visibility into contraceptive shipments volumes via a series of public-facing dashboards. RH Viz leverages both historical procurement shipment data (from 2008-2016), as well as live procurer shipment data from the Global FP VAN (from 2017 forward). Data provided from the Global FP VAN (in RH Viz) currently reflects shipments from and reported by USAID and UNFPA. RH Viz is used as a comparison point for the supplier dataset for a high-level understanding of supplier shipment data coverage, as well as for male condom data.

32 Previous versions of this report utilized the publicly available Reproductive Health Interchange (RHI) dataset. On September 21, 2020, the RHI interface was replaced by RH Viz; accordingly, this report has transitioned to using the RH Viz database.

APPENDIX C – ESTIMATING THE VALUE OF THE PUBLIC-SECTOR MARKET

The value of the public-sector market was calculated using the most comprehensive available data sources: historical supplier-reported shipment data and RH Viz shipment data. Shipment data is recorded in the following units:

| Exhibit C.1: Unit of measurement | |
|----------------------------------|-----------------|
| Method | Unit of Measure |
| Condoms – Female | Piece |
| Condoms – Male | Piece |
| Implants | Set |
| Injectables | Vial |
| IUDs – Copper | Piece |
| IUDs - Hormonal | Piece |
| Orals – Combined | Cycle |
| Orals – Progestin Only | Cycle |
| Orals – Emergency | Doses |

Historical Supplier-Reported Data

This year's market report includes historical supplier-reported shipment data from 17 manufacturers – Bayer, Cipla, Corporate Channels, CR Zizhu, Cupid, Female Health Company, Incepta, Medicines360, Organon & Co., Pfizer, Pregna, PT Tunggal, Renata, Shanghai Dahua, SMB, Techno Drugs, and Viatris (Mylan). Collectively, the total volumes cover global procurer sales (USAID and UNFPA), MOH tenders and SMO purchases across five family planning product categories.³³

SUPPLIERS HAVE CUMULATIVELY SHIPPED 88 MILLION FEMALE CONDOMS, 57 MILLION IMPLANTS, 354 MILLION INJECTABLES, 37 MILLION COPPER IUDs, 0.2 MILLION HORMONAL IUDs, 1,223 MILLION ORALS (COMBINED & PROGESTIN ONLY), AND 53 MILLION EMERGENCY CONTRACEPTIVES FROM 2017 TO 2021.

It is important to note that there were several shipments to procurer (USAID, UNFPA, SMOs) warehouses in non-LMICs, such as Belgium, Denmark, Finland, France, Germany, Netherlands, Switzerland, and UK. Although these volumes were initially shipped to non-LMICs,

these shipments were likely to go onto the 83 LMICs. As a result, these non-LMIC volumes were included in the total shipments to the 83 LMICs after it was confirmed with suppliers that the specific non-LMIC volumes were associated with global procurer purchases.

CHAI analyzed the aggregated historical supplier-reported shipment data to confirm that coverage across the public-sector product markets was greater relative to RH Viz shipment data for the 83 LMICs. The aim of collecting historical volumes of all global procurer purchases, SMO purchases and MOH tenders directly from suppliers was to address data gaps observed in publicly available shipment data which only capture a subset of procurers who chose to submit historical procurement data. Furthermore, although some countries report national procurements, many national procurements are not reported in publicly available databases. The cumulative total from 2017 to 2021 for historical supplier-reported shipment volumes to the 83 LMICs and procurer warehouses is greater than RH Viz in every method (Exhibit C.4).

