

# Family Planning Market Report

NOVEMBER 2024

10 YEARS

2015 - 2024



Reproductive Health  
**SUPPLIES COALITION**

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# ACKNOWLEDGEMENTS

The Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition (RHSC) published the first Family Planning Market Report in 2015 as part of the FP2020 Global Markets Visibility Project. It initially covered 69 FP2020 focus countries. In 2021, it expanded under the FP2030 global partnership and measurement structure to include all low- and lower-middle income countries, and now reports on 85 countries. Whereas the 2015 report featured data from 11 manufacturers, the 2024 edition has 18 participating suppliers.

Suppliers' shipment data is the foundation of this report's analyses, allowing CHAI and RHSC to address information gaps and construct a comprehensive view of the reproductive health commodities market. We would like to thank current participating suppliers: Bayer, Cipla, Corporate Channels, CR Zizhu, Cupid, Female Health Company, Incepta, Injeflex,<sup>1</sup> Medicines360, Organon & Co., Pfizer, Pregna, PT Tungal, Renata, Senador Laboratories (formerly Mylan), Shanghai Dahua, SMB, and Techno Drugs.

We would also like to thank our colleagues from Avenir Health, FP2030, the Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM), John Snow Inc. (JSI), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), and the Visibility and Analytics Network Consensus Planning Group under the RHSC (VAN CPG)<sup>2</sup> for their invaluable feedback during the development and refinement of various market analyses.

Additionally, we would like to thank the UK Foreign, Commonwealth and Development Office (FCDO) for funding the 2024 Family Planning Market Report.

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<sup>1</sup> Injeflex is a new supplier participating in this year's report. Refer to [page 32](#) for more information on Injeflex and other participating suppliers.

<sup>2</sup> Established in 2020 under the RHSC, the VAN CPG 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](https://www.rhsupplies.org/uploads/tx_rhscpublications/CPG_2020_FINAL.pdf)

# ACRONYMS

<b>APAC</b>	Asia-Pacific	<b>JSI</b>	John Snow Inc.
<b>CAGR</b>	Compound Annual Growth Rate	<b>LAC</b>	Latin America and the Caribbean
<b>CHAI</b>	Clinton Health Access Initiative	<b>LARC</b>	Long-Acting Reversible Contraceptive
<b>CPI</b>	Contraceptive Price Indicator	<b>mCPR</b>	Modern contraceptive prevalence rate
<b>CS Indicators survey</b>	Contraceptive Security Indicators survey	<b>MENA</b>	Middle East and North Africa
<b>CSM</b>	Contraceptive Social Marketing	<b>MOH</b>	Ministry of Health
<b>CYP</b>	Couple-Years of Protection	<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>DHS</b>	Demographic and Health Survey	<b>NASA</b>	National AIDS Spending Assessment
<b>DMPA-IM</b>	Depot Medroxyprogesterone Acetate - Intramuscular	<b>NGO</b>	Non-Governmental Organizations
<b>DPMA-SC</b>	Depot Medroxyprogesterone Acetate - Subcutaneous	<b>RH</b>	Reproductive Health
<b>DRC</b>	Democratic Republic of Congo	<b>RH VIZ</b>	Reproductive Health Supplies Visualizer
<b>EC</b>	Emergency Contraceptive	<b>RHI</b>	Reproductive Health Interchange
<b>FCDO</b>	UK Foreign, Commonwealth and Development Office	<b>RHSC</b>	Reproductive Health Supplies Coalition
<b>FP</b>	Family Planning	<b>SCMU</b>	Supply Chain Management Unit
<b>FP2020</b>	Family Planning 2020	<b>SFOPS</b>	State, Foreign Operations, and Related Programs
<b>FP2030</b>	Family Planning 2030	<b>SMO</b>	Social Marketing Organization
<b>FPSA</b>	Family Planning Spend Assessment	<b>SSA</b>	Sub-Saharan Africa
<b>FY</b>	Fiscal Year	<b>STM</b>	Short-Term Method
<b>GFF</b>	Global Financing Facility	<b>TPP</b>	Third-Party Procurement
<b>GHSC-PSM</b>	Global Health Supply Chain Program – Procurement and Supply Management	<b>UNFPA</b>	United Nations Population Fund
<b>HP+</b>	Health Policy Plus project	<b>USAID</b>	United States Agency for International Development
<b>IAP</b>	Implant Access Program	<b>USD</b>	United States Dollar
<b>IUCD</b>	Intrauterine Contraceptive Device	<b>VAN CPG</b>	Visibility Analytics Network Consensus Planning Group
<b>IUD</b>	Intrauterine Device	<b>WHO</b>	World Health Organization
		<b>YOY</b>	Year-Over-Year

# INTRODUCTION

The Family Planning (FP) Market Report has been produced and published by the Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition (RHSC) annually since 2015 to enhance visibility into the contraceptive commodities market. The report provides insights into public-sector contraceptives procurement, defined in this report as volumes purchased by Ministries of Health (MOHs) or other government-affiliated purchasers, the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), and social marketing organizations (SMOs).<sup>3</sup>

The report analyzes procurement trends for dominant product-based modern methods of contraception, including implants, copper and hormonal<sup>4</sup> intrauterine devices (IUDs), oral contraceptives (combined and progestin-only), emergency contraceptives (ECs), injectables,<sup>5</sup> female condoms, and male condoms.<sup>6</sup>

Historically, the FP Market Report covered the 69 FP2020 focus countries. However, since 2022, the Market Report covers the broader set of all low- and lower-middle-income countries to align with the evolved global partnership and measurement structure for the FP community announced by FP2030 in 2021. This year, the report includes data for 85 in-scope countries<sup>7</sup> from 2019 to 2023.

There are four key sections within this report:

1. **Supplier shipment analysis:** This section is the primary focus of the report and includes an analysis of key public-sector contraceptive procurement trends from 2019 to 2023 based

on historical shipment data shared by the 18 participating suppliers in this year's report.<sup>8</sup> The analysis in this section centers on three primary indicators:

- **Market volumes (in units)**, which are shared directly by suppliers, providing insight into how contraceptive procurement for specific methods has evolved over the 2019 to 2023 period.
- **Market value (in USD)**<sup>9</sup>, which is calculated by multiplying shipment volumes by method with the relevant average commodity prices each year as per UNFPA's Contraceptive Price Indicator, which is a publicly available source that is updated annually.<sup>10</sup>
- **Couple-Years of Protection (CYPs)** shipped, which are calculated by multiplying shipment volumes by method with the relevant CYP conversion factor for each method. The CYP conversion factor estimates the number of units required of a specific contraceptive method to provide protection during a one-year period (for example, 4 units of the 3-month injectable are estimated to provide a couple with protection for one year).<sup>11</sup> While volumes shipped can vary greatly in magnitude by method given different durations of contraceptive protection offered, converting volumes into CYPs shipped by method enables a more standardized comparison of method trends over time.

3 For simplicity, SMOs have been included in the public sector scope for this report given that they have historically had notable donor-funded and/or subsidized volumes, and also often support public-sector contraceptive programs in country. However, this is a simplified characterization given that SMOs also sometimes distribute products through commercial, non-subsidized channels depending on the country. CHAI and RHSC will continue to evaluate the best way to capture SMOs volumes in future family planning market reports based on available data.

4 Hormonal IUDs were included in the FP Market Report for the first time in 2022 since a publicly available hormonal IUD price was available for the first time that year in the 2021 UNFPA Contraceptive Price Indicator to inform market value calculations.

5 Injectables data in the FP Market Report includes both DMPA-IM and DMPA-SC. Since DMPA-SC (Sayana Press) is currently produced by a single manufacturer, DMPA-IM and DMPA-SC volumes are reported together in this report (rather than broken down separately) to maintain supplier confidentiality.

6 Note: While some methods (e.g., male and female condoms and emergency contraceptives) may be used simultaneously with other methods, they have been displayed separately throughout this report for clarity.

7 As agreed upon with FP2030, each year an assessment will be made and countries will be included in the FP Market Report's scope if they are classified as low- and lower-middle-income countries for that year based on the latest World Bank's country income classifications (for example, Jordan is a new addition in this year's report based on the World Bank's country income classification for FY24). Historical supplier shipment data is gathered for any new countries added to the report scope each year to ensure the same country scope is covered across the five-year time period. In consultation with FP2030, it was also decided that countries that have recently graduated from low- or lower-middle-income status (for example, under the FY24 World Bank income classification, Indonesia, El Salvador, and West Bank and Gaza moved to upper-middle income classification) will not be excluded from the report scope since the report covers a historic time period. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara. However, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report.

8 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. Additionally, CR Zizhu is included in the count of 18 participating suppliers. CR Zizhu has not reported any relevant shipments to the in-scope countries between 2019 and 2023 but has reported shipment volumes to in-scope countries in earlier years. See appendix C for additional details.

9 The currency reported across the report is in US dollars, unless otherwise noted.

10 Further details on commodity prices over time are in Appendix C.

11 For all CYP calculations, this report utilizes the CYP factors most recently published by USAID. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that IUDs and implants may be removed before their life span is realized. More information available at <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>. See Appendix C for further details on CYPs shipped calculation in this report.

**2. UNFPA & USAID procurement value analysis:**

This section provides an overview of total public sector procurement value (in USD) of contraceptive commodities between 2019 to 2023 for UNFPA and USAID specifically, which are the two primary global procurers of contraceptives in the public-sector for in-scope countries.

**3. Domestic government spend analysis:**

Recognizing the importance and growing focus within the Reproductive Health (RH) community to strengthen domestic government financing for contraceptive procurement, the report summarizes available data across multiple sources about domestic government financing for contraceptive procurement within the in-scope countries. This section was first introduced in the report in 2023.

**4. Highlights from discussions with key stakeholders:**

Finally, this section provides additional commentary from key RH stakeholders, including suppliers, procurers, and technical partners, about 2019 to 2023 public-sector market trends and future outlook. It also includes high-level reflections on the commercial contraceptive market in low- and lower-middle-income countries, recognizing that commercial channels are important from both a user access standpoint and a market sustainability perspective. The qualitative commentary in this section adds further color to the quantitative trends shown earlier in the report.

The report also includes an appendix that provides additional details on the analytical approach utilized, key data sources reviewed, further country-level details on procurement volumes, and a deeper dive into the Bangladesh and India markets leveraging publicly available procurement data published by those governments.

The various analyses in this report provide enhanced visibility into the contraceptive market across the in-scope countries, providing key insights such as:

- Trends in contraceptive use: Evolution of CYPs shipped by method from 2019 to 2023, including the key factors driving these changes
- Market share by method: Breakdown of different methods' share of total CYPs shipped, market value, and/or market volumes within in-scope countries
- Cost efficiency: Assessment of cost per CYP by method and its evolution over time
- Key markets: Identification of countries contributing to significant market value or volumes for specific methods
- Procurement landscape: Overview of USAID and UNFPA contraceptive procurement spend over time, key drivers, and future outlook
- External factors: Insight into how certain contextual factors such as the COVID-19 pandemic have influenced the contraceptive commodities market
- Government commitments: Highlight of countries with notable government expenditure on contraceptive commodities, including trends in expenditure at the country level

The data and insights contained in this report can help different stakeholders within the RH community make informed decisions. Continued collaboration across organizations within the RH ecosystem will also be essential to ensure that market data and insights available across different sources are thoughtfully shared, combined, and referenced to further enhance market visibility over time. Such market visibility efforts, including the FP Market Report, are vital for supporting our shared goal of ensuring there is growing and sustained access to affordable and quality contraceptive products in low- and lower-middle-income countries over time.

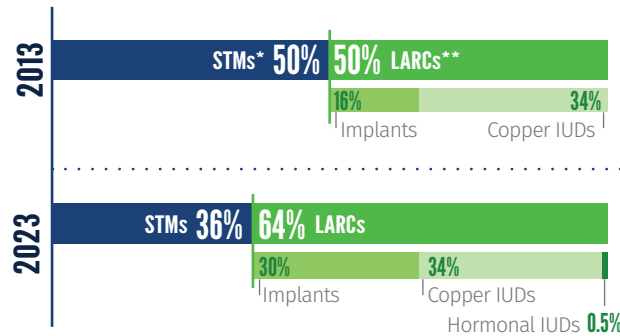
# 10 YEARS OF MARKET INTELLIGENCE IN FAMILY PLANNING

The Family Planning Market Report has consistently provided insights into public-sector contraceptive procurement trends, price fluctuations, market dynamics, and the overall procurement landscape, serving as a key resource for reproductive health decision-makers over the last decade.

## MARKET EVOLUTION: CHARTING A DECADE OF EXPANDED CHOICE AND ACCESS

### The shift towards LARCs...

LARC's share of CYPs shipped increased from **50%** in 2013 to **64%** in 2023.



... initially catalyzed by the **Implants price drop**, further supported by the **price reduction of Hormonal IUDs** and **programmatic efforts**.

**Implants:** over 50% price reduction from **~\$18 in 2012 to \$8.50 in 2013**.

**Hormonal IUDs:** Made available at an **affordable price of \$10.8** on the global procurer catalogues.

\* Short Term Methods \*\* Long-Acting Reversible Contraceptives

### Supply Security Strengthened

- ✓ **Introduced and scaled-up new modern methods** (e.g., implants, HIUD, DMPA-SC)
- ✓ **Enhanced supply diversification** and manufacturing capacity across several methods
- ✓ **Added a new method (HIUD)** to global procurer catalogues
- ✓ **Launched tools and mechanisms** to support procurement/ supply chain management (e.g., GFPVAN)

## THE REPORT'S JOURNEY FROM 2015 TO 2024



**85 COUNTRIES**  
↑ 16 NEW

Now tracks 85 countries, up from 69 FP2020 countries.



**18 SUPPLIERS**  
↑ 8 NEW

Participating suppliers\*\*\* increased from 11 to 18.



**DOMESTIC GOVT. EXPENDITURE ANALYSIS ADDED**

Added new sections including domestic government expenditure analysis and commercial sector insights.



**HORMONAL IUD INCLUSION**

Added Hormonal IUD in 2022 after it was included in procurer catalogues in 2021

\*\*\* One supplier discontinued its contraceptive production and thus no longer participates in the report.

## INCREASING ADOPTION OF CONTRACEPTIVES

**+92M**

Additional women using modern contraceptives since 2012.

**32% ▶ 35%**

Proportion of women of reproductive age using modern contraception from 2012 to 2023.

Source: FP2030 Measurement Report

**Note:** The sum of methods may differ slightly from the total for LARCs due to rounding.

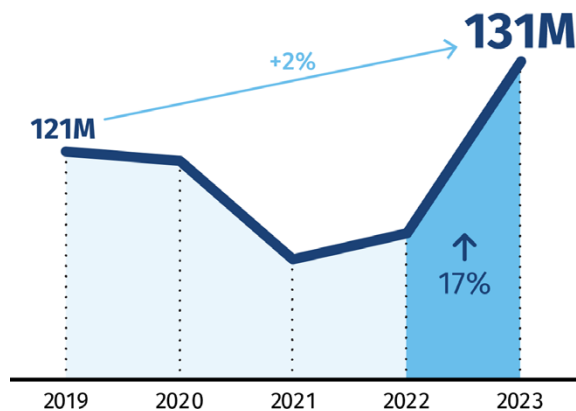
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# THE STATE OF FAMILY PLANNING IN 2023

## Notable Market Trends

### Total CYPs shipped to 85 in-scope countries

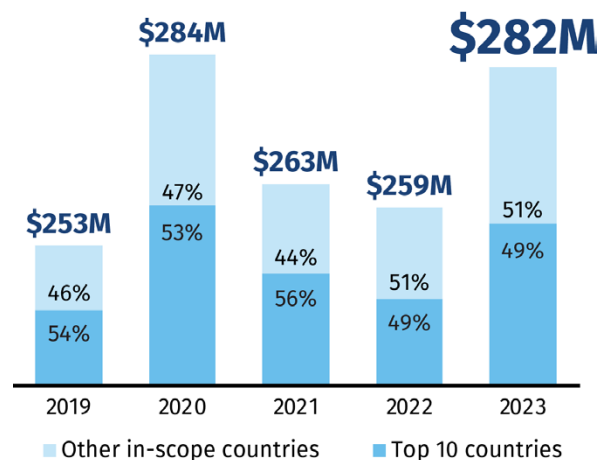
CYPs shipped grew by 17% from 2022-2023 driven by spike in copper IUD procurement, and by 2% CAGR over 2019-2023, primarily driven by implants.



Note: CAGR = Compound Annual Growth Rate.

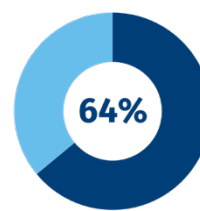
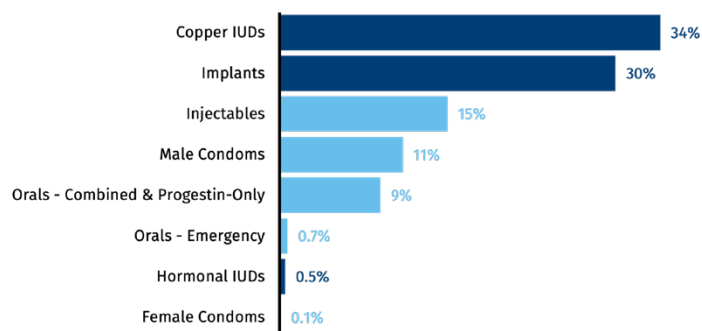
### Share of 10 largest public-sector countries

The top 10 countries in this graph are based on 2023 market value data and are listed in alphabetical order as follows: Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Madagascar, Malawi, Mozambique, Nigeria, Tanzania, and Uganda.



## Notable Method Trends

### Market share per method based on CYPs shipped in 2023 across 85 in-scope countries



■ Short-acting methods  
■ Long-Acting Reversible Contraceptives (LARCs), including implants, copper IUDs, and hormonal IUDs, accounted for majority of the method mix in 2023. Their market share grew by 1 percentage point from 2022 to 2023, maintaining the larger share throughout the 2019-2023 period.

## UNFPA & USAID Procurement Value Analysis

# \$178M



UNFPA's total contraceptive procurement value in FY2023 reached a five-year high for the FY2019-23 period, with an **increase of 11%** from FY2022

# \$59M



USAID's total contraceptive procurement value in FY2023 also reached a five-year high for the FY2019-23 period, with an **increase of 11%** from FY2022



# SUPPLIER SHIPMENT ANALYSIS

For the 2024 FP Market Report, 18 participating suppliers<sup>12</sup> provided shipment data for implants, copper and hormonal IUDs, oral contraceptives (combined and progestin-only), emergency contraceptives, injectables,<sup>13</sup> and female condoms. The Reproductive Health Supplies Visualizer (RH Viz) provided male condom shipment data from 2019 to 2023 and female condom shipment data for 2023.<sup>14</sup> While the shipment data provides insights into the historical procurement of contraceptive products, it is not necessarily equivalent to the demand for contraceptives as procurement is shaped by many factors such as the availability of funding, supplier capacity and the readiness of service delivery systems.



## ↑ 17%

Increase in CYPs shipped to all 85 in-scope countries, 2022-2023

Across all 85 in-scope countries,<sup>15</sup> CYPs shipped to the public-sector market increased by 17 percent from 112 million in 2022 to 131 million in 2023. While all methods increased in CYPs shipped from last year, shipments of copper IUDs drove the most growth in total CYPs shipped. LARCs, including implants, copper IUDs, and hormonal IUDs, continued to comprise the majority (64 percent) of CYPs shipped in 2023.



## ↑ 9%

Increase in overall market value, 2022-2023

From 2022 to 2023, the overall market value also increased by 9 percent from \$259 to \$282 million, driven by increased spending on male condoms.



## ↑ 15%

Increase in overall market volumes, 2022-2023

Market volumes<sup>16</sup> increased by 15 percent from 2022 to 2023. This increase was primarily driven by combined and progestin-only oral contraceptive procurement volumes.

<sup>12</sup> While CR Zizhu is included in the count of 18 participating suppliers, they have not reported any relevant shipments to the in-scope countries between 2019 and 2023 but have reported shipments volumes to in-scope countries in earlier years. See appendix C for additional details.

<sup>13</sup> Injectables data in the FP Market Report includes both DMPA-IM and DMPA-SC. Since DMPA-SC (Sayana Press) is produced by a single manufacturer, DMPA-IM and DMPA-SC volumes are reported together in this report (rather than broken down separately) to maintain supplier confidentiality.

