



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

2001

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List of Abbreviations and Acronyms

AIDS	Acquired immunodeficiency syndrome
BMZ/KfW	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung/Kreditanstalt für Weideraufbau
CIDA	Canadian International Development Agency
CMU	Commodity Management Unit (UNFPA)
COESIDA	Consejo Estatal para el Control y Prevencion del SIDA
CPR	Contraceptive prevalence rate
DFID	Department for International Development
DKT	DKT International
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IUD	Intra-uterine device
MOH	Ministry of Health
MSI	Marie Stopes International
NGO	Non-governmental Organization
PSI	Population Services International
RH	Reproductive health
RTI	Reproductive tract infection
Sida	Swedish International Development Cooperation Agency
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VFT	Vaginal foaming tablet
WHO	World Health Organization

Introduction

This report was prepared by analysing information from a database generated by the United Nations Population Fund (UNFPA) on Donor Support for Reproductive Health Commodities. The database contains country-specific information reported by donors on the type, quantity and total cost of contraceptives they provided to reproductive health programmes in developing countries during 2001. The information for this report was collected in 2002. This report, the latest in a series of reports, is being used for contraceptive supply planning, advocacy and resource mobilization, as is evident by citations of the UNFPA database in several publications in 2001. As in earlier years, the database is especially useful to illustrate commodity shortfalls and changes in funding by donor and country.

The report highlights trends in donor support since 1990 and the gap between estimated needs and actual donor support. For example, the estimated condom requirements for STI/HIV prevention and contraceptive requirements for family planning programmes, prepared separately by UNFPA,¹ are compared with the actual donor support figures to examine donor contributions vis-à-vis country needs. This report also indicates donor support by region, support by product, the top 10 countries supported by donors and the quantity of male and female condoms supplied in countries.

An attempt was made to collect information on donor support for antibiotics for developing countries' programmes on the prevention of sexually transmitted infection/reproductive tract infection (STI/RTI). In many cases, however, either donors did not have a system to record this information or the countries receiving support did not disaggregate information by commodity. Nevertheless, the UNFPA Commodity Management Unit (CMU) will continue to dialogue with donors and countries to collect this information.

A caveat is important in the beginning of this report. As in the past, information from some donors was missing or incomplete. Some tables and figures in the 2001 report may differ from those of earlier years because of subsequent reports from donors. The World Bank information represents only orders filled on its behalf by UNFPA to supply contraceptives in a number of countries. Contraceptives purchased using World Bank monies from other sources are not reported here. Similarly, support from the European Union and the Canadian International Development Agency (CIDA) was estimated on the basis of funding received by UNFPA to procure and supply contraceptives. Hence, the amount of support from the World Bank, CIDA and the European Union was subtracted from the UNFPA total of \$96 million.²

The information from three companies, Marie Stopes International (MSI), Population Services International (PSI) and DKT International (DKT), was compared and contrasted with the reports received from donors to avoid double counting. MSI, PSI and DKT

¹UNFPA, *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention 2000-2015* (New York, UNFPA), 2002.

² Unless otherwise noted, all dollar figures in this report refer to U. S. dollars.

receive support from donors that often report the same information, with regard to their support in developing countries. Thus, only the amount of support these companies provided from their own funding and other donor support that was not previously recorded was estimated and reported.

In 2001, the Swedish International Development Cooperation Agency (Sida), the Canadian International Development Agency (CIDA), the European Union, the Government of the Netherlands, Pathfinder, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the World Bank (WB) did not provide information. For some agencies, it was difficult to separate contraceptive support from the total funding provided to countries. Pathfinder, UNAIDS and WHO did not procure contraceptives in 2001. In 2001, the Governments of the Netherlands, Canada and the United Kingdom announced substantial increases in support for reproductive health commodities to UNFPA, which are reflected in this report.

Levels of Donor Support

Donor support for contraceptives to developing countries in 2001 was recorded at \$224 million, an increase of 46 per cent over the support provided in 2000 (Table 1). However, compared with 1996, when donor support was \$172.2 million and met 44 per cent of the estimated global needs for contraceptives, support in 2001 met only 36 per cent of the year's total estimated contraceptive needs for family planning of \$614 million.

Table 1: Estimated Contraceptive Commodity Support by Donor/Agency, 1990-2001, in \$US 000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	TOTALS	% of Total
BMZ/KfW			10,798	18,312	11,350	9,317	38,071	13,305	8,627	7,976	35,482	16,387	169,625	10.7
CIDA					1,385	4,514	7,249	0	1,036	2,885	4,808	208	22,085	1.4
DFID			4,125	4,712	7,192	10,924	9,205	13,149	7,807	13,188	7,317	6,130	83,749	5.3
DKT						177	0		3,759	5,148	4,868	7,849	21,801	1.4
EU				180	5,845	1,820	9,215	7,435	644	13,109	48	309	38,605	2.4
IPPF	5,843	5,410	6,184	6,165	6,258	6,746	6,003	11,148	3,416	3,016	3,814	3,667	67,670	4.3
JAPAN					28	315	300	838	36	159	1,657	340	3,673	0.2
MSI			409	1,173	405	0	0	1,439	61			3718	7,205	0.5
NETHERLANDS						102			2,700	2,584			5,386	0.3
PATHFINDER			1400	1,692	462	892	0						3,746	0.2
PSI			418			7,419	7,239	6,633	200	264	456	22,359	44,988	2.8
SIDA			1,297		6	1,400	750	0		514			3,967	0.3
UNAIDS										218			218	0.0
UNFPA	14,753	21,499	18,534	27,817	34,087	37,858	37,611	39,861	32,201	14,396	16,721	89,205	384,543	24.3
USAID	57,636	59,892	39,575	55,142	47,848	51,059	46,481	39,383	63,087	45,522	58,093	67,908	631,626	39.9
WHO	957	975	628	483	968	1,663	2,099	2,673	481	1,078			12,005	0.8
WORLD BANK						5,000	7,930	1,662	19,138	20,718	20,781	6,130	81,359	5.1
TOTALS	79,189	87,776	83,368	115,676	115,834	139,206	172,153	137,526	143,193	130,775	154,045	224,210	1,582,251	100

[1] UNFPA figures represent the procurement from the UNFPA Country Programme Budget. UNFPA also procured and supplied

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