



# Contraceptives and Condoms for Family Planning and STI & HIV Prevention

EXTERNAL PROCUREMENT SUPPORT REPORT

# 2014



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Commodity Security Branch  
UNFPA Technical Division

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# Acronyms

CHAI	Clinton Health Access Initiative
CIFF	Children's Investment Fund Foundation
CSP	Coordinated supply planning
CYP	Couple Years Protection
DFID	Department for International Development, United Kingdom
FP	Family Planning
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
ISG	Interagency Supply Group
IUD	Intrauterine Device
KfW	German Development Bank
MSI	Marie Stopes International
NGO	Non-Governmental Organization
PSI	Population Services International
RH	Reproductive Health
RHI	RHInterchange
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RMNCH	Reproductive, Maternal, Newborn And Child Health
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infections
TMA	Total Market Approach
TRT	Technical Resource Teams
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WAHO	West African Health Organization



## INTRODUCTION

This report provides a global perspective on levels of direct support by leading development partners, tracked annually since 1990.

The focus of this report is ‘external procurement support’ – also known as ‘direct support’. It captures an important part of the family planning picture. Though others make valuable contributions in this area, the eight development partners featured in this report are among the largest, longest-running and most transparent in the provision of information.

In 2014, the funds enabled developing countries to procure contraceptives and condoms valued at US\$ 307,718,287. These essential reproductive health supplies reached 131 countries, plus groups of countries within South Asia and Central America.

The contraceptives and condoms<sup>1</sup> procured through external support constitute a significant contribution to reproductive health, including family planning and, through the dual protection provided by condoms, the prevention of sexually transmitted infections including HIV (STI & HIV).

This publication does not report on data from the private sector, procurement that takes place locally within countries, or procurement activities financed by the World Bank. Also, development partners listed in this report make contributions in other ways. For example, they contribute to UNFPA<sup>2</sup> and other entities to support family planning commodity procurement. They also undertake social marketing, though this report excludes sales proceeds<sup>3</sup>.

UNFPA, the United Nations Population Fund, has issued this report annually since 1997, and has been tracking activities around donor support tracked since 1990. The report, *Contraceptives and Condoms for Family Planning and STI & HIV Prevention: External Procurement Support Report 2014*, was prepared and published by the Commodity Security Branch, Technical Division, UNFPA New York, in conjunction with the Procurement Services Branch in Copenhagen.

***The objective of this annual reporting exercise is to track, analyse and document the external procurement support dynamics over a broad range of modern contraceptive options***

## Objective of the report

The objective of this annual reporting exercise is to track, analyse and document the external procurement support dynamics over a broad range of modern contraceptive options for family planning and STI & HIV prevention programmes in developing countries. It provides an overview of the current support level versus historical trend. This perspective enables relevant parties to gain a better sense of the overall effort towards serving the goal of improved family planning and STI & HIV prevention in developing countries.

<sup>1</sup> This report does not distinguish between the dual purpose of condom use for the prevention of unintended pregnancy and for the prevention of STI & HIV infection.

<sup>2</sup> In this report, all resources received by UNFPA from donors for the procurement of reproductive health commodities are listed as UNFPA support.

<sup>3</sup> For social marketing partners, resources generated through sales proceeds are excluded. For implementing organizations such as MSI and PSI, the report only takes into consideration funds that are mobilized or raised by them, for example, from private donors and foundations.

The report strives to meet a number of objectives including collecting, compiling and analysing distribution of donor funds by region. It offers an analysis of trends in contributions, including a breakdown by eight individual donors and partners:

1. Department for International Development (DFID)
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund)
3. International Planned Parenthood Federation (IPPF)
4. KfW (German Development Bank)
5. Marie Stopes International (MSI)
6. Population Services International (PSI)
7. United Nations Population Fund (UNFPA)
8. United States Agency for International Development (USAID)

Overall, the report allows for a holistic overview of external procurement support in order to identify and share gaps and visualize commodity security trends and financial resource allocation. It also serves to aid in validating future funding needs for the advancement of reproductive health commodity security in the realm of policy dialogue, advocacy and interagency collaboration.

### Data collection and analysis

Since 1990, a database compiled by UNFPA has tracked more than 20,000 procurement records of contraceptives and condoms for STI & HIV prevention by major bilateral and multilateral donors, social marketing organizations and NGOs. The database is updated annually on the basis of this report.

Each year, by the end of first quarter, UNFPA requests data from the major donors/partners. The report uses the latest data received from the individual donors and partners about the support they have provided directly to the countries for the procurement of contraceptives and condoms. Focal points within respective donors/partners provide the data on an annual basis.

All primary data are analysed upon collection from the donors/partners. It is important to point out that the analysis results may vary from year to year. Donors and partners may on occasion amend previous data, perhaps due to a variation in conversion factors from the current year to previous years. In effect, the report would incorporate such a change in methodology, with the database updated accordingly. Figures on funding are carefully reviewed during the data analysis period and several bilateral communications are made to validate and exclude any overlapping and/or double reporting with major donors/partners.

Upon collection of the data, UNFPA verifies the information is complete in five categories: country names in which commodities were sent; type of contraceptive and condom; unit price; total quantity; and net total cost. Once this is verified, the figures are reviewed in order to avoid possible duplication. Data compiled by UNFPA are then sent back to the respective parties for final validation. A draft version of the report is circulated for feedback and final approval. The final report, presented here, is published on the UNFPA website at [www.unfpa.org](http://www.unfpa.org)

## Geography, date range and unit of measurement

For the purpose of this report, countries were grouped into the following regions according to the functional regions of UNFPA: Africa (includes all sub-Saharan countries); Arab States (includes Northern African countries and countries from the Middle East); Asia and the Pacific; Eastern Europe and Central Asia; Latin America and the Caribbean.

The reporting period is a calendar year, 1 January to 31 December 2014.<sup>4</sup>

The reproductive health commodities in this report are quantified by distinct units of measurement:

Commodity type	Unit of measurement
Male condoms	Piece
Female condoms	Piece
Oral pills	Cycle
Emergency contraceptives	Pack of two tablets
Injectable contraceptives	Vial
Intrauterine devices (IUDs)	Piece
Implants	Set

The report begins with a brief overview of the year which also includes the analysis of the trends in the global external procurement support for contraceptives and condoms since 2011. The second section provides highlights extracted from the information provided by the eight development partners about the external procurement support they provided in 2014. The third section includes some of the key initiatives with an impact on the provision of contraceptives and condoms. Fourth is a section on male and female condoms that tracks trends over several consecutive years.

In addition, the extensive annexes include detailed information on quantity, value and geographic distribution of the commodities procured using external support for which this report accounts – nearly \$308 million in funds provided by eight development partners in 2014.

<sup>4</sup> This report records donor expenditure on commodities in a given calendar year. It should be noted when comparing this information with databases such as RHIInterchange that shipment of the commodities may not occur until a later date.



# 1

## OVERVIEW

Contributions decreased by some \$35.4 million (10 per cent) compared with 2013, meaning that support has fallen to levels below those registered in 2012.

The number of women and girls using modern contraceptives is increasing, and expanded access to contraceptives is therefore critical for maintaining current contraceptive users (itself a huge undertaking) and reaching those who still lack access to quality modern contraceptives and condoms.

Currently, it is estimated that there are 652 million contraceptive users in developing countries, but still 225 million women want to avoid pregnancy but are not using any

modern contraceptive method<sup>5</sup>. To reach those with an unmet need, stronger efforts are now more critical than ever.

It is estimated that meeting the need for modern contraception and family planning services for all women in developing countries would cost, on average, \$11 per year<sup>6</sup>.

Reproductive health, including family planning, has been consistently considered a cornerstone for development and one of the best development buys<sup>7</sup>. Indeed it is vital for achieving almost all the Sustainable Development Goals, and directly relates to:

### **Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.**

- **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- **3.2** By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- **3.7** By 2030, **ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes**

And **Sustainable Development Goal 5: Achieve gender equality and empower all women and girls.**

### **5.6 Ensure universal access to sexual and reproductive health and reproductive rights**

as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

However, despite the very strong financial, developmental, social and economic arguments in favour of reproductive health and family planning, sufficient funding for this key development intervention is lacking.

<sup>5</sup> *Adding it up: The Costs and Benefits of Investing in Sexual and Reproductive Health*, Guttmacher Institute and UNFPA, 2014.

<sup>6</sup> Idem. Average cost of \$11 includes one year of contraceptive supplies and services.

<sup>7</sup> Estimated return of investment varies depending on the model used. According to the Copenhagen Consensus of eminent economists, the estimated return of investment for every dollar spent on family planning programmes is up to \$150. See Kohler, H., "Copenhagen Consensus 2012: Challenge paper on "Population Growth"", *PSC Working Paper Series, PSC 12-03*, 2012. Available at: [http://repository.upenn.edu/psc\\_working\\_papers/34](http://repository.upenn.edu/psc_working_papers/34)

## KEY RESULTS IN 2014

- Contributions decreased by some \$35.4 million (10 per cent) over last year for a total of \$307.7 million from eight development partners;
- The most support went to injectable contraceptives (30 per cent), male condoms (30 per cent) and hormonal implants (17 per cent).
- 131 countries received external procurement support (down compared with 2013), plus two sub-regional groups (South Asia and Central America).
- Even though African countries had the highest level of support in 2014 (68 per cent, equaling \$208.2 million), that it is a 2 per cent decrease compared with 2013, down to levels below those in 2012.

In spite of strong commitments to family planning, developing countries remain largely reliant on aid from external partners and organizations in order to help keep pace with needs of their populations. Sustained donor support enables developing countries to achieve their national goals towards improved family planning and STI & HIV prevention.

The number of people with an unmet need for family planning is increasing, while current investment from partners and governments is proving not enough to keep the pace. Thousands of lives are being lost every year due to pregnancy-related causes as result of the inability to meet the unmet need for family planning.

Global efforts were galvanized through commitments made at the 2012 London Summit on Family Planning to reach an additional 120 million women and girls with access to modern contraceptives by the year 2020. In 2015, three years after the Summit an additional 24.4 million women and girls were using modern contraception in the 69 focus countries of the FP2020

partnership, of which UNFPA is a core convener. But that is 10 million fewer than we had hoped to reach by this time.<sup>8</sup> Concerted efforts by all sectors are needed to ensure greater progress and that millions more women and girls receive the care and services they need and deserve.

Contributions from DFID, IPPE, KfW, MSI, PSI, UNFPA, USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria are the focus of this report for 2014. For these eight development partners, contributions decreased significantly (10 per cent) compared to the previous year (2013). Five partners decreased and three increased their external procurement support in 2014.

## 1.1 External procurement support in 2014

In 2014, the value of external procurement support for contraceptives and condoms for family planning and STI & HIV prevention was \$307,718,287 (Table 1). Support decreased by 10 per cent (\$35.4 million) compared to the previous year. As in past years, the highest support for the procurement of contraceptives and condoms in 2014

<sup>8</sup> FP2020 Commitment to Action 2014-2015 Annual Progress Report.



was provided by UNFPA (42 per cent of the total), and USAID (34 per cent). It should be noted that UNFPA figures also include third party procurement<sup>9</sup>.

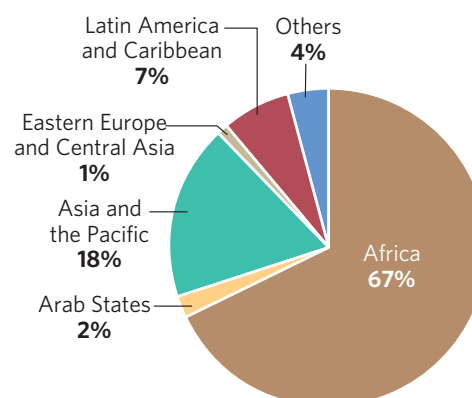
### 1.1.1 Regional breakdown of support in 2014

External procurement support for contraceptives and condoms went to a total of 131 countries, and some additional supplies went to two sub-regional groups (Central America and South Asia). This represent a slight decrease from 135 countries supported in 2013. By region, external procurement support was directed to 48 countries in Africa, 10 countries in Arab States, 26 countries in Asia and the Pacific, 17 countries in Central Asia and Eastern Europe and 30 countries in Latin America and the Caribbean.

**Table 1: External procurement support for contraceptives and condoms, 2014**

Donor/partner	Value in US\$	Percentage
DFID	13,806,535	4
Global Fund	11,559,190	4
IPPF	2,836,646	1
KfW	22,875,733	7
MSI	3,821,825	1
PSI	20,514,029	7
UNFPA	128,661,318	42
USAID	103,643,011	34
<b>Total</b>	<b>307,718,287</b>	<b>100</b>

**Figure 1: Regional breakdown of global expenditure, 2014**



### 1.1.2 Global commodity expenditure in 2014

The methods receiving the highest investment by partners in 2014 were male condoms and injectable contraceptives.

Around 30 per cent of support from all donors went for the procurement of male condoms (over \$94.6 million), nearly 30 per cent went for injectable contraceptives (\$90.7 million). The third most supported method was hormonal implants with 17 per cent of the partners' funding for procurement (nearly \$53 million); around 15 per cent of support went to oral pills (nearly \$46 million), and slightly over 5 per cent went to female condoms (nearly \$17 million). Support for the procurement of IUDs accounted for 0.9 per cent (\$2.8 million), and 0.6 per cent went to emergency

<sup>9</sup> Third party procurement (TPP) constitutes the conduct of specific procurement actions by the Procurement and Services Branch of UNFPA for or on behalf of a third party (i.e. governments, specialized agencies, other intergovernmental or non-governmental organizations, international financial institutions, etc.) on the basis of a legal arrangement.

contraception (nearly \$1.8 million) (Figure 2 and Table 2).

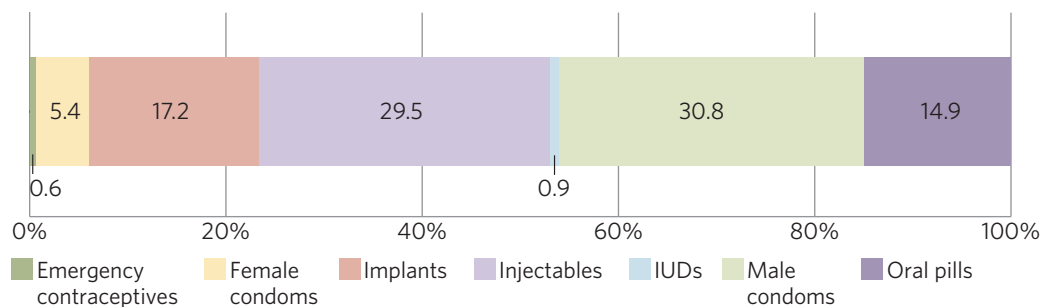
Detailed information about the commodities that partners supported is available in the description of individual partners, and detailed breakdowns are presented in the annexes.

**Table 2: Quantity and value of commodities procured in 2014**

Commodities	Quantity	Value in US\$	Percentage
Emergency contraceptives	7,084,050	1,790,575	0.6
Female condoms	27,622,895	16,496,994	5.4
Implants	5,921,124	52,966,765	17.2
Injectables	102,437,840	90,701,787	29.5
IUDs	6,891,096	2,821,286	0.9
Male condoms	2,910,604,395	94,662,841	30.8
Oral pills	151,121,134	45,974,022	14.9
Others*		2,304,019	0.7
<b>Total</b>		<b>311,352,796</b>	

\* Others include artwork, packaging, sampling and testing

**Figure 2: Breakdown of global commodity expenditure in 2014**

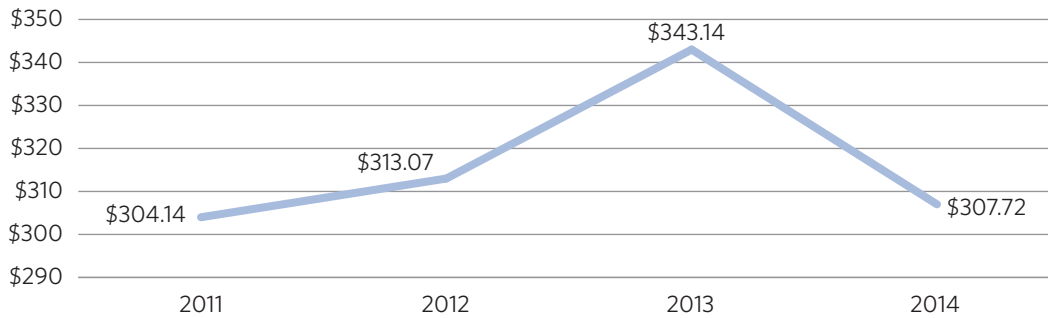


## 1.2 Historical trend in external procurement support 2011–2014

In 2014, external procurement support for contraceptives and condoms experienced the highest decrease of the past decade.

As shown in Figure 3, partners' support for the procurement of contraceptives and condoms decreased significantly in 2014 (by 10 per cent) compared to the previous year, even falling down to levels below those registered in 2012.

**Figure 3: Donors support for procurement of contraceptives, 2011-2014 (in millions US\$)**

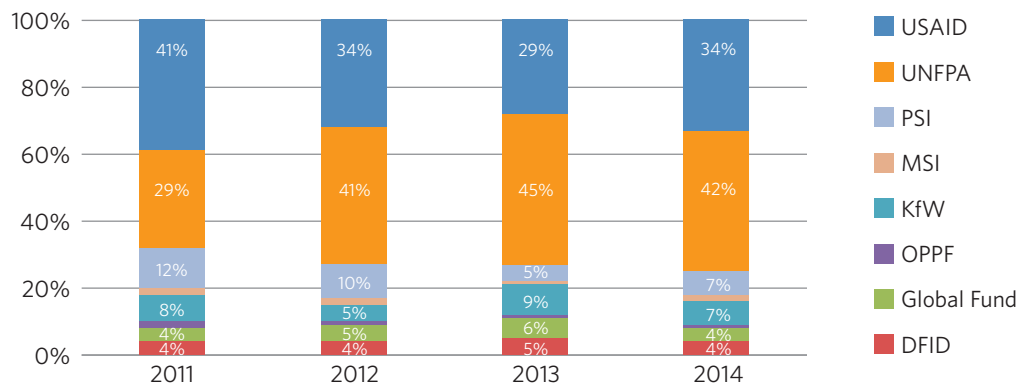


The trend analysis conducted with data since 2004 showed that the decrease in support for the procurement of contraceptives and condoms experienced in 2014 is the **greatest decrease in support of the past decade**.

Five partners decreased and three partners increased the support for procurement of contraceptives and condoms in 2014 (Table 3). Current levels of support are also compared with 2011, which marks the baseline year to assess the progress trend on the commitments made at the 2012 London Summit on Family Planning:

- DFID reduced its direct bilateral support to countries by 23 per cent compared with 2013, being nevertheless still above levels reported in 2011 and 2012. However, coupled with its direct bilateral support to countries reflected here, DFID also provided additional substantive support for the procurement of contraceptives and condoms through UNFPA Supplies<sup>10</sup>.

**Figure 4: Trend in commodity support among major donors, 2011-2014**



<sup>10</sup> DFID provided substantive support for the procurement of contraceptives and condoms through UNFPA Supplies, UNFPA flagship programme on reproductive health commodity security. DFID contribution to UNFPA Supplies amounted to \$143.5 million destined for the 2014 programming cycle.

- The Global Fund to Fight AIDS, Tuberculosis and Malaria reduced its procurement support by 41 per cent compared with the previous year, keeping similar levels of support as it had in 2011.
- IPPF decreased its support for the procurement of contraceptives and condoms by 51 per cent in 2014, compared with 2013; meaning that current support is less than  $\frac{3}{4}$  of what it used to be in 2011.
- KfW decreased its contribution by 22 per cent, slightly below levels of support provided in 2011.
- MSI increased by 87 per cent its support for procurement of contraceptives and condoms compared to last year. In 2014, MSI is procuring around \$1 million worth more commodities than in 2011.
- PSI has increased by 16 per cent its support compared to 2013, although it is still significantly below the levels of support it provided in 2011.
- UNFPA decreased its contribution by 16 per cent compared to 2013, which was the year when UNFPA's historical highest contribution for procurement of contraceptives and condoms was made. Despite the decrease, support in 2014 is well above the levels in 2011.
- USAID increased its support by 6 per cent compared to the previous year, but support levels are still below the figures reported in 2011 which, according to the records, was the year when USAID's highest historical contribution was registered.

**Table 3: External procurement support for contraceptives and condoms, 2011-2014 (value in US\$)**

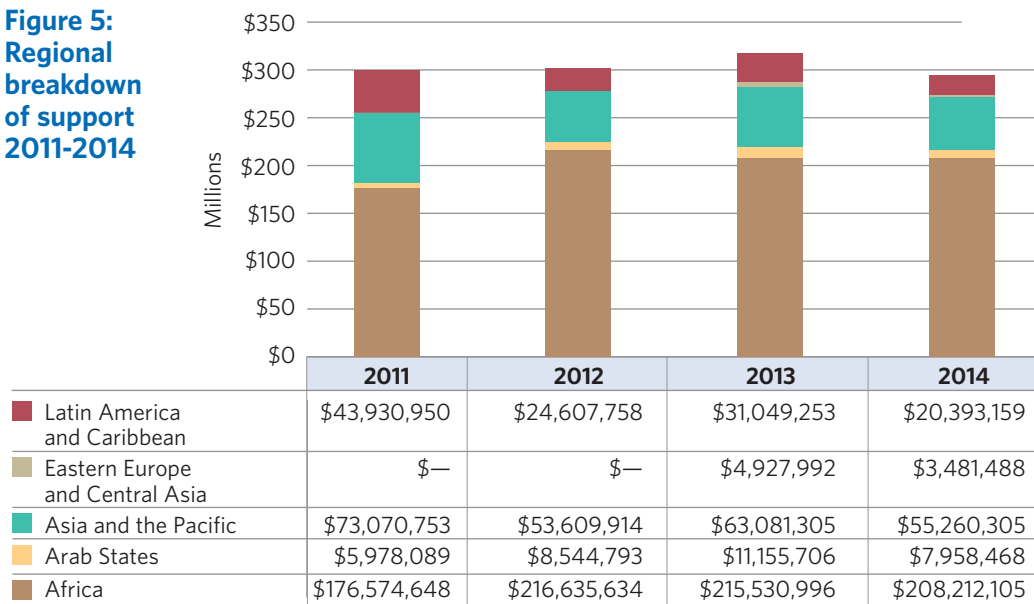
Donor/partner	2011	2012	2013	2014
DFID	12,448,730	11,297,907	17,904,814	13,806,535
Global Fund	11,506,864	14,505,785	19,466,542	11,559,190
IPPF	4,080,341	6,043,303	5,772,791	2,836,646
KfW	23,680,964	15,187,598	29,272,135	22,875,733
MSI	2,864,865	2,837,580	2,049,193	3,821,825
PSI	37,096,396	29,978,398	17,653,940	20,514,029
UNFPA	88,455,311	127,902,324	152,972,690	128,661,318
USAID	124,011,081	105,313,786	98,051,958	103,643,011
<b>Total</b>	<b>304,144,553*</b>	<b>313,066,680*</b>	<b>343,144,063</b>	<b>307,718,287</b>

\*An additional \$5.6 million and \$8 million were provided by DKT in 2011 and 2012 respectively.