<sup>14</sup> This report 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 provided greater visibility for that method. Additionally, RHI data was historically used to assess relative visibility that the FP market report provides across all methods. In September 2020, however, the RH community integrated data and functions from siloed tools, like RHI, into the broader Global FP Visibility and Analytics Network (VAN) platform. A public-facing series of dashboards was launched, called RH Viz, and combines historical procurement data with live procurer shipment data from the VAN. The 2024 FP market report, therefore, utilizes RH Viz data for male condom volumes and market visibility calculations. Additionally, due to logistical challenges with collecting comprehensive 2023 female condom shipment data, the report leverages shipment volumes for female condoms from RH Viz for 2023. This will be updated with supplier shipment data in subsequent reports once these challenges are resolved. See Appendix C for further details.

<sup>15</sup> Last year's report showed topline trends both including and excluding Bangladesh. This was because Bangladesh's contribution to the market has a significant impact on the overall market trends across the in-scope countries, and in 2022, Bangladesh displayed distinctive procurement trends compared to previous years due to local market dynamics (significant decline in procurement of combined and progestin-only oral contraceptives). Therefore, it was important to view market trends including and excluding Bangladesh. However, in 2023, aggregate market trends remain consistent including and excluding Bangladesh. Thus, there is less need to call out Bangladesh separately in this year's report, and the report focuses on market trends across all 85 in-scope countries.

<sup>16</sup> Market volumes are presented excluding male condoms as their shipment volumes are much larger than other methods, thus skewing trends.

## Notable Market Trends

This section analyzes trends in CYPs shipped, shipment value in USD, and volumes in the public-sector market from 2019 to 2023.



### Market overview

Across the 85 in-scope countries, the public-sector contraceptive market increased by 17 percent in CYPs shipped from 112 million in 2022 to 131 million in 2023 ([Exhibit 1](#)). All methods saw an increase in CYPs shipped from 2022 to 2023. Increased copper IUD procurement accounted for the majority of the 17 percent increase, adding 12 million CYPs. An increase in CYPs shipped for male condoms (+3 million) and combined and progestin-only orals (+1 million) also added to the total increase in the public-sector contraceptive market. LARCs, comprising implants, copper IUDs, and hormonal IUDs, continued to account for majority of the market, representing 64 percent of total CYPs shipped in 2023, up from 63 percent in 2022 ([Exhibit 5](#)).

The total value of the public-sector contraceptive market across all in-scope countries increased by 9 percent, rising from \$259 million in 2022 to \$282 million in 2023 ([Exhibit 2](#)). The primary drivers of growth were increases in market value for male condoms (+\$9 million), combined and progestin-only oral contraceptives (+\$4 million), and, to a lesser extent, injectables (+\$2 million) and emergency contraceptives (+\$2 million).

The 9 percent increase in market value was lower than the 17 percent increase in CYPs shipped during the same period mainly due to increased procurement of copper IUDs in 2023. Copper IUDs have a relatively low procurement cost of \$0.42 per unit but provide 4.6 CYPs per unit which is one of the highest CYP factors across modern methods ([Exhibit 4A](#)). As a result, while higher copper IUD procurement contributed significantly to the increase in CYPs shipped, it had minimal impact on the overall market value.

### Regional markets

Sub-Saharan Africa (SSA) maintained a dominant share of the market value across the in-scope countries and in-scope suppliers, ranging between 62 to 69 percent from 2019 to 2023. The region's market share peaked at 69 percent in 2022 before dipping to 65 percent in 2023, closer to the five-year average of 65 percent ([Exhibit 6](#)). The Asia-Pacific (APAC) region's market share saw fluctuations, with its share increasing to 19 percent in 2023, after a dip to 16 percent in 2022. However,

this 2023 share for the APAC region still represents a decline compared to the region's market share of 24 percent to 28 percent observed between 2019 to 2021. The sharp drop to 16 percent in 2022 was primarily due to significantly lower procurement of combined and progestin-only oral contraceptives in Bangladesh following accumulation during the pandemic. Increased spend on implants in the Philippines and Papua New Guinea compared to 2022 drove the 2023 recovery.

The regional distribution of market value reflects the relative distribution of low- and lower-middle-income countries, the majority of which are in SSA. The SSA region faces the highest unmet need for contraception globally<sup>17</sup> and relies heavily on donor-funded and imported health commodities.

Several contextual factors should also be considered when interpreting this regional market data. First, the Latin America and the Caribbean (LAC) and the Middle East and North Africa (MENA) regions are represented by only a small subset of the 85 in-scope countries, thus, the trends captured in this report may not be representative of the entire LAC and MENA regions. Second, this analysis covers only public-sector market value and does not capture the commercial-sector market. Third, the scope is limited to product-based modern methods of contraception, excluding other methods like sterilization that are prevalent in countries such as India. Finally, the market value data reflects shipments from the 18 participating suppliers<sup>18</sup> only. Some in-scope countries, such as India and Bangladesh, primarily procure from additional domestic manufacturers, which may result in incomplete market coverage in this report.

### Key markets

The 10 largest countries by market value, representing nearly half of the total market in 2023, saw their combined value increase from \$128 million in 2022 to \$139 million in 2023 ([Exhibit 8](#)). While the specific countries in the top 10 list have changed from year to year, seven countries—Bangladesh, Democratic Republic of the Congo (DRC), Ethiopia, Malawi, Nigeria, Tanzania, and Uganda—have consistently appeared in the list over the 2019 to 2023 period because of their annual market value. The top 10 countries remained largely consistent between 2022 and 2023, with Ghana entering

<sup>17</sup> Based on estimates of unmet need published on the FP2030 data dashboard, the average unmet need for all women in Sub-Saharan Africa is 19 percent compared to other regions whose average unmet need falls between 14 to 17 percent. Link: <https://www.fp2030.org/resources/data-dashboard/>

<sup>18</sup> While CR Zizhu is included in the count of 18 participating suppliers, they have not reported any relevant shipments to the in-scope countries between 2019 and 2023 but have reported shipments volumes to in-scope countries in earlier years. See appendix C for additional details.

the list this year and Kenya dropping out. Over the past five years, other countries that have appeared in the top 10 list, though not consistently each year, include Burkina Faso, Kenya, Madagascar, Mozambique, Zambia, and Zimbabwe.

Between 2019 and 2023, Bangladesh has consistently accounted for the largest market share. In 2023, Bangladesh comprised approximately 8 percent of the public-sector market, maintaining the same share as in 2022 ([Exhibit 7](#)). However, this is a significant decrease from its average 16 percent market share between 2019 and 2021 ([Exhibit 8](#)).<sup>19</sup>



## Notable Method Trends

### ● Copper IUDs

	2022	2023	YOY Change 2022-2023 <sup>20</sup>	CAGR 2019-2023 <sup>21</sup>
<b>CYPs shipped</b>	33M	45M	38%	1%
<b>Market Value (USD)</b>	\$3M	\$4M	38%	1%
<b>Volumes</b>	7M	10M	38%	1%

Notes: (1) YOY and CAGR figures in this report are calculated using actual values, not the rounded figures shown in the tables or charts. As a result, there may be slight differences in the values displayed; (2) A consistent CYP factor (by method) has been applied over time, resulting in equivalent YoY growth rates and CAGR for each method for both CYPs shipped and Volumes.

Across all 85 in-scope countries, copper IUD volumes increased for the second consecutive year in 2023, returning to 2019 levels after lower procurement in 2020 and 2021. Specifically, copper IUD volumes grew by 38 percent from 7 million units in 2022 to 10 million units in 2023 ([Exhibit 3](#)). Over the 2019 to 2023 period, copper IUD shipment volumes grew at a modest compound annual growth rate (CAGR) of 1 percent, from 9 million in 2019 to 10 million in 2023. This trend can be attributed to the cyclical nature of copper IUD procurement in some countries. Copper IUD has a long shelf life of approximately 3-7 years, and can offer long protection for up to 10 years after insertion. Therefore, its procurement cycles may not always align with annual data reporting timelines. Countries may procure large volumes of copper IUDs in one year and then may not procure for a few years thereafter.

This cyclical pattern is evident in countries such as India, Egypt, and Indonesia, which accounted for most of the increase in copper IUD volumes in 2023. In these countries, significant procurement spikes were observed three to five years ago, followed by subsequent declines until 2023. For instance, India and Egypt procured notably higher volumes in 2018 and 2019, surpassing previous levels, but experienced declines in 2020 and

2021. Procurement rebounded in India in 2023 and in Egypt in 2022 and 2023. Similarly, Indonesia's copper IUD procurement increased in 2019 and 2020, followed by a dip in 2021 and 2022, and then increased again in 2023.

Ethiopia and Nigeria also showed notable increases in copper IUD procurement in 2023 compared to the 2019 to 2022 period. Ethiopia has made commitments to expand access to family planning products,<sup>22</sup> and has developed an Intrauterine Contraceptive Device (IUCD) Scale-up Plan to increase the share of LARCs in the method mix.<sup>23</sup> It has also signed a Compact agreement with UNFPA, committing to increase domestic financing for RH commodities by 1 percent annually, starting in 2022/23.<sup>24</sup> Country-level stakeholders partially attribute the increased copper IUD procurement in 2023 to budget optimization decisions driven by domestic financing commitments. As copper IUDs are a cost-effective option, this method is prioritized in anticipation of partners like UNFPA reducing commodity financing support, as outlined in the Compact agreement. Additionally, the Ethiopian Ministry of Health's recent Annual Performance Report<sup>25</sup> highlights postpartum family planning as a flagship initiative. According to country-level stakeholders, there is a focus on postpartum copper IUDs in these programs, which

19 The FP 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 FP Market Report. The report also provides additional visibility on procurement and consumption trends in the Bangladesh market based on publicly available information from the government (see Appendix E for additional details).

20 Year-over-year (YOY): change in the value of the public-sector market between 2022-23

21 Compound Annual Growth Rate (CAGR):  $\left(\frac{\text{final value}}{\text{beginning value}}\right)^{\frac{1}{\text{number of years}}}-1$

22 In Dec 2021, Ethiopia launched the FP2030 commitment to increase access and utilization of voluntary family planning. Link available here: <https://ethiopia.unfpa.org/en/news/ethiopia-launches-fp2030-commitment-increase-access-and-utilization-voluntary-family-planning>

23 <https://www.fp2030.org/news/ethiopia-using-health-data-for-decision-making-at-each-level-of-health-system-to-achieve-family-planning-milestones/>

24 Ethiopia launches a costed family planning implementation plan (2024). Link: <https://ethiopia.unfpa.org/en/news/ethiopia-launches-costed-family-planning-implementation-plan>

25 Ministry of Health Ethiopia Annual Performance Report 2015 EFY. Available here: [https://arm.moh.gov.et/wp-content/uploads/2023/10/Annual-Performance-Report\\_2015-EFY\\_Final.pdf](https://arm.moh.gov.et/wp-content/uploads/2023/10/Annual-Performance-Report_2015-EFY_Final.pdf)

may have also contributed to the rise in copper IUD procurement in Ethiopia in 2023.

In Nigeria, the increase in copper IUD procurement can likely be attributed to procurement by the SMO sector. The 2023 Contraceptive Social Marketing (CSM) Report<sup>26</sup> shows that approximately 600,000 units of non-hormonal IUDs were sold in Nigeria in 2023, compared to nearly 200,000 units sold in previous years.<sup>27</sup>

Beyond Ethiopia and Nigeria, a few other countries<sup>28</sup> also had higher copper IUD procurement in 2023 compared to 2019 to 2022 levels. While the volumes in these countries remain relatively small, it will be important to monitor shipment trends in the coming years to understand the factors driving these increases and whether they are sustained.

## ● Hormonal IUDs

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	0.5M	0.7M	25%	47%
<b>Market Value (USD)</b>	\$3M	\$4M	25%	47%
<b>Volumes</b>	0.11M	0.14M	25%	47%

Between 2022 and 2023, CYPs shipped for hormonal IUDs grew by an additional 0.2 million ([Exhibit 1](#)), and volumes increased by 25 percent from 0.11 million in 2022 to 0.14 million in 2023 ([Exhibit 3](#)). This upward trend is driven by new countries introducing the method; Egypt, Guinea, and Tanzania placed their first orders

in 2023. Other countries, such as Nigeria, Kenya and Uganda<sup>29</sup>, also contributed to this growth by scaling up access to this method.<sup>30</sup> From 2019 to 2023, 16 countries out of the 85 in-scope countries procured hormonal IUDs.

## ● Implants

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	38M	39M	2%	4%
<b>Market Value (USD)</b>	\$113M	\$115M	2%	5%
<b>Volumes</b>	13M	13M	2%	4%

Note: Implant Market Value grew at 5 percent CAGR over 2019-23 compared to the 4 percent CAGR for CYPs and Market Volumes due to the increase in the average implant price per unit from \$8.37 in 2019 to \$8.62 in 2022/23

Implant CYPs shipped saw a modest growth of 2 percent in 2023, with CYPs shipped increasing from 38 million in 2022 to 39 million in 2023 ([Exhibit 1](#)). Over the 2019 to 2023 period, implant shipments have grown at a CAGR of 4 percent, increasing from 11 million units in 2019 to 13 million units in 2023 ([Exhibit 3](#)). While this reflects the progress in expanding access to implants over time, procurement has plateaued at about 13 million units annually from 2020 to 2023.

A majority of the implant procurement is driven by a subset of 15 countries (top three of which are Nigeria, Tanzania, and Ethiopia)<sup>31</sup> that influence overall implant trends. Procurement across these top 15 countries has

remained relatively stable in recent years, with yearly fluctuations primarily due to procurement cycles.

At the country level, two larger implant procuring countries exhibited notable shifts in 2023. Egypt significantly increased implant procurement in 2023 compared to the average volumes procured over the past four years from 2019 to 2022. Ethiopia, on the other hand, saw a sharp decline in implant procurement from 2022 to 2023, falling below its average procurement levels for 2019 to 2022. Country-level stakeholders in Ethiopia have expressed that the high upfront procurement price of implants in the country is prompting a gradual shift towards other methods such as copper IUDs.

26 2023 Contraceptive Social Marketing Statistics Report (published June 2024). Link: [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/CSM-Report-2023.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/CSM-Report-2023.pdf)

27 The CSM report aggregates sales data from SMOs. This includes products sold to the private sector (including clinics, supermarkets, mini-markets, and other shops), and some programs also make report sales to non-governmental organizations (NGOs) and/or to the public sector. 2023 CSM report available here: [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/CSM-Report-2023.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/CSM-Report-2023.pdf)

28 These countries include (in alphabetical order): Cameroon, Comoros, Honduras, Lebanon, Mali, Somalia, Sri Lanka, Timor-Leste, and Ukraine.

29 Listed in order of increase in shipment volumes, with the largest increase first.

30 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 low- and lower-middle income countries 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.hormonalIUD.org/>).

31 Listed in order of shipment volumes, with the largest first.

## ● Injectables

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	19M	20M	4%	4%
<b>Market Value (USD)</b>	\$63M	\$65M	4%	5%
<b>Volumes</b>	80M	83M	4%	4%

Note: Injectable Market Value grew at 5 percent CAGR over 2019-23 compared to the 4 percent CAGR for CYPs and Market Volumes due to the increase in the injectable per unit price from \$0.77 in 2019 to \$0.79 in 2023

The CYPs shipped, market value, and volumes of injectables<sup>32</sup> across all in-scope countries increased by 4 percent from 2022 to 2023. Over the same time period, CYPs shipped increased by a modest one million from 19 million to 20 million ([Exhibit 1](#)), market value grew from \$63 million to \$65 million ([Exhibit 2](#)), and

volumes shipped increased from 80 million to 83 million units ([Exhibit 3](#)). This growth was driven by increased procurement in the top injectable procuring countries in 2022, such as Malawi, Madagascar, and Nigeria,<sup>33</sup> along with notable increases in Mozambique, Tanzania, DRC, Angola, and Cameroon.<sup>34</sup>

## ● Combined and Progestin-only Oral Contraceptives

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	10M	11M	14%	(10%)
<b>Market Value (USD)</b>	\$36M	\$40M	13%	(10%)
<b>Volumes</b>	147M	168M	14%	(10%)

The market value of combined and progestin-only orals increased by 13 percent from \$36 million in 2022 to \$40 million in 2023 ([Exhibit 2](#)). Combined and progestin-only oral contraceptives volumes shipped also increased from 147 million in 2022 to 168 million in 2023 ([Exhibit 3](#)). Bangladesh was primarily responsible for this increase. Bangladesh had lower procurement levels in 2022 due to accumulated stock during the COVID-19 pandemic but increased procurement in 2023, although not

reaching the levels observed in 2019 and 2020. Excluding Bangladesh, oral contraceptive procurement remained flat from 2022 to 2023 across the remaining 84 in-scope countries. Over the five-year period, combined and progestin-only orals procurement declined by 10 percent (CAGR). Notably, this trend persists even when excluding Bangladesh, with the market in the remaining 84 in-scope countries showing a 10 percent (CAGR) decline.

## ● Emergency Contraceptives

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	0.4M	0.9M	131%	19%
<b>Market Value (USD)</b>	\$2M	\$4M	131%	4%
<b>Volumes</b>	8M	17M	131%	19%

Note: EC Market Value grew at 4 percent CAGR over 2019-23 compared to the 19 percent CAGR for CYPs and Market Volumes due to the reduction in per unit EC price from \$0.4 in 2019 to \$0.23 in 2023

In 2023, ECs saw a notable increase in market value, increasing by 131 percent from \$2 million in 2022 to \$4 million in 2023 ([Exhibit 2](#)). Shipment volumes also grew, more than doubling from 8 million in 2022 to 17 million in 2023, the highest volume recorded during the 2019 to 2023 period ([Exhibit 3](#)). While several countries increased their procurement of ECs in 2023, Ethiopia and Ghana drove most of the growth.

In Ethiopia, stakeholders have shared that the government is expanding access to ECs via public sector distribution channels along with all other contraceptive methods, as a part of its FP2030 commitments. The government has approved ECs to be sold over the counter, helping increase access.<sup>35</sup> In Ghana, country-level stakeholders have shared that ECs are primarily accessed through the private or SMO sector, as they are not routinely procured or offered through public

32 Injectables data reported in the FP Market Report includes both DMPA-IM and DMPA-SC. However, since there is currently only a single manufacturer for DMPA-SC, DMPA-IM and DMPA-SC volumes are not split in the report for confidentiality reasons.

33 Listed in order of shipment volumes, with the largest first.

34 Listed in order of increase in shipment volumes, with the largest increase first.

35 2022 Ethiopia Food and Drug Authority, list of over-the-counter medicines. Available here: <http://www.efda.gov.et/wp-content/uploads/2022/09/OTC-medicines-list.pdf>

sector channels. Thus, the increase in shipment volumes in 2023 is primarily driven by the SMO sector. EC SMO sales data for Ghana in the CSM Report shows an increase in sales over the past two years. Sales grew from 3 million units in 2021 to 4.7 million units in 2022 (+55 percent), and further increased to 5.8 million units in 2023 (+24 percent). According to the latest 2022 Ghana Demographic and Health Survey (DHS)

Survey, 10 percent of all women of reproductive age reported having used emergency contraception in the last 12 months. This indicates that EC is more widely used than any other contraceptive method in Ghana. For comparison, besides EC, implants had the highest share among women currently using a contraceptive method in Ghana, with 5.9 percent of women reporting implant use.<sup>36</sup>

## ● Male Condoms

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	11M	14M	25%	9%
<b>Market Value (USD)</b>	\$36M	\$45M	25%	14%
<b>Volumes</b>	1.3M	1.7M	25%	9%

Note: Male condom Market Value grew at 14 percent CAGR over 2019-23 compared to the 9 percent CAGR for CYPs and Market Volumes due to the increase in male condom per unit price from \$0.02 in 2019 to \$0.03 in 2023

In 2023, male condoms were the largest driver of the overall increase in market value, rising by \$9 million (+25 percent) from \$36 million in 2022 to \$45 million in 2023 ([Exhibit 2](#)). During the five-year period from 2019 to 2023, shipment volumes for male condoms reached a record high of 1.7 billion units in 2023 ([Exhibit 3](#)). Ghana, Malawi, Nigeria, and Uganda were the largest contributors to male condom volumes in 2023.<sup>37</sup> Malawi and Uganda's 2023 male condom procurement

levels were consistent with their respective average procurement levels from 2019 to 2022. However, Ghana and Nigeria saw notable increases compared to previous years. In late 2022, with U.S. government funding, Total Family Health Organization, a Ghanaian social marketing organization, launched the Ebony condom,<sup>38</sup> likely contributing to increased male condom procurement in Ghana in 2023.

