Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2008

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TABLE OF CONTENTS

LIST OF TABLES AND FIGURES

Tables

Figures

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. HIGHLIGHTS AND KEY MESSAGES

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 2008 installment of the series and has three main sections. The first section summarizes patterns and trends—by method, by donor and by region—in donor support from 2000-2008. 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 2000-2008 and provides projections of contraceptive needs through 2015.

Highlights of the 2008 report include:

- Donor support in 2008 was just under US$ 214 million, approximately a **4% decrease** from 2007. Donor support has ranged between US $ 205 million and US $223 since 2003.

- Eighty per cent (80.4%) of donor support in 2008 was allocated to three types of commodities: male condoms (30.7%), oral contraceptives (24.7%) and injectables (24.9%). **There is a significant drop from 2007 to 2008 in the number of male condoms supplied.** This could be due to the fact that the report does not capture GFATM support and other government resources, which are directly going through the basket funding mechanisms.

- Sub-Saharan Africa received 62% of total support in 2008. Asia and the Pacific region received 25%. Latin America and the Caribbean and Arab States/Eastern Europe received 9% and 4%, respectively.

- Latin America and the Caribbean was the only region which saw an increase (US$ 16 million in 2007 to US$ 19 million in 2008). While support for Sub-Saharan Africa was down less than 1% as compared to 2007, Asia and the Pacific region and Arab States/Eastern Europe region both experienced major declines in donor support (12% and 25% declines respectively as compared to 2007).

- Donor contributions would nearly need to double in order for the current unmet need to be met in 2015.

II. BACKGROUND

The Reproductive Health Context

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 through 2050 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 the 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 approaches that include: (1) expanded reach and quality of affordable reproductive health services in the context of overall health systems strengthening; (2) improved capacity to plan, implement and monitor and evaluate at country level; (3) increased government and international financial and technical resources; (4) enhanced coordination within the donor community; and (5) advocacy and changes in attitudes that prevent women and girls from exercising their RH choices.

[1] *The Millennium Development Goals Report 2008 [MDG Report 2008].*
[2] WHO, UNICEF, UNFPA, World Bank 2005. *Maternal Mortality in 2005*.
[3] *The Millennium Development Goals Report 2008 [MDG Report 2008].*
[4] WHO, UNICEF, UNFPA, World Bank 2005. *Maternal Mortality in 2005*.

One of the critical components underpinning any strategy is the availability of affordable, quality RH commodities to all individuals who need them. Availability and access to RH commodities are not only basic human rights, as established in the ICPD and MDG frameworks, but are also critical to improving related health outcomes, such as maternal health and HIV prevention. Some estimates indicate that, by preventing pregnancies and unsafe abortions, reliable access to quality family planning commodities alone can reduce maternal deaths by one-third, which equates to saving 100,000-175,000 women's lives each year.[5] RH commodities play integral roles not only before pregnancy but also during pregnancy and childbirth. Most antenatal services, delivery and post-partum care and emergency obstetric care could not be delivered effectively and safely without appropriate RH commodities in the right place and at the right time.

In addition to improving maternal and newborn health, sustainable availability and access to RH commodities has other beneficial impacts, particularly for HIV prevention. An estimated 33 million people are living with HIV worldwide, about half of whom are female.[6] Similar to many developing regions worldwide, the AIDS epidemic is quickly feminizing in sub-Saharan Africa, where girls and young women face twice the risk of HIV infection as young men. With approximately 650 million people, this particular region experiences far lower life expectancies and higher age-adjusted mortality rates than the rest of the world. RH commodities, including HIV test kits and diagnostics, are critical for successful HIV prevention strategies and programmes. Male and female condoms, which can reduce risk of STIs, including HIV, are another case in point. Experience has shown that access to simple messages and training on RH and HIV/AIDS prevention, together with availability of RH commodities, including male and female condoms, can have a significant impact on women's health as well as the livelihoods of households in general. Because HIV/AIDS is implicated in a significant percentage of maternal deaths each year in sub-Saharan Africa, condoms have an even greater impact in preventing maternal death—directly by preventing unintended pregnancies and indirectly by preventing the spread of a major killer during pregnancy.

Global Donor Support Database

While the international development community works closely with governments to build national capacity for commodity planning, procurement, financing, distribution and monitoring and evaluation, many developing countries have lacked sufficient domestic financial resources to operate commodity programmes entirely on their own. Many of the least developed countries will continue to rely on continued financial support from the international community, at least over the near-term. As a leader in the area of SRH, UNFPA tracks this international financial support through a global donor support database. The largest database of its kind, the global donor support database has