### 1.2.1 Regional breakdown of support 2011-2014

With regards to the regional breakdown of support (Figure 4), Africa is the region that historically received most support. In spite of this, global external procurement support to Africa in 2014 was 3 per cent lower than it was in 2012, which is nearly \$6 million less.

**Figure 5:  
Regional  
breakdown  
of support  
2011-2014**



Taking into account that Africa is the region with the highest maternal mortality ratio<sup>11</sup>, the highest HIV prevalence<sup>12</sup> and highest fertility rate<sup>13</sup>; increased investment in the procurement of contraceptives and condoms in Africa is critical.

Support for Asia and the Pacific region increased by 4 per cent since 2012 (nearly \$2.3 million increase), while support for Latin America and the Caribbean decreased 16 per cent compared to 2012 (around \$4 million less).

The highest investment since 2011 has been concentrated particularly in the following six countries: Pakistan, Kenya, Ethiopia, Nigeria, Uganda and Tanzania. They have been among the top recipient countries since 2011.

**External support to Africa in 2014 was 3 per cent lower than it was in 2012. Given that Africa has the highest fertility rate, maternal mortality ratio and HIV prevalence, increased investment in the region is critical.**

<sup>11</sup> Sub-Saharan Africa accounts for roughly 66 per cent of global maternal deaths (201,000), and it is the region with the highest maternal mortality ratio (546). See *Trends in maternal mortality 1990-2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2015*.

<sup>12</sup> Of the 35 million people living with HIV, 24.7 million [23.5 million–26.1 million] are living in sub-Saharan Africa, the region hardest hit by the epidemic. Nearly one in every 20 adults is living with the virus in this region, and 80 per cent of women aged 15 years and older living with HIV live in Sub-Saharan Africa; in this region, women acquire HIV infection at least 5–7 years earlier than men. See *The Gap Report 2014*, UNAIDS. Available at: <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport/>

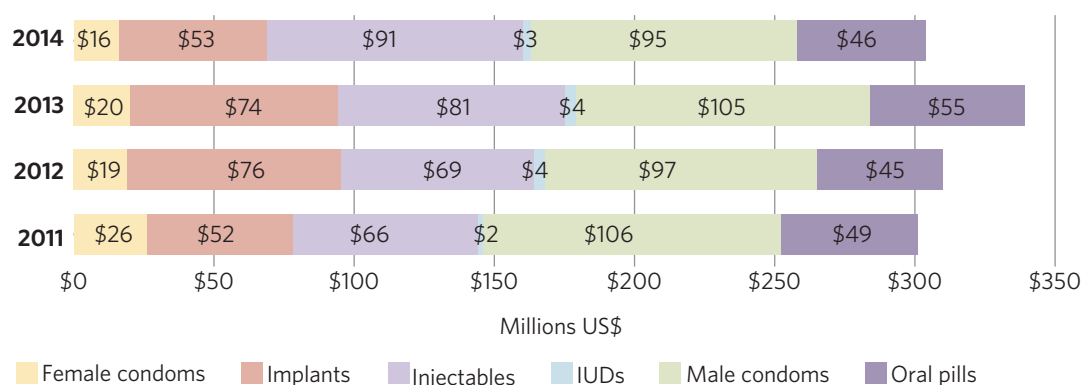
<sup>13</sup> According to WHO, Africa is, by large, the region with the highest total fertility rate (TFR = 5.2) as well as the highest adolescent fertility rate (115.9 per 1,000 girls aged 15-19 years). Data available at: <http://apps.who.int/gho/data/view.main.2050?lang=en> (last accessed in January 2016).

## 1.2.2 Trend in global commodity expenditure 2011-2014

Following national requests, highest global support over the last years was devoted to the procurement of male condoms, injectables and hormonal implants (Figure 5). In 2014, these three methods made up 78 per cent.

Method mix procured globally by the major eight partners covered in this report has been relatively stable since 2011, with injectables gaining ground progressively.

**Figure 6: Trend in global donor expenditure by commodity, 2011-2014**



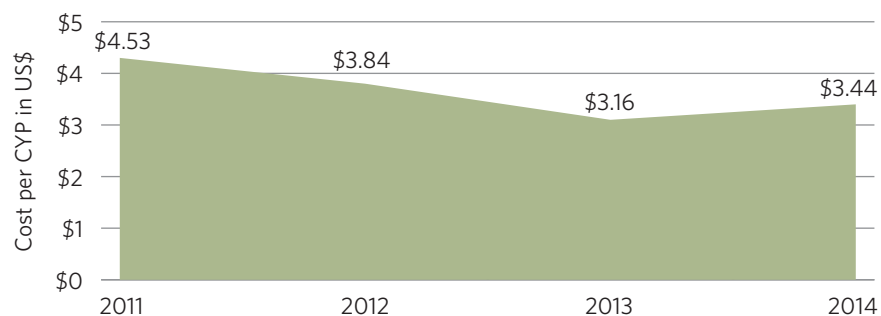
## 1.2.3 Trend in donor financed CYPs 2011-2014

Couple Years Protection (CYPs) financed by donors decreased markedly in 2014 as a result of the decrease in the investment for procurement of contraceptives and condoms: almost 7.9 million less CYPs were financed in 2014 than the previous year.

**Table 4: Trend in donor financed CYPs, 2011-2014**

Method	2011	2012	2013	2014
Emergency contraceptives	130,012	168,406	98,144	354,203
Female condoms	108,420	79,453	84,212	69,057
Implants	6,061,710	10,236,848	18,707,436	14,802,810
Injectables	17,782,736	19,183,359	28,508,735	25,609,460
IUDs	23,916,718	33,445,982	38,226,346	31,323,164
Male condoms	8,240,503	7,700,641	8,239,123	7,276,511
Oral pills	10,944,327	10,635,128	14,619,434	9,966,342
<b>Total</b>	<b>67,184,426</b>	<b>81,449,816</b>	<b>108,483,430</b>	<b>89,401,547</b>

The average cost required for providing contraceptives to protect a couple for one entire year (i.e. CYPs) has reduced significantly. In 2014, one year of protection from unintended pregnancies costed, on average, \$3.4 dollars, over \$1 dollar less than in 2011 (Figure 7).

**Figure 7: Total cost per CYP, 2011-2014**

Taking into consideration that the method mix has remained relatively stable since 2011, the marked decrease in the average cost per CYP could be explained by the more advantageous commodity prices negotiated by partners.

As detailed in the table below (Table 5), the price per CYP for some methods significantly decreased over the last two years – especially for implants and injectables.

Leveraging its position as the largest global contraceptive procurer, UNFPA was able to reduce prices for key contraceptives on 63 per cent of items in 2014 compared to prior year prices<sup>14</sup>.

For contraceptive implants in particular, concerted negotiating efforts by UNFPA and partners<sup>15</sup> contributed to unit price reductions of 50 per cent, which maximized procurement efficiency and allowed partners to procure much higher quantities of implants to meet rising demand of this long-acting method. See the Key Initiatives section for more information on the volume guarantee agreement for implants.

**The cost per CYP decreased by 24 per cent from 2011. Today, investing in family planning (FP) offers a high value for money.**

**Table 5: Trend in cost per donor financed CYPs by method 2011-2014**

Commodities	2011	2012	2013	2014
Emergency contraceptives	5.61	9.15	11.39	5.06
Female condoms*	70.84	70.18	71.84	71.67
Implants	8.52	7.41	3.98	3.58
Injectables	3.70	3.59	2.83	3.54
IUDs	0.10	0.11	0.11	0.09
Male condoms*	3.84	3.78	3.81	3.90
Oral pills	4.49	4.24	3.77	4.61

\* Thirty per cent of male and female condoms are attributed to use as contraception.

<sup>14</sup> For details see <http://www.unfpa.org/resources/contraceptive-price-indicator-2014>

<sup>15</sup> The Government of Norway, DFID, and the Bill & Melinda Gates Foundation and UNFPA, through its dedicated fund for RHCS UNFPA Supplies.



## 2

## CONTRIBUTIONS IN 2014

External procurement support plays a critical role in meeting unmet need for family planning, preventing HIV and other STIs, and delivering on the global commitment to human rights for women and girls.

More than half of all women of reproductive age in developing regions want to avoid pregnancy. However, one fourth of these women – 225 million- are not using an effective contraceptive method. These women, who are defined as having an unmet need for modern contraception, account for 81 per cent of all unintended pregnancies in developing regions<sup>16</sup>.

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<sup>16</sup> For more information, see [www.unfpa.org/resources/adding-it-2014-global-fact-sheet](http://www.unfpa.org/resources/adding-it-2014-global-fact-sheet)



- If all unmet need for modern contraception were satisfied,
  - unintended pregnancies would drop by 70 per cent, from 74 million to 22 million per year;
  - unsafe abortions would decline by 74 per cent, from 20 million to 5.1 million.
- If full provision of modern contraception were combined with adequate care for all pregnant women and newborns, including HIV related care,
  - maternal deaths would drop from 290,000 to 96,000 per year;
  - newborn deaths would drop from 2.9 million to 660,000; and
  - HIV infections among newborns would decline from 130,000 to 9,000.
- Other long-term benefits include improving women's ability to complete their education, participate more fully in the labor force, increase their productivity and earnings, and enjoy higher household savings and assets.

Fully satisfying women's modern contraceptive needs would make health care investments more affordable overall. For every additional dollar invested in contraception, the cost of pregnancy-related care (including HIV care for women and newborns) is reduced by \$1.47.

External procurement support plays a critical role in meeting unmet need for family planning, preventing HIV and other STIs, and delivering on the global commitment to human rights for women and girls expressed in the International Conference on Population and Development (ICPD) Programme of Action, the Millennium Development Goals and the emerging post-2015 sustainable development agenda. This section reports on the donors and partners, providing data on commodity distribution and support by region.

## 2.1 United Kingdom Department for International Development (DFID)

Improving reproductive, maternal and newborn health in the developing world is one of the top priorities for the United Kingdom's Department for International Development (DFID). DFID supports reproductive, maternal and newborn health programmes in 21 countries in Africa and Asia. Globally, DFID is one of the largest donors in the area of reproductive health commodity security. DFID invests in continued innovation in products and supports stronger procurement and supply chains to prevent stock-outs and increase availability of essential commodities (e.g. contraceptives, medicines and supplies for maternity care)<sup>17</sup>.

<sup>17</sup> For more information visit: <https://www.gov.uk/government/organisations/department-for-international-development/>

DFID is UNFPA's largest contributor for the procurement of reproductive health supplies. UNFPA welcomed substantial support from DFID of approximately \$143.5 million in 2014 to procure contraceptives and condoms. In the present report, the DFID contribution is included within UNFPA expenditures, and channeled through UNFPA Supplies for priority countries.

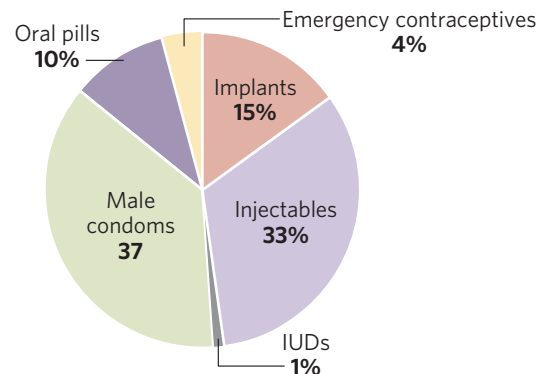
In addition, and the focus of this report, DFID provides external procurement support (direct bilateral support) to developing country governments for the procurement of contraceptives and condoms. Such procurement made under bilateral agreements is reported in this section.

In 2014, DFID provided 5 modern contraceptive methods worth over \$ 13.8 million, which means a contribution of around 4 per cent of the total global procurement.

**Table 6: Commodity distribution breakdown for DFID, 2014**

Commodities	Quantity	Value in US\$
Emergency contraceptives	2,535,347	583,130
Implants	231,200	2,032,896
Injectables	4,361,096	4,538,824
IUDs	1,039,500	157,736
Male condoms	145,321,656	5,087,780
Oral pills	5,352,893	1,406,170
<b>Total</b>		<b>13,806,535</b>

**Figure 8: Commodity distribution breakdown for DFID, 2014 (% value in US\$)**



## Commodities procured

In 2014, DFID procured implants, injectable contraceptives, IUDs, male condoms and oral contraceptives. The highest support from DFID in 2014 went for injectables (33 per cent), followed by male condoms (37 per cent).

- ▶ Support for contraceptive injectables increased substantially in 2014, resulting in almost triple the implants procured compared to the previous year (from 1.5 million vials in 2013 to over 4.3 million vials in 2014).
- ▶ Support for the procurement of IUDs increased significantly, resulting in over a twelve-fold increase in the quantity of IUDs procured compared to last year (from 83,854 pieces in 2013 to over 1 million pieces in 2014).
- ▶ In 2014, DFID re-started again the support for the procurement of emergency contraceptives, discontinued since 2007, which was the last year when support for emergency contraception was provided by DFID.

### Summary of procurement

- **Emergency contraceptives** were procured to one country in Africa (Ethiopia) in 2014. Procurement of emergency contraceptives by DFID amounted 2.5 million tablets in 2014.
- **Implants** were procured to three countries in Africa (Uganda, Zimbabwe and Ethiopia). Quantities procured in 2014 ranged from a maximum of 127,000 sets, to a minimum of 15,000 sets of implants.
- **Injectables** were procured to three countries in Africa (Ethiopia, Ghana and Nigeria), and two countries in the Asia and Pacific region (Pakistan and Myanmar). Quantities of injectables procured ranged from a maximum of nearly 1.5 million vials to a minimum of 7,500 vials.
- **IUDs** were procured to three countries, two in Africa (Ethiopia and Uganda) and one in the Asia and Pacific region (Pakistan). Quantities procured ranged from a maximum of 775,000 pieces to a minimum of 14,500 pieces.
- **Male condoms** were procured to four countries in 2014, two countries in Africa (Ethiopia and Nigeria) and two countries in the Asia and Pacific region (Myanmar and Pakistan). Quantities procured ranged from a maximum over 65 million pieces to a minimum of 20,000 pieces.
- **Oral contraceptives** were procured to three countries in 2014, two countries in Africa (Ethiopia and Zimbabwe) and Myanmar in the Asia and Pacific region. Quantities procured ranged from a maximum of nearly 5.1 million cycles to a minimum of 4,000 cycles.

### Breakdown of support by region

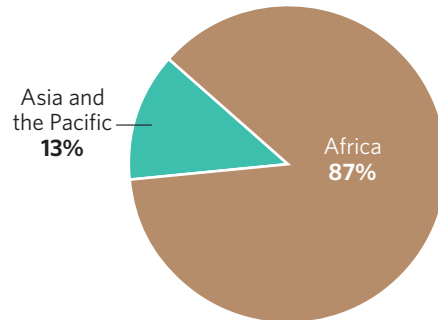
In 2014, DFID provided commodities to seven countries, of which five in Africa and two in Asia and the Pacific region. Two more countries were supported with commodities compared with 2013: while Kenya did not receive support in 2014, Pakistan, Myanmar and Ethiopia were included as recipient countries.

#### Africa:

- Africa is the region that received the most support from DFID in 2014 for the procurement of commodities, as it was the previous year. 87 per cent of DFID support for the procurement of contraceptives in 2014 went to Africa.
- Global DFID support for procurement of contraceptives decreased 23 per cent, and support to Africa decreased by 33 per cent in 2014, compared with previous year.
- DFID procured the following commodities to Africa: emergency contraception, implants, injectables, IUDs, male condoms and oral pills.
- 5 African countries received commodities from DFID.

**Table 7: Breakdown of regional support for DFID, 2014**

Regions	Value in US\$
Africa	12,025,545
Asia and the Pacific	1,780,989
<b>Total</b>	<b>13,806,535</b>

**Figure 9: Breakdown of regional support for DFID 2014 (% of value)****Asia and the Pacific:**

- Myanmar and Pakistan received commodities from DFID in the region.
- DFID procured the following commodities to Asia and the Pacific region: male condoms, injectables, IUDs, and oral pills.

**Comparison 2013 and 2014**

In 2014, DFID provided five modern contraceptive methods worth over \$ 13.8 million, a 23 per cent decrease of investment in the procurement of commodities compared to 2013.

- ▶ Support for contraceptive injectables increased substantially in 2014, resulting in almost triple the implants procured compared to the previous year (from 1.5 million vials in 2013 to over 4.3 million vials in 2014).
- ▶ Support for the procurement of IUDs increased significantly, resulting in over a twelve-fold increase in the quantity of IUDs procured compared to last year (from 83,854 pieces in 2013 to over 1 million pieces in 2014).
- ▶ In 2014, DFID re-started again the support for the procurement of emergency contraceptives, discontinued since 2007, which was the last year when support for emergency contraception was provided by DFID.
- ▶ Procurement of implants and oral contraceptives decreased in 2014 compared to previous year.

**Table 8: Commodity distribution breakdown for DFID, 2013-2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	—	—	2,535,347.00	583,130	—	—
Implants	584,677	6,106,803	231,200	2,032,896	-60	-67
Injectables	1,510,000	1,528,278	4,361,096	4,538,824	189	197
IUDs	83,854	27,991	1,039,500	157,736	1140	464
Male condoms	162,000,000	4,081,794	145,321,656	5,087,780	-10	25
Oral pills	25,072,569	6,159,947	5,352,893	1,406,170	-79	-77
<b>Total</b>		<b>17,904,814</b>		<b>13,806,535</b>		<b>-23</b>

## 2.2 The Global Fund to Fight AIDS, Tuberculosis and Malaria

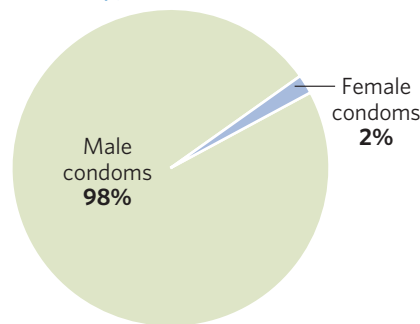
The Global Fund to Fight AIDS, Tuberculosis and Malaria is a unique, public – private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, tuberculosis and malaria<sup>18</sup>.

In 2014, the Global Fund provided male and female condoms worth around \$11.6 million, which means a contribution of 10 per cent of the total global procurement of male and female condoms.

**Table 9: Commodity distribution breakdown for The Global Fund, 2014**

Commodities	Quantity	Value in US\$
Female condoms	450,893	266,754
Male condoms	345,762,259	11,292,436
<b>Total</b>	<b>346,213,152</b>	<b>11,559,190</b>

**Figure 10: Commodity distribution breakdown for The Global Fund, 2014 (% value US\$)**



### Commodities procured

In 2014, around 345.8 million male condoms and around 451 thousand female condoms were procured by the Global Fund.

- ▶ Highest support went for male condoms:
  - 98 per cent invested in male condoms.
  - 2 per cent invested in female condoms.
- ▶ In 2014, support to female condom decreased significantly: in 2013 around 3.6 million female condoms were procured, while in 2014 0.45 million female condoms were procured.
- ▶ Support to male condoms also decreased, from 511.9 million pieces in 2013 to 345.8 million pieces in 2014.

### Summary of procurement

- **Female condoms** were provided to five countries. Quantities of female condoms ranged from a maximum of 279,000 pieces to a minimum of 16,501.
- **Male condoms** were provided to 34 countries. Quantities of male condoms procured ranged from a maximum of over 96 million pieces to a minimum of 141,880 pieces.

<sup>18</sup> For more information visit <http://www.theglobalfund.org/>

## Breakdown of support by region

The Global Fund provided commodities to 36 countries in 5 regions in 2014. A significant decrease from the previous year, when commodities were provided to 65 countries; but in line, however, with the trend in 2012, where the Global Fund supported 39 countries.

The second region most benefited was Asia and the Pacific (23 per cent).

### Africa:

- In 2014, Africa was the region receiving most support, as it was the previous year. 57 per cent of the Global Fund's investment in commodities benefited African countries. Compared with previous year, however, procurement support to Africa decreased by 27 per cent, from over \$9.1 million in 2013 to \$6.6 million in 2014.
- Nine African countries were supported by the Global Fund in 2014. Three countries received female condoms and seven countries received male condoms.

### Asia and the Pacific:

- In 2014, Asia and the Pacific was the second region most benefited from the support from the Global Fund (23 per cent of total investment). Compared with previous year, support to the region decreased by 20 per cent, from over \$3.3 million in 2013 to nearly 2.7 million in 2014.
- Nine countries received commodities from the Global Fund. All nine countries received male condoms. Myanmar received also female condoms.

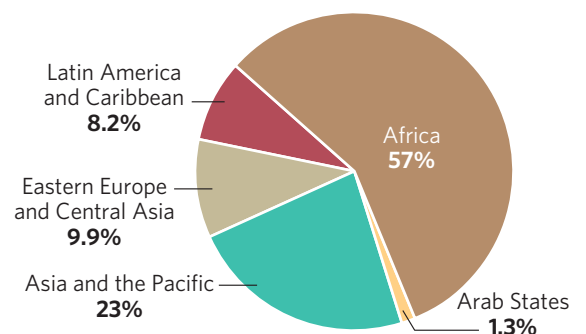
### Eastern Europe and Central Asia:

- Only male condoms were provided to the region, and 10 countries received support from the Global Fund in 2014.

**Table 10: Breakdown of regional support for The Global Fund, 2014**

Region	Value in US\$
Africa	6,627,926.71
Arab States	151,912.87
Asia and the Pacific	2,677,159.40
Eastern Europe and Central Asia	1,149,092.37
Latin America and Caribbean	953,098.49
<b>Total</b>	<b>11,559,189.85</b>

**Figure 11: Breakdown of regional support for The Global Fund, 2014 (% value US\$)**



### Latin America and the Caribbean:

- Eight countries received support.
- All eight countries were provided with male condoms.
- El Salvador received also female condoms.
- Highest support went to Cuba, followed by El Salvador and Guatemala.