## ● Female Condoms

	2022	2023	YOY Change 2022-2023	CAGR 2019-2023
<b>CYPs shipped</b>	0.10M	0.12M	16%	(10%)
<b>Market Value (USD)</b>	\$6M	\$7M	16%	(7%)
<b>Volumes</b>	12M	14M	16%	(10%)

Note: Female condom Market Value declined by 7 percent annually (CAGR) over 2019-23 compared to the 10 percent CAGR for CYPs and Market Volumes due to the increase in female condom per unit price from \$0.44 in 2019 to \$0.49 in 2023

Female condom shipments have fluctuated over the past five years, ranging between 12 to 22 million units annually ([Exhibit 3](#)). In 2023, the total number of female condoms shipped grew by 2 million units (+16 percent),

from 12 million units in 2022 to 14 million units in 2023. Mozambique accounted for the majority of this increase, followed by Nigeria, albeit to a lesser extent.

<sup>36</sup> The 2022 Ghana Demographic and Health Survey report available here: <https://dhsprogram.com/pubs/pdf/FR387/FR387.pdf>

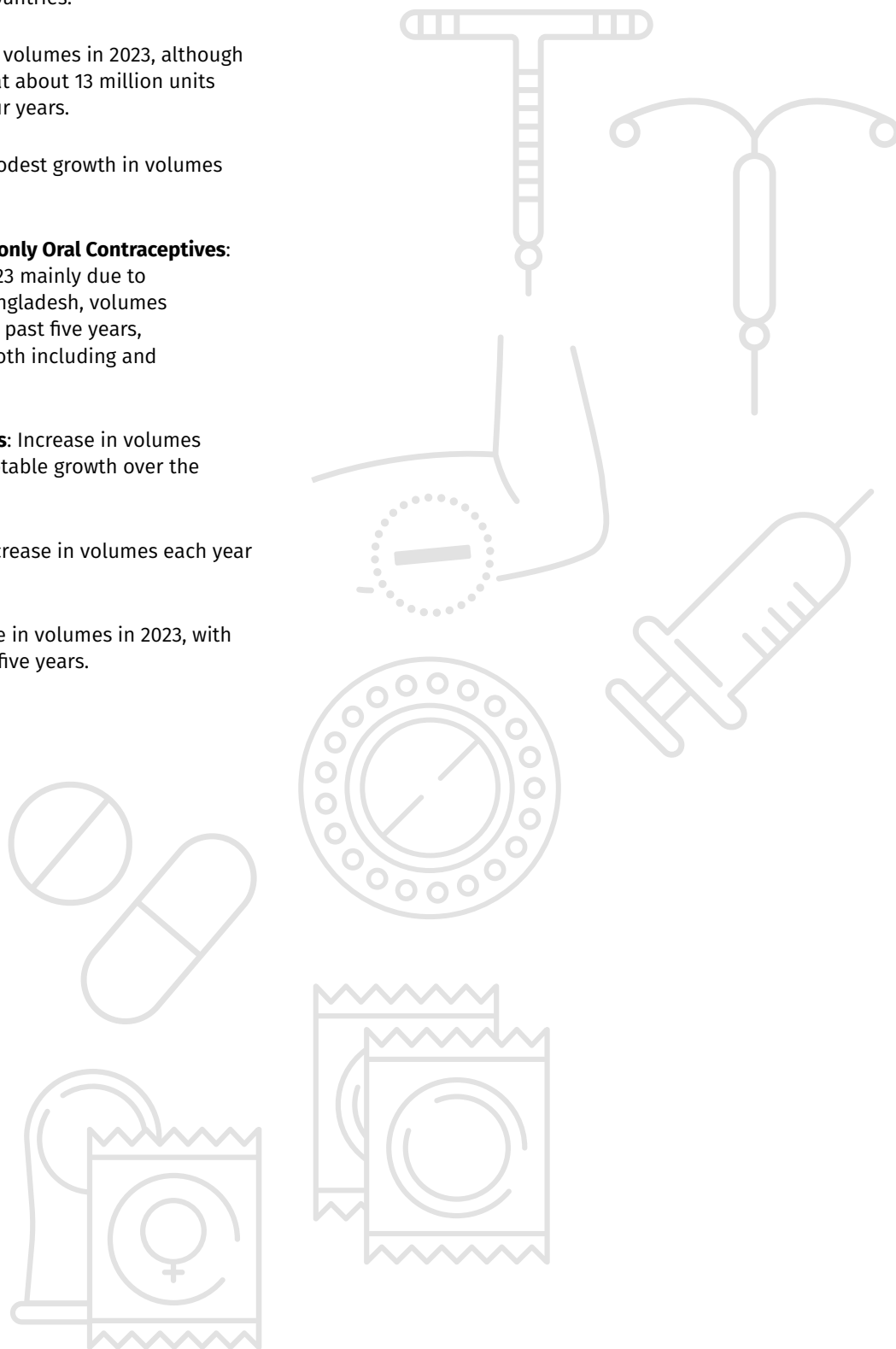
<sup>37</sup> Listed in order of increase in shipment volumes, with the largest increase first.

<sup>38</sup> U.S. Government- Supports Healthy Behaviors in Ghana through Ebony Condom Launch. Link: <https://www.usaid.gov/ghana/media-advisories/oct-28-2022-us-government-supports-healthy-behaviors-ghana-through-ebony-condom-launch>

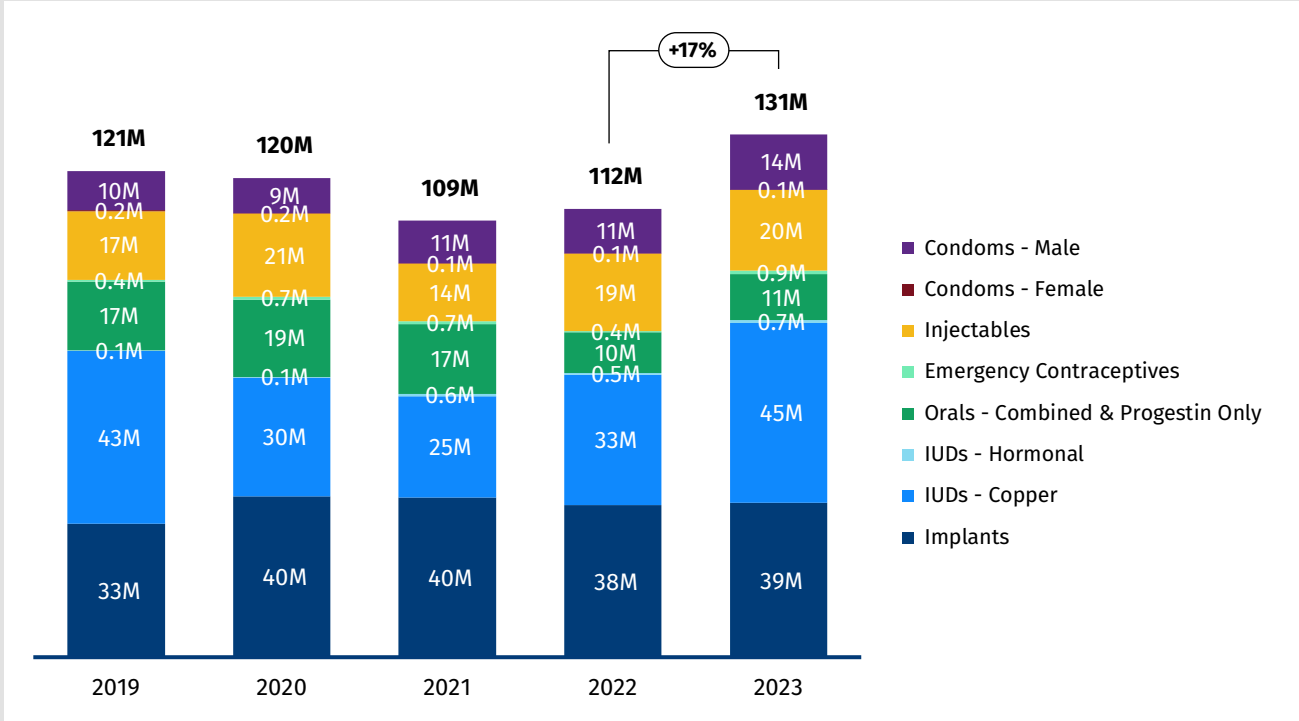
## Concluding summary

The key takeaways in terms of shipment volumes across contraceptive methods are as follows:

- **Copper IUDs:** Growth in volumes in 2023 largely driven by cyclical procurement trends.
- **Hormonal IUDs:** Continued growth in volumes in 2023 as introduction and scale-up of the method is in progress across several countries.
- **Implants:** Slight growth in volumes in 2023, although volumes have plateaued at about 13 million units annually over the past four years.
- **Injectables:** Steady but modest growth in volumes over the last five years.
- **Combined and Progestin-only Oral Contraceptives:** Increase in volumes in 2023 mainly due to Bangladesh. Excluding Bangladesh, volumes remained stable. Over the past five years, volumes have declined, both including and excluding Bangladesh.
- **Emergency Contraceptives:** Increase in volumes from 2022 to 2023, with notable growth over the past five years.
- **Male Condoms:** Steady increase in volumes each year over the last five years.
- **Female Condoms:** Increase in volumes in 2023, with fluctuations over the last five years.



## EXHIBIT 1: Total CYPs shipped to public sector in 85 in-scope countries



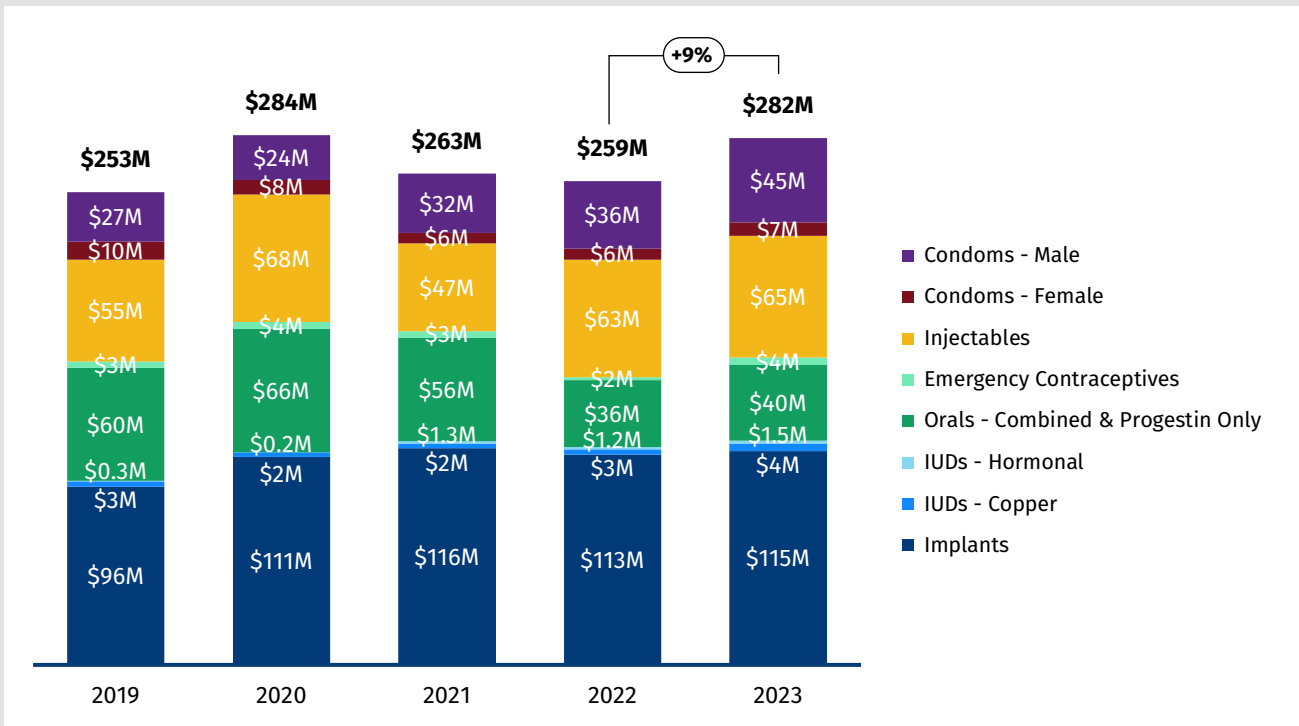
Method	YOY 2022-2023*	CAGR 2019-2023**	Method Trends
Condoms - Male	25%	9%	<a href="#">Go to page →</a>
Condoms - Female	16%	(10%)	<a href="#">Go to page →</a>
Injectables	4%	4%	<a href="#">Go to page →</a>
Emergency Contraceptives	131%	19%	<a href="#">Go to page →</a>
Orals - Combined & Progestin Only	14%	(10%)	<a href="#">Go to page →</a>
IUDs - Hormonal	25%	47%	<a href="#">Go to page →</a>
IUDs - Copper	38%	1%	<a href="#">Go to page →</a>
Implants	2%	4%	<a href="#">Go to page →</a>
<b>Total</b>	<b>17%</b>	<b>2%</b>	

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\*Year-over-year (YOY): change in the value of the public-sector market between 2022-23  
 \*\*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 2019-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-scope countries), 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 2024; [3] UNFPA Contraceptive Price Indicator, 2019-2022; [4] USAID, "Couple-Years of Protection (CYP)"



## EXHIBIT 2: Total public-sector market value in 85 in-scope countries (USD)

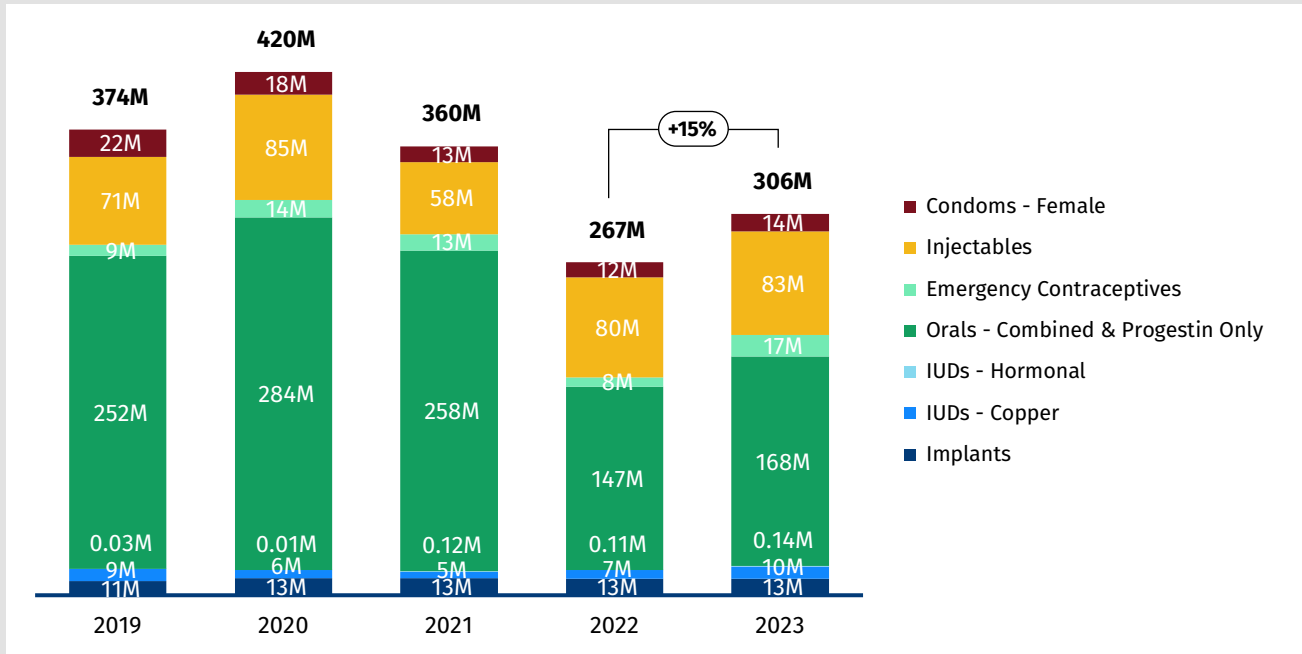


Method	YOY 2022-2023	CAGR 2019-2023	Method Trends
Condoms - Male	25%	14%	<a href="#">Go to page →</a>
Condoms - Female	16%	(7%)	<a href="#">Go to page →</a>
Injectables	4%	5%	<a href="#">Go to page →</a>
Emergency Contraceptives	131%	4%	<a href="#">Go to page →</a>
Orals - Combined & Progestin Only	13%	(10%)	<a href="#">Go to page →</a>
IUDs - Hormonal	25%	47%	<a href="#">Go to page →</a>
IUDs - Copper	38%	9%	<a href="#">Go to page →</a>
Implants	2%	5%	<a href="#">Go to page →</a>
<b>Total</b>	<b>9%</b>	<b>3%</b>	

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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 2019-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-scope countries), 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 2024; [3] UNFPA Contraceptive Price Indicator, 2019-2022; [4] USAID, "Couple-Years of Protection (CYP)"

### EXHIBIT 3: Total public-sector market volumes in 85 in-scope countries (male condoms excluded)\*



Method	YOY 2022-2023	CAGR 2019-2023	Method Trends
Condoms - Female	16%	(10%)	<a href="#">Go to page →</a>
Injectables	4%	4%	<a href="#">Go to page →</a>
Emergency Contraceptives	131%	19%	<a href="#">Go to page →</a>
Orals - Combined & Progestin Only	14%	(10%)	<a href="#">Go to page →</a>
IUDs - Hormonal	25%	47%	<a href="#">Go to page →</a>
IUDs - Copper	38%	1%	<a href="#">Go to page →</a>
Implants	(2%)	4%	<a href="#">Go to page →</a>
<b>Total</b>	<b>15%</b>	<b>(5%)</b>	

Condoms - Male							
2019	2020	2021	2022	2023	YOY 2022-2023	CAGR 2019-2023	Method Trends
1.2B	1.0B	1.3B	1.3B	1.7B	25%	9%	<a href="#">Go to page →</a>

Go to: [Notable Market Trends](#) | [Notable Method Trends](#) | [UNFPA & USAID Procurement Value Analysis](#)

\*Male condoms are shown separately as their volumes are significantly larger than those of other methods, which would skew the proportions.  
 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 2019-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-scope countries), 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 2024

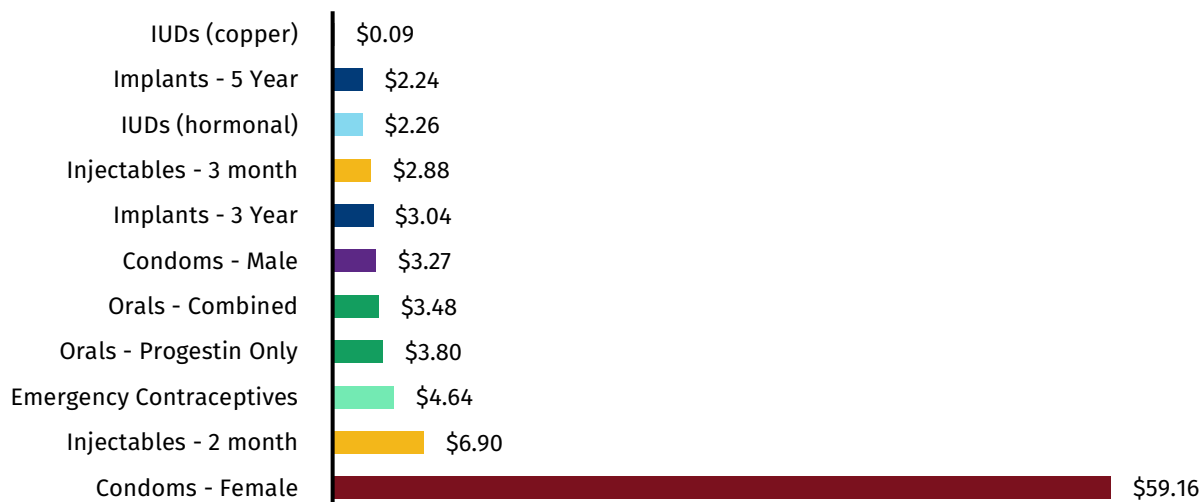
## EXHIBIT 4A: Cost per CYP by method per duration of use (USD)

Method	Units per CYP	CYP per unit	Unit Cost					Cost per CYP				
			2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Condoms - Female	120	0.01	\$0.44	\$0.43	\$0.44	\$0.49	\$0.49	\$53.28	\$51.48	\$52.32	\$59.16	\$59.16
Condoms - Male	120	0.01	\$0.02	\$0.02	\$0.02	\$0.03	\$0.03	\$2.72	\$2.75	\$2.98	\$3.27	\$3.27
Injectables - 2 month	6	0.17	\$1.15	\$1.15	\$1.15	\$1.15	\$1.15	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90
Injectables - 3 month	4	0.25	\$0.75	\$0.768	\$0.774	\$0.72	\$0.72	\$3.00	\$3.07	\$3.09	\$2.88	\$2.88
Orals - Combined	15	0.07	\$0.23	\$0.23	\$0.21	\$0.23	\$0.23	\$3.51	\$3.38	\$3.17	\$3.48	\$3.48
Orals - Progestin Only	12	0.08	\$0.29	\$0.30	\$0.28	\$0.32	\$0.32	\$3.47	\$3.60	\$3.40	\$3.80	\$3.80
Emergency Contraceptives	20	0.05	\$0.40	\$0.26	\$0.25	\$0.23	\$0.23	\$7.98	\$5.18	\$5.00	\$4.64	\$4.64
Implants - 3 Year	0.40	2.50	\$8.50	\$8.50	\$7.70	\$7.60	\$7.60	\$3.40	\$3.40	\$3.08	\$3.04	\$3.04
Implants - 5 Year	0.26	3.80	\$8.50	\$8.50	\$8.50	\$8.50	\$8.50	\$2.24	\$2.24	\$2.24	\$2.24	\$2.24
IUDs (hormonal)	0.21	4.80	N/A	N/A	\$10.84	\$10.84	\$10.84	N/A	N/A	\$2.26	\$2.26	\$2.26
IUDs (copper)	0.22	4.60	\$0.31	\$0.37	\$0.43	\$0.42	\$0.42	\$0.07	\$0.08	\$0.09	\$0.09	\$0.09

N/A indicates that the method was not listed on the UNFPA Contraceptive Price Indicator. Implant pricing in this exhibit uses the Implant Access Program (IAP) implant price for 2019-2020. In 2021, UNFPA Contraceptive Price Indicator (CPI) listed separate prices for the 3-year and 5-year implants for the first time. Due to the tiered pricing approach for the Etonogestrel 3-year implant, we continue to use the \$8.50 IAP implant price for this product for 2021-2023. For this illustrative cost per CYP calculation, the 3-year implant cost is based on an average of the Levonorgestrel 3-year implant price from the UNFPA CPI and the \$8.50 IAP price for the Etonogestrel 3-year implant.