Exhibit C.2: Global Markets Visibility Project participants and products

| Manufacturer | Condoms - Female | Implants | Injectables | IUDs | Orals |
|-----------------------|------------------|----------|-------------|------|-------|
| Bayer | | • | • | • | • |
| Cipla | | | | | • |
| Corporate Channels | | | | • | |
| CR Zizhu | | | | | • |
| Cupid | • | | | | |
| Female Health Company | • | | | | |
| Incepta | | | • | | |
| Medicines360 | | | | • | |
| Organon & Co. | | • | | | • |
| Pfizer | | | • | | |
| Pregna | | | | • | |
| Pt Tunggal | | | • | | |
| Renata | | | | | • |
| Shanghai Dahua | | • | | | |
| SMB | | | | • | |
| Techno Drugs | | • | • | | • |
| Viatris (Mylan) | | | • | • | • |

33 Total shipment of oral contraceptives includes combined, progestin-only, and emergency oral contraceptives.

Exhibit C.3: Supplier-reported shipment volumes to 83 LMICs by method, 2017-2021

| Method | 2017 | 2018 | 2019 | 2020 | 2021 | Cumulative Total |
|-----------------------------------|-------|-------|-------|-------|-------|------------------|
| Condoms – Female | 22M | 13M | 22M | 18M | 13M | 88M |
| Implants | 8M | 10M | 12M | 14M | 14M | 57M |
| Injectables | 59M | 82M | 71M | 85M | 58M | 354M |
| IUDs - copper | 5M | 12M | 9M | 6M | 4M | 37M |
| IUDs - hormonal | 0.02M | 0.02M | 0.03M | 0.01M | 0.12M | 0.2M |
| Orals - Combined & Progestin Only | 218M | 213M | 251M | 283M | 257M | 1223M |
| Orals - Emergency | 8M | 9M | 9M | 14M | 13M | 53M |

Exhibit C.4: Supplier-reported shipment volumes as a percentage of RH Viz-reported volumes by method, 2017-2021

| Method | 2017 | 2018 | 2019 | 2020 | 2021 | Cumulative Total |
|-----------------------------------|-------|------|------|------|------|------------------|
| Condoms - Female | 136% | 75% | 141% | 108% | 105% | 113% |
| Implants | 167% | 115% | 143% | 143% | 131% | 137% |
| Injectables | 160% | 179% | 129% | 136% | 102% | 138% |
| IUDs - Copper & Hormonal | 235% | 388% | 382% | 317% | 272% | 330% |
| Orals - Combined & Progestin Only | 442% | 303% | 359% | 257% | 332% | 299% |
| Orals - Emergency | 1529% | 537% | 675% | 593% | 394% | 576% |

Note: Cumulative totals calculated using actual, rather than rounded numbers.

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2022

Male Condom Market

RH Viz shipment data for male condoms was used to capture a more comprehensive view of the public-sector family planning market for the 83 LMICs. The report used RH Viz shipment data from 2017 to 2021 and included all male condom shipment volumes to the 83 LMICs as well as volumes associated with procurer warehouses in non-LMICs.³⁴

The supplier-reported volumes for female condoms, implants, injectables, IUDs, and orals, together with RH Viz shipment volumes for male condoms, represent the estimated public-sector market from 2017 to 2021.

| Exhibit C.5: RH Viz male condoms shipment volumes, 2017-2021 | | | | | |
|--|-------|-------|-------|-------|-------|
| Method | 2017 | 2018 | 2019 | 2020 | 2021 |
| Condoms – Male | 0.65B | 1.21B | 1.17B | 1.04B | 1.28B |

Sources: [1] RH Viz Shipment Data, retrieved August 2022

³⁴ Total yearly volumes are based on the year that the product was shipped.

Total Public-Sector Market in Terms of CYPs

All shipment volumes were translated to CYPs shipped by dividing shipment volumes by each method's corresponding CYP factor.

All shipment volumes were divided by the corresponding CYP factor published by USAID³⁵. CYP factors calculate the estimated protection provided by different contraceptive methods. Because methods may have different CYPs associated with several different sub-types of that method (e.g., there are different CYP factors for three- and five-year implants) the corresponding CYP of the method sub-type is used. The following exhibit shows the conversion factors used to translate volumes to CYPs.