### Arab States:

- Only Tunisia received male condoms in 2014.

## Comparison 2013 and 2014

In 2014, the Global Fund provided male and female condoms worth around \$11.6 million, a 41 per cent decrease compared with the support provided in 2013:

- ▶ Investment for the provision of female condoms decreased by 89 per cent, from \$2.5 million in 2013 to \$0.27 million in 2014.
- ▶ Support in the procurement of male condoms decreased by 33 per cent, from \$16.9 million in 2013 to \$11.3 million in 2014.

**Table 11: Commodity distribution breakdown for The Global Fund, 2013-2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Female condoms	3,571,084	2,526,919.29	450,893	266,753.99	-87	-89
Male condoms	511,888,260	16,939,622.61	345,762,259	11,292,435.86	-32	-33
<b>Total</b>		<b>19,466,541.90</b>		<b>11,559,189.85</b>		<b>-41</b>

## 2.3 International Planned Parenthood Federation (IPPF)

The International Planned Parenthood Federation (IPPF) is one of the largest International Non-Governmental Organizations working in sexual and reproductive health and rights globally. Founded in 1952, it has expanded into a federation of 152 Member Associations working in 172 countries. In addition to its role in advocating for sexual and reproductive health and rights both globally and at national level, IPPF provides help, advice, services and supplies relating to any aspect of SRH through the IPPF Member Associations, counting on a network of 65,000 service delivery points worldwide. IPPF puts an emphasis in ensuring access to services for geographically isolated communities, having half of its service delivery points located in rural and peri-urban locations<sup>19</sup>.

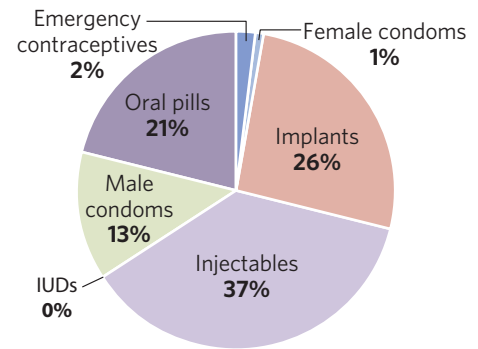
<sup>19</sup> For more information visit: <http://www.ippf.org/>

In 2014, IPPF provided seven modern contraceptive methods worth around \$2.8 million, which means a contribution of around 1 per cent of the total global procurement.

**Table 12: Commodity distribution breakdown for IPPF, 2014**

Commodities	Quantity	Value in US\$
Emergency contraceptives	61,680	52,060
Female condoms	39,000	24,882
Implants	73,959	726,280
Injectables	803,084	1,058,853
IUDs	12,100	8,850
Male condoms	11,144,160	378,846
Oral pills	1,683,228	586,866
<b>Total</b>		<b>2,836,636</b>

**Figure 12: Commodity distribution breakdown for IPPF, 2014 (% of value)**



## Commodities procured

In 2014, IPPF procured emergency contraception, female condoms, implants, injectables, IUDs, male condoms and oral contraceptives. The highest support from IPPF went for injectables (37 per cent) followed by implants (26 per cent).

- ▶ Support for emergency contraception increased significantly, and more than double the quantity was procured in 2014 (61,680 tablets in 2014 compared with 27,851 tablets in 2013).
- ▶ Support for IUDs decreased substantially in 2014: 12,100 IUDs procured in 2014, compared with 824,765 in 2013.

## Summary of procurement

- **Emergency contraceptives** were procured to 18 countries in 4 regions: 8 countries in Africa, 8 countries in Latin America and the Caribbean, Tunisia in Arab States and Samoa in Asia and the Pacific. Quantities procured ranged from a maximum of 40,320 tablets to a minimum of 240 tablets.
- **Female condoms** were procured to 13 countries in 3 regions: 9 countries in Africa, 3 countries in Latin America and the Caribbean and Kiribati in Asia and the Pacific. Quantities procured ranged from a maximum of 10,000 pieces to a minimum of 1,000 pieces.
- **Implants** were procured to 15 countries in 4 regions: 7 countries in Africa, 6 countries in Latin America and the Caribbean, Sudan in the Arab States and Kiribati in Asia and the Pacific. Quantities procured ranged from a maximum of 50,140 sets to a minimum of 10 sets.



- **Injectable contraceptives** were procured to 37 countries in 4 regions: 11 countries in Africa, 2 countries in the Arab States, 6 countries in Asia and the Pacific region, and 18 countries in Latin America and the Caribbean. Quantities procured ranged from a maximum of 193,800 vials to a minimum of 184 vials.
- **IUDs** were procured to two countries: Chile in Latin American region and Tunisia in Arab States. Chile received 10,000 IUDs and Tunisia received 2,100 IUDs in 2014.
- **Male condoms** were procured to 14 countries in 4 regions: 4 countries in Africa, 8 countries in Latin America and the Caribbean, Sudan in the Arab States and Kiribati in the Asia and Pacific region. Quantities procured ranged from a maximum of 6.4 million pieces to a minimum of 1,440 pieces.
- **Oral contraceptives** were procured to 40 countries in 4 regions: 16 countries in Africa, 2 countries in the Arab States, 6 countries in Asia and the Pacific, and 16 countries in Latin America and the Caribbean. Quantities procured ranged from a maximum of 152,748 cycles, to a minimum of 720 cycles.

## Breakdown of support by region

In 2014, IPPF provided commodities to 51 countries in 4 regions, a decrease in 30 countries from 2013:

### Africa:

- Africa is the region that received the most support from IPPF in 2014 for the procurement of commodities, as it was the previous year. However, given IPPF overall reduction of 50 per cent in support for procurement of contraceptives in 2014, the support for Africa also decreased substantially compared to previous year: from over \$3.5 million in 2013 to \$1.2 million in 2014.
- 19 countries received commodities from IPPF: 8 countries received emergency contraception, 9 countries received female condoms, 7 countries received implants, Injectables were procured to 11 countries, 4 countries received male condoms, 16 countries received oral contraceptives.

### Arab States:

- Support to Arab States accounts for 5 per cent of total support by IPPF. Procurement support by IPPF in the region increased in 2014 almost two-fold compared with 2013: from \$68,519 in 2013 to \$131,027 in 2014.
- 2 countries received support: Sudan and Tunisia. Tunisia received emergency contraception, injectables, IUDs, and oral contraceptives; Sudan received implants, injectables, male condoms and oral contraceptives.

### Asia and the Pacific:

- Support to Asia and the Pacific accounts for 5 per cent of total support by IPPF. In 2014, procurement support decreased significantly compared with previous year: from \$679,230 in 2013 to \$152,408 in 2014, which means a reduction of 78 per cent compared with 2013.
- Six countries received commodities from IPPF in 2014. Injectables and oral contraceptives were procured to all six countries; only Samoa received emergency contraception; female and male condoms, and implants were procured to Kiribati only.

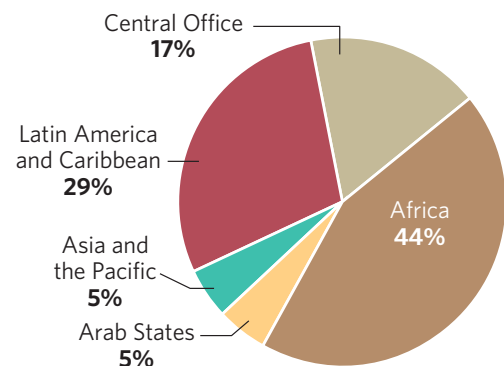
### Latin America and the Caribbean:

- Although funding overall decreased, support for the procurement of commodities remained constant in 2014, compared to figures in 2013, being the second region receiving the most contribution in 2014. 24 countries received commodities from IPPF in the region: 8 countries received emergency contraception, 3 countries received female condoms, 6 countries received implants, 18 countries received injectables, 16 countries received oral contraceptives, only Chile received IUDs.

**Table 13: Breakdown of regional support for IPPF, 2014**

Regions	Value in US\$
Africa	1,234,014
Arab States	131,027
Asia and the Pacific	152,408
Latin America and Caribbean	833,000
Central office	486,197
<b>Total</b>	<b>2,836,646</b>

**Figure 13: Breakdown of regional support for IPPF, 2014 (% of value)**



### Comparison 2013 and 2014

In 2014, IPPF provided seven modern contraceptive methods worth over \$2.8 million, a 51 per cent decrease of investment in the procurement of commodities compared to 2013.

- ▶ Support for the procurement of emergency contraception increased 83 per cent from 2013. This allowed to procure more than double the quantity of emergency contraceptives than previous year.
- ▶ Although the amount spent in implants decreased by 44 per cent in 2014, the quantity of implants procured increased by 18 per cent in 2014 (from 62,504 sets in 2013 to 73,959 sets in 2014).
- ▶ Procurement of female condoms, injectables, IUDs, male condoms and oral pills decreased in 2014 compared to previous year.

**Table 14: Commodity distribution breakdown for IPPF, 2013-2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	27,851	28,455	61,680	52,060	121	83
Female condoms	557,000	387,672	39,000	24,882	-93	-94
Implants	62,504	1,296,453	73,959	726,280	18	-44
Injectables	1,405,602	2,050,586	803,084	1,058,853	-43	-48
IUDs	824,765	162,989	12,100	8,850	-99	-95
Male condoms	31,192,096	1,062,925	11,144,160	378,846	-64	-64
Oral pills	1,756,837	780,024	1,683,228	586,866	-4	-25
Diaphragms	239	3,687	—	—	-100	-100
<b>Total</b>		<b>5,772,791</b>		<b>2,836,636</b>		<b>-51</b>

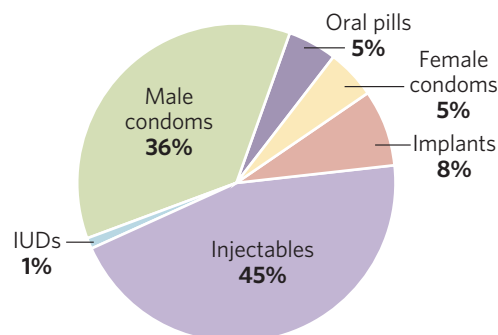
## 2.4 The German Development Bank (KfW)

The Federal Republic of Germany has undertaken to play an active part in achieving the internationally agreed sustainable development goals, and works to promote development that corresponds to the principles and standards of sustainability, human rights and gender equality. Realizing sexual and reproductive health and rights is a necessary pre-requisite for achieving these goals. KfW Entwicklungsbank (the German Development Bank) is one of the organizations through which German development cooperation in the field of sexual and reproductive health and rights is implemented<sup>20</sup>.

In 2014, KfW procured six modern methods worth around \$22.9 million, which means a contribution of 7 per cent of the total global procurement.

**Table 15: Commodity distribution breakdown for KfW, 2014**

Commodities	Quantity	Value in US\$
Female condoms	1,256,600	1,088,085
Implants	171,948	1,750,981
Injectables	10,288,573	10,380,000
IUDs	972,600	374,906
Male condoms	196,768,120	8,172,607
Oral pills	3,955,760	1,109,153
<b>Total</b>		<b>22,875,733</b>

**Figure 14: Commodity distribution breakdown for KfW, 2014 (% of value)**

<sup>20</sup> For more information visit: : <https://www.kfw-entwicklungsbank.de/>

## Commodities procured

In 2014, KfW procured female condoms, implants, injectables, IUDs, male condoms and oral pills. The highest support from KfW went for injectables (45 per cent) followed by male condoms (36 per cent).

- ▶ Support for implants increased substantially: in 2013 around 39,398 sets were provided, while in 2014 KfW procured 171,948 implant sets.
- ▶ Support for female condoms also increased: in 2013, 677,568 units were provided, while in 2014 KfW procured over 1.2 million female condoms.

### Summary of procurement

- **Female condoms** were procured to four countries in 2014, all of them in Africa. Quantities procured ranged from a maximum of 850,000 units to a minimum of 100,000 units.
- **Implants** were procured to four countries in 2014, all of them in Africa. Quantities procured ranged from a maximum of 100,000 implant sets to a minimum of 1,500 sets.
- **Injectables** were procured to five countries in 2014: four countries in Africa and one country in Arab States. Quantities procured ranged from a maximum of 7.9 million vials to a minimum of 300,000 vials.
- **IUDs** were procured to one country in 2014: Uzbekistan was the only country receiving IUDs from KfW in 2014 (972,600 units).
- **Male condoms** were procured to 12 countries in 2014: 10 countries in Africa, 1 country in Arab States (Yemen) and one country in Asia & Pacific region (Pakistan) received male condoms from KfW in 2014. Quantities procured ranged from a maximum over 57.8 million units to a minimum of over 1.5 million units.
- **Oral pills** were procured to four countries in 2014, all of them in Africa. Quantities procured ranged from a maximum of 2.5 million cycles to a minimum of 150,000 cycles.

## Breakdown of support by region

In 2014, KfW provided commodities to 17 countries in 4 regions in 2014, 2 more countries than in 2013.

### Africa:

- Africa is the region that received the most support from KfW in 2014. Support to the African region increased by 18 per cent in 2014, compared with previous year: from over \$17.4 million in 2013 to \$20.5 million in 2014.
- 14 countries received support in African region: 4 countries received female condoms, 4 countries received implants, 4 countries received injectables, 10 countries received male condoms, 4 countries received oral contraceptives.

### Arab States:

- Support to the Arab States decreased markedly in 2014 compared with 2013 (by 90 per cent): from over \$4.3 million in 2013 to \$451,069 in 2014. Only Yemen received support from KfW in 2014, as in 2013. Yemen received both injectables and male condoms in 2014.

### Asia and the Pacific:

- Support to Asia and the Pacific region decreased by 79 per cent in 2014 compared with the previous year: from nearly \$7.5 million in 2013 to over \$1.5 million in 2014. Only Pakistan received support from KfW in 2014, in the form of male condoms.

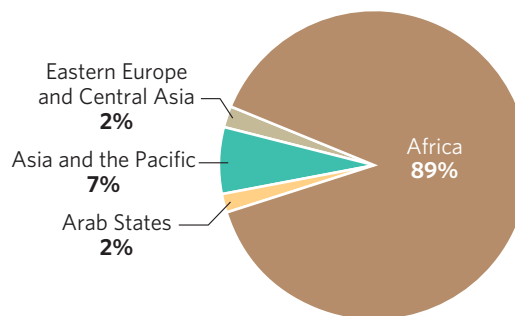
### Eastern Europe and Central Asia:

- KfW supported the procurement of commodities to Uzbekistan in 2014. In 2013 no investment in commodities were supported to the region.
- Uzbekistan only received IUDs in 2014.

**Table 16: Breakdown of regional support for KfW, 2014**

Regions	Value in US\$
Africa	20,502,376
Arab States	451,069
Asia and the Pacific	1,547,381
Eastern Europe and Central Asia	374,906
<b>Total</b>	<b>22,875,733</b>

**Figure 15: Breakdown of regional support for KfW, 2014 (% of value)**



### Comparison 2013 and 2014

In 2014 KfW provided 6 modern contraceptive methods worth around \$22.9 million, a 22 per cent decrease of investment in commodities compared to 2013.

- Support for the procurement of female condoms increased by 43 per cent in 2014.
- Investment in implants increased by 65 per cent in 2014 compared with the previous year.
- Amount allocated for the provision of injectables decreased by 11 per cent.
- Support for IUDs decreased slightly by 15 per cent. Despite that, the quantity of IUDs procured increased by over 50 per cent.
- Investment in male condoms decreased by 24 per cent in 2014.
- Amount allocated for the provision of oral contraceptives decreased by 76 per cent.

**Table 17: Commodity distribution breakdown for KfW, 2013–2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Female condoms	677,568	761,918	1,256,600	1,088,085	85	43
Implants	39,398	1,062,324	171,948	1,750,981	336	65
Injectables	12,348,832	11,654,892	10,288,573	10,380,000	-17	-11
IUDs	615,258	442,710	972,600	374,906	58	-15
Male condoms	323,452,366	10,816,644	196,768,120	8,172,607	-39	-24
Oral pills	25,397,588	4,533,645	3,955,760	1,109,153	-84	-76
<b>Total</b>		<b>29,272,135</b>		<b>22,875,733</b>		<b>-22</b>

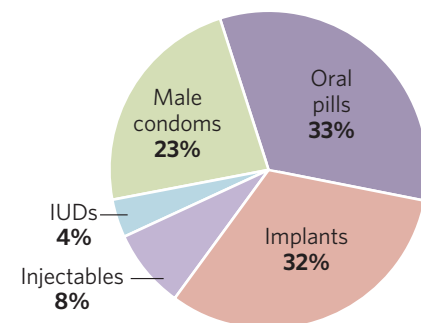
## 2.5 Marie Stopes International (MSI)

Marie Stopes International (MSI) is an International Non-Governmental Organization working in family planning and sexual and reproductive health globally. MSI operates through its more than 600 clinics across 37 countries. Its efforts focus particularly in providing modern contraception and reproductive and maternal health services in underserved communities<sup>21</sup>.

In 2014, MSI provided five modern contraceptive methods worth around \$3.8 million, which means a contribution of 1 per cent of the total global procurement.

**Table 18: Commodity distribution breakdown for MSI, 2014**

Commodities	Quantity	Value in US\$
Implants	149,664	1,235,754
Injectables	315,000	305,339
IUDs	366,800	143,488
Male condoms	24,006,240	888,507
Oral pills	6,557,080	1,248,737
<b>Total</b>		<b>3,821,825</b>

**Figure 16: Commodity distribution breakdown for MSI, 2014 (% of value)**

### Commodities procured

In 2014, MSI procured implants, injectables, IUDs, male condoms and oral pills. The highest support from MSI went for oral pills (33 per cent) followed by implants (32 per cent).

- Support for oral pills increased significantly: in 2013, around 2.5 million cycles were provided, while in 2014 MSI procured almost 6.6 million cycles.

<sup>21</sup> For more information visit <http://mariestopes.org/>

- ▶ Support for implants also increased substantially: in 2013, over 72 thousand sets were provided, and in 2014 the quantity more than doubled up to almost 150 thousand sets procured.

### Summary of procurement

- **Implants** were procured to 15 countries: 7 countries from both Africa and Asia, and Bolivia from the Latin American region, received implants in 2014. Quantity of implants procured by MSI ranged from a maximum of 29,200 implant sets to a minimum of 900 sets.
- **Injectables** were procured to two countries: Yemen in Arab States and Myanmar in Asia and the Pacific region. Yemen received 300,000 vials and Myanmar received 15,000 vials.
- **IUDs** were procured to five countries: 4 countries from Asia and the Pacific and one in Arab States received IUDs. Quantities procured ranged from 100,000 pieces to a minimum of 10,000 pieces.
- **Male condoms** were procured to five countries: 1 country in Africa, 1 country in the Arab States and three countries in Asia and the Pacific. Quantities procured ranged from 14.4 million pieces to a minimum of 921,600 pieces.
- **Oral pills** were procured to four countries: one country in Africa, one country in Arab States and two countries in Asia and the Pacific. Quantities procured ranged from 4.1 million cycles to a minimum of 55,000 cycles.

### Breakdown of support by region

In 2014, MSI provided commodities to 19 countries in 4 regions, an increase in 3 countries from 2013.

#### Asia and the Pacific:

- Asia and the Pacific is the region that received the most support from MSI in 2014, as it was the previous year. Support to the region increased by 49 per cent in 2014 compared with 2013: from \$1.6 million in 2013 to nearly \$2.4 million in 2014.
- 9 countries received commodities from MSI: 7 countries received implants, only Myanmar received injectables, 4 countries received IUDs, 3 countries received male condoms, only Mongolia and Myanmar received oral pills.

#### Arab States:

- In 2014, MSI's support to Arab States increased significantly: from \$42,372 in 2013, to \$896,623 in 2014. Only Yemen was supported in the Arab States region in 2014.
- Yemen received injectables (300,000 vials), IUDs (115,000 pieces), male condoms (over 4.7 million pieces) and oral pills (almost 2 million cycles).

**Africa:**

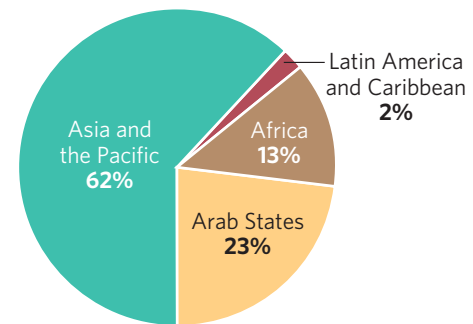
- Support to Africa accounted for 13 per cent of total support in 2014. MSI support for the procurement of commodities to Africa increased by 41 per cent compared with previous year: from \$342,553 in 2013 to \$482,214 in 2014.
- 8 countries received commodities: 7 countries received implants, only Malawi received male condoms, only Kenya received oral contraceptives.

**Latin America and the Caribbean:**

- Support to Latin America and the Caribbean region remained at similar levels as last year.
- 7,000 implant sets were procured to Bolivia in 2014.

**Table 19: Breakdown of regional support for MSI, 2014**

Regions	Value in US\$
Africa	482,214
Arab States	896,623
Asia and the Pacific	2,386,988
Latin America and Caribbean	56,000
<b>Total</b>	<b>3,821,825</b>

**Figure 17: Breakdown of regional support for MSI, 2014 (% of value)****Comparison 2013 and 2014**

In 2014, MSI provided five modern contraceptive methods worth around \$3.8 million, an 87 per cent increase of investment in commodities compared to 2013:

- ▶ Support for the procurement of implants more than doubled from 2013.
- ▶ Investment for the provision of injectables sensibly increased by 12 per cent compared to 2013.
- ▶ Support for IUDs decreased by 21 per cent.
- ▶ Amount allocated for the procurement of condoms increased by 68 per cent.
- ▶ Investment for the provision of oral pills increased by 167 per cent from 2013.