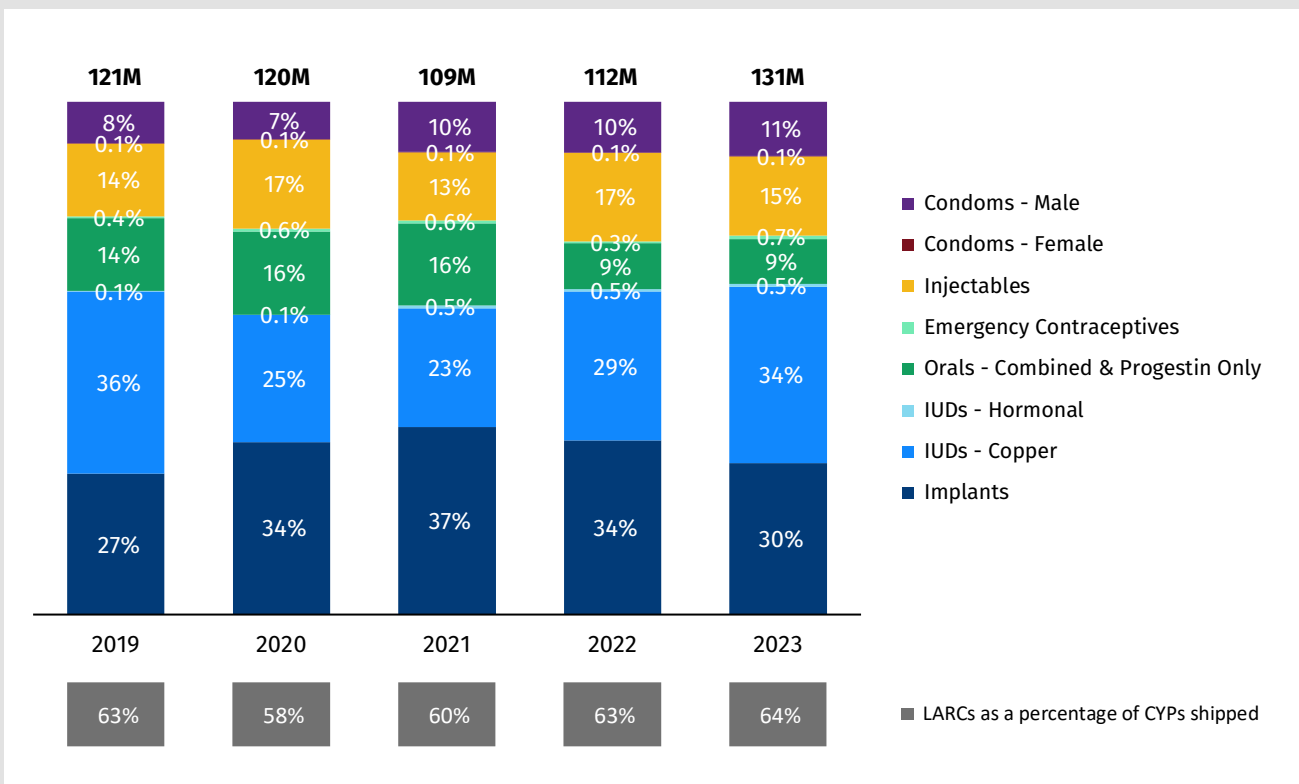
Note: The 2023 UNFPA Contraceptive Price Indicator has not been published yet; therefore, we assume that the unit costs in 2023 are the same as the unit costs in 2022.

## EXHIBIT 4B: Cost per CYP by method in 2023 (USD)



Sources: [1] UNFPA Contraceptive Price Indicator, 2019–2022; [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

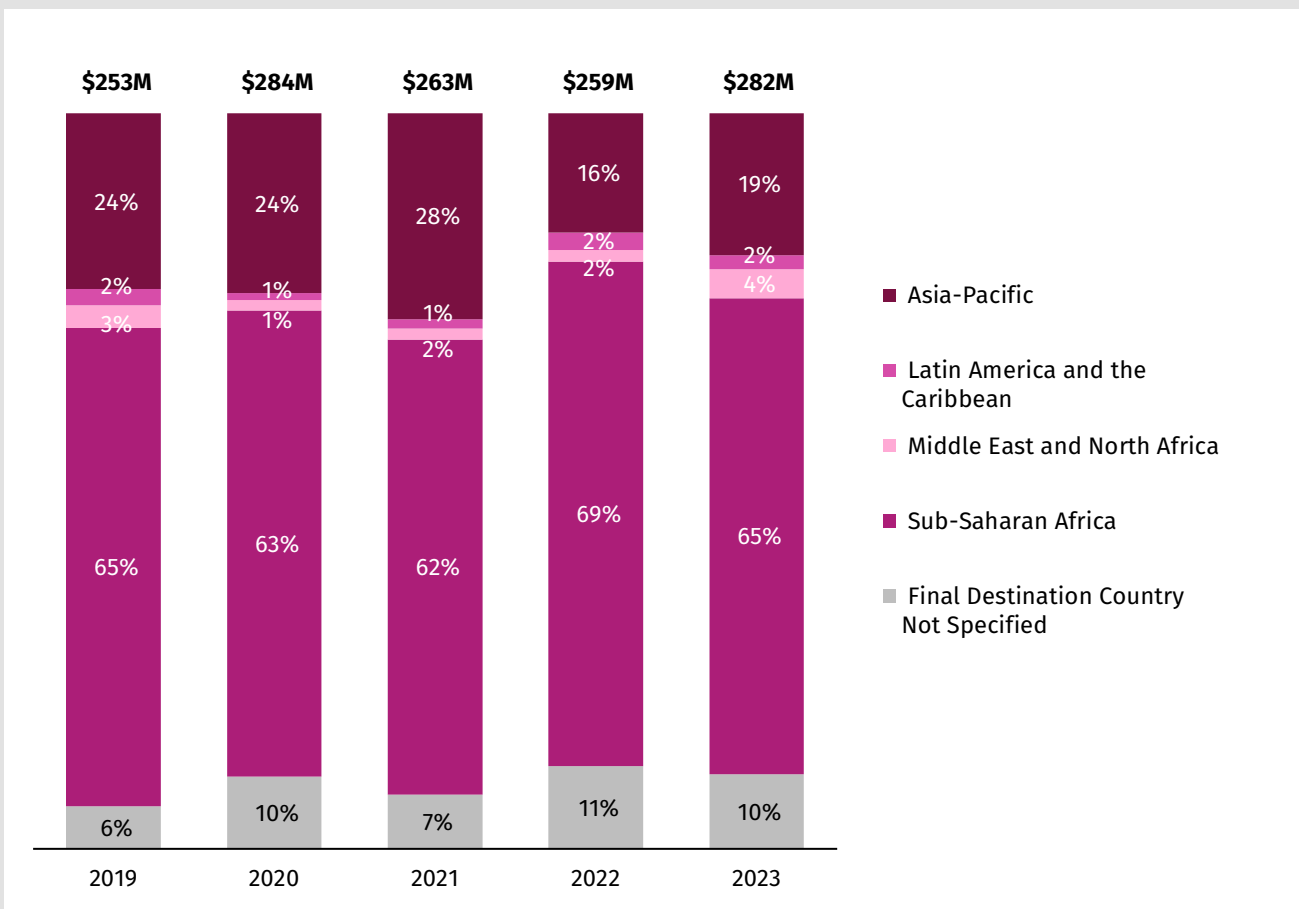


Method	Method Trends
<span style="color: purple;">●</span> Condoms - Male	<a href="#">Go to page →</a>
<span style="color: darkred;">●</span> Condoms - Female	<a href="#">Go to page →</a>
<span style="color: orange;">●</span> Injectables	<a href="#">Go to page →</a>
<span style="color: lightgreen;">●</span> Emergency Contraceptives	<a href="#">Go to page →</a>
<span style="color: green;">●</span> Orals - Combined & Progestin Only	<a href="#">Go to page →</a>
<span style="color: lightblue;">●</span> IUDs - Hormonal	<a href="#">Go to page →</a>
<span style="color: blue;">●</span> IUDs - Copper	<a href="#">Go to page →</a>
<span style="color: darkblue;">●</span> Implants	<a href="#">Go to page →</a>

**Go to: [Notable Market Trends](#) | [Notable Method Trends](#) | [UNFPA & USAID Procurement Value Analysis](#)**

Note: Some differences exist in the historical data for 2019-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-scope countries), 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 2024; [3] UNFPA Contraceptive Price Indicator, 2019-2022; [4] USAID, "Couple-Years of Protection (CYP)"

## EXHIBIT 6: Share of public-sector market value by region (USD)



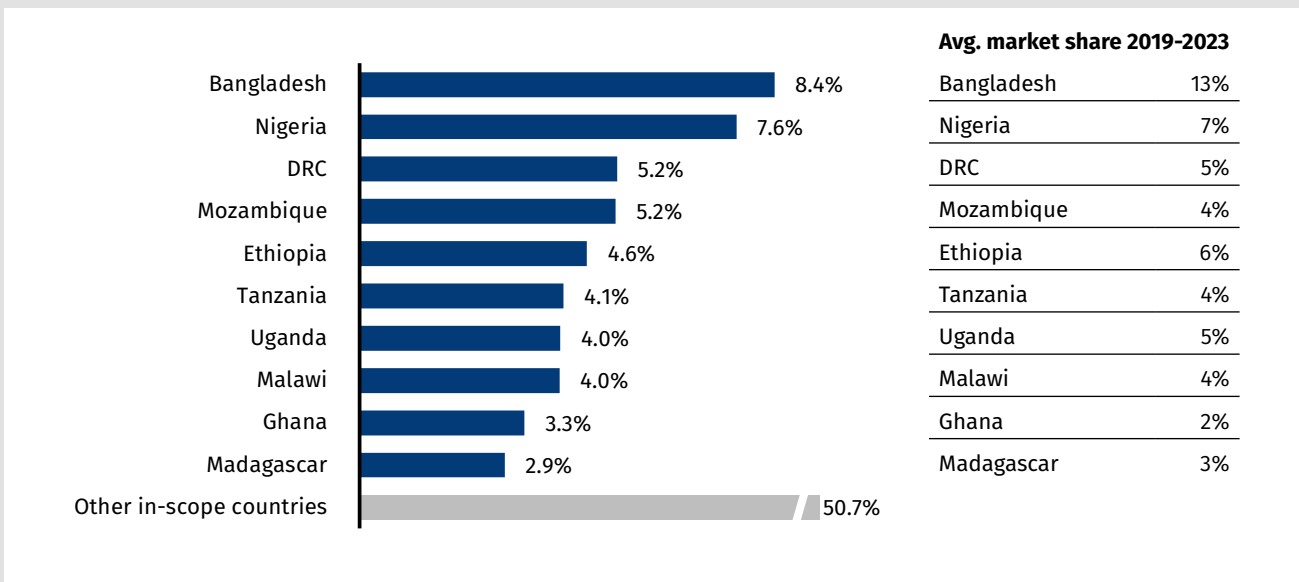
**Go to:** [Notable Market Trends](#) | [Notable Method Trends](#) | [UNFPA & USAID Procurement Value Analysis](#)

Note: The share of public-sector market value by region depicted in the graph above is influenced by the relative distribution of low- and lower-middle-income countries, the majority of which are in SSA. Of the 85 in-scope countries, 42 are in SSA, 26 in APAC, 11 in the MENA, and 6 in LAC. Since only a relatively small number of countries from the LAC and MENA regions are included in the analysis, the trends captured in this report may not be entirely representative of the trends in these regions. Additionally, the market value in the graph above is for the public-sector specifically (as defined earlier in the report) and therefore does not capture commercial-sector market value. The graph above also focuses on the product-based modern methods of contraception defined earlier in the report and therefore does not capture other methods beyond those, e.g., sterilization. Finally, the market value in the graph above reflects shipment data from the 18 participating suppliers only.

“Final destination country not specified” indicates that shipments were received in warehouses for later distribution to in-scope countries. Some differences exist in the historical data for 2019-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information.

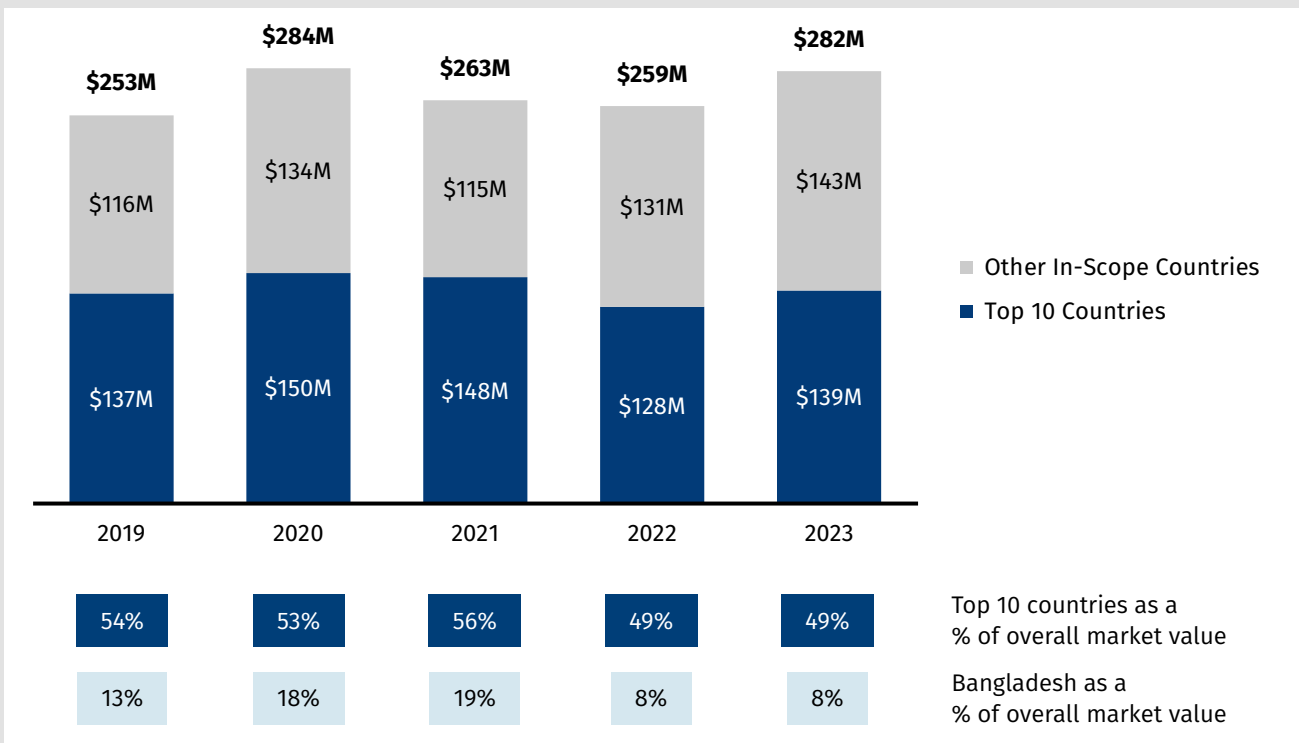
Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024; [3] UNFPA Contraceptive Price Indicator, 2019–2022

## EXHIBIT 7: Top ten countries in terms of market value, 2023



Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2024; [3] UNFPA Contraceptive Price Indicator, 2019–2022

## EXHIBIT 8: Market value of top 10 countries\* as a share of total market value



\*Top 10 countries based on 2023 market value  
 Seven countries have consistently appeared in the top 10 markets list over 2019 to 2023. In alphabetical order, they are: Bangladesh, DRC, Ethiopia, Malawi, Nigeria, Tanzania, and Uganda.  
 Some differences exist in the historical data for 2019–2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. last year (84 in-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 2024; [3] UNFPA Contraceptive Price Indicator, 2019–2022

# UNFPA & USAID PROCUREMENT VALUE ANALYSIS

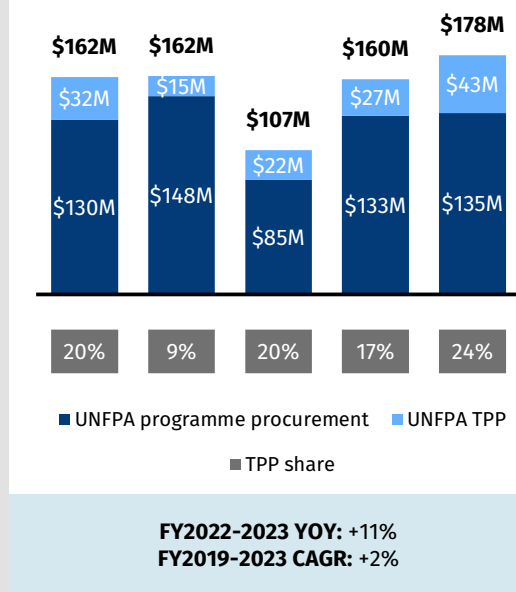
*This section provides insights into the global procurement value of contraceptives by UNFPA and USAID, using data from UNFPA's Supply Chain Management Unit (SCMU) and USAID's "Overview of Contraceptive and Condom Shipments" report. It aims to understand historical procurement value of contraceptives by these two major global procurers in the public-sector markets of the 85 in-scope countries. The focus of this section is therefore on contraceptive commodity procurement, specifically by UNFPA and USAID and does not include any spend on programmatic and/or technical assistance from the procurers.*

**Over the five-year period from FY2019 to FY2023,<sup>39</sup> UNFPA procurement value on contraceptives reached a peak of \$178 million in FY2023.<sup>40</sup> Similarly, USAID's contraceptive procurement value reached \$59 million in FY2023, the highest expenditure recorded during this period.**

The total procurement value of contraceptive commodities across UNFPA programme procurement and Third-Party Procurement (TPP)<sup>41</sup> increased by \$18 million (+11 percent) from \$160 million in FY2022 to \$178 million in FY2023 (**Exhibit 9**). UNFPA's FY2023 procurement value marks the highest over the FY2019-23 period, surpassing peak levels seen in FY2019 and FY2020. The rise is consistent with the anticipated increase in total procurement value expressed by stakeholders in last year's FP Market Report.