Exhibit C.6: Volumes to CYPs shipped conversion factors, 2017–2021

| Method | Per Couple-Years of Protection (CYP) |
|------------------------|--------------------------------------|
| Condoms - Female | 120 |
| Condoms - Male | 120 |
| Implants - 3 Year | 0.4 |
| Implants - 5 Year | 0.26 |
| Injectables - 1 month | 13 |
| Injectables - 2 month | 6 |
| Injectables - 3 month | 4 |
| IUDs - copper | 0.22 |
| IUDs - hormonal | 0.21 |
| Orals - Combined | 15 |
| Orals - Progestin Only | 12 |
| Orals - Emergency | 20 |

Sources: [1] USAID, "Couple-Years of Protection (CYP)," January 2022.

35 USAID refreshed its CYP conversion factors in 2022; these updates have been incorporated into the Family Planning Market Report. USAID, "Couple-Years of Protection (CYP)", available at <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>.

Value of the Total Public-Sector Market

The total value of contraceptives was calculated by applying average unit prices to total shipment volumes. Although different prices exist across products and markets, the report estimated implied spend using UNFPA's Contraceptive Price Indicator, given the Contraceptive Price Indicator is publicly available and consistently updated.³⁶ A publicly available price for hormonal IUDs was published for the first time in the UNFPA Contraceptive Price Indicator in 2021, hence this price has been used for the calculation of hormonal IUD's market value for 2017-2020 as well. Finally, the Implant Access Program price of \$8.50 was applied to implant volumes from 2017 to 2018. In 2019-2021, the average implant price on the UNFPA Contraceptive Price Indicator varied from \$8.50—accordingly, UNFPA's listed price was used in market value calculations for 2019, 2020, and 2021. The average price only includes the cost of the product and does not account for additional costs associated with procurement such as testing, insurance, and shipping costs.

Exhibit C.7: Average unit price

| Method | Price Range | | 2017 | 2018 | 2019 | 2020 | 2021 |
|------------------------|-------------|---------|------------|------------|------------|------------|------------|
| | Minimum | Maximum | Unit Price | Unit Price | Unit Price | Unit Price | Unit Price |
| Condoms - Female | \$0.43 | \$0.47 | \$0.46 | \$0.47 | \$0.44 | \$0.43 | \$0.44 |
| Condoms - Male | \$0.02 | \$0.02 | \$0.02 | \$0.02 | \$0.02 | \$0.02 | \$0.02 |
| Implants | \$8.26 | \$8.68 | \$8.50 | \$8.50 | \$8.37 | \$8.26 | \$8.68 |
| Injectables | \$0.77 | \$0.81 | \$0.79 | \$0.81 | \$0.77 | \$0.81 | \$0.81 |
| IUDs - Copper | \$0.30 | \$0.43 | \$0.31 | \$0.30 | \$0.31 | \$0.37 | \$0.43 |
| IUDs - Hormonal | \$10.84 | \$10.84 | \$10.84 | \$10.84 | \$10.84 | \$10.84 | \$10.84 |
| Orals - Combined | \$0.21 | \$0.27 | \$0.27 | \$0.24 | \$0.23 | \$0.23 | \$0.21 |
| Orals - Progestin Only | \$0.28 | \$0.32 | \$0.32 | \$0.29 | \$0.29 | \$0.30 | \$0.28 |
| Orals - Emergency | \$0.25 | \$0.40 | \$0.26 | \$0.28 | \$0.40 | \$0.26 | \$0.25 |

Notes: [1] For 2017-2018 implants, the Implant Access Program price is used; [2] For 2017-2021, the 2021 publicly available price for hormonal IUDs is used; [3] Otherwise, the price range and unit prices in each year are based on UNFPA's Contraceptive Price Indicator.

Sources: [1] UNFPA Contraceptive Price Indicator, 2017 to 2021; [2] IAP Implant Prices.