**Table 20: Commodity distribution breakdown for MSI, 2013–2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Implants	72,342	598,627	149,664	1,235,754	107	106
Injectables	330,000	271,620	315,000	305,339	-5	12
IUDs	455,800	182,475	366,800	143,488	-20	-21
Male condoms	12,458,880	529,478	24,006,240	888,507	93	68
Oral pills	2,480,402	466,993	6,557,080	1,248,737	164	167
<b>Total</b>		<b>2,049,193</b>		<b>3,821,825</b>		<b>87</b>

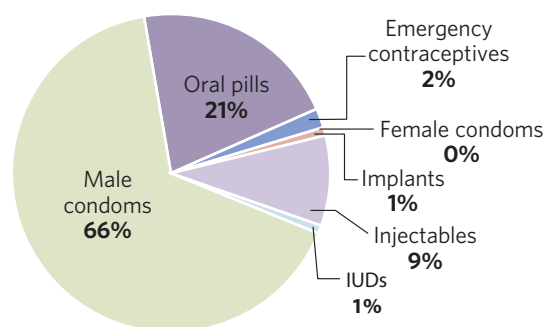
## 2.6 Population Services International (PSI)

PSI is a global health organization dedicated to improving the health of people in the developing world by focusing on serious challenges among which the lack of family planning. In over 30 countries throughout the world PSI empowers women and couples to lead healthier lives by increasing access to family planning and maternal health products and services<sup>22</sup>.

In 2014, PSI procured seven modern methods worth over \$20.5 million, which means a contribution of 7 per cent of the total global procurement.

**Table 21: Commodity distribution breakdown for PSI, 2014**

Commodities	Quantity	Value in US\$
Emergency contraceptives	2,823,967	417,518
Female condoms	38,001	23,961
Implants	17,100	146,160
Injectables	2,244,423	1,815,225
IUDs	365,900	189,575
Male condoms	505,561,216	13,523,209
Oral pills	14,584,005	4,398,381
<b>Total</b>		<b>20,514,029</b>

**Figure 18: Commodity distribution breakdown for PSI, 2014 (% of value)**

### Commodities procured

In 2014, PSI procured emergency contraception, female condoms, implants, injectables, IUDs, male condoms and oral contraceptives. The highest support from PSI went for male condoms (66 per cent), followed by oral pills (21 per cent), and injectables (9 per cent).

<sup>22</sup> For more information visit: <http://www.psi.org/>

- ▶ Support for the procurement of emergency contraception increased substantially, resulting in over a five-fold increase in the quantities procured: in 2013, 534,600 tablets were procured by PSI, while in 2014, the quantity of emergency contraceptive tablets procured increased up to over 2.8 million.
- ▶ The support for the procurement of implants and female condoms, however, experienced a notable decrease in 2014, by 92 per cent and 98 per cent respectively.

### Summary of procurement

- **Emergency contraceptives** were procured to five countries in 2014: two countries in Africa (United Republic of Tanzania and Zimbabwe), two countries in Asia and the Pacific (Myanmar and Pakistan), and Paraguay in Latin America. Quantities procured ranged from 2.4 million tables to a minimum of 8,000 tablets.
- **Female condoms** were procured to two countries in Africa (Benin and Togo). Togo received 20,000 female condoms and Benin received 18,000.
- **Implants** were procured to five countries: 2 countries in Africa (Madagascar and Togo), 2 countries in Latin America (Guatemala and Nicaragua), and Cambodia in Asia and the Pacific. Quantities procured ranged from 6,000 implant sets to a minimum of 500 sets.
- **Injectables** were procured to eight countries: five countries in Africa, two countries in Asia and the Pacific, and one country in Latin America. Quantities procured ranged from a maximum of over 1.2 million vials to a minimum of 30,000 vials.
- **IUDs** were procured to nine countries: three countries in Africa, four countries in Asia and the Pacific, and two countries in Latin America and the Caribbean. Quantities procured ranged from a maximum of 129,000 pieces to a minimum of 2,000 pieces.
- **Male condoms** were procured to 19 countries: 13 countries in Africa, 5 countries in Asia and the Pacific, and Paraguay in Latin America. Male condoms were also procured to the Central America Region (nearly 18.6 million pieces). Quantities procured ranged from a maximum of over 200.5 million condoms to a minimum of 70,000 pieces.
- **Oral contraceptives** were procured to 11 countries in 2014: 5 countries in Africa, 4 countries in Asia and the Pacific, and 2 countries in Latin America. Quantities procured ranged from a maximum of 3.3 million cycles to a minimum of 55,000 cycles.

### Breakdown of support by region

In 2014, PSI procured commodities to 27 countries in 3 regions, which is 2 countries less than in 2013.

### Africa:

- Africa is the region that received the most support from PSI in 2014. Support to the African region increased by 8 per cent in 2014 compared to previous year: from over \$11.2 million in 2013, to nearly \$12.1 million.
- 17 African countries received support from PSI in 2014: 2 countries received emergency contraceptives, 2 countries received female condoms, 2 countries received implants, 5 countries received injectables, 3 countries received IUDs, 13 countries received male condoms, 5 countries received oral pills.

### Asia and the Pacific:

- Asia and the Pacific is the region receiving the most support after Africa (33 per cent). Support to Asia and the Pacific increased by 39 per cent in 2014 compared to previous year: from over \$4.8 million in 2013, to over \$6.7 million in 2014.
- Five Asian countries received support from PSI in 2014: two countries received emergency contraception, two countries received injectables, four countries received IUDs, four countries received oral pills, implants were procured only to Cambodia, all five supported countries received male condoms, while female condoms were not procured to any country in the region in 2014.

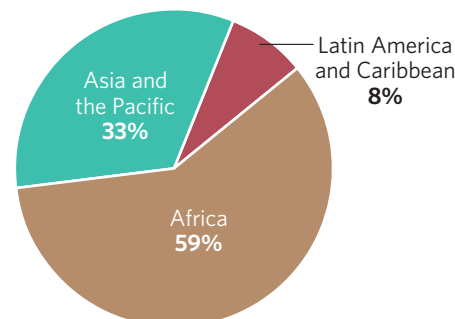
### Latin America and the Caribbean:

- Support to the region in 2014 slightly increased by 9 per cent compared with previous year: from over \$1.5 million in 2013 to \$1.7 million in 2014.
- 5 Latin American and Caribbean countries were supported in 2014. Also, additional commodities were procured to the Central America Region.
- Emergency contraception was procured only to Paraguay in 2014; female condoms were not procured to any country in the region in 2014; injectables were procured only to Guatemala; male condoms were procured to Paraguay and the Central America Region; 2 countries received implants; 2 countries received IUDs; 2 countries received oral pills.

**Table 22: Breakdown of regional support for PSI, 2014**

Regions	Value in US\$
Africa	12,097,674
Asia and the Pacific	6,707,860
Latin America and Caribbean	1,708,495
<b>Total</b>	<b>20,514,029</b>

**Figure 19: Breakdown of regional support for PSI, 2014 (% of value)**



## Comparison 2013 and 2014

In 2014, PSI procured 7 modern contraceptive methods worth over \$20.5 million, a 16 per cent investment increase compared to 2013.

- ▶ Support for the procurement of emergency contraceptives increased substantially, resulting in over five times more commodities procured in 2014.
- ▶ Investment in male condoms increased markedly in 2014 by 41 per cent.
- ▶ Although the funding for the procurement of oral pills nearly tripled, the quantity of cycles procured reduced by 44 per cent compared to last year.
- ▶ Procurement of female condoms reduced drastically in 2014, compared to previous year: from over 1.5 million female condoms procured in 2013, to 38,001 pieces in 2014.
- ▶ Procurement of implants also experienced a notable decrease in 2014: from 227,300 sets procured in 2013 to 17,100 implant sets in 2014.

**Table 23: Commodity distribution breakdown for PSI, 2013-2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	534,600	159,552	2,823,967	417,518	428	162
Female condoms	1,551,000	986,553	38,001	23,961	-98	-98
Implants	227,300	1,932,455	17,100	146,160	-92	-92
Injectables	4,501,600	3,238,806	2,244,423	1,815,225	-50	-44
IUDs	529,869	288,518	365,900	189,575	-31	-34
Male condoms	339,072,542	9,575,940	505,561,216	13,523,209	49	41
Oral Pills	25,928,305	1,472,116	14,584,005	4,398,381	-44	199
<b>Total</b>		<b>17,653,940</b>		<b>20,514,029</b>		<b>16</b>

## 2.7 United Nations Population Fund (UNFPA)

UNFPA, the United Nations Population Fund, is the main global-intergovernmental organization in the United Nations system with the mandate for family planning, and one of the global leaders in providing reproductive health commodities to countries.

UNFPA's mission is to deliver a world where every pregnancy is wanted, every child-birth is safe and every young person's potential is fulfilled. Since 1969, UNFPA has touched the lives of millions of women and youth around the world through its work in sexual and reproductive health, gender equality and youth empowerment.

Across 158 countries, UNFPA works through a network of 112 country offices and over 2,500 staff, with a budget of approximately \$1 billion per year. Through a comprehensive network of strong global and national partnerships, UNFPA is a facilitator and convener at national, regional and global levels to ensure universal



access to sexual and reproductive health and reproductive rights, including family planning<sup>23</sup>.

UNFPA further strengthened its leadership in family planning by launching UNFPA Supplies (formerly known as the Global Programme to Enhance Reproductive Health Commodity Security – GPRHCS) in 2007. UNFPA Supplies provides strategic and pivotal support for family planning globally, and it is the only United Nations programme that specifically focuses on ensuring access to a reliable supply of contraceptives, condoms and equipment for family planning and HIV/STI prevention and life-saving maternal health medicines.

In 2014, UNFPA provided modern contraceptive methods worth over \$128.6 million, which means a contribution of 42 per cent of the total global procurement.

**Table 24: Commodity distribution breakdown for UNFPA, 2014**

Commodities	Quantity	Value in US\$
Emergency contraceptives	1,616,596	693,895
Female condoms	14,789,401	8,197,513
Implants	3,332,593	28,842,969
Injectables	48,706,464	41,798,630
IUDs	1,006,396	325,060
Lubricants	797,926	309,384
Male condoms	759,207,744	21,317,386
Oral pills	82,006,168	26,162,405
Others*		1,014,077
<b>Total</b>		<b>128,661,318</b>

\* Others include sampling and testing of condoms, and artwork and packaging

<sup>23</sup> For more information visit: <http://www.unfpa.org/>

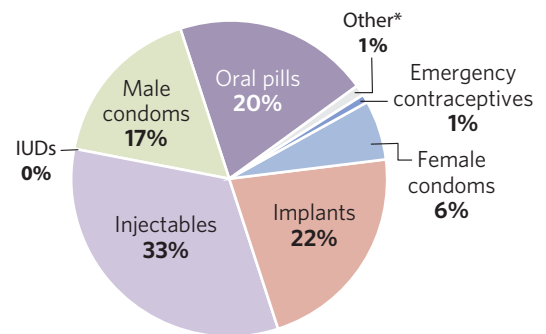
## Commodities procured

In 2014, UNFPA procured emergency contraception, female condoms, implants, injectables, IUDs, male condoms and oral pills. UNFPA also provided lubricants, and funded sampling and testing of condoms as well as artwork and packaging of contraceptives.

The highest support from UNFPA went to injectables (33 per cent) followed by implants (22 per cent).

- ▶ Although investment in emergency contraception decreased by 22 per cent in 2014, the more advantageous price achieved allowed UNFPA to increase the quantities procured by 19 per cent compared to previous year: in 2013, UNFPA provided over 1.3 million emergency contraceptive tablets, while in 2014 over 1.6 million emergency contraceptive tablets were procured.

**Figure 20: Commodity distribution breakdown for UNFPA, 2014 (% of value)**



\* Others include sampling and testing of condoms, and artwork and packaging

### Summary of procurement

- **Emergency contraception** was procured to 38 countries. A total of over 1.6 million emergency contraceptive tablets were procured by UNFPA in 2014, a 19 per cent increase from previous year. Emergency contraception was procured to 24 countries in Africa, 1 country in the Arab States, 8 countries in Asia and the Pacific, 1 country in Eastern Europe and Central Asia and 4 countries in Latin America and the Caribbean. Quantities procured ranged from 536,400 tablets to a minimum of 200 tablets.
- **Female condoms** were procured to 19 countries: 16 countries in Africa, 2 countries in Asia and the Pacific and 1 country in Latin America and the Caribbean. Quantities procured ranged from over 2 million units to a minimum of 4,000 units.
- **Implants** were procured to 51 countries: 31 countries in Africa, 3 countries in the Arab States, 9 countries in Asia and the Pacific, and 8 countries in Latin America and the Caribbean. Quantities procured ranged from 388,232 sets to a minimum of 300 sets.
- **Injectables** were procured to 73 countries: 40 countries in Africa, 7 countries in the Arab States, 12 in Asia and the Pacific, 5 countries in Eastern Europe and Central Asia, and 9 countries in Latin America and the Caribbean. Quantities procured ranged from 10.3 million vials to a minimum of 1,200 vials.

- **IUDs** were procured to 36 countries: 21 countries in Africa, 3 countries in the Arab States, 5 countries in Asia and the Pacific, 3 countries in Eastern Europe and Central Asia, and 4 countries in Latin America and the Caribbean. Quantities procured ranged from 84,000 units to a minimum of 500 units.
- **Male condoms** were procured to 45 countries: 19 countries in Africa, 3 countries in the Arab States, 11 countries in Asia and the Pacific, 5 countries in Eastern Europe and Central Asia, and 7 countries in Latin America and the Caribbean. Quantities procured ranged from over 88.6 million pieces to a minimum of 223,200 pieces. In addition to the figures presented in this report, UNFPA procured male condoms as part of its RH kits for humanitarian crisis.
- **Oral contraceptives** were procured to 72 countries: 38 countries in Africa, 7 countries in the Arab States, 14 countries in Asia and the Pacific region, 5 countries in Eastern Europe and Central Asia, and 8 countries in Latin America and the Caribbean. Quantities procured ranged from over 17.1 million cycles to a minimum of 1,536 cycles.

## Breakdown of support by region

In 2014, UNFPA provided commodities to 98 countries in 5 regions, a decrease of 3 countries compared to 2013.

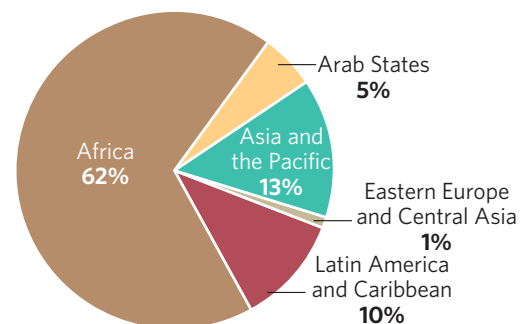
### Africa:

- Africa is the region that received the most support from UNFPA in 2014, as it was the previous year. In 2014, investment to support procurement of contraceptives and condoms in African countries decreased by 16 per cent, compared with the previous year: from nearly \$94.5 million in 2013 to almost \$80 million in 2014.

**Table 25: Breakdown of regional support for UNFPA, 2014 (value in US\$)**

Regions	Value in US\$
Africa	79,687,142
Arab States	6,375,268
Asia and the Pacific	17,115,682
Eastern Europe and Central Asia	1,035,742
Latin America and Caribbean	13,407,166
UNFPA Procurement Services Branch (stock) and other non-regional procurement	11,989,480
<b>Total</b>	<b>132,295,827</b>

**Figure 21: Breakdown of regional support for UNFPA, 2014 (% of value)**



\* Other include stock held at UNFPA Procurement Services Branch and other non-regional procurement

- 44 African countries received commodities from UNFPA in 2014: 24 countries received emergency contraception, 16 countries received female condoms, 31 countries received hormonal implants, 40 countries received contraceptive injectables, 21 countries received IUDs, lubricants were procured to 14 African countries, 19 countries received male condoms.
- In addition, UNFPA also procured male condoms as part of the RH kits provided to countries experiencing humanitarian crisis, which are not included in this report.

### **Arab States:**

- In 2014, investment to support procurement of contraceptives and condoms in Arab States experienced a slight increase of 5 per cent compared with previous year: from slightly over \$6 million in 2013 to nearly \$6.4 million in 2014.
- Nine countries received support for commodities from UNFPA in 2014: three countries received hormonal implants, injectables were procured to seven countries, IUDs were provided to three countries, male condoms were procured to three countries, seven countries received oral contraceptives. Only Lebanon received emergency contraception.
- Highest support for commodities went to Yemen and Sudan.
- Jordan and Lebanon were the countries receiving the lowest procurement support in 2014.

### **Asia and the Pacific:**

- In 2014, UNFPA support to the region of Asia and the Pacific increased significantly (by 24 per cent) compared to 2013: from around \$13.8 million in 2013 to over \$17.1 million in 2014.
- 18 countries received support for commodities in 2014: 8 countries received emergency contraceptives, female condoms were provided to 2 countries, implants were procured to 9 countries, injectables were procured to 12 countries, IUDs were provided to 5 countries, male condoms were provided to 11 countries, 14 countries received oral contraceptives.

### **Eastern Europe and Central Asia:**

- Support to the region decreased significantly (by 46 per cent) compared to 2013: from over \$1.9 million in 2013 to slightly over \$1 million in 2014.
- 11 countries received support for commodities: injectables were provided to 5 countries, 3 countries received IUDs, 5 countries received male condoms, 5 countries received oral contraceptives.



### Latin America and the Caribbean:

- Support to the region decreased by 33 per cent in 2014, compared to the previous year: from over \$19.9 million in 2013 to \$13.4 million in 2014.
- 14 countries received support for the procurement of commodities in 2014: 4 countries received emergency contraception, Female condoms were procured for El Salvador only, implants were procured to 8 countries, injectables were provided to 9 countries, 4 countries received IUDs, male condoms were procured to 7 countries, 8 countries received oral contraceptives.



### UNFPA funding modalities for the procurement of reproductive health commodities

In 2014, UNFPA provided nearly \$129 million for procurement of reproductive health commodities, which represents a decrease in expenditure of approximately \$24 million compared with 2013.

UNFPA procured family planning commodities using several funding sources, including UNFPA Supplies, which is UNFPA thematic fund for reproductive health commodity security, as well as funds received by UNFPA to carry out procurement on behalf of governments or other 'third parties'. UNFPA is undertaking intensive resource mobilization to ensure sustained funding for the support it provides to family planning.

### UNFPA Supplies

UNFPA Supplies<sup>24</sup> is the United Nations Population Fund flagship programme that helps countries build stronger health systems and widen access to a reliable supply of contraceptives and life-saving medicines for maternal health.

UNFPA Supplies focuses its support in the 46 lowest income countries with higher maternal mortality and HIV prevalence, and is committed to ensuring a choice of family planning methods and accurate information for women and adolescent girls in the most marginalized populations.

<sup>24</sup> UNFPA Supplies was previously known as the 'UNFPA Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS)'.

UNFPA Supplies is one of the largest providers of contraceptives among development actors, it provides an essential contribution to the Every Woman Every Child initiative, and is pivotal to the achievement of FP2020 goal. For more information about UNFPA Supplies see the section on Key Initiatives.

In 2014, out of the \$128.7 million provided by UNFPA for procurement of contraceptives and condoms, UNFPA Supplies accounted for around 65 per cent of funding (over \$83.8 million). This includes financial support from DFID, which contributed to, approximately, 75 per cent of UNFPA Supplies collected revenue.

### Third party procurement

Third party procurement constitutes the conduct of specific procurement actions by the Procurement and Services Branch of UNFPA for or on behalf of a third party (i.e. governments, specialized agencies, other intergovernmental or non-governmental organizations, international financial institutions, etc.) on the basis of a legal arrangement<sup>25</sup>.

Third party procurement through AccessRH<sup>26</sup>, UNFPA procurement and information platform, allows governments and not-for-profit organizations to benefit from UNFPA's negotiated prices, transparent procurement process and shorter lead-times. The use of AccessRH helps clients to avoid stock-outs and improve programme delivery, while maximizing the resources invested in reproductive health commodities.

In addition, the AccessRH web portal offers a range of tools, including the catalog of hundreds of products, a budget planner, a lead-time calculator, an order tracking system, and the Reproductive Health Interchange: a database of public sector contraceptive shipments.

In 2014, third party procurement accounted for nearly \$23.2 million (18 per cent) of UNFPA procured contraceptives and condoms. Third party procurement requests from 42 countries were channeled through UNFPA in 2014, 3 countries more than in 2013.

<sup>25</sup> UNFPA procures RH commodities on behalf of partner countries when explicitly asked to do so, when: [1] the country in question does not have the capacity itself to carry out an ICB [International Competitive Bidding] process; [2] there are credible fears of a distorted ICB due to corruption and graft; [3] a RH commodity stock-out situation is imminent. In cases where UNFPA carries out in-country procurement directly—and in compliance with its development mandate—UNFPA emphasizes and is currently stepping up its strategy and capacity to facilitate the development of in-country capacity in this area.

<sup>26</sup> For more information on AccessRH visit <https://www.myaccessrh.org/>

Eight countries channeled more than one million dollars to UNFPA for third party procurement: Ethiopia and Dominican Republic directed nearly \$1.3 million each; Paraguay and Democratic Republic of Congo over \$1.5 million; Papua New Guinea nearly \$1.8 million; El Salvador \$1.9 million; Philippines over \$4.6 million and Ecuador nearly \$5.3 million.

### Comparison 2013 and 2014

In 2014, UNFPA procured seven modern contraceptive methods and lubricant, as well as artwork and packaging of contraceptives and sampling and testing of condoms.

UNFPA contribution in 2014 is nearly \$129 million, a 16 per cent decrease compared with 2013, which was the year when UNFPA made its historical highest contribution since data is available.

- Per method, the investment in IUDs and the quantity procured experienced the highest decrease (73 per cent) compared to the previous year.
- Investment in the procurement of implants also decreased significantly (42 per cent), meaning 40 per cent less implants were procured in 2014, compared to 2013.
- Support for the procurement of oral contraceptives also increased significantly in 2014 (by 17 per cent) compared to previous year.