The \$18 million increase from FY2022 to FY2023 was driven by a modest \$2 million increase (+1 percent) in UNFPA programme procurement value and a substantial \$16 million increase (+61 percent) in TPP over this period. In FY2023, TPP accounted for 24 percent of the total UNFPA procurement value, or approximately \$43 million. The value of TPP increased at a CAGR of 8 percent from FY2019 to FY2023, with its share of total annual UNFPA procurement value fluctuating between 9 and 24 percent, reaching its peak in FY2023. The growth in TPP procurement was partially driven by increased domestic financing, facilitated by the availability of the UNFPA Supplies Partnership Match Fund, the signing of UNFPA Country Compact agreements, and commitments to strengthen domestic funding. Several countries that are a part of the UNFPA Supplies Partnership,<sup>42</sup> including Benin, Bolivia, Burundi, Côte d'Ivoire, Honduras, Lao

**EXHIBIT 9: UNFPA procurement value of contraceptives in 85 in-scope countries (USD)**



Source: UNFPA Supply Chain Management Unit data FY2019 - FY2023  
Note: The UNFPA 2023 procurement spend figures are based on preliminary data and may undergo minor adjustments as final procurement spend data is consolidated and verified.

PDR, Lesotho, Madagascar, Niger, Papua New Guinea, Timor-Leste, Togo, Uganda, and Zambia, utilized domestic funds for TPP procurement.<sup>43</sup>

<sup>39</sup> UNFPA Fiscal Year (FY) runs from Jan. 1 to Dec. 31. USAID 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.

<sup>40</sup> The UNFPA 2023 procurement value figures are based on preliminary data and may undergo minor adjustments as final procurement value data is consolidated and verified.

<sup>41</sup> Third Party Procurement (TPP) refers to UNFPA procurement services provided to external partners by UNFPA's Supply Chain Management Unit. Through this service, TPP customers, including governments, intergovernmental organizations, NGOs or United Nations entities, can utilize UNFPA's purchasing power and expertise to obtain competitive prices on reproductive health supplies. It has become a strategic priority for UNFPA to mobilize domestic resources by further advocating for TPP services to be offered to developing and middle-income countries. Link: [https://www.unfpa.org/sites/default/files/audit-reports/2023-10-13\\_OAIS\\_TPP\\_Audit\\_Report\\_-\\_FINAL\\_.pdf](https://www.unfpa.org/sites/default/files/audit-reports/2023-10-13_OAIS_TPP_Audit_Report_-_FINAL_.pdf)

<sup>42</sup> Please note that other countries outside the UNFPA Supplies Partnership but in-scope for this report have also mobilized domestic resources such as Uzbekistan among others.

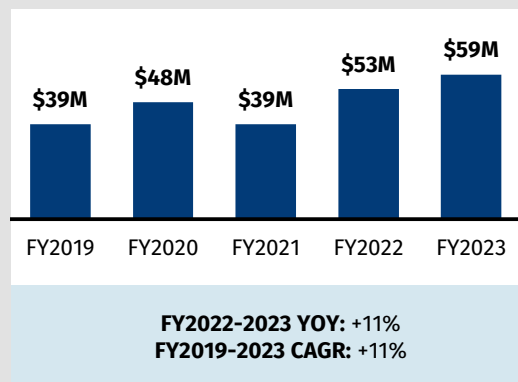
<sup>43</sup> Funding sources for domestic funds are from public or concessional funding.

For USAID, the annual value of contraceptive procurement in FY2023<sup>44</sup> totaled \$59 million, reflecting an 11 percent growth from \$53 million in FY2022 (**Exhibit 10**). The FY2023 procurement value stands at the highest level within this period with consistent increases each year since FY2021. The FY2023 USAID Overview of Contraceptive and Condom Shipments Report attributes this increase primarily to the receipt of \$17.5 million for commodity procurement from the FY2020 Congressional Notification funds, which were largely utilized in FY2023. This funding is separate from the usual core funding that the USAID GHSC-PSM project receives. Final decisions regarding USAID's contraceptive procurement are decentralized and determined by country missions.

## Funding outlook

UNFPA anticipates procurement value in 2024 to exceed 2023 levels. This outlook is supported by several factors, including multi-year commitments received in late 2023 from philanthropic organizations and countries.<sup>45</sup> Notably, the Bill & Melinda Gates Foundation made a long-term commitment of up to \$100 million for direct commodity procurement, and the UK Government, one of UNFPA's largest donors, has continued to fund the UNFPA Supplies Partnership at £60 million in 2024. Looking forward, for the period 2025-2027, the UNFPA Supplies Partnership will, at a minimum, maintain its current annual budget allocation of \$185 million, with potential increase to \$190 million in 2025. Approximately 75% of this budget will be dedicated to RH commodity procurement, supplemented by additional funds for commodity procurement from recent donor commitments. Moreover, in September 2024, Norway announced a two-year commitment to the UNFPA Supplies Partnership,<sup>46</sup> and Kyrgyz Republic and Nepal announced domestic financing commitments to procure family planning commodities worth \$119,000 and \$600,000 respectively, along with the Republic of Madagascar which announced a \$15 million government

## EXHIBIT 10: USAID procurement value of contraceptives in 85 in-scope countries (USD)



Source: USAID "Overview of Contraceptive and Condom Shipments" reports, FY 2019 – FY2023.

contribution for contraceptives and maternal health medicines.<sup>47</sup> Countries that have signed Compact agreements with UNFPA are also working to increase domestic financing for commodity procurement in the coming years, which will further support increased access to contraceptives in these countries.

For USAID, individual country missions will continue to determine the contraceptive procurement value in those nations. USAID also strives to advance locally-led development in countries as part of its "Localization" strategy announced in August 2022.<sup>48</sup> In terms of broader funding outlook for USAID, FY2025 budget discussions were still ongoing at the time of report writing, with the President's Budget Request and US Senate proposing an increase in bilateral FP/RH funding for FY2025 over the approved FY2024 level of bilateral FP/RH funding.<sup>49</sup>

44 USAID data on contraceptive shipments is taken from the "Overview of Contraceptive and Condom Shipments FY2023 report". Since 2017, data presented in these reports has included only condoms procured for FP programs. In FY 2016 and the years prior, data reflected both FP- and PEPFAR-funded male condoms. The FY2023 report is reflective of family planning funding and does not include HIV/AIDs funded condoms; thus, female and male condom values for the FY2019 to FY2023 period are captured in this analysis. The 2023 USAID report is available here: <https://www.ghsupplychain.net/contraceptives-and-condoms-report-fy-2023>

45 Link: <https://www.unfpa.org/press/governments-and-philanthropies-commit-increase-investments-end-funding-shortfall-lifesaving>

46 Governments and Philanthropies Commit Approximately US\$350 Million, Giving Urgent Boost to Family Planning and Sexual and Reproductive Health Supplies and Services Worldwide (Sept 2024). Link: [https://www.unfpa.org/press/governments-and-philanthropies-commit-approximately-us350-million-giving-urgent-boost-family?utm\\_source=General+Mailing+list&utm\\_campaign=7534bf1ede-EMAIL\\_CAMPAIGN\\_march\\_2024\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_7b6474d58c-%5B%5D](https://www.unfpa.org/press/governments-and-philanthropies-commit-approximately-us350-million-giving-urgent-boost-family?utm_source=General+Mailing+list&utm_campaign=7534bf1ede-EMAIL_CAMPAIGN_march_2024_COPY_01&utm_medium=email&utm_term=0_7b6474d58c-%5B%5D)

47 See previous footnote.

48 USAID defines "Localization" as the set of internal reforms, actions, and behavior changes that they are undertaking to ensure their work puts local actors in the lead, strengthens local systems, and is responsive to local communities. Link: <https://www.usaid.gov/localization>

49 President Biden released his FY2025 Budget Request to Congress on March 11, 2024. Bilateral FP/RH funding included in this request totaled \$578 million, which constitutes a 0.5 percent increase above the FY24 enacted funding level. Proposed funding for UNFPA increased to \$44.5 million, 37 percent over the \$32.5 million enacted in FY24. On June 12, 2024, the House Committee on Appropriations approved the FY2025 State, Foreign Operations, and Related Programs (SFOPs) appropriations bill, proposing funding decreases to the Administration's budget request. The bilateral FP/RH funding included in this bill totaled \$461 million, with no funding allocated for UNFPA. On August 05, 2024, the Senate Appropriations Committee approved the FY2025 SFOPs appropriations bill, proposing \$600 million in bilateral FP/RH funding (a 4 percent increase over FY2024 enacted levels) and \$35 million in funding for UNFPA (a 2.6 percent increase over FY2024 enacted levels). At the time of writing this report, budget conversations were ongoing. Information available at: <https://www.kff.org/news-summary/global-health-funding-in-the-fy-2025-presidents-budget-request/>, <https://www.kff.org/global-health-policy/fact-sheet/house-appropriations-committee-approves-the-fy-2025-state-and-foreign-operations-sfops-appropriations-bill/>, <https://www.kff.org/global-health-policy/fact-sheet/senate-appropriations-committee-approves-fy-2025-state-foreign-operations-and-related-programs-sfops-appropriations-bill/>



# DOMESTIC GOVERNMENT SPEND ANALYSIS

*This section shares findings on domestic financing for contraceptive procurement from three relevant data sources. Specifically, it leverages data on domestic government expenditure on contraceptive commodities<sup>50</sup> from USAID's "Contraceptive Security (CS) Indicators survey", UNFPA's National Budget Allocation and Spend analysis, and Track20's "Family Planning Spending Assessment" (FPSA). These sources provide visibility<sup>51</sup> into domestic financing for a subset of the 85 in-scope countries for the FP Market Report, where data is available.<sup>52</sup>*

The FP2030 Measurement Report<sup>53</sup> illustrates that global financing for family planning, including financing for commodities and programmatic activities, is sustained by three primary pillars: domestic government expenditures, international donor contributions, and consumer spending. The report elaborates on each pillar's unique significance in shaping family planning initiatives. Domestic government spending serves as the bedrock upon which a country's family planning program is built, ensuring a budgeted flow of funds for various operational expenditures such as health care provider training, staff salaries, awareness campaigns etc. that are necessary to provide services. Conversely, the contribution from international donors offers an infusion of resources that extends the reach and impact of these programs. Such funding allows countries to secure the supply of quality commodities and incorporate newer, often relatively high-priced contraceptives into the method mix. The relative importance of these funding sources varies across countries; while international donors remain the primary source of funding for contraceptive procurement in most countries, some countries operate with a mixed funding model, combining donor support with government funding for commodities.

As the landscape of national family planning programs continues to evolve, there is a growing emphasis within the RH community on strengthening domestic financing as a sustainable source for contraceptive procurement. This emphasis reflects the community's collective desire to reduce reliance on international donors and bolster the resilience of country-led family planning programs. Exemplifying this commitment are strategies such as USAID's "Localization" Strategy,<sup>54</sup> the Global Financing Facility (GFF) launched by the World Bank,<sup>55</sup> the UNFPA Supplies Partnership Compact agreements, and the UNFPA Supplies Partnership Match Fund.<sup>56</sup> Each of these efforts underscores the collective vision of enabling countries to take on a greater role in financing contraceptive procurement over time, helping to ensure the long-term sustainability and resilience of these programs.

Countries' domestic financing trends are influenced by several interconnected economic and political factors that create constraints impacting countries' ability to mobilize domestic resources for contraceptive procurement. The latest FP2030 Measurement Report<sup>57</sup> highlights that overseas development assistance levels for family planning are plateauing in many countries., which further intensifies the need for domestic resource mobilization.

50 Contraceptive commodity expenditure refers to expenditure associated with procuring contraceptive methods only. It excludes expenditure on contraceptive services, government personnel, etc.

51 There are various sources that report on government expenditure on family planning including the WHO Health System Accounts. However, this report focuses on sources that offer insights specifically on government expenditure on contraceptive procurement, rather than family planning in general which includes services, human resource costs etc. Refer to Appendix B for further details on sources.

52 Refer to Appendix B for further details on the number of in-scope countries across the sources.

53 FP2030 Measurement Report (accessed October 2024). Link: <https://progress.fp2030.org/finance/>

54 See footnote 48 for more details.

55 The Global Financing Facility (GFF), housed at the World Bank, was launched in 2015 as a multistakeholder partnership and financing vehicle to support reproductive, maternal, neonatal, child, and adolescent health, and nutrition. The GFF aims to finance national scale-up plans and improve financing architecture while supporting countries in the transition toward sustainable domestic financing. The USAID-funded Health Policy Plus (HP+) project has examined how family planning has been included in GFF-funded programs and has identified opportunities to leverage the GFF process to support family planning financing. Link: <http://www.healthpolicyplus.com/ns/pubs/18472-18851-FPGFFReport.pdf>

56 Under Phase III (2021-2030), the UNFPA Supplies Partnership is spearheading a new approach to sustainable financing that supports governments to increase domestic resources for quality-assured SRH commodities. This includes the launch of a Domestic Financing Toolkit – a suite of tools, including the Compact agreements and Match Fund, designed to accelerate progress towards domestic resource mobilization. All 44 eligible countries signed UNFPA Supplies Partnership Compact agreements committing to gradually increase domestic financing for contraceptive supplies in 2023. Through the UNFPA Supplies Match Fund, UNFPA matches government contributions for quality-assured reproductive health supplies on a 2:1 basis up to a maximum ceiling of \$2 million per country. In order to access the Match Fund, governments must demonstrate that: 1) domestic expenditure on SRH commodities has either increased or remained constant since the previous year; 2) they have met the programme's minimum domestic financing requirements; 3) the products procured are either WHO Prequalified or SRA approved. Since the launch of the Match Fund in January 2022, the Match Fund has helped to leverage an additional \$20.6 million in domestic resources for quality-assured SRH commodities across 23 countries (as of 25 November 2024).

Note: The impact of the Compact agreements on domestic financing is not fully captured in this report as the time-period in the report predates the agreements being finalized in many countries, as per stakeholder discussions. Further information on the Compact agreement and Match Fund can be found here: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Supplies%20Partnership%20Annual%20Report%202021.pdf>, <https://www.unfpa.org/press/governments-and-philanthropies-commit-increase-investments-end-funding-shortfall-lifesaving>, <https://www.rhsupplies.org/activities-resources/webinars/unfpa-supplies-match-fund-mobilizing-domestic-resources-for-quality-assured-maternal-health-medicines/>

57 FP2030 Measurement Report (accessed October 2024). Link: <https://progress.fp2030.org/measurement/>

There are two major fiscal constraints limiting governments' capacity to mobilize domestic financing. First, governments in low-income and lower-middle-income countries, particularly in Sub-Saharan Africa, are facing mounting debt burdens and unserviceable debt servicing obligations. A 2024 UN Report<sup>58</sup> emphasizes that in several African countries, debt servicing now exceeds health budget allocations, limiting fiscal space for health investments. This trend was exacerbated by recent global crises such as the COVID-19 pandemic and the war in Ukraine, which restricted access to international capital markets.

Second, the broader economic environment remains challenging, marked by persistent inflation in key markets<sup>59</sup> that has effectively diminished the real value of government health expenditures, including contributions to contraceptive procurement.

Additional factors impacting sustained domestic financing for contraceptive procurement year after year include humanitarian crises, political instability, government turnover, and delays in budget execution.

Additionally, stakeholders note that countries leveraging domestic funds for commodity procurement often make large purchases when funds are available, followed by little or no procurement in subsequent years. The interplay of these economic, political, and operational factors complicates efforts to maintain consistent domestic financing for contraceptive commodities amid continuously evolving national priorities and economic conditions.

This section, therefore, leverages available data with the aim to shed light on the current landscape of domestic resource mobilization for contraceptive procurement. Stakeholders advise interpreting these figures with nuance, as they rely on estimates or self-reported information from government officials, and factors such as survey timing may influence the reported data if collected before the finalization of budgets in-country. Moreover, estimates vary by data source, given the different methodological approaches which are detailed in the following subsection on domestic government spend landscape.

## Domestic Government Spend Landscape

The domestic government spend analysis draws from three data sources that capture domestic government expenditure on contraceptive commodities - USAID's Contraceptive Security (CS) Indicators survey,<sup>60</sup> UNFPA's National Budget Allocation and Spend analysis,<sup>61</sup> and Track20's Family Planning Spending Assessment (FPSA).<sup>62</sup> Multiple datasets have been leveraged to provide as comprehensive visibility as possible into country-level expenditure. However, there are important methodological differences to note.

Each data source covers a distinct set of countries –

- The 2023 CS Indicators survey provides data for 36 in-scope countries
- The 2023 data from UNFPA's dataset covers 54 in-scope countries
- Track20's 2022 FPSA estimates includes commodity spend data from 28 in-scope countries

Combined together, these three sources provide visibility into domestic spend for 65 unique in-scope countries. The frequency of data reporting, method of estimation and timing of collection also differs across the data sources. The CS Indicators survey is conducted every two years through a survey of national governments, and reflects data collected for the most recent complete fiscal year. The data reported in the 2023 CS Indicators survey might refer to the 2022 fiscal year for some countries. The UNFPA spend data is also collected through a survey of national governments via the UNFPA country offices in January each year to capture information for the previous year. Given the timing of this data collection, expenditure recorded by countries after the reporting period might not be reflected in the data. For example, if a country finalized their expenditure records for 2022 in March 2023, data for 2022 might not be captured during the January 2023 reporting. Finally, the Track20's FPSA data provides estimates of government expenditure that have been validated by government officials for 2022.

58 Unpacking Africa's Debt: Towards a Lasting and Durable Solution; 2024. Link: <https://www.un.org/osaa/events/2024-nepad-report-launch>

59 The World Bank provides data on inflation (e.g., consumer price inflation (percent) and the consumer price index by country. More details can be found here: <https://data.worldbank.org/indicator/FP.CPI.TOTL.ZG>, <https://data.worldbank.org/indicator/FP.CPI.TOTL>

60 The USAID Contraceptive Security Indicator Survey is conducted every two years with the latest survey data collected in 2023 for the 12-month period preceding survey date. Link: <https://www.ghsupplychain.org/CSI-Survey-Landing-Page>

61 The UNFPA National Budget Allocation and Spend data is collected through an annual reporting survey of national governments by UNFPA country offices. This survey is conducted in January each year for the previous year.

62 Track20 collects data on family planning spending in low- and middle-income countries using a modified health accounts approach, focusing solely on family planning. In situations where data on actual expenditures on FP are lacking, costing techniques using internationally accepted costing methods and standards are leveraged to estimate expenditures. Results are validated by government officials before publication. Link: [https://www.track20.org/pages/data\\_analysis/FPSA.php#2020Tables](https://www.track20.org/pages/data_analysis/FPSA.php#2020Tables)

The accompanying table provides a summary of the data sources, their reporting characteristics, and the scope of countries represented.

Data source	Data referenced in the FP Market Report analysis	Frequency of collection	Method of collection	Time period reviewed	Number of in-scope countries with reported data
USAID <a href="#">Contraceptive Security (CS) Indicators survey</a>	Estimate of government expenditure <sup>63</sup> on contraceptive commodities	Every two years <sup>64</sup>	Survey of national governments	2023	36 countries
UNFPA National Budget Allocation & Spend	Amount spent by national governments on contraceptive procurement in each year	Annual	Survey of national governments (via UNFPA country offices)	2022, 2023	54 countries
Track20 <a href="#">Family Planning Spend Assessment (FPSA)</a>	Estimate of government expenditure on procurement of modern methods of contraception in the most recent year	Annual	Data produced using a modified System of Health Accounts approach and National Aids Spending Assessment (NASA) methodologies. <sup>65</sup> Results are validated by governments.	2022	28 countries

While these data sources provide valuable estimates of government expenditure on contraceptive commodity procurement, interpreting the data requires careful consideration. The methodological variations across sources present challenges for comparison across the sources, or a comprehensive trend analysis. The different survey approaches, estimation techniques, data collection periods, and reporting mechanisms can result in differences in captured expenditure across the data sources. Thus, the analysis presented below provides a view of the current domestic expenditure landscape.

## Countries with notable spend exceeding \$1 million

The analysis of countries spending over \$1 million on commodity procurement examines data across the three data sources and for both 2022 and 2023. Primarily, this accounts for the varying temporal coverage across the three data sources that vary from 2022 to 2023. Additionally, examining government expenditure over

recent years provides a more complete picture of investments, given that domestic expenditure often fluctuates year-to-year due to budget and procurement cycles, among other factors. This two-year window helps identify countries making notable investments that might be missed by examining a single year in isolation.

Among the 65 unique in-scope countries across the three data sources, 49 countries reported some government expenditure on contraceptives in 2022 or 2023. For countries appearing in multiple datasets, the highest reported expenditure value from any of the three sources for either 2022 or 2023 has been reported. This approach showcases the greatest extent of government investment in recent years.