36 UNFPA, "UNFPA Contraceptive Price Indicator—Year 2021", available at <https://www.unfpa.org/sites/default/files/resource-pdf/Contraceptive%20Price%20Indicator%202021.pdf>, UNFPA, "UNFPA Contraceptive Price Indicator—Year 2020", available at https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptives_Price_Indicator_2020.pdf, UNFPA, "UNFPA Contraceptive Price Indicator—Year 2019", available at https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2019_V2_-_EXTERNAL.pdf, UNFPA, "UNFPA Contraceptive Price Indicator—Year 2018", available at https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2018_.pdf, UNFPA, "UNFPA Contraceptive Price Indicator—Year 2017", available at <https://www.unfpa.org/resources/contraceptive-price-indicator-year-2017>.

APPENDIX D – ESTIMATING TOTAL LMIC GLOBAL PROCURER-SPEND VOLUMES

To protect customer confidentiality, suppliers were not asked to disclose customer information associated with shipment volumes. CHAI and RHSC use information from USAID, GHSC-PSM, and UNFPA to understand global procurer spend by the two major global procurers of family planning commodities. For more information on each of these data sources, refer to Appendix B.

Going forward, CHAI and RHSC will continue to work closely with the two major global procurers of family planning commodities to ensure the data provided is the most accurate and accessible for the purposes of this report.

APPENDIX E – ADDITIONAL MARKET VISIBILITY

This report has historically included supplementary research and analysis using publicly available data sources in three large markets: Bangladesh, India, and Indonesia³⁷. In this section, the analysis is refreshed with the latest data for Bangladesh and India. Publicly available data on government procurement has been limited in Indonesia in recent years, so Indonesia has been removed for now from the market visibility analysis.

Given the limitations of publicly available data sources, this report cannot confirm that these market visibility analyses represent comprehensive coverage of the public-sector markets in India and Bangladesh. Rather, the data is meant to be used as initial view into domestic procurement in these markets, that may not be fully covered by the suppliers participating in this report.

Bangladesh

The Bangladesh Ministry of Health and Family Welfare (MOHFW) procured³⁸ 7 million CYPs for the 2021 calendar year, as compared to 13 million CYPs for the 2020 calendar year, 12 million CYPs for the 2019 calendar year, 17 million CYPs for the 2018 calendar year, and 3 million CYPs for the 2017 calendar year. Procurement contracts in 2021 were awarded primarily to regional and local suppliers, including (but not limited to): Essential Drugs Co., Khulna Essential, M/S, Renata Ltd., Popular Pharmaceuticals Ltd³⁹, and Techno Drugs. Although data from only a subset of these manufacturers is included in the supplier shipment data, suppliers represented in the Family Planning Market Report comprised a larger proportion of reported MOHFW volumes in 2021 than in 2020⁴⁰. By applying the same prices⁴¹ used for 2021 supplier shipment analyses to the volumes from the Bangladesh MOHFW procurement data, the implied value from Bangladesh's procurement contracts is estimated to be \$21 million for 2021, as compared to the \$13 million implied by the 2021 supplier shipment data.

Although contraceptive procurement has fluctuated in Bangladesh, consumption has remained stable. A review of Bangladesh's supply chain reports⁴² revealed that consumption of contraceptive commodities has been fairly consistent—between 9.5 to 12.6 million CYPs—from 2017 to 2021.

This analysis relies on data from the Government of Bangladesh's Ministry of Health and Family Welfare (MOHFW)⁴³ for 2017, 2018, 2019, 2020, and 2021.⁴⁴

37 Bangladesh and India accounted for a large proportion of the gap between FP2030-reported users of product-based methods and users implied by the shipment data based on country-specific comparisons (per 2016 analysis, when market visibility analysis was added to the Family Planning Market Report). Note: Indonesia also accounts for a notable proportion of the gap between FP2030-reported users of product-based methods and users implied by the shipment data but is currently excluded from the market visibility analysis given limited publicly available data on procurement in recent years.