**Table 26: Commodity distribution breakdown for UNFPA, 2013-2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	1,357,753	889,818	1,616,596	693,895	19	-22
Female condoms	20,962,000	11,644,510	14,789,401	8,197,513	-29	-30
Implants	5,523,350	49,467,076	3,332,593	28,842,969	-40	-42
Injectables	63,603,705	35,685,717	48,706,464	41,798,630	-23	17
IUDs	3,665,844	1,203,256	1,006,396	325,060	-73	-73
Lubricants	124,249	406,417	797,926	309,384	542	-24
Male condoms	1,063,621,008	29,651,183	759,207,744	21,317,386	-29	-28
Oral pills	75,641,885	22,284,878	82,006,168	26,162,405	8	17
Others*		1,739,835		1,014,077		
<b>Total**</b>		<b>152,972,690</b>		<b>128,661,318</b>		<b>-16</b>

\* Others include artwork, packaging, sampling and testing

\*\* Total includes third party procurement

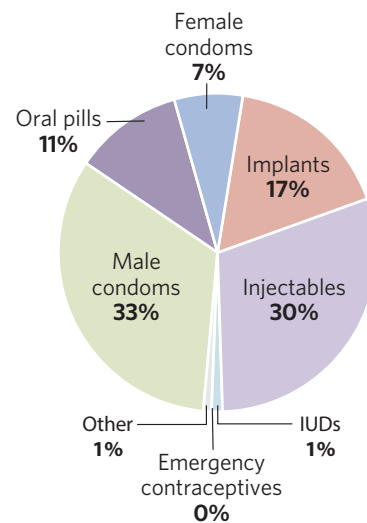
## 2.8 USAID

USAID is among the world's largest family planning donors, and one of the global leaders in providing reproductive health commodities to countries. USAID advances and supports voluntary family planning and reproductive health programs in more than 45 countries across the globe, and provides reinforced assistance to 24 high priority countries<sup>27</sup>. In 2014, USAID provided modern contraceptive methods worth over \$103.6 million, which means a contribution of around 33 per cent of the total global procurement.

**Table 27: Commodity distribution breakdown for USAID, 2014**

Commodities	Quantity	Value in US\$
Emergency contraceptives	46,460	43,972
Female condoms	11,049,000	6,895,799
Implants	1,944,660	18,231,725
Injectables	35,719,200	30,804,906
IUDs	3,127,800	1,621,671
Lubricants	7,194,000	624,712
Male condoms	922,833,000	34,002,070
Oral pills	35,356,000	11,062,310
Standard days	166,500	355,846
<b>Total</b>		<b>103,643,011</b>

**Figure 22: Commodity distribution breakdown USAID, 2014 (% of value)**



### Commodities procured

In 2014, USAID procured emergency contraception, female condoms, implants, injectables, IUDs, male condoms, oral pills, and standard days. USAID also provided lubricants.

The highest support from USAID went to male condoms (33 per cent), followed by injectables (30 per cent).

- ▶ Investment in female condoms increased significantly: in 2013, around 6.4 million units were provided, while in 2014 over 11 million female condoms were procured.
- ▶ Investment in implants also increased by 31 per cent, which translated into double the quantity of implants procured in 2014 compared to the previous year: around 0.97 million sets were provided in 2013, while in 2014 USAID procured over 1.9 million sets.

<sup>27</sup> For more information visit: <http://www.usaid.gov/>

### Summary of procurement

- **Emergency contraception** was procured to two countries in Africa. A total of 46,460 emergency contraception tablets were procured in 2014, a 3 per cent increase from previous year.
- **Female condoms** were procured to 12 African countries. Quantities procured ranged from 5.5 million units to a minimum of 19,000 units.
- **Implants** were procured to 24 countries: 22 countries in Africa, 1 country in Asia and the Pacific and 1 country in Eastern Europe and Central Asia. Quantities procured ranged from 431,424 sets to a minimum of 3,136 sets.
- **Injectables** were procured to 21 countries: 17 countries in Africa, 3 countries in Asia and the Pacific and 1 country in Latin America and the Caribbean. Quantities procured ranged from over 8.2 million vials to a minimum of 45,200 vials.
- **IUDs** were procured to 15 countries: 12 countries in Africa, 1 country in Asia and the Pacific, 1 country in Eastern Europe and Central Asia, and 1 country in Latin America and the Caribbean. Quantities procured ranged from over 2.6 million units to a minimum of 300 units.
- **Male condoms** were procured to 29 countries: 20 countries in Africa, 5 countries in Asia and the Pacific, 2 countries in Eastern Europe and Central Asia, and 2 countries in Latin America and the Caribbean. Quantities procured ranged from nearly 242 million male condoms to a minimum of 102,000 units.
- **Oral contraceptives** were procured to 21 countries: 17 countries in Africa, 2 countries in Asia and the Pacific, 1 country in Eastern Europe and Central Asia and one country in Latin America and the Caribbean. Quantities procured ranged from 5.2 million cycles to a minimum of 200,000 cycles.



- **Standard days** were procured to nine African countries. Quantities procured ranged from 55,000 units to a minimum of 500 units.

### Breakdown of support by region

In 2014, USAID provided commodities to 38 countries in 4 regions, a decrease of 3 countries from 2013.

#### Africa:

- Africa is the region that received the most support from USAID in 2014, as it was the previous year. In 2014, investment to support procurement of contraceptives in African countries increased by 23 per cent compared to 2013: from nearly \$61.5 million in 2013 to over \$75.5 million in 2014.
- 28 countries received commodities from USAID in 2014: 2 countries received emergency contraception, 12 countries received female condoms, 22 countries received implants, 17 countries received injectables, 12 countries received IUDs, male condoms were procured to 20 countries, 17 countries received oral contraceptives, standard days were procured to 9 countries.

#### Asia and the Pacific:

- In 2014, USAID support to the region of Asia and the Pacific decreased by 25 per cent compared to the previous year: from over \$31.2 million in 2013, to over \$23.5 million in 2014.
- 6 countries received support for commodities in 2014: only Pakistan received implants and IUDs, injectables were procured to 3 countries, 5 countries received male condoms, oral pills were procured to Afghanistan and Pakistan.

#### Eastern Europe and Central Asia:

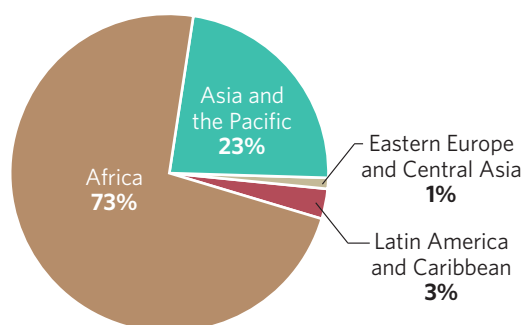
- In 2014, USAID support to the region increased significantly: from around \$275,000 in 2013 to over \$0.9 million in 2014.
- Georgia and Ukraine received support for commodities in 2014: Ukraine only received male condoms; Georgia received implants, IUDs, male condoms and oral contraceptives.

#### Latin America and the Caribbean:

- In 2014, USAID support to the region decreased by 26 per cent compared to the previous year: from over \$4.9 million in 2013 to \$3.6 million in 2014.
- 3 countries received support in 2014: Dominican Republic, Haiti and Trinidad and Tobago: injectables, IUDs and oral pills were procured only to Haiti; male condoms were procured to Dominican Republic and Haiti.

**Table 28: Breakdown of regional support for USAID, 2014**

Regions	Value in US\$
Africa	75,555,213
Asia and the Pacific	23,518,542
Eastern Europe and Central Asia	932,152
Latin America and Caribbean	3,637,104
<b>Total</b>	<b>103,643,011</b>

**Figure 23: Breakdown of regional support for USAID, 2014 (% of value)**

## Comparison 2013 and 2014

In 2014, USAID provided 8 modern contraceptive methods and lubricant worth over \$103.6 million, a 6 per cent increase of investment in commodities compared to 2013.

- Investment in the procurement of female condoms increased by 79 per cent, with a proportional increase in the quantity of condoms procured.
- Investment in the procurement of implants increased by 31 per cent, and the quantity procured doubled in 2014 compared with previous year.
- While investment in the procurement of IUDs slightly decreased, the quantity of IUDs procured increased by 40 per cent.
- Support for the procurement of oral pills decreased by 43 per cent.
- Investment in standard days method almost doubled compared to 2013, and the quantity procured increased proportionally by 88 per cent.

**Table 29: Commodity distribution breakdown for USAID, 2013 - 2014**

Commodities	2013		2014		Percentage change	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	44,980	42,554	46,460	43,972	3	3
Female condoms	6,366,000	3,858,120	11,049,000	6,895,799	74	79
Implants	973,404	13,927,804	1,944,660	18,231,725	100	31
Injectables	30,335,200	26,265,286	35,719,200	30,804,906	18	17
IUDs	2,233,806	1,900,822	3,127,800	1,621,671	40	-15
Lubricants	8,472,000	517,240	7,194,000	624,712	-15	21
Male condoms	848,511,000	31,747,786	922,833,000	34,002,070	9	7
Oral pills	63,013,920	19,484,345	35,356,000	11,062,310	-44	-43
Standard days	88,500	180,082	166,500	355,846	88	98
<b>Total</b>		<b>97,924,039</b>		<b>103,643,011</b>		<b>6</b>



### 3

## KEY INITIATIVES

Donors and partners participate in a number of initiatives to improve and manage the supply of contraceptives and condoms to support rights-based family planning services.

Some of the following initiatives have been operating for many years, while others have been established recently. Some are global initiatives and others have both global- and country-level activities. Overall, the common goal is to increase access to rights-based family planning services, including the essential reproductive health commodities on which services depend.

The following are briefly described, in alphabetical order:

- Coordinated Assistance for RH Supplies
- Coordinated Supply Planning



- FP2020
- Interagency Supply Group
- Pledge Guarantee for Health
- RHInterchange
- Sayana Press initiative
- Total Market Approach
- UN Commission on Life-Saving Commodities for Women and Children
- UNFPA Supplies
- Volume guarantee for implants

### **3.1 Coordinated Assistance for RH Supplies (CARhs)**

Started in 2005, the Coordinated Assistance for Reproductive health supplies (CARhs) group provides a platform for global procurers and country partners to coordinate and share information, promote transparency and country ownership of supply management, generate evidence-based decisions, and take effective action to balance contraceptive supply when unexpected situations occur. At its monthly meetings, the group identifies pending supply shortages or overstocks, tries to understand their cause, develops solutions, and if possible, applies these solutions.

Core member-organizations of CARhs include UNFPA (New York and Copenhagen), USAID, the USAID | DELIVER PROJECT, West African Health Organization (WAHO), Clinton Health Access Initiative (CHAI) and the Coalition Secretariat. CARhs' members coordinate closely with other donors and implementing partners including the World Bank, the KfW banking group, DFID, International Planned Parenthood Federation (IPPF) and Marie Stopes International.

### **3.2 Coordinated Supply Planning**

Coordinated supply planning (CSP) was identified by USAID and UNFPA in late 2012 as a way to achieve greater efficiencies and reduce global supply risk to all programmes receiving family planning commodity support. In early 2013, a small cross-organizational group was formed that developed the concept, reviewed applicable data and resource requirements, and began the process of meeting regularly to discuss firm orders, planned shipments and long-term supply needs.

The main objective of CSP is to improve supply-chain coordination for family planning commodities through continuous, collaborative development of forecasts and supply plans.

Initially, the CSP group has prioritized a focus on USAID and UNFPA coordinated supply planning, and a focus on contraceptive implants and three-month injectable contraceptives. This may expand to include other relevant parties (e.g. suppliers and other donors) and also other reproductive health commodities that would benefit from such coordination.

In order to support the forecasting objective of coordinated supply planning, the group will jointly produce and maintain three specific types of forecasts/supply plans:

- A rolling 12-month supply plan of country orders by desired receipt date for each country where both USAID and UNFPA are providing commodities;
- A rolling six-month supplier ordering forecast, detailing forecasted purchase orders by desired goods available date from USAID and UNFPA to the suppliers. This includes a rollup of USAID/UNFPA countries, USAID-only countries, and UNFPA-only countries;
- A longer-term (5 to 10 year) demographic forecast.

To support these efforts, the CSP group will develop one forecasting and supply planning tool that will be updated every six months. For other activities, the group will develop and/or refine available tools and data to develop a process that can be repeated and updated easily.

CSP will serve to improve coordination and supply planning between USAID, UNFPA, and others as possible to foresee potential stock imbalances and address them before they become shortages and related issues that must be addressed by the Coordinated Assistance for Reproductive health supplies (CARhs).

### 3.3 FP2020

At the 2012 London Summit on Family Planning, leaders from around the world agreed on an ambitious objective: to expand contraceptive access to an additional 120 million women and girls in the world's 69 poorest countries by the year 2020. Family Planning 2020 (FP2020) is the framework that was created to coordinate and carry forward this enormous international effort. More than 80 formal commitments, by governments, civil society organizations, and private sector entities, have been made to the FP2020 initiative since its launch in 2012, and donors have pledged billions of dollars to help achieve its goals.

At the heart of the FP2020 movement are the commitments: formal pledges by countries, donors, and an array of partners to work towards expanding access to contraceptives and services. FP2020 is an action-oriented partnership that focused on accountability,

coordination and knowledge sharing to accelerate the process of matching funds, technical expertise, and other resources with critical programmatic needs to support countries in fulfilling their commitments on family planning.

As of November 2015, 36 countries had made commitments to FP2020. Half of all FP2020 commitment countries have formal, detailed plans to guide national family planning strategies. To support the commitment countries FP2020 partnership has launched the Rapid Response Mechanism, established a network of focal points in every commitment-making country and it is about to launch a consolidated knowledge sharing platform on family planning that includes data and resources for decision making.



The FP2020 movement is represented in countries by a network of focal points: one government-designated focal point and two donor focal points (from UNFPA, USAID, or DFID) in each commitment-making country. The focal points work with the FP2020 Secretariat and Country Engagement Working Group to identify gaps in implementation, match resources to goals, and ensure that FP2020 efforts are aligned with government priorities and existing partner programs. They also work to coordinate priorities and programs with the broader stakeholder community in-country, including civil society and advocacy organizations, service providers, and the private sector.

### 3.4 Interagency Supply Group

The Interagency Supply Group (ISG) is focused on finding ways to better coordinate supply-chain strengthening efforts and better leverage the significant supply-chain investments to achieve greater and more sustainable impact on country systems. Members of the group include the Global Fund, USAID, DFID, Norway, The World Bank, GAVI, UNICEF, UNFPA, WHO and the Bill & Melinda Gates Foundation.

The supply chain for health commodities and products is a core health system building block across all health areas. It is an area that has continuously faced enormous challenges despite significant investments and efforts over the past decades. Progress has been made in some countries and within certain health areas and prevention programmes,

most notably immunization, reproductive health, HIV and malaria. But this has been uneven and sometimes at the price of creating multiple parallel and/or uncoordinated systems at the country level. With the growing demand on commodities, continued dependence on international support for health commodities, and a strong pipeline of new products, the pressure on national systems is growing every day. Past, current and future investments are at risk if a more coordinated and strategic approach to supply-chain strengthening efforts is not adopted.

For these reasons, the partners' collective commitment to improved coordination is to identify areas of convergence and ways to harmonize supply chains and supply activities where appropriate, optimize synergies across supply chains and focus efforts towards building sustainable country-led national systems.

### 3.5 Pledge Guarantee for Health

Pledge Guarantee for Health is an innovative financing partnership designed to increase the availability and predictability of funding from international donors for health commodities. Beneficiaries use donor committed funding in advance of disbursement, resulting in increased buying power, greater value, accelerated procurement and delivery – and better health outcomes and more lives saved.

PGH leverages private sector funding to deliver value for money by reducing risks in the procurement process that can lead to emergency production and price premiums. In public health terms, this results in faster, more efficient purchasing of life-saving commodities, while also empowering governments to negotiate reduced unit costs.

Through a 5-year partial guarantee from the governments of the United States and Sweden, PGH is able to leverage \$100 million in credit from commercial banking partners which, in turn, extend short-term credit to traditional donor aid recipients. Having proven the concept with the support of the Bill & Melinda Gates Foundation, the Reproductive Health Supplies Coalition, Dalberg Global Development Advisors, and the United Nations Foundation, Pledge Guarantee for Health now moves into its next phase in its new institutional home, Financing for Development (F4D).

*With the growing demand on commodities, continued dependence on international support for health commodities, and a strong pipeline of new products, the pressure on national systems is growing every day.*

## 3.6 RHInterchange

The RHInterchange (RHI) is an online tool for sharing information on contraceptive orders and shipments.<sup>28</sup> Users can access up-to-date data on past, present, and future supply orders for over 140 countries. Data from the RHI can be used for shipment monitoring, commodity management, analysis, and planning.

Available on the AccessRH web portal<sup>29</sup>, the RHI consolidates data from multiple sources, and organizes it in six different web reports. Data providers include IPPE, MSI, PSI, UNFPA, and USAID.

The RHI currently reflects 80 per cent of donor-funded procurement of contraceptives over the last several years. It is the first and only online source of harmonized data about contraceptive orders and shipments.

Initiated by the Reproductive Health Supplies Coalition, and maintained by UNFPA, the RHI enables the supplies community to share information for decision making, advocacy, and coordination around reproductive health supplies issues. The RHI provides answers to the following questions and more: Which contraceptive methods were shipped where? When does the next shipment arrive? What value of contraceptives was sent? Which institutions are funding contraceptives?

## 3.7 Sayana Press Initiative

The Sayana Press Initiative is seeking to introduce an existing hormonal contraceptive, DMPA, in a new format – as a subcutaneous injectable in a compact, pre-filled, auto-disable injection device (cPAD) as a way of broadening the choice of modern contraceptive methods offered to women. Sub-cutaneous DMPA is effective for three months, similar to intramuscular DMPA. As a result of the London Summit on Family Planning commitment, country-led pilot introductions of the sub-cutaneous injectable are taking place in Burkina Faso, Niger, Senegal, and Uganda. Planning and preparatory activities were initiated in 2013. Country introduction activities began in 2014 and will continue through 2016. The original sub-cutaneous injectable contraceptive pilot introduction partnership included the Bill & Melinda Gates Foundation, USAID, DFID, UNFPA, Pfizer Inc., and PATH. In 2014, the Children's Investment Fund Foundation (CIFF) also joined the partnership.<sup>30</sup>

<sup>28</sup> For more information, see [www.MyAccessRH.org](http://www.MyAccessRH.org)

<sup>29</sup> <https://www.myaccessrh.org/rhi-home>

<sup>30</sup> For more information, see <http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/>



Based on the acceptability studies, it is hoped that introduction of sub-cutaneous DMPA will address the unmet need for family planning through: (i) attracting new users; (ii) method switching from traditional and other temporary methods; and (iii) reduction of discontinuation rate of injectable contraceptives. Potential advantages of sub-cutaneous DMPA include increased convenience and ease of administration and the potential to contribute to system-level logistics benefits in terms of storage, transport, and distribution.

Sub-cutaneous DMPA is recommended as an addition to the family planning method mix, serving to extend access and increase use in resource-constrained settings, potentially also in humanitarian situations.

One of the key advantages of sub-cutaneous DMPA is its availability in a compact, pre-filled, auto-disable injection device. Use of the cPAD injection system is easier than intramuscular injection, meaning that community health workers with modest training would be able to administer it. As a pre-filled and auto disable device, it is lighter than intramuscular injection components and thus has advantages in terms of supply-chain management.

### 3.8 Total Market Approach

The Total Market Approach [TMA] is a methodological approach that can be applied to many development challenges involving multiple stakeholders from different sectors [public, subsidized, private] where improved understanding of the respective focus and objectives of each can improve overall outcomes. In this instance, the focus is on using the Total Market Approach in the context of global efforts to accelerate delivery of universal access to rights-based family planning.

In developing countries with high fertility and generally young populations, very large numbers of women are entering their prime reproductive years. Funding for family planning programmes is not keeping pace with increased demand. As a result stock-outs and a recurrent risk of contraceptive shortages prevail.

To address these challenges, the Total Market Approach provides a holistic approach to meeting demand for reproductive health market products and services, by ensuring that the various market suppliers (e.g. public health services, NGOs, social marketing organizations, and commercial entities) coordinate their actions and clearly identify segments of the market that they can best serve—according to their comparative advantage—in the most cost-effective ways.

A Total Market Approach to improve access and equity of family planning services is designed to maximize the distribution and use of modern contraception services, improving equity and access for consumers and reducing donor dependency and improving sustainability for government. TMA ensures the different sectors [public, subsidized, private] involved in the provision of FP understand that they are part of the overall [or ‘total’] market and provides guidance on how to avoid negative outcomes and promote positive outcomes.

The Total Market Approach can guide development and implementation of strategies designed to ensure that those: [1] Unable to contribute to the cost of their contraceptives/services are able to access them at no cost to themselves; [2] Able to contribute partially to the commercial price of their contraceptives/services are encouraged to do so; [3] Able to pay the full commercial price of their contraceptives are encouraged to access their contraceptives/services through the private sector at full commercial price [i.e. with no subsidy].

The Total Market Approach can be used to: improve the cost-effectiveness of family planning services; allocate subsidies where most needed; alleviate the financial burden borne by the public sector by encouraging those able to pay to contribute some or all of the cost of the services they choose to use; and better target services to serve the poorest and most marginalized populations. The Total Market Approach can promote a stronger involvement of low-cost suppliers in the provision of reproductive health products and services, in order to create new, commercially-viable markets accessible to a larger number of consumers. The TMA can be used where appropriate to shift consumers from free public sector products to social marketing products, and to shift wealthier consumers from socially-marketed products to private sector supply.

While the Total Market Approach is being developed in a variety of ways in developing countries, at the most basic level it promotes cooperation and alignment among different providers – in particular to identify and seek to meet the family planning needs of underserved and marginalized populations. In 2015, UNFPA, in collaboration with USAID and a number of technical agencies, is to continue to promote this approach, drawing inspiration from past and ongoing efforts, for example, in Madagascar, Nicaragua, Paraguay and Viet Nam.

### **3.9 UN Commission on Life-Saving Commodities for Women and Children, Supply Chain Technical Resource Team**

The UN Commission on Life-Saving Commodities for Women and Children was formed in 2012 by the UN Secretary-General as part of the Every Woman Every Child movement. The Commission challenged the global community to increase access and appropriate use of essential medicines, medical devices, and health supplies that effectively address the leading preventable causes of death during pregnancy, childbirth, and childhood.

Led by a wide range of high-level leaders around the world, the Commission made ten recommendations focused on rapidly increasing the availability and use of 13 priority commodities for reproductive, maternal, newborn, child and adolescent health (RMNCAH) to achieve the goal of saving the lives of six million women and children by 2017.

Nine expert groups carry forward the Commission's recommendations by supporting countries in their efforts to make these essential commodities more widely available and used, and by addressing global and regional RMNCH challenges. The expert groups are known as Technical Resource Teams (TRTs). Each specializes in a type of reproductive health commodity, or on a barrier that prevents a wider use of these commodities.

The Supply Chain TRT works to address various supply-chain challenges and barriers to ensure essential commodities are delivered efficiently and safely, and are available where and when they are needed. The Supply Chain TRT brings together experts who serve as focal points for key activities. The conveners are UNFPA and USAID, with supporting organizations including Clinton Health Access Initiative (CHAI), Dimagi, Imperial Health Services, John Snow Inc., Management Sciences for Health, PATH, the mHealth Alliance, Riders for Health, University of Oslo, VillageReach and the Government of Norway.

