Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2007



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LIST OF ACRONYMS

AE	Arab States/Eastern Europe
AF	Sub-Saharan Africa
AP	Asia and the Pacific
BMZ/KfW	
	Development/Kreditanstalt für Wiederaufbau
CDC	United States Centers for Disease Control and Prevention
CPR	Contraceptive Prevalence Rate
СҮР	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 2007 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 2000-2007. 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 2000-2007 and provides projections of contraceptive needs through 2015.

Highlights of the 2007 report include:

- Total donor support in 2007 was slightly more than US\$ 223 million, a 5% increase over support in 2006. Donor support, however, has remained fairly constant since 2001.
- Ninety percent (90%) of donor support in 2007 was allocated to three types of commodities: male condoms (43%), oral contraceptives (23%) and injectables (24%).
- Sub-Saharan Africa received 60% of total support in 2007. The Asia and Pacific region received 27%. Latin America and the Caribbean and Arab States/Eastern Europe received 7% and 5%, respectively.
- Sub-Saharan Africa witnessed the largest increase in percentage and absolute terms in donor support, which nearly tripled from US\$ 45 million in 2000 to US\$ 134 million in 2007.
- Total contraceptive need in developing countries in 2007 was estimated at US\$ 873 million. This figure rises to \$1.4 billion when condoms for HIV prevention are included.

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, progress toward the ICPD goals and 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

Skilled birth attendance—another indicator of maternal health in the ICPD goals and MDGs—also shows uneven progress among regions. On average, developing countries increased skilled birth attendance from 43% in 1990 to 57% in 2005, but much of that

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