38 Note the Bangladesh MOHFW records procurement in terms of the date received for shipments, rather than date shipped.

39 In 2017, Incepta supplied the Ministry of Health and Family Welfare (MOHFW) with injectables via Popular Pharmaceuticals Ltd. Source: Incepta Pharmaceuticals.

40 Manufacturers from Bangladesh participating in this report include Techno Drugs, Popular Pharmaceuticals Ltd (via Incepta Pharmaceuticals), and M/S Renata Ltd.

41 To estimate the market value in Bangladesh and India, the report applies the same pricing assumptions used for supplier shipment analyses (from the UNFPA Contraceptive Price Indicator) throughout the market visibility appendix. Actual pricing may differ in these markets given the different suppliers and pricing parameters at play. However, the UNFPA prices have been applied to maintain publicly available, consistently updated pricing assumptions throughout the report.

42 Consumption CYP is calculated using data published by the Bangladesh MOHFW consumption trend tracker and the USAID CYP factors. Bangladesh consumption data available here: <https://scmpbd.org/index.php/lmis-report/month-wise-consumption>

43 Government of Bangladesh, Ministry of Health and Family Welfare, "MOHFW Supply Chain Management Portal – National Receive Details; Product Group: Contraceptive; Product Name: ALL; Warehouse: ALL" available at: <https://scmpbd.org/index.php/wims-reports/national-receive-details>

44 The fiscal year for Bangladesh runs from July 1 to June 30 but, for the purposes of this analysis, monthly procurement data was summed for each calendar year for 2017-2021.

Exhibit E.1: MOHFW supply chain contraceptive shipment receipt details (publicly available volumes data)

| Product Name | Supplier Name | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------------------------|---|-----------|------------|-------------|------------|------------|
| CONDOM | Direct Relief | - | 1,584,000 | - | - | - |
| CONDOM | ESSENTIAL DRUGS CO. LTD. | - | 56,854,800 | 11,600,800 | 72,163,600 | 91,088,400 |
| CONDOM | KHULNA ESSENTIAL LATEX PLANT (KELP) | - | 62,158,800 | 95,894,000 | 44,388,400 | 36,794,400 |
| CONDOM | UNFPA | 1,195,200 | 10,080,000 | - | - | - |
| ECP (2 TAB/PACK) | M/S, RENATA LTD. | - | 100,000 | 100,000 | 100,000 | 100,000 |
| IMPLANT (2 ROD) | TECHNO DRUGS Ltd | - | 385,000 | 429,054 | - | 575,000 |
| IMPLANT (2 ROD) | USAID | 35,000 | - | - | - | - |
| IMPLANT (SINGLE ROD) | JAMES INTERNATIONAL | 2,880 | - | - | - | - |
| IMPLANT (SINGLE ROD) | Merck Sharp & Dohme B.V.(MSD B.V.) | 3,000 | - | - | - | - |
| IMPLANT (SINGLE ROD) | MSD-NV Organon, Organon(India) Private Ltd. | 199,980 | - | - | - | - |
| IMPLANT (SINGLE ROD) | UNFPA | - | 200,000 | 5,000 | - | - |
| INJECTABLES (DMPA-IM) | Popular Pharmaceuticals Ltd. | 1,000,000 | 1,000,000 | - | - | - |
| INJECTABLES (DMPA-IM) | TECHNO DRUGS Ltd | 5,000,000 | 18,250,000 | 8,230,000 | 15,250,000 | 14,000,000 |
| INJECTABLES (DMPA-IM) | UNFPA | 299,997 | - | - | - | - |
| INJECTABLES (DMPA-IM) | USAID | 1,000,000 | 914,800 | - | - | - |
| IUD (CT-380A) | IPAS Bangladesh | - | 9,500 | - | - | - |
| IUD (CT-380A) | MARIE STOPES CLINIC | 65,000 | 56,000 | - | - | - |
| IUD (CT-380A) | SARBAN INTERNATIONAL LTD. | - | - | - | 300,000 | - |
| IUD (CT-380A) | SMB Corporation of India | - | 450,000 | - | - | - |
| IUD (CT-380A) | UNFPA | - | 200,000 | - | - | - |
| IUD (CT-380A) | Pathfinder | - | - | - | - | 300 |
| ORAL CONTRACEPTIVE PILL (SHUKHI) | M/S, RENATA LTD. | - | 54,800,125 | 110,000,001 | 50,500,000 | 43,940,000 |
| ORAL CONTRACEPTIVE PILL (SHUKHI) | Popular Pharmaceuticals Ltd. | - | 16,700,000 | - | 12,500,000 | 11,230,000 |
| ORAL CONTRACEPTIVE PILL (SHUKHI) | TECHNO DRUGS Ltd | - | 16,700,000 | - | 38,000,000 | 32,800,000 |
| ORAL PILL APON | M/S, RENATA LTD. | 750,000 | 4,000,000 | 1,000,000 | 3,500,000 | 9,000,000 |