### **3.10 UNFPA Supplies**

UNFPA Supplies (formerly the GPRHCS) is the United Nations Population Fund flagship programme that has a focused mission to ensure a secure, steady and reliable supply of quality reproductive health commodities (contraceptives and maternal health medicines) and to improve access and use by strengthening national health systems and services. UNFPA Supplies supports national action to reach poor and marginalized women and girls in countries with high unmet need for family planning and high rates of maternal death.



UNFPA Supplies focuses its efforts on 46 low-income countries with high maternal mortality, low contraceptive use and growing unmet need for family planning. More than half of these countries are facing humanitarian crises.

### 3.11 Volume guarantee for implants

A 'volume guarantee' is an agreement about the procurement of contraceptives at negotiated prices from key manufacturers. The aim of this work is to support the UN Commission on Life-Saving Commodities' first recommendation: *Share global markets: By 2013 effective global mechanisms such as pooled procurement and aggregated demand are in place to increase the availability of quality, life-saving commodities at optimal price and demand.* The Government of Norway, DFID (UK) and the Bill & Melinda Gates Foundation have worked in partnership with UNFPA Supplies (former Global Programme to Enhance Reproductive Health Commodity Security-GPRHCS) to reduce the cost of contraceptive implants.

In early 2013, a **volume guarantee agreement** contributed to unit price reductions of 50 per cent from as much as \$18.5 to as low as \$8.5 for contraceptive implants, a long-acting reversible contraceptive method. UNFPA support included procurement of approximately 2 million units of Jadelle and 2 million units of Implanon. The guarantee was signed by a consortium of donors with a manufacturer. The partners acknowledged the need to invest in global and national systems in terms of procurement, supply chain, health workforce and demand creation. They also noted the importance of ensuring that the focus on contraceptive implants was embedded in national family planning programmes where women and men are offered a choice of modern contraceptive methods.

Long-acting reversible contraceptives such as implants have been found by independent experts to be the most effective at preventing pregnancy, the most cost-effective, and are associated with the highest levels of satisfaction and continuation of all reversible methods. Studies have shown that of the women in developing countries who are using modern methods of family planning other than implants, a significant proportion would choose implants if they were consistently available and supported by counseling and clinical services.

**Long-acting reversible contraceptives such as implants have been found by independent experts to be the most effective at preventing pregnancy, the most cost-effective, and are associated with the highest levels of satisfaction and continuation of all reversible methods.**



## 4

# PROCUREMENT OF MALE AND FEMALE CONDOMS FOR TRIPLE PROTECTION

2.9 billion male condoms and 27.6 million female condoms were procured through direct support in 2014, contributing to reduce the risk of infection from many STIs, including HIV, while also preventing unintended pregnancies.

Condoms are a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs) and are effective for preventing unintended pregnancies.

There is still an unacceptably high number of new HIV infections and AIDS-related deaths occurring each year, and the epidemic is impacting harder adolescent girls.

**AIDS has become the leading cause of death for adolescents in Africa**, and the second leading cause of death among adolescents globally<sup>31</sup>.

In 2014, around 2 million people were newly infected with HIV (70 per cent of them in Sub-Saharan Africa); and 1.2 million people died of AIDS-related illnesses (66 per cent of AIDS-related deaths occurred in Sub-Saharan Africa)<sup>32</sup>. Women are more likely than men to acquire HIV at an early age; in Sub-Saharan Africa, infection rates among young women are twice as high as among young men<sup>33</sup>.

Sexually transmitted infections (STIs) other than HIV are also a major global cause of acute illness, infertility, long-term disability and death with serious medical and psychological consequences of millions of men, women and infants. It is estimated that more than one billion people have an STI, and every year, 1.7 million die from these infections<sup>34</sup>. Estimates also indicate that the global incidence of certain severe STIs is increasing<sup>35</sup>.

STIs and HIV are not the only risks from unprotected sex that women face. Currently, around 225 million women do not want to get pregnant but are not using any modern contraceptive method. Globally, 74 million unintended pregnancies occur each year in the developing world. Unintended pregnancies may pose serious risks for women and girls' health, and a significant part result in unsafe abortions (an estimated 20 million)<sup>36</sup>.

***Currently, male and female condoms are the only methods that provide triple protection (against STIs, HIV and unintended pregnancy), and have played a decisive role in HIV, STI and pregnancy prevention efforts in many countries.***

<sup>31</sup> All In to #EndAdolescent AIDS launch document, 2015, UNAIDS, UNICEF. More information at: <http://allintoendadolescentaids.org/wp-content/uploads/2015/02/ALL-IN-Launch-Document.pdf>

<sup>32</sup> *AIDS by the numbers 2015*, UNAIDS. Available at: [http://www.unaids.org/en/resources/documents/2015/AIDS\\_by\\_the\\_numbers\\_2015](http://www.unaids.org/en/resources/documents/2015/AIDS_by_the_numbers_2015)

<sup>33</sup> *The Gap Report 2014*, UNAIDS. Available at: <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport/>

<sup>34</sup> *Adding it up: The Costs and Benefits of Investing in Sexual and Reproductive Health*, Guttmacher Institute and UNFPA, 2014.

<sup>35</sup> *Global incidence and prevalence of selected curable sexually transmitted infections - 2008*, WHO (2012). Available at: [http://apps.who.int/iris/bitstream/10665/75181/1/9789241503839\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/75181/1/9789241503839_eng.pdf?ua=1)

<sup>36</sup> *Adding it up: The Costs and Benefits of Investing in Sexual and Reproductive Health*, Guttmacher Institute and UNFPA, 2014

A recent global modelling analysis estimated that condoms have averted around 50 million new HIV infections since the onset of the HIV epidemic. For 2015, 27 billion condoms expected to be available globally through the private and public sector will provide up to an estimated 225 million couple years protection from unintended pregnancies<sup>37</sup>.

Despite the low cost of condoms, international funding for condom procurement has stagnated in recent years and it decreased markedly in 2014. Collective actions at all levels are needed to support the efforts of countries that depend on external assistance for condom procurement, promotion, and distribution and to increase domestic funding and private sector investment in condom distribution and promotion<sup>38</sup>.

National condom distribution and sales can be strengthened by applying a Total Market Approach that combines public sector distribution, social marketing and private sector sales<sup>39</sup>. Administrative barriers that prevent programmes and organizations from providing sufficient quantities of condoms for distribution need to be removed. In high-HIV prevalence locations condom promotion and distribution should become systematically integrated in community outreach and service delivery, and in broader health service provision<sup>40</sup>.

## 4.1 Global support for the procurement of condoms in 2014

The financial support for the procurement of male condoms decreased by 9 per cent in 2014, resulting in a decrease of 12 per cent in the volume of male condoms procured compared to the previous year: in 2014, around 2.91 billion pieces were procured, compared to almost 3.3 billion pieces in 2013.

The financial support for the procurement of female condoms also decreased in 2014, by almost one fifth (18 per cent), resulting in a decrease of the volumes procured in the same proportion, compared to the previous year: in 2014, over 27.6 million female condoms were procured, 18 per cent decrease compared to the nearly 33.7 million pieces procured in 2014.

<sup>37</sup> UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy. Available at: [http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702\\_condoms\\_prevention#24](http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention#24)

<sup>38</sup> Idem

<sup>39</sup> UNFPA-PSI, 2013. Total Market Approach Case Studies Botswana, Lesotho, Mali, South Africa, Swaziland, Uganda. <http://www.unfpa.org/publications/unfpa-psi-total-market-approach-case-studies>

<sup>40</sup> UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy. Available at: [http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702\\_condoms\\_prevention#24](http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention#24)

USAID, PSI and UNFPA are the leading partners in the provision of male condoms. Together they provided approximately 73 per cent of the total contribution for male condom procurement. The fourth partner that provided highest support for male condoms in 2014 was the Global Fund, which contributed 10 per cent of support.

Regarding female condoms, USAID and UNFPA remain the highest contributors supporting female condom procurement. Together they provided over 91 per cent of the support for the procurement of female condoms. KfW was the third highest donor for female condoms in 2014, and contributed 7 per cent.

**Table 30: Male condoms procured in 2014**

Donor/partner	Quantity	Value in US\$
DFID	145,321,656	5,087,780
Global Fund	345,762,259	11,292,436
IPPF	11,144,160	378,846
KfW	196,768,120	8,172,607
MSI	24,006,240	888,507
PSI	505,561,216	13,523,209
UNFPA*	759,207,744	21,317,386
USAID	922,833,000	34,002,070
<b>Total</b>	<b>2,910,604,395</b>	<b>94,662,841</b>

\* UNFPA includes \$1.1 million (1.9 million female condoms) from Third Party Procurement

**Table 31: Female condoms procured in 2014**

Donor/partner	Quantity	Value in US\$
Global Fund	450,893	266,754
IPPF	39,000	24,882
KfW	1,256,600	1,088,085
PSI	38,001	23,961
UNFPA*	14,789,401	8,197,513
USAID	11,049,000	6,895,799
<b>Total</b>	<b>27,622,895</b>	<b>16,496,994</b>

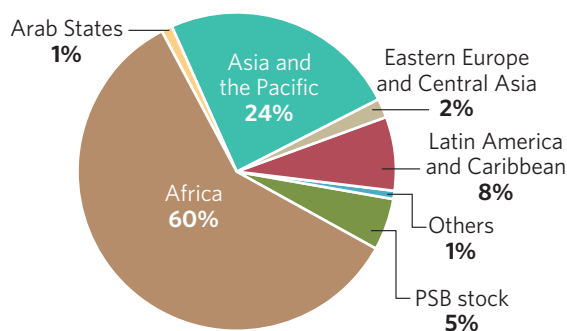
\* UNFPA includes \$3.6 million (142.3 million male condoms) from Third Party Procurement

## 4.2 Regional breakdown of condom procurement in 2014

### Male condoms

Similar to previous years, most male condoms procured by donors and partners in 2014 went to Africa (59.6 per cent), followed by Asia and the Pacific (23.8 per cent). Latin America and the Caribbean received 7.6 per cent of male condoms procured, Eastern Europe and Central Asia received 2.2 per cent, and the Arab States received 0.9 per cent. The UNFPA Procurement Service Branch reserved 151.2 million pieces as stock, which is 5.2 per cent of the total.

**Figure 24: Quantity of male condoms (pieces) by region, 2014**





In **Africa**, 37 countries received these male condoms. Six of them received more than 100 million male condoms: Tanzania (nearly 324.9 million), Kenya (over 158 million), Democratic Republic of Congo (nearly 138.1 million), and Zimbabwe (over 126.1 million).

In the **Arab States**, male condoms were donated to six countries. Five of them received more than 2 million pieces: Yemen (over 8.2 million), Islamic Republic of Iran (nearly 7.9 million pieces), Syria (over 4.3 million), Tunisia (3.2 million) and Lebanon (over 2.2 million). Sudan, however, only received 115,200 male condoms in 2014.

In **Asia and the Pacific**, 17 countries received these male condoms. A major recipient in the region was Pakistan (over 416.9 million), followed by India (nearly 112 million pieces). The rest of the countries received quantities over 1 million, ranging from 40.7 million

for Indonesia, to 1.2 million for Papua New Guinea. Only 2 countries received less than 1 million: Philippines (750,000 pieces) and Kiribati (5,760 pieces).

In **Eastern Europe and Central Asia**, external support for the procurement of male condoms benefited 12 countries. 11 of them received more than 1 million, only Macedonia received less (298,094 pieces). Ukraine was the country receiving the highest quantity of male condoms (nearly 16.1 million), followed by Tajikistan (over 13.4 million).

In **Latin America and the Caribbean**, external procurement of male condoms reached 15 countries in 2014. The top recipient countries were Haiti (nearly 62.2 million pieces), followed by Ecuador (over 45 million pieces) and Dominican Republic (nearly 24.2 million pieces). The countries receiving the lowest quantity of male condoms were Grenada (1,440 pieces), Peru and Chile (253,440 pieces each).

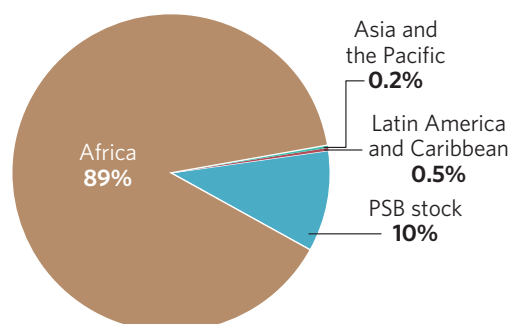
**Table 32: Quantity of male condoms (pieces) by region and by donor/partner, 2014**

Donor/partner	Africa	Arab States	Asia and the Pacific	Central Asia and Eastern Europe	Latin America and Caribbean	Others	PSB stock	Total by donor/partner
DFID	103,253,656		42,068,000					145,321,656
Global Fund	205,733,420	3,200,000	90,495,552	19,779,165	26,554,122			345,762,259
IPPF	6,725,664	115,200	5,760		2,215,296	2,082,240		11,144,160
KfW	135,437,800	3,499,920	57,830,400					196,768,120
MSI	2,530,080	4,714,560	16,761,600					24,006,240
PSI	298,887,696		184,768,648		21,904,872			505,561,216
UNFPA	431,524,944	14,483,088	20,246,256	22,932,720	98,667,360	20,153,376	151,200,000	759,207,744
USAID	549,918,000		280,962,000	21,027,000	70,926,000			922,833,000
<b>Total by region</b>	<b>1,734,011,260</b>	<b>26,012,768</b>	<b>693,138,216</b>	<b>63,738,885</b>	<b>220,267,650</b>	<b>22,235,616</b>	<b>151,200,000</b>	<b>2,910,604,395</b>

### Female condoms

In 2014, most of the support for the procurement of female condoms were directed to Africa (89.2 per cent). Latin America and Caribbean received 0.5 per cent (130,000 pieces), and Asia and the Pacific received 0.2 per cent (54,000 pieces). The UNFPA Procurement Service Branch reserved 2.8 million pieces as stock, which is 10.1 per cent of the total.

**Figure 25: Quantity of female condoms (pieces) by region, 2014**



- In **Africa**, 26 countries received female condoms in 2014, and four of them received more than 2 million pieces: Zimbabwe (over 5.5 million), Democratic Republic of Congo (over 4.3 million), Cameroon (over 2.7 million), and Uganda (over 2 million). Angola, Ethiopia and Mauritius received the lowest quantity (1,000 pieces each).
- In **Asia and the Pacific**, only three countries received female condoms in 2014: Myanmar (33,000 pieces), Papua New Guinea (20,000 pieces) and Kiribati (1,000 pieces).
- In **Latin America and the Caribbean**, female condoms were procured only to four countries: El Salvador (116,000 pieces), Mexico (10,000 pieces), Cuba (3,000 pieces) and Chile (1,000 pieces).

**Table 33: Quantity of female condoms (pieces) by region and by donor/partner, 2014**

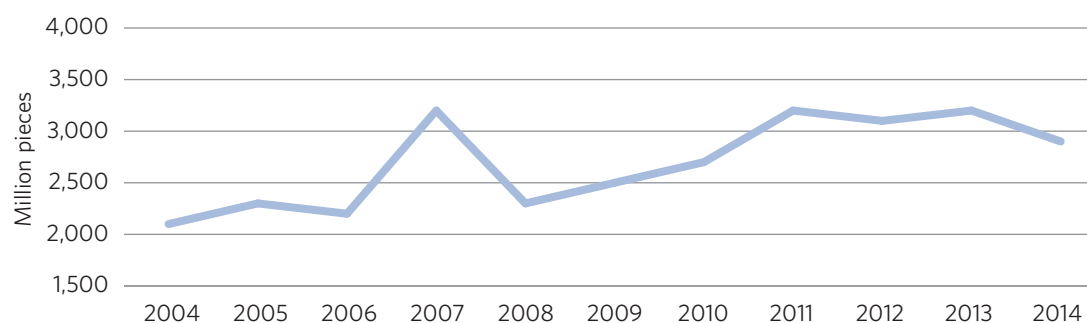
Donor/partner	Africa	Asia and the Pacific	Latin America and Caribbean	PSB stock	Total by donor/partner
Global Fund	363,893	29,000	58,000		<b>450,893</b>
IPPF	24,000	1,000	14,000		<b>39,000</b>
KfW	1,256,600				<b>1,256,600</b>
PSI	38,001				<b>38,001</b>
UNFPA	11,907,401	24,000	58,000	2,800,000	<b>14,789,401</b>
USAID	11,049,000				<b>11,049,000</b>
<b>Total by region</b>	<b>24,638,895</b>	<b>54,000</b>	<b>130,000</b>	<b>2,800,000</b>	<b>27,622,895</b>

### 4.3 Historical trends on the support for male and female condoms 2004-2014

#### Male condoms

While the support for male condoms has been increasing relatively steadily in the last decade, this trend, however, seems to be reversing. In 2014, the quantity of male condoms procured decreased by 12 per cent, which is the biggest decrease happened in the last seven years. Meanwhile, the need for male condoms for triple protection continues to increase.

*12 per cent less male condoms were procured in 2014, compared to the previous year, which is the highest decrease over the last seven years.*

**Figure 26: Trend in quantity of male condoms procured 2004-2014**

Financial support for the procurement of male condoms in 2014 is lower than it was in 2012 (Table 34). Despite the low cost of male condoms, international funding for condom procurement has stagnated in recent years, and it decreased significantly in 2014. Collective actions at all levels are needed to support the efforts of countries that depend on



**Table 34: Male condoms procured 2004-2014**

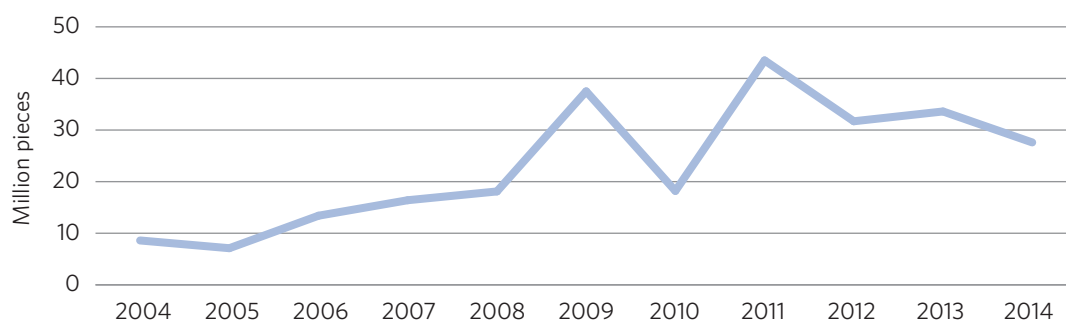
Year	Quantity	Value in US\$	% change quantity	% change value	Average unit price
2004	2,157,610,904	74,332,353	—	—	0.034
2005	2,377,301,306	73,789,181	10	-1	0.031
2006	2,235,311,283	68,903,030	-6	-7	0.031
2007	3,228,488,471	83,472,161	44	21	0.026
2008	2,360,503,077	65,665,032	-27	-21	0.028
2009	2,590,767,546	69,392,577	10	6	0.027
2010	2,794,148,388	76,010,086	8	10	0.027
2011	3,296,201,189	105,563,394	18	39	0.032
2012	3,080,256,279	97,124,377	-7	-8	0.032
2013	3,295,649,152	104,535,670	7	8	0.032
2014	2,910,604,395	94,662,841	-12	-9	0.033
<b>Total</b>	<b>30,326,841,991</b>	<b>913,450,700</b>			

external assistance for condom procurement, promotion, and distribution and to increase domestic funding and private sector investment in condom distribution and promotion<sup>41</sup>.

## Female condoms

The female condom is a powerful tool for triple protection, and gives women more control over their bodies and reproductive health. The female condom is the only triple protection method that enables women to take an autonomous decision to protect themselves for STIs, HIV and pregnancy.

Support for the procurement of female condoms has decreased by 18 per cent in 2014, compared with previous year. With this decrease, support for the procurement of female condoms in 2014 is well below where it was in 2012 (Figure 27).

**Figure 27: Trend in quantity of female condoms procured 2004-2014**

<sup>41</sup> UNFPA, WHO and UNAIDS: Position statement on condoms and the prevention of HIV, other sexually transmitted infections and unintended pregnancy. Available at: [http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702\\_condoms\\_prevention#24](http://www.unaids.org/en/resources/presscentre/featurestories/2015/july/20150702_condoms_prevention#24)

The price of female condoms has decreased markedly over the past 5 years. Today, female condoms cost 22 per cent less than in 2009; and yet, investment for the procurement of female condoms is 42 per cent lower in 2014 than it was in 2009, meaning \$12.3 million less funding devoted to female condoms and nearly 10 million pieces less than in 2009.