Among these 49 countries, 25 countries spent at least \$1 million<sup>66</sup> on contraceptive procurement in one or both years ([Exhibit 11](#)).<sup>67</sup> This represents an increase in the number of countries spending over \$1 million compared to last year's analysis, which identified 22 countries in this category.

63 This includes internally generated funds and other government funds. Internally generated funds are defined as funds drawn from government revenue sources – usually from various taxes, duties or fees. They can be generated at the central or lower levels of government. Other government funds include basket funds, World Bank credits or loans, and other funds donors give to the government (e.g., direct budget support). Basket funds are defined as government managed pooled funds and can be generated with input from financing partners. These funds originate from various sources which may include donor and the government. These funds and World Bank assistance can be given as general support or can be specifically earmarked for particular programs and activities. In each case the government defines the priority area for these funds and has significant control over how they are spent. Thus, 'other government' funds spend on contraceptive procurement indicates the government's commitment to family planning.

64 The corresponding report of survey data is released up to 12 months after the survey is conducted e.g., the 2021 report is based on survey data collected in August - November 2021 reporting on expenditure in the most recently completed fiscal year.

65 In situations where data on actual expenditures on FP are lacking, costing techniques using internationally accepted costing methods and standards are leveraged to estimate expenditures.

66 Funding sources for the \$1 million include a combination of public and concessional funding, allocated at the discretion of governments.

67 The countries included in Exhibit 11 are those with domestic financing for contraceptive commodities of at least \$1 million in the most recent year of available data (i.e., either 2022 or 2023). However, government expenditure on contraceptive procurement can fluctuate annually so there may be some countries that allocated domestic financing to contraceptive procurement in earlier years but did not report financing in 2022 or 2023.

This also underscores countries' commitment to sustainable financing. The remaining 24 of the 49 countries report smaller investments, each below \$1 million, highlighting their emerging efforts towards domestic resource mobilization.<sup>68</sup>

## UNFPA Supplies Partnership Match Fund Expenditure Insights

In addition to the data sources covered above, UNFPA also validates domestic expenditure data and quality assurance standards through the Match Fund application process. This data provides a complementary perspective on domestic government expenditure on contraceptive commodities.<sup>69</sup> UNFPA has confirmed that across the programme's 54 countries,<sup>70</sup> total domestic expenditure on contraceptives has been gradually increasing since 2021. The Partnership recorded domestic expenditure of \$44.7 million for contraceptives in 2023 – a significant increase from \$28 million in 2022 and more than four times higher than the reported expenditure of \$10.4 million in 2020.

UNFPA has also shared that rates of budget execution also appear to be steadily improving. In 2023, the UNFPA Supplies Partnership saw 21 countries increase their allocations for contraceptives and spend at least 80 per cent of their allocated budget – compared with only 10 countries in 2022 and four countries in 2021.

As countries continue to navigate economic challenges and competing priorities, the family planning community must remain committed to tracking these trends at the country level and appropriately supporting and incentivizing domestic financing for contraceptive procurement. Mechanisms like the UNFPA Supplies Partnership Match Fund, Compact agreements and others will be crucial in ensuring sustainable, country-led family planning programs in the years to come.

Looking ahead, governments' commitment is evident through the re-signing of UNFPA country Compact agreements. The Partnership has reported that out of the 40 countries that have re-signed commitments for 2024, 30 countries made commitments exceeding the programme's minimum domestic financing requirement (1 to 10 percent of the value of supplies provided through the programme, depending on the countries' economic grouping within the partnership), and 21 countries have made multi-year domestic financing

commitments. These developments signal a growing potential for governments to strengthen their financing systems and expand domestic funding for quality contraceptive procurement, ultimately supporting more sustainable family planning programs.

## Next steps: Enhancing visibility for domestic financing spend

Consolidating data from various sources enhances visibility into domestic financing trends for contraceptive procurement. However, stakeholders have noted that challenges remain in collecting accurate and detailed expenditure data as current data collection methods rely on self-reported government estimates or estimates that have been validated by officials. Differences in data collection methodologies across sources lead to differing perspectives on government expenditure thus hindering effective analyses. The UNFPA Supplies Partnership is beginning to collect verifiable expenditure data through the Match Fund. As the RH community focuses on strengthening domestic financing efforts, it will be crucial to refine data collection methodologies, build government capacity to track and report these expenditures consistently and accurately, and ensure data transparency for the community.

Additionally, a deeper understanding is needed around not just how much is spent, but how funding is allocated across contraceptive methods, and the range of programmatic factors—such as procurement efficiency, budget allocation processes, or geopolitical influences—that affect the availability of domestic financing. Expanding this analysis across methods and more countries as well as tracking trends over time will better equip stakeholders to monitor the progress of domestic financing initiatives.

This visibility will help the RH community answer critical questions such as what drives domestic financing growth, what proportion of contraceptive needs remains unmet, and which methods are prioritized for funding. Understanding these dynamics will enable the RH community to help governments develop robust, sustainable, multi-year financing strategies. It will also support planning for a transition to greater self-sufficiency in meeting family planning commodity needs, while ensuring that this transition does not compromise method choice or quality.

68 Countries with domestic expenditure less than \$1 million in 2022 or 2023 include: Angola, Benin, Bhutan, Cabo Verde, Central African Republic, Cote d'Ivoire, Djibouti, Eswatini, Kyrgyz Republic, Lao PDR, Lesotho, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, State of Palestine, Tajikistan, Timor-Leste, Togo, Uganda, and Yemen.

69 The FP Market Report analyses trends over a five-year period from 2019 to 2023. However, the Match Fund analysis is limited to 2020-2023, based on data from 2022, as that is the most recent data available from UNFPA.

70 List of 54 UNFPA Supplies Partnership countries in 2023 available here: [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20Supplies%20Performance%20Measurement%20Report%202023\\_WEB.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20Supplies%20Performance%20Measurement%20Report%202023_WEB.pdf)

## EXHIBIT 11: Countries with notable annual government expenditure on contraceptive procurement (2022/2023)

Government Expenditure: >\$10M	Government Expenditure: \$5-10M	Government Expenditure: \$2-5M	Government Expenditure: \$1-2M
Bangladesh <sup>1</sup> Ethiopia <sup>1</sup> Pakistan <sup>2</sup>	Ghana <sup>2</sup> Philippines <sup>1</sup>	Cambodia <sup>2</sup> DRC <sup>1</sup> Kenya <sup>3</sup> Madagascar <sup>2</sup> Tunisia <sup>3</sup> Vietnam <sup>3</sup> Zambia <sup>2</sup>	Bolivia <sup>2</sup> Burkina Faso <sup>1</sup> Burundi <sup>2</sup> Chad <sup>2</sup> Guinea <sup>1</sup> Honduras <sup>2</sup> Malawi <sup>1</sup> Nepal <sup>1</sup> PNG <sup>2</sup> Sri Lanka <sup>3</sup> Tanzania <sup>1</sup> Uzbekistan <sup>3</sup> Zimbabwe <sup>2</sup>

Go to: [Supplier Shipment Analysis](#) | [Domestic Government Spend Analysis](#) | [Highlights from Discussions](#)

Sources: (1) USAID Contraceptive Security Indicators Survey 2023; (2) UNFPA National Budget Allocation & Spend 2022-23; (3) Track20 Family Planning Spend Assessment 2022  
 Note: 1. The information presented in Exhibit 11 summarizes domestic financing data for the most recent year available (i.e., either 2022 or 2023) looking across different sources that utilize varied methodologies (please refer to Appendix B for more details on sources). Expenditure data may exhibit some variations among different data sources. 2. Levels of domestic financing for contraceptive commodities can fluctuate each year in country. Exhibit 11 captures information specifically for 2022 or 2023 with available data and therefore should be considered a snapshot in time.

# HIGHLIGHTS FROM DISCUSSIONS WITH KEY STAKEHOLDERS

*A number of suppliers, donors, and RH partners were consulted to discuss the trends observed in this report. Their commentary helps build a deeper and more qualitative understanding of market trends.*

Stakeholders expressed optimism regarding the upward trajectory in the public sector contraceptive procurement evidenced in this year's report. They attributed this positive trend to the global RH community's concerted efforts to enhance access to high-quality, affordable contraceptives for all. While the increase in procurement across methods was encouraging, the plateauing levels of implant procurement over the past couple of years emerged as a point of particular interest with stakeholders who were eager to explore the mix of factors driving this trend.

Despite the progress made over the years and the upward trend in contraceptive shipments in 2023, stakeholders emphasized that the unmet need for contraception remains substantial. Based on the latest UN Population Division estimates, in 2023 approximately 166 million women of reproductive age across 83 in-scope countries<sup>71</sup> had an unmet need for modern contraception, i.e. they want to avoid or delay pregnancy but were not using a modern contraceptive method. This gap underscores the continued work that lies ahead for the RH community.

Stakeholders believe that a part of this unmet need stems from gaps in funding required to meet adequate stock levels of contraceptive commodities in countries. Since 2021, the Visibility and Analytics Network (VAN) Consensus Planning Group (CPG) has used country level data to identify procurement funding gaps for contraceptive supplies. The analysis helps enable procuring agencies to prioritize funding allocations more effectively and donors to advocate for and mobilize additional funding to fill gaps as feasible. For example, the 2023 analysis helped inform the Bill & Melinda Gates Foundation's decision to commit up to \$100 million over a period of time towards FP commodities.

The results of the VAN 2024 analysis estimated a \$157 million procurement gap for family planning products (representing 50 percent of countries' stock requirements that are unfunded) from August 2024

through March 2025 across 28 countries. Five countries - Nigeria, Ethiopia, Tanzania, Kenya, and Malawi - make up 72 percent of this gap.<sup>72</sup> In 2024 the funding gap increased by \$10 million compared to 2023, while the proportion of unfunded requirements remained steady at 50 percent. This substantial and growing funding gap reveals the need for more robust and sustainable financing strategies.

## The Imperative of Sustainable Financing

The 2024 FP2030 Measurement Report<sup>73</sup> finds that while contraceptive use continues to grow and FP programs are expanding in many countries, overseas development aid levels are plateauing. Amid this evolving funding landscape, stakeholders have emphasized the importance of strengthening government financing and procurement capacities to ensure sustainable family planning programs and continued progress in reducing unmet need for contraception.

Evidence supports the value of increased domestic financing. A longitudinal study conducted by USAID across 59 low- and middle-income countries<sup>74</sup> reveals a strong correlation between increased national government contraceptive financing<sup>75</sup> and modern contraceptive prevalence rate (mCPR). This finding underscores the critical importance of domestic resource mobilization in driving sustainable progress in family planning.

In addition to strengthening public sector financing, stakeholders emphasize the vital role of the private sector in diversifying funding sources for family planning programs. Through commercial sector engagement and public-private partnerships, countries can diversify their funding streams while creating sustainable financing mechanisms. Governments are increasingly interested in and adopting these strategies to ensure equitable access to contraceptives, recognizing the complementary roles of different sectors. The role of the commercial sector is discussed in more detail in the following section.

71 The United Nations Population Division estimates the unmet need for family planning in their World Contraceptive Use 2024 dataset based on survey data available as of April 2024. This includes estimates for 83 in-scope countries, as data for Micronesia and Western Sahara is not reported. Link: <https://www.un.org/development/desa/pd/data/world-contraceptive-use>

72 Listed in order of size of funding gap

73 FP2030 Measurement Report (Accessed October 2024). Link: <https://progress.fp2030.org/measurement/>

74 National Policy Influences of Contraceptive Prevalence and Method Mix Strategy: A Longitudinal Analysis of 59 Low- and Middle-Income Countries, 2010–2021 Link: <https://www.ghspjournal.org/content/12/2/e2300352>

75 This refers to governments' share of total spend on contraceptive commodities (compared to a sum of government and donor spend)

## Commercial sector considerations

Recent estimates from RHSC's LEAP report<sup>76</sup> reveal the substantial role of commercial sector channels in providing access to contraceptives in low- and lower-middle-income countries. In 2023, on average, 30 percent of contraceptive users in low-income countries and 52 percent of users in lower-middle-income countries accessed contraceptives through commercial sector channels. The commercial sector's role varies notably by method type and by country. For instance, commercial channels account for a significant portion of oral contraceptive users (49 percent in low-income countries and 59 percent in lower-middle-income countries) and an even larger share of condom users (75 percent across both low and lower-middle-income countries).

Given the various channels through which users access contraceptives, stakeholders emphasized the importance of developing comprehensive total market strategies that integrate the public, SMO, and commercial sectors. To support the development of these strategies, the RH community strives to enhance visibility into commercial sector dynamics across different contraceptive methods. Recognizing that suppliers possess unique insights into commercial markets in low- and lower-middle-income countries, CHAI and RHSC have gathered qualitative feedback from suppliers participating in the FP Market Report on commercial sector characteristics, challenges, and opportunities in these countries.

Based on insights from a subset of suppliers,<sup>77</sup> some of the primary commercial-sector challenges highlighted include: 1) limited demand from populations in the key middle-income segment, impacted by geopolitical and financial crises (e.g., foreign exchange issues in Nigeria and Kenya); 2) competition from lower-priced and non-quality assured products, which is challenging given the resource intensive nature of registration and marketing activities, and 3) lack of strong sales channels and limited distributor capabilities in low- and lower-middle-income countries for family planning commodities. An overarching issue that further complicates these challenges is the leakage of subsidized products from the public sector into the commercial market, which undermines the financial viability and limits private-sector opportunities for suppliers.

Looking forward, suppliers anticipate that demand would grow in the commercial sector of low- and lower-middle-income countries over time, especially as key stakeholders work to optimize supply chains. Suppliers have noted that they are already seeing an improvement in local pharmacy coverage and supply chains logistics,

which will help to increase access over time. They also see potential to address unmet need and achieve a balanced method mix profile in low- and lower-middle-income countries through the commercial sector. They anticipate that the introduction of new family planning methods in the public sector (e.g., hormonal IUD) will drive awareness, generate momentum, and foster growth in the private sector as well.

## Collaboration across stakeholders is essential for expanding contraceptive method availability and choice

Beyond commodity financing, stakeholders recognized that cross-cutting systemic issues are impacting contraceptive procurement and uptake. They anticipate that the introduction of new family planning methods in the public sector (e.g., hormonal IUD) will drive awareness, generate momentum, and foster growth in the private sector as well. There was broad agreement on the need for continued efforts to address these areas comprehensively, ensuring sustained progress in contraceptive access and uptake.

There is a critical need for greater data visibility on domestic financing and commercial sector spending in low- and lower-middle-income countries to identify funding gaps and enable more informed decision-making regarding resource allocation. Achieving this goal requires ongoing collaboration among stakeholders, including governments, suppliers, procurers, implementing partners, and donors, to collect data and share expertise. This collaboration is crucial to advancing the community's shared objective of developing effective total market approaches that promote sustainable and equitable access to contraceptives. Stakeholders highlighted the important role suppliers play in enhancing market visibility in both the public and commercial sectors. As such, expanding the list of participating suppliers in this report will be valuable; the number of suppliers has already increased from 11 in 2015 to 18 in 2023.

Overall, while stakeholders were encouraged by the increasing trend in CYPs shipped in 2023, they acknowledged that more remains to be done to address the unmet need for contraceptives in low- and lower-middle-income countries. There was a shared understanding of the critical role that strong, collaborative partnerships—both globally and at the country level—play in ensuring consistent access to life-saving contraceptive products. As the landscape of family planning continues to evolve, these partnerships will be crucial in navigating challenges, creating opportunities, and ultimately working towards a world where every individual has access to the contraceptive methods they need and desire.

<sup>76</sup> Link: <https://leap.rhsupplies.org/contraception>

<sup>77</sup> Note that the responding suppliers had varying shares of commercial sector shipments ranging from less than 1 percent to 50 percent and may not necessarily be representative of all other participating suppliers.

# 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 is a leading global pharmaceutical company based in India. It is a generic manufacturer with over 2000 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. With focus on Women's Healthcare products, Cipla also has misoprostol tablets in its portfolio and is supplied globally. The company focuses on developing high quality, affordable medicines across various therapeutic areas, and improving access to essential medicines worldwide.

## 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 Rings<sup>78</sup> 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. Its contraceptive product portfolio includes oral (combined and progestin only) and injectable contraceptives.

## Injeflex

Injeflex Ind. Com. Prod. Disp. Med. Ltda is a medical device company based in Sao Paulo, Brazil that manufactures and markets non-hormonal contraceptive devices. Injeflex has WHO prequalified status since 2004.

## 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 low- and lower-middle-income countries and Liletta in the U.S.

<sup>78</sup> The procurement of products used for sterilization such as tubal rings are not covered in this report



## 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, MARVELON, CERAZETTE, MERCILON, and the contraceptive vaginal ring (NUVARING).

## 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 leading manufacturer of contraceptive products based in India. Its contraceptive product portfolio includes hormonal IUD (Eloira), a range of Copper IUDs including Postpartum IUD (recently WHO Prequalified), and tubal rings used for female sterilization. Pregna also supplies other reproductive health products such as Uterine Balloon Tamponade (ESM-UBT), Endometrial Biopsy Curette.

## PT Tunggall

PT Tunggall Idaman Abdi (PT Tunggall) 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 Tunggall 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.

## Senador Laboratories (formerly Mylan)

Senador Laboratories is now part of Insud Pharma. Our mission is to enhance global health by delivering accessible, effective, safe, and high-quality medicines through our diverse business units. We remain committed to provide high-quality hormonal products that support and positively impact women's health.

## 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.

# APPENDICES

## APPENDIX A

85 in-scope countries: market volumes by method<sup>1</sup> and country, 2019–2023

EXHIBIT A.1: 85 in-scope countries: 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	30,000	226,080
Comoros	1,180,800	–	–	500	–
Congo	–	26,300	19,800	191,405	9,540
Cote d'Ivoire	25,732,600	180,376	692,050	33,000	2,906,090
Djibouti	288,000	–	–	–	218,160
DPR Korea	–	–	–	–	74,880
DRC	46,256,800	867,864	3,128,810	211,384	2,297,938
Egypt	11,224,800	333,164	–	490,200	–
El Salvador	3,049,000	–	160,000	–	84,672
Eritrea	–	17,300	100,000	–	10,800
Eswatini	22,008,000	–	82,999	–	4,500
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

<sup>1</sup> Female condoms are aggregated with male condoms, hormonal IUDs are aggregated with copper IUDs, and combined and progestin-only orals are aggregated with emergency contraceptives by country in order to protect data confidentiality.

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
India	–	–	–	814,796	38,100
Indonesia	5,000	–	–	1,093,300	–
Iran	–	–	–	–	–
Jordan	14,400	–	–	23,700	–
Kenya	38,478,000	366,320	80,000	448,930	3,613,720
Kiribati	–	–	–	–	–
Kyrgyz Republic	198,000	–	–	–	–
Lao PDR	1,490,400	–	256,000	–	2,857,608
Lebanon	511,200	–	–	–	64,320
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
Mali	25,216,560	293,636	256,200	29,000	682,560
Mauritania	5,000	18,580	46,200	–	813,960
Micronesia	–	–	–	–	–
Mongolia	180,000	–	103,260	103,000	285,600
Morocco	–	–	–	46,100	–
Mozambique	69,433,000	180,308	4,086,200	31,150	4,518,240
Myanmar	26,785,000	69,900	1,425,000	30,000	16,454,095
Nepal	13,999,870	224,200	349,800	–	2,407,144
Nicaragua	–	5,484	–	9,000	–
Niger	444,000	116,248	100,000	–	1,416,762
Nigeria	60,693,400	1,217,772	3,450,800	329,216	1,715,240
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
State of Palestine	1,761,120	–	–	–	–
Sudan	–	26,800	146,400	–	6,472,122
Syria	1,895,040	–	11,000	–	–
Tajikistan	9,572,398	–	166,000	–	717,768
Tanzania	30,880,356	421,154	3,895,300	174,590	4,488,591

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Timor-Leste	725,760	10,000	220,000	–	340,704
Togo	26,079,160	78,600	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	–	–	490,900	596,950	–
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
Zimbabwe	140,329,440	186,600	758,000	48,500	16,751,896
Other in-scope country shipments	5,955,160	456,500	6,291,200	341,900	12,749,040
<b>Total Volumes</b>	<b>1,194,578,599</b>	<b>11,415,887</b>	<b>70,703,064</b>	<b>9,424,487</b>	<b>260,413,841</b>

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024.