India

Based on India's Ministry of Health and Family Welfare (MOHFW)⁴⁵ Annual Report for the 2021-2022 fiscal year⁴⁶, CYPs procured from product-based methods⁴⁷ totaled 18 million. This number is lower than the 2017-2018 to 2020-2021 fiscal year average of 44 million CYPs procured annually. Weekly oral contraceptive procurement volumes continued to increase further in 2021-2022 from 2020-2021 (volumes procured increased by 22 percent in 2021-2022 from 2020-2021 compared to an increase of 1 percent in 2020-2021 from 2019-2020, at the time of reporting). Copper IUDs continued to comprise the majority of CYPs provided in the MOHFW basket in 2021-2022; a total of 12 million out of 18 million CYPs provided were from copper IUDs.

Although the MOHFW reports annual shipment volumes based on a fiscal year schedule instead of the calendar years used in this report, for simplicity the same prices (in Exhibit C.7) were used to estimate the implied annual market value for supplier shipment and MOHFW procurement volumes. These calculations show MOHFW procurement values of approximately \$13 million in the 2021-2022 fiscal year and \$37 million in the 2020-2021 fiscal year, compared to the \$1.8 million and \$1.6 million implied by the 2021 and 2020 supplier shipment data.

Exhibit E.2: Annual reports of Department of Health & Family Welfare (includes fiscal years 2017-18 to 2021-22)

Exhibit E.2.1: Quantities supplied to States/UTs (publicly-available data)

| Contraceptives | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22* |
|--|---------|---------|---------|---------|----------|
| Condoms (in million pieces) | 526.84 | 0 | 378.12 | 397.1 | 205.01 |
| Oral Pills (in lakh cycles) | 275.25 | 394.37 | 591.64 | 427.63 | 184.38 |
| Copper IUDs (in lakh pieces) | 22.62 | 88.5 | 87.73 | 73.79 | 27.75 |
| ECP (in lakh packs) | 50.44 | 128 | 195.74 | 131.72 | 2.47 |
| Centchroman Contraceptive Pill (Lakh Strips) | 23.99 | 170.27 | 116.66 | 117.69 | 143.16 |
| Injectable Contraceptive (Lakh Doses) | 27 | 0 | 31.5 | 29.27 | 0 |

Exhibit E.2.2: Social marketing sales of contraceptives (publicly-available data)

| Contraceptives | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22* |
|---|---------|---------|---------|---------|----------|
| Condoms (Million pieces) | 483.21 | 459.51 | 507.46 | 244.31 | 126.11 |
| Oral Pills (Social Marketing) (lakh cycles) | 205.31 | 159.19 | 147.1 | 195.98 | 4.56 |
| SAHELI (in Lakh tablets) | 321.76 | 77.52 | 0 | 0 | 0 |

*Figures are Provisional

45 Government of India, Ministry of Health and Family Welfare, "Annual Report of Department of Health & Family Welfare for the year of 2021-22", "Annual Report of Department of Health & Family Welfare for the year of 2020-21", "Annual Report of Department of Health & Family Welfare for the year of 2019-20", "Annual Report of Department of Health & Family Welfare for the year of 2018-19", "Annual Report of Department of Health & Family Welfare for the year of 2017-18", available at: <https://main.mohfw.gov.in/documents/publication/publication-archives>.