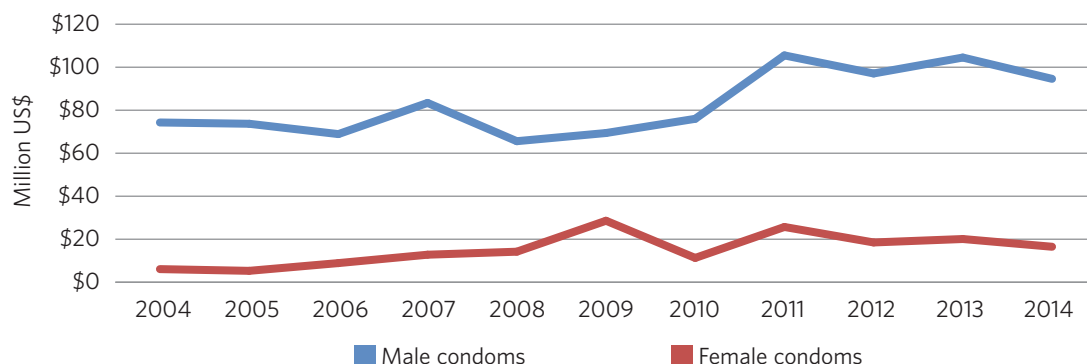
**Table 35: Female condoms procured 2004-2014**

Year	Quantity	Value in US\$	% change quantity	% change value	Average unit price
2004	8,608,154	6,198,462	—	—	0.720
2005	7,017,286	5,307,622	-18	-14	0.756
2006	13,413,790	8,997,611	91	70	0.671
2007	16,447,956	12,807,286	23	42	0.779
2008	18,189,300	14,265,265	11	11	0.784
2009	37,597,619	28,634,944	107	101	0.762
2010	18,286,464	11,331,776	-51	-60	0.620
2011	43,566,389	25,729,978	138	127	0.591
2012	31,781,007	18,587,220	-27	-28	0.585
2013	33,684,652	20,165,692	6	8	0.599
2014	27,622,895	16,496,994	-18	-18	0.597
<b>Total</b>	<b>256,215,512</b>	<b>168,522,850</b>			

In December 2014, over 100 delegates from 20 African, Latin American and Caribbean countries met to address the scale up of female condom programming at country level, at the Global Consultation on Female Condom programming in Lusaka, Zambia, organized by UNFPA and hosted by the Government of the Republic of Zambia. The resulting “Lusaka Call to Action” call on governments and the donor community to increase their support to make female condoms more widely accessible and used, as a powerful tool against unintended pregnancies, HIV transmission and other STIs.<sup>42</sup>

<sup>42</sup> More information on the “Lusaka Call to Action” is available at: <http://www.lifesavingcommodities.org/female-condom/>

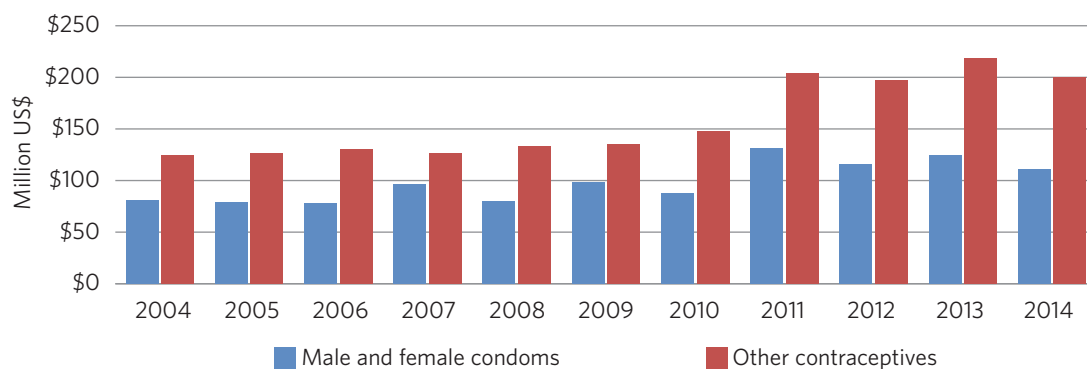
**Figure 28: Trend in expenditure for male and female condoms 2004-2014**



With regards to the global expenditure for the procurement of male and female condoms compared to other contraceptives, since 2011, investment in both contraceptives and condoms experienced a significant increase (Figure 29).

In 2014, 36 per cent of global external procurement support was invested in male and female condoms (nearly \$111.2 million out of the total \$311.5 million), in line with the trend observed in previous years. Thus, despite the decrease in 2014 funding for male and female condoms, they still comprise a high proportion of donor expenditure in family planning commodities.

**Figure 29: Expenditure in condoms versus other contraceptives, 2004-2014**

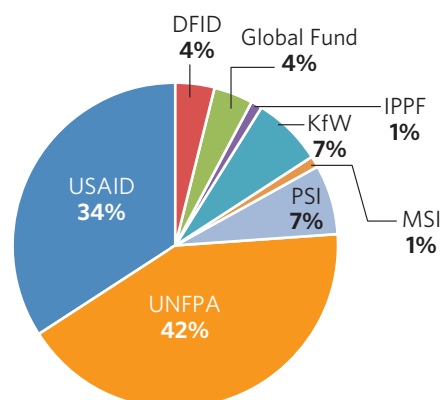


# Annex 1: Expenditures for each commodity, 2014

**Table 36: External procurement support for contraceptives and condoms, 2014**

Donor/partner	Value in US\$	Percentage
DFID	13,806,535	4.5
Global Fund	11,559,190	3.8
IPPF	2,836,646	0.9
KfW	22,875,733	7.4
MSI	3,821,825	1.2
PSI	20,514,029	6.7
UNFPA	128,661,318	41.8
USAID	103,643,011	33.7
<b>Total</b>	<b>307,718,287</b>	<b>100.0</b>

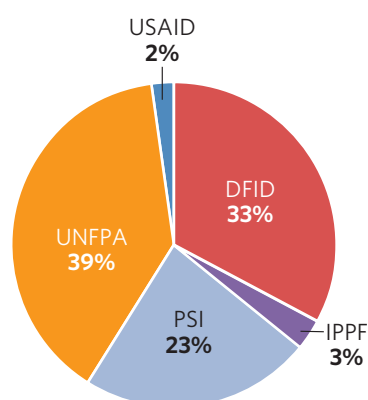
**Figure 30: Proportion of expenditure support, 2014**



**Table 37: Total contribution for emergency contraception, 2014**

Donor/partner	Quantity	Value in US\$	Percentage
DFID	2,535,347	583,130	32.6
IPPF	61,680	52,060	2.9
PSI	2,823,967	417,518	23.3
UNFPA	1,616,596	693,895	38.8
USAID	46,460	43,972	2.5
<b>Total</b>	<b>7,084,050</b>	<b>1,790,575</b>	<b>100.0</b>

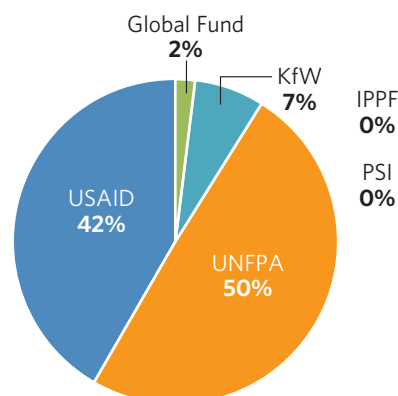
**Figure 31: Total contribution for emergency contraception, 2014**



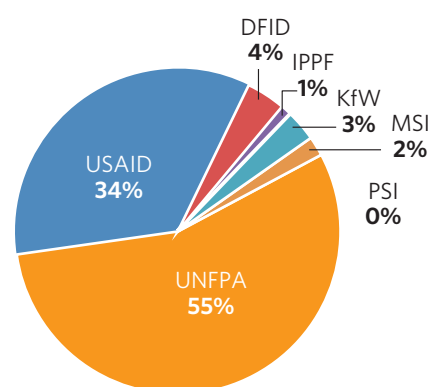
## EXPENDITURES FOR EACH COMMODITY

**Table 38: Contribution for female condoms, 2014**

Donor/ partner	Quantity	Value in US\$	Percentage
Global Fund	450,893	266,754	1.6
IPPF	39,000	24,882	0.2
KfW	1,256,600	1,088,085	6.6
PSI	38,001	23,961	0.1
UNFPA	14,789,401	8,197,513	49.7
USAID	11,049,000	6,895,799	41.8
<b>Total</b>	<b>27,622,895</b>	<b>16,496,994</b>	<b>100.0</b>

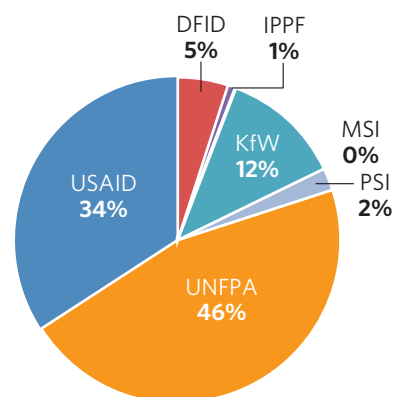
**Figure 32: Total contribution for female condoms, 2014****Table 39: Total contribution for implants, 2014**

Donor/ partner	Quantity	Value in US\$	Percentage
DFID	231,200	2,032,896	3.8
IPPF	73,959	726,280	1.4
KfW	171,948	1,750,981	3.3
MSI	149,664	1,235,754	2.3
PSI	17,100	146,160	0.3
UNFPA	3,332,593	28,842,969	54.5
USAID	1,944,660	18,231,725	34.4
<b>Total</b>	<b>5,921,124</b>	<b>52,966,765</b>	<b>100.0</b>

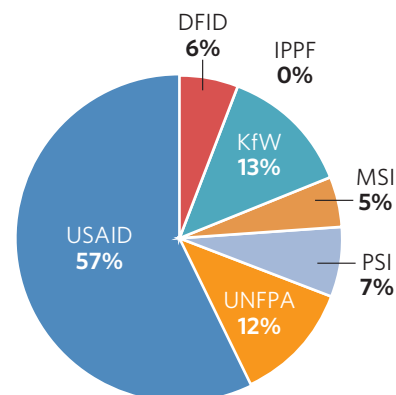
**Figure 33: Total contribution for implants, 2014**

**Table 40: Total contribution for injectables, 2014**

Donor/ partner	Quantity	Value in US\$	Percentage
DFID	4,361,096	4,538,824	5.0
IPPF	803,084	1,058,863	1.2
KfW	10,288,573	10,380,000	11.4
MSI	315,000	305,339	0.3
PSI	2,244,423	1,815,225	2.0
UNFPA	48,706,464	41,798,630	46.1
USAID	35,719,200	30,804,906	34.0
<b>Total</b>	<b>102,437,840</b>	<b>90,701,787</b>	<b>100.0</b>

**Figure 34: Total contribution for injectables, 2014****Table 41: Total contribution for IUDs, 2014**

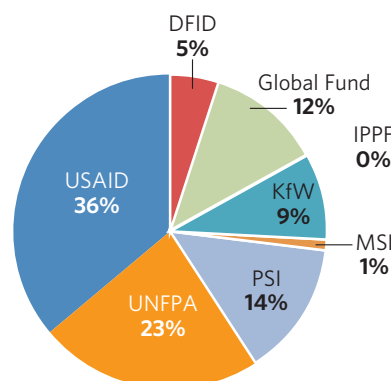
Donor/ partner	Quantity	Value in US\$	Percentage
DFID	1,039,500	157,736	5.6
IPPF	12,100	8,850	0.3
KfW	972,600	374,906	13.3
MSI	366,800	143,488	5.1
PSI	365,900	189,575	6.7
UNFPA	1,006,396	325,060	11.5
USAID	3,127,800	1,621,671	57.5
<b>Total</b>	<b>6,891,096</b>	<b>2,821,286</b>	<b>100.0</b>

**Figure 35: Total contribution for IUDs, 2014**

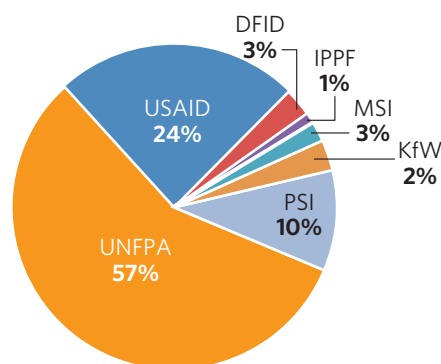
## EXPENDITURES FOR EACH COMMODITY

**Table 42: Total contribution for male condoms, 2014**

Donor/ partner	Quantity	Value in US\$	Percentage
DFID	145,321,656	5,087,780	5.4
Global Fund	345,762,259	11,292,436	11.9
IPPF	11,144,160	378,846	0.4
KfW	196,768,120	8,172,607	8.6
MSI	24,006,240	888,507	0.9
PSI	505,561,216	13,523,209	14.3
UNFPA	759,207,744	21,317,386	22.5
USAID	922,833,000	34,002,070	35.9
<b>Total</b>	<b>2,910,604,395</b>	<b>94,662,841</b>	<b>100.0</b>

**Figure 36: Total contribution for male condoms, 2014****Table 43: Total contribution for oral pills, 2014**

Donor/ partner	Quantity	Value in US\$	Percentage
DFID	5,352,893	1,406,170	3.1
IPPF	1,683,228	586,866	1.3
KfW	3,955,760	1,109,153	2.4
MSI	6,557,080	1,248,737	2.7
PSI	14,584,005	4,398,381	9.6
UNFPA	82,006,168	26,162,405	56.9
USAID	35,356,000	11,062,310	24.1
<b>Total</b>	<b>149,495,134</b>	<b>45,974,022</b>	<b>100.0</b>

**Figure 37: Total contribution for oral pills, 2014**

## Annex 2: Trends in donor support over time, 2012-2014

**Table 44: Commodity distribution breakdown for DFID, 2012 - 2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	–	–	–	–	2,535,347	583,130	–	–
Implants	73,062	1,143,652	584,677	6,106,803	231,200	2,032,896	216	78
Injectables	4,231,700	4,585,598	1,510,000	1,528,278	4,361,096	4,538,824	3	-1
IUDs	34,074	10,455	83,854	27,991	1,039,500	157,736	2951	1409
Male condoms	189,113,000	4,604,377	162,000,000	4,081,794	145,321,656	5,087,780	-23	10
Oral pills	4,173,408	953,824	25,072,569	6,159,947	5,352,893	1,406,170	28	47
<b>Total</b>		<b>11,297,906</b>		<b>17,904,814</b>		<b>13,806,535</b>		<b>22</b>

**Table 45: Commodity distribution breakdown for The Global Fund, 2012 - 2014**

Method	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Female condoms	883,800	678,882	3,571,084	2,526,919.29	450,893	266,754	-49	-61
Male condoms	342,709,412	13,826,903	511,888,260	16,939,622.61	345,762,259	11,292,436	1	-18
<b>Total</b>		<b>14,505,785</b>		<b>19,466,541.90</b>		<b>11,559,190</b>		<b>-20</b>

**Table 46: Commodity distribution breakdown for IPPF, 2012 - 2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	53,576	50,784	27,851	28,455	61,680	52,060	15	3
Female condoms	80,000	155,456	557,000	387,672	39,000	24,882	-51	-84
Implants	42,162	1,293,415	62,504	1,296,453	73,959	726,280	75	-44
Injectables	1,228,200	1,659,528	1,405,602	2,050,586	803,084	1,058,853	-35	-36
IUD	440,050	168,437	824,765	162,989	12,100	8,850	-97	-95
Male condoms	21,692,448	762,686	31,192,096	1,062,925	11,144,160	378,846	-49	-50
Oral pills	5,252,781	1,793,109	1,756,837	780,024	1,683,228	586,866	-68	-67
Diaphragms	185,855	159,888	239	3,687	–	–	-100	-100
<b>Total</b>		<b>6,043,303</b>		<b>5,772,791</b>		<b>2,836,636</b>		<b>-53</b>



## TRENDS IN DONOR SUPPORT OVER TIME, 2012-2014

**Table 47: Commodity distribution breakdown for KfW, 2012-2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Female condom	104,200	87,410	677,568	761,918	1,256,600	1,088,085	1106	1145
Implant	24,500	450,525	39,398	1,062,324	171,948	1,750,981	602	289
Injectable	2,787,505	2,519,005	12,348,832	11,654,892	10,288,573	10,380,000	269	312
IUD	731,633	650,080	615,258	442,710	972,600	374,906	33	-42
Male condom	281,533,223	9,480,864	323,452,366	10,816,644	196,768,120	8,172,607	-30	-14
Oral pills	6,825,748	1,878,901	25,397,588	4,533,645	3,955,760	1,109,153	-42	-41
Emergency contraceptives	119,000	67,932	–	–	–	–	–	–
Others*	9,340	52,881	–	–	–	–	–	–
<b>Total</b>		<b>15,187,598</b>		<b>29,272,135</b>		<b>22,875,733</b>		<b>51</b>

\* Others include syringes, kits and calendar method

**Table 48: Commodity distribution breakdown for MSI, 2012 - 2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Implant	78,936	737,718	72,342	598,627	149,664	1,235,754	90	68
Injectable	230,000	178,705	330,000	271,620	315,000	305,339	37	71
IUD	150,500	74,600	455,800	182,475	366,800	143,488	144	92
Male condom	26,652,238	1,141,902	12,458,880	529,478	24,006,240	888,507	-10	-22
Oral pill	3,633,947	704,656	2,480,402	466,993	6,557,080	1,248,737	80	77
<b>Total</b>		<b>2,837,581</b>		<b>2,049,193</b>		<b>3,821,825</b>		<b>35</b>

**Table 49: Commodity distribution breakdown for PSI, 2012 - 2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	2,626,761	863,025	534,600	159,552	2,823,967	417,518	8	-52
Female condoms	94,000	61,820	1,551,000	986,553	38,001	23,961	-60	-61
Implants	64,300	1,279,109	227,300	1,932,455	17,100	146,160	-73	-89
Injectables	2,153,032	1,851,499	4,501,600	3,238,806	2,244,423	1,815,225	4	-2
IUDs	1,004,550	810,187	529,869	288,518	365,900	189,575	-64	-77
Male condoms	725,517,216	21,495,604	339,072,542	9,575,940	505,561,216	13,523,209	-30	-37
Oral pills	26,528,720	3,617,155	25,928,305	1,472,116	14,584,005	4,398,381	-45	22
<b>Total</b>		<b>29,978,399</b>		<b>17,653,940</b>		<b>20,514,029</b>		<b>-32</b>

**Table 50: Commodity distribution breakdown for UNFPA, 2012-2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	436,923	445,116	1,357,753	889,818	1,616,596	693,895	270	56
Female condoms	20,293,007	11,253,955	20,962,000	11,644,510	14,789,401	8,197,513	-27	-27
Implants	2,795,507	50,272,608	5,523,350	49,467,076	3,332,593	28,842,969	19	-43
Injectables	30,549,000	28,073,864	63,603,705	35,685,717	48,706,464	41,798,630	59	49
IUDs	3,603,509	1,186,627	3,665,844	1,203,256	1,006,396	325,060	-72	-73
Lubricants	–	–	124,249	406,417	797,926	309,384	–	–
Male condoms	690,697,742	18,400,343	1,063,621,008	29,651,183	759,207,744	21,317,386	10	16
Oral pills	52,181,598	16,831,286	75,641,885	22,284,878	82,006,168	26,162,405	57	55
Others*	–	1,438,524	–	1,739,835	–	1,014,077	–	-30
<b>Total**</b>		<b>127,902,324</b>		<b>152,972,690</b>		<b>128,661,318</b>		<b>1</b>

\* Others include artwork, packaging, sampling and testing

\*\* Total includes third party procurement

**Table 51: Commodity distribution breakdown for USAID, 2012-2014**

Commodities	2012		2013		2014		Percentage change 2012-2014	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$
Emergency contraceptives	131,860	113,878	44,980	42,554	46,460	43,972	-65	-61
Female Condoms	10,326,000	6,349,697	6,366,000	3,858,120	11,049,000	6,895,799	7	9
Implants	1,016,272	20,662,350	973,404	13,927,804	1,944,660	18,231,725	91	-12
Injectables	35,554,000	30,036,662	30,335,200	26,265,286	35,719,200	30,804,906	0	3
IUDs	1,393,800	929,802	2,233,806	1,900,822	3,127,800	1,621,671	124	74
Lubricants	3,398,000	259,000	8,472,000	517,240	7,194,000	624,712	112	141
Male Condoms	802,341,000	27,411,699	848,511,000	31,747,786	922,833,000	34,002,070	15	24
Oral pills	60,930,720	19,312,380	63,013,920	19,484,345	35,356,000	11,062,310	-42	-43
Standard days	125,000	238,318	88,500	180,082	166,500	355,846	33	49
<b>Total</b>		<b>105,313,786</b>		<b>97,924,039</b>		<b>103,643,011</b>		<b>-2</b>

## TRENDS IN DONOR SUPPORT OVER TIME, 2012-2014

**Table 52: Trend in expenditure by donor/partner, 2011-2014 (in US\$)**

Donor/partner	2011	2012	2013	2014
DFID	12,448,730	11,297,907	17,904,814	13,806,535
Global Fund	11,506,864	14,505,785	19,466,542	11,559,190
IPPF	4,080,341	6,043,303	5,772,791	2,836,646
KfW	23,680,964	15,187,598	29,272,135	22,875,733
MSI	2,864,865	2,837,580	2,049,193	3,821,825
PSI	37,096,396	29,978,398	17,653,940	20,514,029
UNFPA	88,455,311	127,902,324	152,972,690	128,661,318
USAID	124,011,081	105,313,786	98,051,958	103,643,011
<b>Total*</b>	<b>304,144,553</b>	<b>313,066,680</b>	<b>343,144,063</b>	<b>307,718,287</b>

\* Total does not include \$5.6 million and \$8 million provided by DKT in 2011 and 2012 respectively

**Table 53: Trend in expenditure by commodity, 2011-2014 (in US\$)**

Commodities	2011	2012	2013	2014
Emergency contraceptives	728,722	1,540,735	1,118,001	1,790,575
Female condoms	25,602,964	18,587,220	20,165,692	16,496,994
Implants	51,654,491	75,839,378	74,391,543	52,966,765
Injectables	65,839,823	68,904,860	80,695,185	90,701,787
IUDs	2,338,484	3,830,189	4,208,762	2,821,286
Male condoms	105,563,394	97,124,377	104,535,670	94,662,841
Oral pills	49,107,449	45,091,312	55,181,948	45,974,022
Others	3,309,226	2,148,610	2,847,261	2,304,019
<b>Total*</b>	<b>304,144,553</b>	<b>313,066,680</b>	<b>343,144,063</b>	<b>307,718,287</b>

\* Total does not include \$5.6 million and \$8 million provided by DKT in 2011 and 2012 respectively

**Table 54: Trend in expenditure by region, 2011-2014 (in US\$)**

Commodities	2011	2012	2013	2014
Africa	176,574,648	216,635,634	215,530,996	208,212,105
Arab States	5,978,089	8,544,793	11,155,706	7,958,468
Asia and the Pacific	73,070,753	53,609,914	63,081,305	55,260,305
Central Asia and Eastern Europe	–	–	4,927,992	3,481,488
Latin America and Caribbean	43,930,950	24,607,758	31,049,253	20,393,159
Others*	4,590,112	9,668,582	17,398,810	12,412,760
<b>Total**</b>	<b>304,144,553</b>	<b>313,066,680</b>	<b>343,144,063</b>	<b>307,718,287</b>

\* Others include UNFPA and partners' stock for distribution

\*\* Total does not include \$5.6 million and \$8 million provided by DKT in 2011 and 2012 respectively

**Table 55: Trend in quantity of commodities, 2011-2014**

Commodities	2011	2012	2013	2014
Emergency contraceptives	2,600,234	3,368,120	1,962,884	7,084,050
Female condoms	43,367,929	31,781,007	33,684,652	27,622,895
Implants	2,424,684	4,094,739	7,482,975	5,921,124
Injectables	71,130,945	76,733,437	114,034,939	102,437,840
IUDs	5,261,678	7,358,116	8,409,796	6,891,096
Male condoms	3,296,201,189	3,080,256,279	3,295,649,152	2,910,604,395
Oral pills	164,164,899	159,526,922	219,291,506	151,121,134