## EXHIBIT A.2: 85 in-scope countries: 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	25,000	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	–	625	21,300	148,600	12,600
Cote d'Ivoire	8,642,000	198,000	987,000	28,500	4,758,577
Djibouti	250,880	200	–	–	39,600
DPR Korea	–	–	–	–	–

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
DRC	77,059,680	1,194,128	966,200	122,000	3,090,000
Egypt	1,000	53,000	1,387,600	180,030	-
El Salvador	10,127,200	-	50,000	-	467,280
Eritrea	-	14,500	4,000	-	162,000
Eswatini	-	-	-	-	9,900
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	-
Iran	-	-	-	-	-
Jordan	-	-	-	-	-
Kenya	23,732,800	1,510,832	1,360,048	400,750	3,319,772
Kiribati	-	-	-	-	-
Kyrgyz Republic	-	-	-	300	-
Lao PDR	-	-	526,000	-	1,600,488
Lebanon	2,664,000	-	-	-	-
Lesotho	4,378,600	2,900	129,800	1,500	660,780
Liberia	15,774,000	76,200	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
Mali	2,954,200	297,950	937,300	31,000	30,960
Mauritania	-	3,300	175,600	-	385,344
Micronesia	-	-	-	-	-
Mongolia	280,800	500	75,000	14,400	495,000
Morocco	-	-	-	-	-
Mozambique	106,529,230	112,100	1,136,900	-	2,654,220
Myanmar	17,952,400	52,232	3,463,620	3,500	13,229,472
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	1,471,608	4,234,600	722,299	3,021,423
Pakistan	30,096,000	95,200	-	542,712	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	-	-	-	-	-

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Sao Tome and Principe	–	200	17,400	–	2,700
Senegal	9,345,000	75,000	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
State of Palestine	3,335,042	–	–	–	–
Sudan	4,320,000	59,944	2,500	6,000	4,651,020
Syria	5,927,900	–	–	–	150,480
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	868,680	2,341,900	138,000	1,915,410
Ukraine	–	–	–	–	–
Uzbekistan	6,854,400	–	279,400	830,000	–
Vanuatu	–	–	40,000	–	–
Vietnam	3,888,000	18,000	146,440	169,350	–
Western Sahara	–	–	–	–	–
Yemen	504,000	67,900	70,000	200,000	5,177,940
Zambia	99,441,200	392,532	3,228,400	118,800	5,095,576
Zimbabwe	57,873,000	264,444	2,555,400	69,000	13,756,208
Other in-scope country shipments	4,111,600	1,126,600	14,319,600	193,560	21,995,237
<b>Total Volumes</b>	<b>1,062,158,942</b>	<b>13,494,296</b>	<b>84,863,476</b>	<b>6,463,863</b>	<b>297,202,024</b>

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024.

### EXHIBIT A.3: 85 in-scope countries: 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

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
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	8,640,000	5,100	6,600	406,275	30,600
Cote d'Ivoire	8,260,620	150,880	524,600	29,900	6,698,447
Djibouti	561,024	3,000	9,600	–	–
DPR Korea	–	–	–	–	–
DRC	196,001	681,100	2,187,100	6,000	1,301,037
Egypt	–	365,090	–	–	–
El Salvador	714,096	–	–	–	277,920
Eritrea	–	35,200	98,400	5,000	171,900
Eswatini	–	4,208	72,000	–	–
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	–
Iran	–	–	–	–	–
Jordan	18,000	–	–	37,000	–
Kenya	–	701,740	312,800	3,575	300,240
Kiribati	–	–	–	–	–
Kyrgyz Republic	1,814,400	–	–	–	–
Lao PDR	–	–	222,000	–	20,700
Lebanon	–	–	–	–	285,840
Lesotho	1,640,040	3,795	252,600	2,500	763,434
Liberia	7,407,000	32,300	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
Mali	46,485,520	173,505	778,800	17,000	437,040
Mauritania	3,499,200	19,600	65,400	51,500	355,338
Micronesia	–	–	–	–	–
Mongolia	187,200	–	41,250	49,000	286,000



Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Morocco	–	–	–	–	–
Mozambique	78,397,400	386,696	2,279,000	8,750	1,967,202
Myanmar	37,621,290	24,640	269,380	–	9,484,466
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	1,116,791
Pakistan	18,892,800	246,400	425,000	1,622,960	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	–	–	–	–	–
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	–
State of Palestine	–	–	–	1,000	–
Sudan	7,552,800	77,400	150,625	35,500	100,080
Syria	–	–	40,700	50,000	524,880
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
Zimbabwe	50,475,000	173,324	510,000	15,000	3,813,984
Other in-scope country shipments	2,216,000	422,000	15,751,320	146,450	8,160,126
<b>Total Volumes</b>	<b>1,292,000,491</b>	<b>13,388,112</b>	<b>57,936,760</b>	<b>5,620,510</b>	<b>270,878,845</b>

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024.

## EXHIBIT A.4: 85 in-scope countries: contraceptive market volumes by method, 2022

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	31,214,376	152,500	1,121,100	21,900	2,795,364
Algeria	–	–	–	–	–
Angola	32,671,200	–	–	–	–
Bangladesh	–	–	6,070,000	6,002	62,531,522
Belize	149,760	–	–	–	–
Benin	26,536,132	239,085	312,900	8,500	464,112
Bhutan	187,200	–	–	–	–
Bolivia	1,877,800	117,500	210,600	55,500	12,096
Burkina Faso	35,259,792	82,024	1,419,200	37,000	302,400
Burundi	19,347,600	–	1,035,000	900	1,980,788
Cabo Verde	10,000	5,000	–	–	332,316
Cambodia	10,811,088	36,000	750,000	55,000	14,661,124
Cameroon	11,557,148	77,848	400,600	27,250	212,292
Central African Republic	733,968	100,000	285,900	–	72,648
Chad	1,542,000	105,684	1,001,700	6,000	578,340
Comoros	993,600	1,500	45,100	–	–
Congo	8,278,704	6,156	25,300	320,980	50,040
Cote d'Ivoire	14,844,000	321,424	568,500	52,100	374,760
Djibouti	83,520	500	8,000	–	5,040
DPR Korea	–	–	–	–	–
DRC	110,136,644	1,251,538	2,548,500	20,160	3,302,308
Egypt	–	240,060	–	1,102,000	–
El Salvador	10,404,808	10,000	140,500	9,490	–
Eritrea	–	42,900	100,000	–	41,040
Eswatini	10,299,000	–	40,000	–	–
Ethiopia	8,700,000	1,639,292	1,746,000	500,000	1,470,947
Gambia	3,981,168	–	234,800	–	275,040
Ghana	35,615,000	100,776	925,800	17,150	8,366,400
Guinea	18,177,104	25,700	450,000	20,000	590,610
Guinea-Bissau	504,000	55,000	6,600	–	–
Haiti	42,307,752	31,800	434,000	–	156,780
Honduras	29,149,920	34,208	1,187,400	15,000	100,800
India	41,000	3,000	–	–	–
Indonesia	8,217,648	12,960	–	293,175	–
Iran	3,886,992	–	–	–	–
Jordan	21,600	–	–	60,000	–
Kenya	10,688,000	1,054,024	1,630,000	32,420	310,240
Kiribati	14,400	–	–	–	–
Kyrgyz Republic	3,780,000	–	–	300	–

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Lao PDR	–	54,240	184,200	30,000	–
Lebanon	655,592	–	–	1,822	593,136
Lesotho	15,736,608	10,217	268,600	–	31,140
Liberia	–	30,000	30,200	25,000	773,532
Madagascar	5,756,088	445,832	5,186,320	12,715	2,744,208
Malawi	10,663,000	375,736	5,200,000	–	2,678,184
Mali	8,989,348	229,518	1,047,600	3,502	958,428
Mauritania	835,200	19,136	353,400	50,700	577,332
Micronesia	–	–	–	–	–
Mongolia	187,200	6,000	–	56,500	–
Morocco	86,400	–	–	19,500	–
Mozambique	135,561,696	498,796	1,638,400	96,600	4,854,132
Myanmar	18,157,824	55,860	3,120	35,000	13,847,468
Nepal	16,056,000	20,000	2,028,000	–	1,316,288
Nicaragua	3,386,736	11,604	174,000	6,000	–
Niger	602,600	238,056	1,286,600	–	2,497,248
Nigeria	100,251,704	652,564	3,943,000	478,410	1,971,832
Pakistan	3,283,776	–	70,000	2,079,135	–
Papua New Guinea	6,753,168	50,000	210,400	–	646,380
Philippines	6,361,352	–	–	165,300	–
Rwanda	19,064,400	346,036	830,800	12,600	772,452
Samoa	–	–	–	–	–
Sao Tome and Principe	1,153,440	1,000	35,000	100	18,000
Senegal	16,937,000	139,877	502,000	71,000	1,370,160
Sierra Leone	1,247,000	240,000	221,800	–	215,280
Solomon Islands	–	–	–	–	–
Somalia	560,736	103,000	85,000	–	–
South Sudan	11,030,800	43,348	462,800	–	–
Sri Lanka	2,270,660	75,000	236,200	30,000	2,214,000
State of Palestine	1,597,536	–	–	4,070	–
Sudan	1,500,048	59,000	974,900	52,120	462,240
Syria	2,145,600	–	–	25,600	641,520
Tajikistan	157,000	–	35,000	90,000	–
Tanzania	13,646,592	1,196,293	1,223,700	–	283,680
Timor-Leste	2,006,640	4,500	50,000	–	–
Togo	27,769,480	28,286	400,000	2,000	–
Tunisia	–	–	–	–	–
Uganda	123,806,320	1,081,296	3,678,400	5,840	186,480
Ukraine	18,383,280	–	–	–	–
Uzbekistan	7,488,000	–	–	537,860	–
Vanuatu	4,500	–	–	–	–

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Vietnam	25,071,120	–	240,000	100,000	–
Western Sahara	–	–	–	–	–
Yemen	1,008,000	69,468	50,000	255,040	900,000
Zambia	86,990,352	239,016	3,700,200	223,360	1,020,240
Zimbabwe	146,889,060	130,000	1,300,000	36,000	–
Other in-scope country shipments	2,674,000	863,500	21,702,445	21,380	14,161,929
<b>Total Volumes</b>	<b>1,338,748,780</b>	<b>13,063,658</b>	<b>80,049,585</b>	<b>7,187,981</b>	<b>154,722,296</b>

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024.

### EXHIBIT A.5: 85 in-scope countries: contraceptive market volumes by method, 2023

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	17,346,000	140,000	906,600	169,000	1,984,556
Algeria	–	–	–	–	–
Angola	13,706,448	–	1,200,000	–	–
Bangladesh	288,000	5,000	5,000,800	10,000	83,380,948
Belize	2,000	–	15,000	3,000	30,240
Benin	44,402,584	114,500	117,000	42,000	140,400
Bhutan	–	–	–	–	–
Bolivia	3,479,652	141,116	–	1,800	10,900
Burkina Faso	28,573,160	183,000	1,521,900	29,600	1,044,360
Burundi	–	62,500	822,100	12,700	488,181
Cabo Verde	2,006,600	–	–	–	1,053,504
Cambodia	8,953,344	59,900	1,300,000	–	4,231,664
Cameroon	16,581,300	114,000	1,481,000	91,450	175,100
Central African Republic	29,652,472	30,800	129,500	10,052	472,404
Chad	9,732,416	–	1,325,900	20,000	2,100,204
Comoros	–	–	–	4,587	–
Congo	11,073,200	644	77,600	141,000	–
Cote d'Ivoire	9,221,400	348,760	501,000	45,000	790,416
Djibouti	83,520	500	30,000	–	12,960
DPR Korea	1,008,000	–	–	–	23,040
DRC	121,271,608	773,515	4,254,200	201,080	1,872,821
Egypt	190,368	760,000	–	1,881,420	–
El Salvador	14,775,552	30,600	24,000	–	150,480
Eritrea	–	95,700	–	500	–
Eswatini	8,875,000	2,400	64,900	3,052	2,700
Ethiopia	19,582,800	884,575	2,200,525	1,050,000	11,091,143
Gambia	5,683,240	–	190,000	–	165,312

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Ghana	84,479,928	411,250	1,859,300	39,600	8,850,516
Guinea	21,605,272	110,000	370,000	21,660	795,780
Guinea-Bissau	3,461,352	30,000	31,500	6,300	57,204
Haiti	50,243,856	17,900	356,200	1,000	271,440
Honduras	2,256,200	85,524	457,800	60,200	-
India	-	100,368	200,000	1,321,664	-
Indonesia	5,569,200	-	-	881,575	-
Iran	-	-	-	-	-
Jordan	707,040	-	-	12,000	-
Kenya	18,500,000	647,284	1,623,000	35,840	8,000
Kiribati	-	-	-	-	-
Kyrgyz Republic	30,000	-	-	1,700	-
Lao PDR	1,648,800	30,024	611,200	-	1,856,988
Lebanon	1,500,480	-	-	106,206	182,880
Lesotho	10,067,344	4,000	43,000	-	3,600
Liberia	2,070,000	10,000	630,000	5,000	-
Madagascar	-	347,758	6,190,600	168,060	1,175,616
Malawi	145,543,952	310,504	5,709,000	7,400	596,088
Mali	6,416,000	320,100	249,550	95,000	213,840
Mauritania	3,513,640	39,460	85,800	-	47,520
Micronesia	-	-	-	-	-
Mongolia	194,400	-	-	15,100	310,000
Morocco	-	-	-	-	-
Mozambique	111,007,368	390,632	5,723,400	-	4,798,908
Myanmar	18,103,284	-	250,000	15,150	6,719,800
Nepal	8,371,400	96,600	1,540,800	32,623	2,011,380
Nicaragua	1,444,176	24,500	-	600	-
Niger	10,000	169,400	900,000	-	1,352,016
Nigeria	163,821,464	1,338,012	4,110,000	964,440	1,413,568
Pakistan	26,981,712	190,432	195,250	1,238,950	-
Papua New Guinea	9,956,016	200,900	812,800	4,700	494,658
Philippines	-	606,014	-	80,000	-
Rwanda	31,744,800	281,420	388,400	-	1,196,784
Samoa	-	-	-	-	-
Sao Tome and Principe	815,616	-	6,600	160	87,372
Senegal	16,880,408	214,960	416,000	22,000	107,766
Sierra Leone	24,537,896	65,900	956,500	34,306	870,234
Solomon Islands	-	-	-	-	-
Somalia	514,200	40,000	144,000	30,000	720,252
South Sudan	31,680,000	43,276	290,000	-	1,785,528
Sri Lanka	12,227,904	107,200	517,200	93,000	3,305,512

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
State of Palestine	3,338,928	1,500	–	–	–
Sudan	10,792,448	102,752	–	–	1,535,136
Syria	2,448,000	–	50,600	–	586,080
Tajikistan	12,800,800	4,500	25,000	150,000	390,096
Tanzania	12,195,500	897,752	3,724,900	1,920	1,761,080
Timor-Leste	200,000	4,100	50,000	50,000	240,192
Togo	12,340,992	54,200	483,600	4,200	88,020
Tunisia	1,504,800	–	–	–	–
Uganda	182,501,184	425,596	2,443,900	94,843	2,261,285
Ukraine	32,474,784	–	60,000	70,000	1,634,400
Uzbekistan	11,614,896	–	–	–	–
Vanuatu	–	–	–	–	–
Vietnam	12,324,960	–	–	206,000	–
Western Sahara	–	–	–	–	–
Yemen	288,000	70,236	745,000	100,000	6,787,536
Zambia	68,291,464	177,776	4,710,000	62,000	1,165,264
Zimbabwe	114,768,096	189,768	861,300	27,000	368,220
Other in-scope country shipments	12,827,088	1,386,300	14,065,240	125,414	20,459,844
<b>Total Volumes</b>	<b>1,673,104,312</b>	<b>13,295,408</b>	<b>83,049,465</b>	<b>9,901,852</b>	<b>185,731,736</b>

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024.

## 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:

- **Supplier Shipment Data:** 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. 2022 onwards, the FP Market Report encompasses the broader set of all low- and lower-middle income countries based on the World Bank country income classification. The 2024 FP Market Report captures data for 85 in-scope countries.<sup>2</sup> The classification represents the evolved global partnership and measurement structure for the FP community that was announced by FP2030 in 2021. In the 2024 FP Market Report, shipment data covering global procurer sales (USAID and UNFPA), MOH tender volumes, as well as SMO purchases have been collected from 18 participating manufacturers across seven family planning product categories.
- **U.S. Agency for International Development (USAID) Overview of Contraceptive and Condom Shipments Report:** 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 UNFPA & USAID Procurement Value Analysis, the FY2019 through FY2023 reports were accessed and used to analyze USAID’s contraceptive procurement value in 85 in-scope countries 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) Supply Chain Management Unit (SCMU) 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 UNFPA & USAID Procurement Value Analysis, CHAI worked with UNFPA SCMU to determine the value of the contraceptive procurement conducted by UNFPA programme procurement and Third-Party Procurement from 2019 to 2023 for the 85 in-scope countries. 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):**<sup>3</sup> The RH Viz database provides visibility into contraceptive shipments volumes via a series of public-facing dashboards. RH Viz combines historical shipment data (from 2008 to 2016) with live procurer shipment data from the Global FP VAN (from 2017 onwards). 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. Due to logistical challenges with collecting comprehensive 2023 female condom shipment data, the report also leverages shipment volumes for female condoms from RH Viz for 2023.

Additionally, this report’s Domestic Government Spend analysis summarizes data from multiple sources that capture information on domestic financing for contraceptive procurement by country. Domestic financing for other contraceptive-related costs, e.g., service provision, human resources, etc. were out of scope for this analysis since the Market Report is focused on understanding contraceptive procurement trends specifically. The following table provides an overview of the data sources reviewed to inform the domestic government spend analysis:

<sup>2</sup> As agreed upon with FP2030, each year an assessment will be made and countries will be included in the FP Market Report’s scope if they are classified as low- and lower-middle-income countries for that year based on the latest World Bank’s country income classifications (for example, Jordan is a new addition in this year’s report based on the World Bank’s country income classification for FY24). Historical supplier shipment data is gathered for any new countries added to the report scope each year to ensure the same country scope is covered across the five-year time period. In consultation with FP2030, it was also decided that countries that have recently graduated from low- or lower-middle-income status (for example, under the FY24 World Bank income classification, Indonesia, El Salvador, and West Bank and Gaza moved to upper-middle income classification) will not be excluded from the report scope since the report covers a historic time period. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara. However, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report.

<sup>3</sup> 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.

## EXHIBIT B.1: Domestic financing data sources

Data source	Data referenced in the FP Market Report analysis	Frequency of collection	Method of collection	Country scope	Data years reviewed in the FP Market Report analysis	Number of in-scope countries with reported data
USAID <a href="#">Contraceptive Security (CS) Indicators survey</a>	Estimate of government expenditure <sup>4</sup> on contraceptive commodities in the most recent complete year, the latest 12-month period for which both contraceptive commodities forecast data and expenditure data are fully available for the public sector. <sup>5</sup>	Since 2017, data has been collected every two years <sup>6</sup>	Survey of national governments	Varies; <sup>7</sup> 63 unique countries captured in the analysis since 2010, with 40 countries in 2023.	2023	36 countries
UNFPA National Budget Allocation & Spend	Amount spent by national governments on contraceptive procurement in each year	Annual <sup>8</sup>	Survey of national governments (via UNFPA country offices)	54 countries supported by UNFPA	2022, 2023	54 countries
Track20 <a href="#">Family Planning Spend Assessment (FPSA)</a>	Estimate of government expenditure on procurement of modern methods of contraception in the most recent year	Annual	Data produced using a modified System of Health Accounts approach and National Aids Spending Assessment (NASA) methodologies. <sup>9</sup> Results are validated by governments.	45 country reports in 2022	2022	28 countries

Note: The CS Indicators survey and the UNFPA National Budget Allocation and Spend data sources do not define the specific contraceptives included but rather ask about funding of contraceptive commodities overall.

4 This includes internally generated funds and other government funds. Internally generated funds are defined as funds drawn from government revenue sources – usually from various taxes, duties or fees. They can be generated at the central or lower levels of government. Other government funds, include basket funds, World Bank credits or loans, and other funds donors give to the government (e.g., direct budget support). Basket funds are defined as government managed pooled funds and can be generated with input from financing partners. These funds originate from various sources which may include donor and the government. These funds, and World Bank assistance can be given as general support or can be specifically earmarked for particular programs and activities. In each case the government defines the priority area for these funds and has significant control over how they are spent. Thus, 'other government' funds spend on contraceptive procurement indicates the government's commitment to family planning.

5 Based primarily on the value of commodities actually delivered in that 12-month period. Values are subject to exchange rate fluctuations.

6 The corresponding report of survey data is released up to 12 months after the survey is conducted e.g., the 2021 report is based on survey data collected in August - November 2021 reporting on expenditure in the most recently completed fiscal year.