46 The fiscal year for India runs from April 1 to March 31. Accordingly, all values from the most recent year are provisional; not all data has been reported at the time of publishing (for MOHFW reports).

47 Only modern contraceptive methods from India's MOHFW reports, including condoms, injectables, IUDs, and oral contraceptives are included in this analysis.

APPENDIX F – KEY TERMS AND DEFINITIONS

CYP

Couple Years of Protection (CYP) is the estimated protection provided by contraceptive methods during a one-year period (e.g., 120 condoms provide a couple protection for one year).

CYP mix

CYP mix refers to the percentage distribution of CYPs shipped by method.

Value

Value refers to the supplier-reported shipment volume multiplied by the estimated price (from the UNFPA Contraceptive Price Indicator) for specific years.

Market Share

Market share is the percentage of total value (or volumes, if applicable) of shipment volumes in a market captured by a certain contraceptive method.

Shipment Volumes

Shipment volumes refers to the amount of a particular contraceptive method that has been transported.

Total Public-Sector Market

The total public-sector market is based on volumes purchased by global procurers, MOH- or government-affiliated procurers and SMOs based on RH Viz data (male condoms) and historical supplier-reported shipment data (female condoms, implants, injectables, IUDs – copper and hormonal, and oral contraceptives) for the 83 low- and lower-middle income countries as per the World Bank income classification in 2020. This is in line with the new global partnership and measurement structure for the sexual and reproductive health (SRH) community announced by FP2030 in 2021. Further information on the LMICs for which FP2030 will report data is available in the “FP2030 Measurement Report 2021”. Note that the FP2030 report includes 82 LMICs, which is one less than the 83 countries in-scope for the Family Planning Market Report. Due in part to data challenges, FP2030 is not presently reporting data on Western Sahara (which was formerly among the 69 FP2020 focus countries.) After consultation with FP2030, however, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report, for a total of 83 in-scope LMICs.

APPENDIX G – ACRONYMS

| | |
|---------------|--|
| CHAI | CLINTON HEALTH ACCESS INITIATIVE |
| CYP | COUPLE-YEARS OF PROTECTION |
| FP | FAMILY PLANNING |
| GEMS | GENERIC MANUFACTURERS FOR REPRODUCTIVE HEALTH |
| IUD | INTRA-UTERINE DEVICE |
| LARC | LONG-ACTING REVERSIBLE CONTRACEPTIVES |
| LMICs | LOW- AND LOWER-MIDDLE INCOME COUNTRIES |
| MOH | MINISTRY OF HEALTH |
| MOHFW | MINISTRY OF HEALTH AND FAMILY WELFARE |
| FP2030 | FAMILY PLANNING 2030 |
| RHSC | REPRODUCTIVE HEALTH SUPPLIES COALITION |
| RH VIZ | REPRODUCTIVE HEALTH SUPPLIES VISUALIZER |
| USAID | UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT |
| UNFPA | UNITED NATIONS POPULATION FUND |

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* Renata is a new participating supplier in this year's report. Refer to pages 19-20 for more information on Renata and other participating suppliers.

** CHAI began collecting data directly from suppliers in the former GEMS Caucus in 2018.

*** The Consensus Planning Group (CPG), established in 2020, collaborates at the global level to address family planning commodity stock imbalances while also planning to prevent those imbalances from occurring at all. Additional information available at: https://www.rhsupplies.org/uploads/tx_rhscpublications/CPG_2020_FINAL.pdf

