Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2009

Acknowledgements

UNFPA is grateful for all of the invaluable contributions to this report, which would not have been possible without the active engagement and support of countless donors and agencies. Nor would the annual report have been possible—or as useful—without the guiding efforts of Jagdish Upadhyay, Chief of UNFPA's Commodity Security Branch. Also within UNFPA, special thanks go to Kabir Ahmed and Daniel Assefa for coordinating with donors and other stakeholders to collect, compile and clean data. The text of the donor support report was written by Christina Vrachnos with the support of the rest of the Commodity Management Branch.

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LIST OF ACRONYMS

AE	**Arab States/Eastern Europe**
AF	**Sub-Saharan Africa**
AP	**Asia and the Pacific**
BMZ/KfW	**Federal German Ministry for Economic Cooperation and Development/Kreditanstalt für Wiederaufbau**
CDC	**United States Centers for Disease Control and Prevention**
CPR	**Contraceptive Prevalence Rate**
CYP	**Couple Year Protection**
DFID	**UK Department for International Development**
GFATM	**Global Fund to Fight AIDS, Tuberculosis and Malaria**
HIV/AIDS	**Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome**
ICPD	**International Conference on Population and Development**
IPPF	**International Planned Parenthood Federation**
IUD	**Intrauterine Device**
LA	**Latin America and the Caribbean**
MDGs	**Millennium Development Goals**
MSI	**Marie Stopes International**
NGO	**Nongovernmental Organization**
OCEAC	**Organisation de Coordination pour la lutte contre les Endémies en Afrique Centrale**
PSI	**Population Services International**
RH	**Reproductive Health**
SRH	**Sexual and Reproductive Health**
STI	**Sexually Transmitted Infection**
UNDP	**United Nations Development Programme**
UNFPA	**United Nations Population Fund**
UNGASS	**United Nations General Assembly Special Session**
UNPD	**United Nations Population Division**
USAID	**United States Agency for International Development**
WHO	**World Health Organization**

I. EXECUTIVE SUMMARY

Since 1990, the United Nations Population Fund (UNFPA) has been tracking donor support for contraceptives and condoms for STI/HIV prevention. The Fund publishes an annual report based on this donor database to enhance the coordination among partners at all levels to continue progress toward universal access to sexual and reproductive health, as set forth in the ICPD Programme of Action and, subsequently, the Millennium Development Goals. This report represents the 2009 installment of the series and has three main sections. In addition to an executive summary, background and introduction, the first section summarizes patterns and trends—by method, by donor and by region—in donor support from 2000-2009. The second section takes a closer look at donor support for male and female condoms over time and by region. The third and final section compares aggregate donor support to global contraceptive need for 2000-2009 and provides projections of contraceptive needs through 2015.

Since 2001, male condoms have constituted the single largest donor expense as tracked in the donor support database. In terms of Couple Year Protection (CYP) for 2008, there was an increase in oral contraceptives and injectables, while for male condoms and IUDs, this fell. In 2009, however, there has been an increase of CYP in male condoms, reclaiming their status as frontrunner, followed closely by injectables and IUDs (more than doubled from 2008).

In 2009, USAID and UNFPA together accounted for about 70% of overall donor support for contraceptives and condoms for STI/HIV. USAID was the largest supplier of oral contraceptives, while UNFPA was the largest procurer of injectables, implants, and IUDs. UNFPA and USAID were also the largest suppliers for male and female condoms. Of total donor support in 2009, 59 percent was provided through bilateral funding; 34 percentchanneled through UNFPA, and 7 percent through Social Marketing organizations. USAID is the largest individual donor and contributed 37 percent of total donor support, increasing its support by about $19 million to $87.5 million in 2009. UNFPA supplied roughly 34 percent of the grand total, decreasing its support by about $8 million to $81.1 million in 2009. The total donor support provided in 2009 increased by almost $25 million to $ 238.8 million from $ 213.7 million in 2008.

In 2009, there was a strong link between commodity type and region. On the one hand, Sub-Saharan Africa,is by far the largest recipient of donor-procured quantities of female and male condoms, implants, oral contraceptives and injectables. On the other hand, implants increased dramatically in Asia Pacific, which was the largest recipient of units of IUDs, followed by the Arab States/Eastern Europe.

Some highlights of the 2009 report include:

- Donor support in 2009 was US$ 238.8 million, approximately an **11% increase** from 2008.

- **Donor share requirements** would nearly **need to double** in order to meet projected contraceptive need (estimated at US $408 million) in 2015.

- While in 2008, 80% of donor support was allocated to three types of commodities: male condoms, oral contraceptives and injectables; in 2009, there was a **more diversified commodity mix**. Male condoms led (30%), followed by injectables (22%), oral contraceptives (19%), implants (14%), and female condoms (12%).

- Donor support for female condoms more than doubled (from 18 million in 2008 to 38 million in 2009), while there were notable increases for IUDs and implants.

- Sub-Saharan Africa received 72% (up 10%) of total support in 2009. Asia and the Pacific region received 15% (down 10%). Latin America and the Caribbean and Arab States/Eastern Europe received 8% and 4%, respectively.

While the regions of Latin America/Caribbean and Arab States/Eastern Europe did not see notable changes in support, **donor support for Sub-Saharan Africa increased significantly** (up from US $133 million to $173 million in 2009). Asia and the Pacific, however, experienced a decline (from US $ 53 million to $37 million).

II. BACKGROUND

Held in Cairo in 1994, the International Conference on Population and Development (ICPD) marked a major milestone in the international community's struggle to improve sexual and reproductive health (SRH) for all. The 179 signatories to the ICPD's Programme of Action agreed to a broad spectrum of interrelated, mutually reinforcing development objectives, including access to comprehensive reproductive health (RH) services as a human right. The Programme of Action also called for significant reductions in maternal mortality by 2000 and 2015.

Five years later, at ICPD+5, the UN General Assembly agreed to an expanded set of benchmarks that included, among others, reducing unmet need for contraceptives and family planning services and, by 2015, a target coverage rate for skilled birth attendance of 90%. The ICPD goals are essential to achieving the reductions in poverty, hunger, disease and gender inequality set forth in the Millennium Development Goals (MDGs), which were established in the Millennium Declaration in 2000 and reaffirmed by the UN General Assembly in 2005. In fact, some of the key ICPD goals—75% reduction in maternal mortality and universal access to RH services by 2015—are explicit targets in the MDGs themselves.

Unfortunately, while the year 2009 marked the 15th anniversary of ICPD, progress toward these goals and the MDGs has been uneven, and in some parts of the world, too slow. The global inequities are starkest for maternal mortality. Each year, more than 500,000 women die from treatable or preventable complications of pregnancy and childbirth.[1] The vast majority of these deaths occur in sub-Saharan Africa and southern Asia.[2] In sub-Saharan Africa, a woman's risk of dying from such complications over the course of her lifetime is 1 in 22 compared to 1 in 7,300 in the developed world.[3] The inequities among regions are compounded by little progress within regions over time. Sub-Saharan Africa has witnessed a reduction of only 20 maternal deaths per 100,000 live births between 1990 and 2005. While progress in Asia and Latin America has been more rapid, these regions, on average, are not on track to achieve maternal mortality targets either. Globally, the maternal mortality ratio has dropped on average 1% per year between 1990 and 2005—a rate far below the estimated 5.5% average annual reduction required to reach ICPD goals and the MDGs.[4]

The Role of Reproductive Health Commodities

Effective strategies to achieve global RH goals will require integrated, country-driven