7 USAID Family Planning Priority Countries, USAID Family Planning transitioned countries, and Ouagadougou Partnership countries are prioritized to receive the CS Indicators survey. The corresponding report of survey data is released up to 12 months later e.g., the 2021 report is based on survey data collected in August - November 2021 reporting on expenditure in the most recently completed fiscal year.

8 This survey is conducted in January each year to capture information for the previous year. Any expenditures recorded by these countries after the reporting period is not reflected in this data.

9 In situations where data on actual expenditures on FP are lacking, costing techniques using internationally accepted costing methods and standards are leveraged to estimate expenditures.



Combined together, these three sources provide visibility into domestic spend for 65 unique in-scope countries.

### EXHIBIT B.2: 65 in-scope countries with domestic expenditure estimates (for commodities), across three sources

Afghanistan	DRC	Malawi	Sri Lanka
Angola	El Salvador	Mali	State of Palestine
Bangladesh	Eritrea	Mauritania	Sudan
Benin	Eswatini	Mozambique	Tajikistan
Bhutan	Ethiopia	Myanmar	Tanzania
Bolivia	Gambia	Nepal	Timor-Leste
Burkina Faso	Ghana	Niger	Togo
Burundi	Guinea	Nigeria	Tunisia
Cabo Verde	Guinea-Bissau	Pakistan	Uganda
Cambodia	Haiti	Papua New Guinea	Uzbekistan
Cameroon	Honduras	Philippines	Vietnam
Central African Republic	Kenya	Rwanda	Yemen
Chad	Kyrgyz Republic	Sao Tome and Principe	Zambia
Comoros	Lao PDR	Senegal	Zimbabwe
Congo	Lesotho	Sierra Leone	
Cote d'Ivoire	Liberia	Somalia	
Djibouti	Madagascar	South Sudan	

## APPENDIX C – ESTIMATING THE VALUE OF THE PUBLIC-SECTOR MARKET IN 85 IN-SCOPE COUNTRIES

The value of the public-sector market across 85 in-scope countries 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
Emergency Contraceptives	Doses

## Historical Supplier-Reported Data

This year's market report includes historical supplier-reported shipment data from 17 manufacturers – Bayer, Cipla, Corporate Channels, Cupid, Female Health Company, Incepta, Injeflex, Medicines360, Organon & Co., Pfizer, Pregna, PT Tunggal, Renata, Senador Laboratories (formerly Mylan), Shanghai Dahua, SMB, and Techno Drugs. The report has a total of 18 participating manufacturers; however, CR Zizhu does not have any relevant shipments to report in the in-scope countries between 2019 and 2023 but has reported relevant FP shipments in earlier years. Collectively, the total volumes cover global procurer sales (USAID and UNFPA), MOH tenders and SMO purchases across seven family planning product categories.

**Participating suppliers have cumulatively shipped 65 million female condoms,<sup>10</sup> 65 million implants, 377 million injectables, 38 million copper IUDs, 0.4 million hormonal IUDs, 1,108 million orals (combined & progestin only), and 61 million emergency contraceptives from 2019 to 2023.**

It is important to note that there were several shipments to procurer (USAID, UNFPA, SMO) warehouses located in out-of-scope countries, such as Belgium, Denmark, Finland, France, Germany, Netherlands, Switzerland, and the UK. Although these volumes were initially shipped to out-of-scope countries, these shipments were likely to go onto the 85 in-scope countries as confirmed with the suppliers. As a result, these volumes were included in the total shipments to the 85 in-scope countries after it was confirmed with suppliers that these specific out-of-scope country volumes were associated with institutional 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 85 in-scope countries. 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 2019 to 2023 for historical supplier-reported shipment volumes to the 85 in-scope countries 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 - Copper & Hormonal	Orals
Bayer		•	•	•	•
Cipla					•
Corporate Channels				•	
CR Zizhu					•
Cupid	•				
Female Health Company	•				
Incepta			•		
Injeflex				•	
Medicines360				•	
Organon & Co.		•			•
Pfizer			•		
Pregna				•	
Pt Tunggal			•		

<sup>10</sup> Due to logistical challenges with collecting comprehensive 2023 female condom shipment data, the report has leveraged supplier reported shipment female condom volumes for 2019 to 2022, and 2023 shipment volumes for from RH Viz.

Manufacturer	Condoms - Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Renata			•		•
Senador Laboratories (formerly Mylan)			•	•	•
Shanghai Dahua		•			
SMB				•	
Techno Drugs		•	•		•

### EXHIBIT C.3: Supplier-reported shipment volumes to 85 in-scope countries by method, 2019-2023

Method	2019	2020	2021	2022	2023	Cumulative Total
Condoms – Female	22 M	18 M	13 M	12 M	-	<b>65 M</b>
Implants	11 M	13 M	13 M	13 M	13 M	<b>62 M</b>
Injectables	71 M	85 M	58 M	80 M	83 M	<b>377 M</b>
IUDs - Copper	9 M	6 M	5 M	7 M	10 M	<b>38 M</b>
IUDs - Hormonal	0.03 M	0.01 M	0.12 M	0.11 M	0.14 M	<b>0.4 M</b>
Orals - Combined & Progestin Only	252 M	284 M	258 M	147 M	168 M	<b>1108 M</b>
Emergency Contraceptives	9 M	14 M	13 M	8 M	17 M	<b>61 M</b>

Note: Cumulative totals calculated using actual, rather than rounded numbers.  
Sources: [1] Historical Supplier-Reported Shipment Data.

### EXHIBIT C.4 Supplier-reported shipment volumes as a percentage of RH Viz-reported volumes by method, 2019-2023

Method	2019	2020	2021	2022	2023	Cumulative Total
Condoms - Female	141%	108%	105%	94%	-	102%
Implants	143%	143%	131%	107%	107%	120%
Injectables	129%	136%	102%	109%	96%	110%
IUDs - Copper & Hormonal	386%	318%	262%	389%	136%	263%
Orals - Combined & Progestin Only	359%	256%	333%	196%	193%	264%
Emergency Contraceptives	674%	580%	394%	272%	561%	447%

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2024

## Male Condom Market & Additional Female Condom Shipments

RH Viz shipment data for male condoms was used to capture a more comprehensive view of the public-sector family planning market for the 85 in-scope countries. The report used RH Viz shipment data from 2019 to 2023 and included all male condom shipment volumes to the 85 in-scope countries as well as volumes associated with procurer warehouses in out-of-scope countries. Due to logistical challenges with collecting comprehensive 2023 female condom shipment

data, the report also leveraged shipment volumes for female condoms from RH Viz for 2023. The same approach used for male condoms was applied to the 2023 female condom shipment data.<sup>11</sup>

The supplier-reported volumes for female condoms, implants, injectables, IUDs, and orals, together with RH Viz shipment volumes for male condoms and 2023 shipment volumes for female condoms, represent the estimated public-sector market in 85 in-scope countries from 2019 to 2023.

### EXHIBIT C.5: RH Viz male & female condoms shipment volumes, 2019-2023

Method	2019	2020	2021	2022	2023
Condoms – Male	1.17 B	1.04 B	1.28 B	1.33 B	1.66B
Condoms - Female	-	-	-	-	14M

Sources: [1] RH Viz Shipment Data, retrieved August 2024

### Total Public-Sector Market in 85 in-scope countries 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 USAID.<sup>12</sup> CYP factors calculate the estimated protection provided by different contraceptive methods. Because methods may have different CYPs associated with 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, 2019-2023

Method	Couple-Years of Protection (CYP)
Method	Per 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
Emergency Contraceptives	20

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

<sup>11</sup> Total yearly volumes are based on the year that the product was shipped.

<sup>12</sup> USAID refreshed its CYP conversation factors in January 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 in 85 in-scope countries

The total value of contraceptive procurement in the public sector 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.<sup>13</sup> The 2023 UNFPA Contraceptive Price Indicator has not been published. Thus, we use the assumption that the unit cost in 2023 is the same as 2022 prices. 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 2019-2021 as well. Finally, the Implant Access Program price of \$8.50 was applied to implant volumes from 2019 to 2020. From 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 2021 to 2023. 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.

To maintain consistency across dollar-value comparisons, this average pricing was applied to all market trends across supplier-reported and RH Viz-reported volumes.

### EXHIBIT C.7: AVERAGE UNIT PRICE

Method	Price Range		2019	2020	2021	2022	2023
Method	Minimum	Maximum	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price
Condoms - Female	\$0.43	\$0.49	\$0.44	\$0.43	\$0.44	\$0.49	\$0.49
Condoms - Male	\$0.02	\$0.03	\$0.02	\$0.02	\$0.02	\$0.03	\$0.03
Implants	\$8.26	\$8.68	\$8.37	\$8.26	\$8.68	\$8.62	\$8.62
Injectables	\$0.77	\$0.81	\$0.77	\$0.81	\$0.81	\$0.79	\$0.79
IUDs - Copper	\$0.31	\$0.43	\$0.31	\$0.37	\$0.43	\$0.42	\$0.42
IUDs - Hormonal	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84
Orals - Combined	\$0.21	\$0.24	\$0.23	\$0.23	\$0.21	\$0.23	\$0.23
Orals - Progestin Only	\$0.28	\$0.32	\$0.29	\$0.30	\$0.28	\$0.32	\$0.32
Emergency Contraceptives	\$0.23	\$0.40	\$0.40	\$0.26	\$0.25	\$0.23	\$0.23

Notes: [1] For 2019-2023, the 2021 publicly available price for hormonal IUDs is used; [2] Otherwise, the price range and unit prices in each year are based on UNFPA's Contraceptive Price Indicator.[3] The 2023 UNFPA Contraceptive Price Indicator has not been published. Thus, we use the assumption that the unit cost in 2023 is the same as 2022 prices.

Sources: [1] UNFPA Contraceptive Price Indicator, 2019 to 2022

13 UNFPA, "UNFPA Contraceptive Price Indicator—Year 2022", available at <https://www.unfpa.org/sites/default/files/resource-pdf/Contraceptive%20Price%20Indicator%202022.pdf>, 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](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](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2019_V2_-_EXTERNAL.pdf).

## APPENDIX D – ESTIMATING TOTAL GLOBAL PROCURER SPEND VOLUMES IN 85 IN-SCOPE COUNTRIES

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 contraceptive procurement value by these major global procurers. For more information on each of these data sources, refer to Appendix B.

## APPENDIX E – ADDITIONAL MARKETS VISIBILITY

This report has historically included supplementary research and analysis using publicly available data sources in three large markets: Bangladesh, India, and Indonesia.<sup>14</sup> 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 an initial view into domestic procurement in these markets, which may not be fully covered by the suppliers participating in this report.

### Bangladesh

	2019	2020	2021	2022	2023	YOY Change 2022-23	CAGR 2019-23
CYPs procured (M)	12	13	13	5	3	(42%)	(24%)
Market Value (\$M)	39	39	41	16	10	(37%)	(24%)
Volumes (M)	227	237	240	69	88	27%	(17%)

The Bangladesh Ministry of Health and Family Welfare (MOHFW) procured<sup>15</sup> significantly lower volumes in recent years: 3 million CYPs in 2023 and 5 million CYPs in 2022, compared to 13 million CYPs annually in 2021 and 2020, and 12 million CYPs in 2019. This decline aligns with Bangladesh's reduced market share (in terms of market value) observed in the supplier shipment analysis ([Exhibit 8](#)). The MOHFW procurement data indicates that the decrease in 2023 CYPs procured compared to 2022 was primarily driven by no procurement of implants and IUDs, along with reduced emergency contraceptive procurement. Procurement contracts in 2023 were awarded primarily to regional and local suppliers, including but not limited to: Essential Drugs Co., Khulna Essential, M/S, Renata Ltd., Popular Pharmaceuticals Ltd., and Techno Drugs. The implied value<sup>16</sup> from Bangladesh's procurement contracts is estimated to be \$9.8 million for 2023, as compared to the \$24 million implied by the 2023 supplier shipment data.<sup>17</sup>

Although procurement in Bangladesh has declined recently, contraceptive consumption has remained relatively stable. A review of Bangladesh's supply chain reports<sup>18</sup> revealed that public-sector consumption contracted slightly from 10.9 million CYPs in 2019 to 10.4 million CYPs in 2023, representing a 1 percent annual decrease (CAGR). However, CYPs consumed increased by 9 percent from 2022 to 2023, driven by growth in injectables (17 percent) and combined

<sup>14</sup> Per a 2016 analysis, which is when this market visibility analysis was added to the FP Market report, Bangladesh and India accounted for a large proportion of the gap between FP2020-reported users of product-based methods and users implied by the shipment data based on country-specific comparisons. Note: Indonesia also accounted for a notable proportion of the gap between FP2020-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.

<sup>15</sup> Note the Bangladesh MOHFW records procurement in terms of the date received for shipments, rather than date shipped.

<sup>16</sup> 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.

<sup>17</sup> While participating suppliers in the FP Market Report represent a smaller subset of all the suppliers active in the Bangladesh market, the implied Bangladesh market value from the supplier shipment analysis may exceed the estimated value from Bangladesh's government procurement contracts in some years since the supplier shipment data also includes shipments to social marketing organizations in country and is also calculated based on date shipped, rather than date received that is reported by the Bangladesh MOHFW.

<sup>18</sup> 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>

& progestin-only oral contraceptive pills (12 percent). The stability in public-sector consumption, despite lower procurement volumes, suggests the likely presence of buffer stocks from previous years' procurement.

This pattern of stable but stagnant consumption aligns with broader trends in modern contraceptive prevalence in Bangladesh, which has shown minimal change from 52 percent in 2017-18 to 55 percent in 2023.<sup>19</sup> The lower public sector procurement volumes in recent years could be partially explained by the shift in women obtaining their contraceptives from the public sector to the private sector. From the latest Bangladesh Demographic and Health Survey, the share of women obtaining contraceptives through the private sector has increased from 49 percent in 2017-18 to 57 percent in 2023. Additionally, some research indicates that the impact of the COVID-19 pandemic on family planning services<sup>20</sup> and reduced governmental focus on family planning programs<sup>21</sup> may have contributed to these trends.

This analysis relies on data from the Government of Bangladesh's Ministry of Health and Family Welfare (MOHFW)<sup>22</sup> for 2019, 2020, 2021, 2022 and 2023.<sup>23</sup>

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

Product Name	Supplier Name	2019	2020	2021	2022	2023
CONDOM	ESSENTIAL DRUGS CO. LTD.	11,600,800	72,163,600	91,088,400	22,664,800	37,289,200
CONDOM	KHULNA ESSENTIAL LATEX PLANT (KELP)	95,894,000	44,388,400	36,794,400	11,202,000	13,710,800
CONDOM	UNFPA	-	-	-	4,428,000	-
ECP (2 TAB/PACK)	M/S, RENETA LTD.	100,000	100,000	100,000	100,000	35,000
IMPLANT (2 ROD)	TECHNO DRUGS Ltd	429,054	-	575,000	899,885	-
IMPLANT (SINGLE ROD)	UNFPA	5,000	-	-	-	-
INJECTABLES (DMPA-IM)	TECHNO DRUGS Ltd	8,230,000	15,250,000	14,000,000	-	-
IUD (CT-380A)	SARBAN INTERNATIONAL LTD.	-	300,000	-	-	-
IUD (CT-380A)	Pathfinder	-	-	300	300	-
ORAL CONTRACEPTIVE PILL (SHUKHI)	M/S, RENETA LTD.	110,000,001	50,500,000	43,940,000	11,904,000	15,600,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	Popular Pharmaceuticals Ltd.	-	12,500,000	11,230,000	5,952,000	7,300,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	TECHNO DRUGS Ltd	-	38,000,000	32,800,000	11,904,000	13,600,000
ORAL PILL APON	M/S, RENETA LTD.	1,000,000	3,500,000	9,000,000	-	-

Source: Bangladesh MOHFW, Supply Chain Management Portal, 2024.

19 Data on modern contraceptive prevalence and source of contraceptive methods are from the Bangladesh Demographic and Health Survey (BDHS) 2017-18 and BDHS 2023. Available here: [https://dhsprogram.com/countries/Country-Main.cfm?ctry\\_id=1](https://dhsprogram.com/countries/Country-Main.cfm?ctry_id=1)

20 Rahman, M., Haider, M.R., Hossain, M.B. et al. (2024). "Impact of COVID-19 on family planning and contraceptive use in Bangladesh: findings from a cross-sectional study." Journal of Health, Population and Nutrition, 43(2). Available here: <https://jhpn.biomedcentral.com/articles/10.1186/s41043-024-00502-w#:~:text=for%20contraceptive%20methods,-Conclusion.across%20social%20and%20geographical%20lines>.

21 Rahman, M. M., & Mostofa, M. G. (2024, January 17). "Confronting stagnation in Bangladesh's contraceptive uptake." The Daily Star. Available here: <https://www.thedailystar.net/opinion/views/news/confronting-stagnation-bangladeshs-contraceptive-uptake-3712791>

22 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>

23 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 2019-2023.

## India

	FY2019-20	FY2020-21	FY2021-22* (only partial year data reported)	FY2022-23**	FY2023-24	YOY Change FY2022-23 - FY2023-24	CAGR FY2019-20 - FY2023-24
CYPs procured (M)	56	46	18	49	42	(14%)	(5%)
Market Value (\$M)	54	41	17	32	37	15%	(7%)
Volumes (M)	1,002	739	367	572	708	24%	(7%)

Based on India's Ministry of Health and Family Welfare (MOHFW)<sup>24</sup> Annual Report for the 2023-2024 fiscal year,<sup>25</sup> CYPs procured from product-based methods<sup>26</sup> totaled 42 million, down 14 percent from 49 million in FY 2022-23. Over the five-year period, CYPs procured declined by 5 percent each year (CAGR) since FY2019-20, when CYPs procured were 56 million.

In 2023-24, Copper IUDs continued to comprise the majority of CYPs provided in the MOHFW's contraceptive basket, accounting for 32 million CYPs provided (75 percent). Male condoms (12 percent of CYPs procured) and oral contraceptives (11 percent) followed as the next most significant methods procured in terms of CYPs in FY2023-24.

While there was a decline in overall CYPs procured, the number of CYPs procured for short-term methods (STMs) - such as male condoms, oral contraceptives, and emergency contraceptives - increased. This shift toward STMs likely had cost implications: the estimated procurement value<sup>27</sup> for FY 2023-24 is approximately \$37 million (compared to the \$1.6 million implied by the supplier shipment data<sup>28</sup>), 15 percent higher than the value in FY 2022-23, with the majority spend allocated to male condoms and oral contraceptive pills. This increase in expenditure, despite a decline in CYPs procured, depicts that short-term methods may be less cost-effective in terms of CYPs provided.

## EXHIBIT E.2: Annual reports of the Ministry Of Health & Family Welfare (includes fiscal years 2019-20 to 2023-24)

### EXHIBIT E.2.1: Quantities supplied to states/Union Territories (publicly-available data)

Contraceptives	FY2019-20	FY2020-21	FY2021-22* (only partial year data reported)	FY2022-23**	FY2023-24
Condoms (in million pieces)	378.1	397.1	205	235.4	306.0
Oral Pills (in lakh cycles)	591.6	427.6	184.4	217.2	400.0
Copper IUDs (in lakh pieces)	87.7	73.8	27.8	88.3	69.4
ECP (in lakh packs)	195.7	131.7	2.5	40.6	90.0

24 Government of India, Ministry of Health and Family Welfare, "Annual Report of Department of Health & Family Welfare for the year of 2023-24", "Annual Report of Department of Health & Family Welfare for the year of 2022-23", "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", available at: <https://mohfw.gov.in/?q=publications-10>.

25 The fiscal year for India runs from April 1 to March 31.

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

27 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. Although the India 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.

28 CHAI and RHSC are continually working to expand the set of participating suppliers in the Market Report in order to further enhance visibility into key markets, including India.



Centchroman Contraceptive Pill (Lakh Strips)	116.7	117.7	143.2	54.9	114.5
Injectable Contraceptive (Lakh Doses)	31.5	29.3	-	69.3	-

### EXHIBIT E.2.2 Social marketing sales of contraceptives (publicly-available data)

Contraceptives	FY2019-20	FY2020-21	FY2021-22* (only partial year data reported)	FY2022-23**	FY2023-24
Condoms (Million pieces)	507.5	244.3	126.1	283.0	322.6
Oral Pills (Social Marketing) (lakh cycles)	147.1	196	4.6	64.0	118.8

\*Data reported from the 2021-22 report only covers the time period from April 1, 2021, to Sept 30, 2021, finalized numbers for the entire year have not been reported.

\*\*Figures are provisional





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