**Table 56: Couple years protection (CYP) by method, 2011-2014**

Commodities	2011	2012	2013	2014
Emergency contraceptives	130,012	168,406	98,144	354,203
Female condoms	108,420	79,453	84,212	69,057
Implants	6,061,710	10,236,848	18,707,436	14,802,810
Injectables	17,782,736	19,183,359	28,508,735	25,609,460
IUDs	23,916,718	33,445,982	38,226,346	31,323,164
Male condoms	8,240,503	7,700,641	8,239,123	7,276,511
Oral pills	10,944,327	10,635,128	14,619,434	9,966,342
<b>Total</b>	<b>67,184,426</b>	<b>81,449,816</b>	<b>108,483,430</b>	<b>89,401,547</b>

## Annex 3:

### Countries supported through external procurement, 2014

<b>DFID (7)</b>	<b>Africa (5)</b>	<b>Arab States</b>	<b>Asia and the Pacific (2)</b>	<b>Eastern Europe and Central Asia</b>	<b>Latin America and Caribbean</b>
	Ethiopia		Myanmar		
	Ghana		Pakistan		
	Nigeria				
	Uganda				
	Zimbabwe				
<b>The Global Fund (36)</b>	<b>Africa (9)</b>	<b>Arab States (1)</b>	<b>Asia and the Pacific (9)</b>	<b>Eastern Europe and Central Asia (10)</b>	<b>Latin America and Caribbean (7)</b>
	Benin	Tunisia	Afghanistan	Azerbaijan	Bolivia
	Côte d'Ivoire		Bangladesh	Belarus	Cuba
	Kenya		Bhutan	Bosnia and Herzegovina	Ecuador
	Madagascar		Indonesia	Bulgaria	El Salvador
	Mali		Mongolia	Georgia	Guatemala
	South Africa		Multicountry South Asia	Kosovo	Haiti
	Tanzania (United Republic)		Myanmar	Macedonia	Panama
	Togo		Nepal	Russian Federation	
	Zambia		Thailand	Serbia	
				Uzbekistan	
<b>IPPF (51)</b>	<b>Africa (19)</b>	<b>Arab States (2)</b>	<b>Asia and the Pacific (6)</b>	<b>Eastern Europe and Central Asia</b>	<b>Latin America and Caribbean (24)</b>
	Angola	Sudan	Kiribati		Antigua and Barbuda
	Benin	Tunisia	Malaysia		Aruba
	Central African Republic		Philippines		Barbados
	Chad		Sabah		Belize
	Congo		Samoa		Bolivia
	Ethiopia		Sarawak		Chile
	Gabon				Cuba
	Ghana				Curacao
	Guinea-Bissau				Dominica
	Madagascar				El Salvador
	Mali				Grenada
	Mauritania				Guatemala
	Mauritius				Guyana
	Morocco				Honduras
	Sao Tome and Principe				Jamaica
	Seychelles				Mexico
	Sierra Leone				Panama
	Somaliland				Paraguay
	Uganda				Peru
					St Lucia
					St Vincent
					Suriname
					Trinidad and Tobago
					Venezuela
<b>KfW (17)</b>	<b>Africa (14)</b>	<b>Arab States (1)</b>	<b>Asia and the Pacific (1)</b>	<b>Eastern Europe and Central Asia (1)</b>	<b>Latin America and Caribbean</b>
	Burkina Faso	Yemen	Pakistan	Uzbekistan	
	Burundi				
	Cameroon				
	Chad				
	Congo				
	Côte d'Ivoire				
	Ghana				
	Guinea				
	Guinea-Bissau				
	Kenya				
	Mali				

(continued)

Africa (continued)					
<b>KfW</b> (continued)	Niger				
	Sierra Leone				
	Tanzania (United Republic)				
<b>MSI (19)</b>	<b>Africa (8)</b>	<b>Arab States (1)</b>	<b>Asia and the Pacific (9)</b>	<b>Eastern Europe and Central Asia</b>	<b>Latin America and Caribbean (1)</b>
	Ethiopia	Yemen	Afghanistan		Bolivia
	Ghana		Cambodia		
	Kenya		Mongolia		
	Malawi		Myanmar		
	Nigeria		Nepal		
	Sierra Leone		Pakistan		
	South Africa		Papua New Guinea		
	South Sudan		Philippines		
			Viet Nam		
<b>PSI (27)</b>	<b>Africa (17)</b>	<b>Arab States</b>	<b>Asia and the Pacific (5)</b>	<b>Eastern Europe and Central Asia</b>	<b>Latin America and Caribbean (5)</b>
	Benin		Cambodia		El Salvador
	Botswana		India		Guatemala
	Burundi		Myanmar		Haiti
	Guinea		Pakistan		Nicaragua
	Kenya		Philippines		Paraguay
	Liberia				
	Madagascar				
	Mali				
	Mozambique				
	Rwanda				
	Somaliland				
	South Africa				
	Tanzania (United Republic)				
	Togo				
	Uganda				
	Zambia				
	Zimbabwe				
<b>UNFPA (96)</b>	<b>Africa (44)</b>	<b>Arab States (9)</b>	<b>Asia and the Pacific (18)</b>	<b>Eastern Europe and Central Asia (11)</b>	<b>Latin America and Caribbean (14)</b>
	Algeria	Egypt	Afghanistan	Albania	Belize
	Angola	Iraq	Bhutan	Armenia	Colombia
	Benin	Islamic Republic of Iran	Cambodia	Belarus	Cuba
	Botswana	Jordan	DPR Korea	Bosnia and Herzegovina	Dominican Republic
	Burkina Faso	Lebanon	Fiji	Georgia	Ecuador
	Burundi	Somalia	India	Kosovo	El Salvador
	Cameroon	Sudan	Lao People's Democratic Republic	Kyrgyzstan	Guatemala
	Cape Verde	Syria	Maldives	Tajikistan	Haiti
	Central African Republic	Yemen	Mongolia	Turkey	Honduras
	Chad		Myanmar	Turkmenistan	Jamaica
	Comoros		Nepal	Uzbekistan	Nicaragua
	Congo		Pakistan		Paraguay
	Côte d'Ivoire		Papua New Guinea		Uruguay
	Democratic Republic of Congo		Philippines		Venezuela
	Djibouti		Seychelles		
	Eritrea		Sri Lanka		
	Ethiopia		Thailand		
	Gabon		Timor-Leste		
	Gambia				
	Ghana				
	Guinea				
	Guinea-Bissau				
	Kenya				
	Lesotho				
	Liberia				

(continued)

## COUNTRIES SUPPORTED THROUGH EXTERNAL PROCUREMENT, 2014

Africa (continued)					
<b>UNFPA</b> (continued)	Madagascar				
	Malawi				
	Mali				
	Mauritania				
	Mozambique				
	Niger				
	Nigeria				
	Rwanda				
	Sao Tome and Principe				
	Senegal				
	Sierra Leone				
	South Africa				
	South Sudan				
	Swaziland				
	Tanzania (United Republic)				
	Togo				
	Uganda				
Zambia					
Zimbabwe					
<b>USAID (38)</b>	<b>Africa (27)</b>	<b>Arab States</b>	<b>Asia and the Pacific (6)</b>	<b>Eastern Europe and Central Asia (2)</b>	<b>Latin America and Caribbean (3)</b>
	Angola		Afghanistan	Georgia	Dominican Republic
	Benin		Bangladesh	Ukraine	Haiti
	Burkina Faso		Myanmar		Trinidad and Tobago
	Burundi		Nepal		
	Cameroon		Pakistan		
	Côte d'Ivoire		Papua New Guinea		
	Democratic Republic of Congo				
	Ethiopia				
	Gambia				
	Ghana				
	Guinea				
	Kenya				
	Lesotho				
	Liberia				
	Madagascar				
	Malawi				
	Mali				
	Mozambique				
	Nigeria				
	Rwanda				
	Senegal				
	Sierra Leone				
	Tanzania (United Republic)				
	Togo				
	Uganda				
	Zambia				
	Zimbabwe				

## Annex 4: Funding for countries 2014

	Number of Partners	Total (US\$)	DFID	The Global Fund	IPPF	KfW	MSI	PSI	UNFPA		USAID
									UNFPA	UNFPA TTP	
<b>AFRICA</b>											
Algeria	1	51,000							51,000		
Angola	3	1,550,109			4,913				145,236		1,399,960
Benin	5	1,226,531		40,712	24,374			16,110	885,595	30,550	229,190
Botswana	2	156,061						145,000	11,061		
Burkina Faso	3	4,391,836				814,413			3,290,429		286,994
Burundi	4	3,490,094				456,546		355,267	2,384,614		293,667
Cameroon	3	2,850,697				774,403			1,687,748	197,750	190,796
Cape Verde	1	196,140							196,140		
Central African Republic	2	296,283			27,475				268,808		
Chad	3	1,665,616			28,520	981,655			573,441	82,000	
Comoros	1	20,450							20,450		
Congo	3	2,072,190			15,637	1,971,538			25,690	59,325	
Côte d'Ivoire	4	4,184,744		87,680		1,472,670			1,572,661	3,701	1,048,032
Democratic Republic of Congo	2	10,810,690							2,619,932	1,525,462	6,665,296
Djibouti	1	9,504							9,504		
Eritrea	1	47,810							47,810		
Ethiopia	5	12,997,579	3,836,939		959,881		82,926		3,190,315	1,275,000	3,652,519
Gabon	2	316,046			7,444				308,602		
Gambia	2	268,961							230,364		38,597
Ghana	6	10,859,591	1,251,690		31,659	1,603,335	63,204		3,449,578	134,825	4,325,300
Guinea	4	3,804,943				1,614,300		1,355,844	276,789		558,010
Guinea-Bissau	3	375,684			904	85,223			289,558		
Kenya	6	21,791,898		2,285,574		9,184,773	13,200	847,692	5,089,837		4,370,823
Lesotho	2	1,089,485							14,160	232,765	842,560
Liberia	3	2,146,652						53,655	523,966		1,569,031
Madagascar	5	10,257,292		248,400	9,651			5,910	4,107,076	257,484	5,628,771
Malawi	3	8,878,180					167,062		5,037,579		3,673,539
Mali	6	7,785,535		330,965	49,291	383,024		1,629,550	1,445,774	66,410	3,880,521
Mauritania	2	71,626			7,770				63,856		
Mauritius	2	3,195			3,195						
Morocco	2	16,777			16,777						
Mozambique	3	8,422,769						722,575	3,851,976		3,848,219
Niger	2	3,286,026				851,741			2,434,285		
Nigeria	4	15,540,442	3,668,890				65,008		8,875,513	332,750	2,598,281
Rwanda	3	3,253,962						49,693	1,016,286		2,187,983
Sao Tome and Principe	2	31,180			3,237				27,943		
Senegal	2	5,779,306							897,555		4,881,751
Seychelles	2	2,140			2,140						
Sierra Leone	5	1,174,186			35,604	195,233	40,800		599,566	4,876	298,107
Somaliland	3	34,745			1,085			33,660			
South Africa	4	1,238,182		605,879			42,364	420,362	5,029	164,547	
South Sudan	2	145,950					7,650		138,300		
Swaziland	1	1,131,147							1,131,147		
Tanzania (United Republic)	5	20,229,069		2,991,326		113,524		6,096,000	3,777,858		7,250,361
Togo	4	974,819		20,701				58,101	568,822		327,195



## FUNDING FOR COUNTRIES, 2014

AFRICA (continued)	Number of Partners	Total (US\$)	DFID	The Global Fund	IPPF	KfW	MSI	PSI	UNFPA		USAID
									UNFPA	UNFPA TTP	
Uganda	5	11,656,920	1,155,917		4,456			136,763	5,167,444		5,192,339
Zambia	4	5,056,463		16,690				71,800	2,564,123		2,403,850
Zimbabwe	4	14,958,793	2,112,110					99,693	4,833,470		7,913,521
<b>ARAB STATES</b>											
Egypt	1	262,800							262,800		
Iraq	1	513,557							513,557		
Islamic Republic of Iran	1	246,122								246,122	
Jordan	1	124,931							124,931		
Lebanon	1	158,004							158,004		
Somalia	1	286,798							286,798		
Sudan	2	1,637,199			124,754				1,512,445		
Syria	1	410,665							410,665		
Tunisia	3	158,186		151,913	6,273						
Yemen	3	4,160,207				451,069	896,623		2,812,514		
<b>ASIA AND THE PACIFIC</b>											
Afghanistan	4	1,169,539		2,269			36,000		196,981	8,002	926,287
Bangladesh	3	1,699,180		721,929							977,251
Bhutan	2	104,539		9,923					84,694	9,923	
Cambodia	3	2,791,751					120,000	2,000,556	559,369	111,826	
DPR Korea	1	32,800							32,800		
Fiji	1	306,284							306,284		
India	2	893,653						891,375	2,278		
Indonesia	2	1,074,383		1,074,383							
Kiribati	2	1,458			1,458						
Lao People's Democratic Republic	1	490,745							342,289	148,457	
Malaysia	2	21,548			21,548						
Maldives	1	17,842								17,842	
Mongolia	3	405,134		27,279			288,356			89,500	
Multicountry South Asia	2	103,418		103,418							
Myanmar	6	7,412,112	7,600	491,539			830,860	1,605,135	3,956,578	105,116	415,284
Nepal	4	4,091,176		112,399			48,500		1,743,883		2,186,394
Pakistan	6	25,326,188	1,773,389			1,547,381	790,158	2,110,856	345	159,949	18,944,110
Papua New Guinea	3	2,186,108					50,310		405,405	1,661,177	69,216
Philippines	4	6,126,254			36,376		85,204	99,938	1,276,164	4,628,572	
Sabah	2	20,168			20,168						
Samoa	2	3,690			3,690						
Sarawak	2	69,168			69,168						
Seychelles	1	19,909			2,140					17,769	
Sri Lanka	1	47,030							47,030		
Thailand	2	141,147		134,023					7,125		
Timor-Leste	1	147,073							147,073		
Viet Nam	2	137,600					137,600				
<b>EASTERN EUROPE AND CENTRAL ASIA</b>											
Albania	1	13,200								13,200	
Armenia	1	28,932							28,932		
Azerbaijan	2	51,945		51,945							

(continued)

EASTERN EUROPE AND CENTRAL ASIA (continued)	Number of Partners	Total (US\$)	DFID	The Global Fund	IPPF	KfW	MSI	PSI	UNFPA		USAID
									UNFPA	UNFPA TTP	
Belarus	2	61,008		30,009						30,999	
Bosnia and Herzegovina	2	182,761		110,630					823	71,307	
Bulgaria	2	539,364		539,364							
Georgia	3	458,993		75,404					16,566		367,023
Kosovo	2	54,872		10,294					694	43,885	
Kyrgyzstan	1	28,800							28,800		
Macedonia	2	16,785		16,785							
Russian Federation	2	90,064		90,064							
Serbia	2	65,138		65,138							
Tajikistan	1	587,478							241,667	345,810	
Turkey	1	18,929							18,929		
Turkmenistan	1	45,520							45,520		
Ukraine	2	565,129									565,129
Uzbekistan	3	672,571		159,460		374,906				138,205	
<b>LATIN AMERICA AND CARIBBEAN</b>											
Antigua and Barbuda	2	5,414			5,414						
Aruba	2	1,342			1,342						
Barbados	2	13,567			13,567						
Belize	2	33,370			4,825					28,545	
Bolivia	4	206,885		85,756	65,129		56,000				
Central America Region	2	1,142,042						1,142,042			
CHILE	2	16,430			16,430						
Colombia	1	77							77		
Cuba	3	590,221		227,683	37,984				134,068	190,487	
Curacao	2	2,287			2,287						
Dominica	2	10,873			10,873						
Dominican Republic	2	2,163,870								1,232,460	931,410
Ecuador	2	5,461,845		196,658					6,155	5,259,033	
El Salvador	4	2,255,762		102,171	338,369			6,900		1,808,322	
Grenada	2	5,568			5,568						
Guatemala	4	1,082,228		190,945	21,710			199,529	670,044		
Guyana	2	9,319			9,319						
Haiti	4	3,115,259		138,533				920	173,198	144,180	2,658,429
Honduras	2	1,360,927			67,742				949,725	343,460	
Jamaica	2	125,063			3,193					121,870	
Mexico	2	45,687			45,687						
Nicaragua	2	93,918						4,250	89,668		
Panama	3	49,911		11,353	38,558						
Paraguay	3	1,864,018			24,728			354,854		1,484,435	
Peru	2	39,324			39,324						
St Lucia	2	21,290			21,290						
St Vincent	2	10,371			10,371						
Suriname	2	13,210			13,210						
Trinidad and Tobago	3	52,591			5,326						47,265
Uruguay	1	114,711							114,711		
Venezuela (Bolivarian Republic of)	2	485,780			30,755				455,025		

## Annex 5: Support for Emergency Contraceptives, 2014

	DFID		IPPF		PSI		UNFPA		USAID		Total Quantity	Total Value in US\$
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA</b>												
Benin							8,160	5,386			8,160	5,386
Burkina Faso							5,280	3,485			5,280	3,485
Burundi							50,400	12,600			50,400	12,600
Cameroon							5,380	3,551			5,380	3,551
Central African Republic			480	406			3,600	900			4,080	1,306
Congo			2,640	2,228			12,000	6,444			14,640	8,672
Côte d'Ivoire							11,760	7,762			11,760	7,762
Democratic Republic of Congo							79,200	41,940	22,460	21,319	101,660	63,259
Djibouti							960	634			960	634
Ethiopia	2,535,347	583,130					12,600	3,276			2,547,947	586,406
Gabon			240	203							240	203
Ghana							29,160	9,652			29,160	9,652
Guinea							7,200	4,752			7,200	4,752
Guinea-Bissau			480	405			10,800	2,700			11,280	3,105
Malawi							20,000	5,000	24,000	22,653	44,000	27,653
Mali			40,320	34,030							40,320	34,030
Mauritius			1,680	1,418							1,680	1,418
Mozambique							201,600	50,400			201,600	50,400
Rwanda							1,440	950			1,440	950
Sao Tome and Principe			240	203							240	203
Senegal							10,080	6,653			10,080	6,653
Sierra Leone							7,200	1,800			7,200	1,800
South Sudan							16,200	4,050			16,200	4,050
Swaziland							21,600	5,400			21,600	5,400
Tanzania (United Republic)					59,980	26,433	536,400	134,100			596,380	160,533
Togo							14,880	3,917			14,880	3,917
Uganda			5,280	4,456							5,280	4,456
Zambia							7,200	1,800			7,200	1,800
Zimbabwe					60,000	28,398	96,000	24,960			156,000	53,358

(continued)

	DFID		IPPF		PSI		UNFPA		USAID		Total Quantity	Total Value in US\$
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>ARAB STATES</b>												
Lebanon							12,000	3,000			12,000	3,000
Tunisia			1,920	1,620							1,920	1,620
<b>ASIA AND THE PACIFIC</b>												
Afghanistan							27,000	6,750			27,000	6,750
Cambodia							10,000	6,600			10,000	6,600
Fiji							3,600	900			3,600	900
Maldives							1,440	360			1,440	360
Myanmar					8,000	1,920	28,320	18,691			36,320	20,611
Nepal							8,776	2,194			8,776	2,194
Pakistan											2,395,987	273,143
Papua New Guinea							10,000	6,600			10,000	6,600
Samoa			240	203							240	203
Seychelles							200	132			200	132
<b>EASTERN EUROPE AND CENTRAL ASIA</b>												
Armenia							1,800	450			1,800	450
<b>LATIN AMERICA AND CARIBBEAN</b>												
Antigua and Barbuda			1,920	1,620							1,920	1,620
Aruba			240	203							240	203
Barbados			240	203							240	203
Belize			240	203							240	203
Cuba							95,000	23,750			95,000	23,750
Dominica			1,200	1,013							1,200	1,013
Ecuador							100,000	245,000			100,000	245,000
Grenada			720	608							720	608
Paraguay					300,000	87,624	64,800	14,040			364,800	101,664
St Vincent			3,360	2,836							3,360	2,836
Uruguay							65,000	13,000			65,000	13,000
Venezuela			240	203							240	203

# Annex 6: Support for Female Condoms, 2014

	The Global Fund		IPPF		KfW		PSI		UNFPA		USAID		Total Quantity	Total Value in US\$
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA</b>														
Angola			1,000	638									1,000	638
Benin	64,892	40,712					18,000	8,360			19,000	16,532	101,892	65,605
Burkina Faso					201,600	163,730					246,000	173,226	447,600	336,956
Cameroon					850,000	774,403			1,881,000	1,047,800			2,731,000	1,822,203
Central African Republic			2,000	1,276									2,000	1,276
Chad			2,000	1,276	100,000	73,147			100,000	56,500			202,000	130,923
Congo					105,000	76,804			105,000	59,325			210,000	136,129
Côte d'Ivoire											380,000	242,994	380,000	242,994
Democratic Republic of Congo									1,180,000	654,900	3,150,000	1,929,901	4,330,000	2,584,801
Ethiopia			1,000	638									1,000	638
Gabon			6,000	3,828					40,000	18,800			46,000	22,628
Madagascar									500,000	275,000	28,000	19,586	528,000	294,586
Malawi									1,000,000	555,000	83,000	54,619	1,083,000	609,619
Mali	279,000	154,040	5,000	3,190					118,000	65,490	223,000	198,471	625,000	421,191
Mauritius			1,000	638									1,000	638
Mozambique									1,500,000	832,500			1,500,000	832,500
Nigeria									1,878,000	1,042,290			1,878,000	1,042,290
Sao Tome and Principe			2,000	1,276									2,000	1,276
Senegal											373,000	246,496	373,000	246,496
Sierra Leone			4,000	2,552					5,400	3,078			9,400	5,630
Swaziland									372,000	206,460			372,000	206,460
Tanzania (United Republic)									921,000	511,155	821,000	507,956	1,742,000	1,019,111
Togo	20,001	20,701					20,001	15,601			24,000	19,321	64,002	55,623
Uganda									2,046,000	1,135,530			2,046,000	1,135,530
Zambia									236,000	130,980	200,000	137,963	436,000	268,943
Zimbabwe									25,001	12,765	5,502,000	3,348,734	5,527,001	3,361,499
<b>ASIA AND THE PACIFIC</b>														
Kiribati			1,000	638									1,000	638
Myanmar	29,000	16,501							4,000	1,880			33,000	18,381
Papua New Guinea									20,000	9,000			20,000	9,000
<b>LATIN AMERICA AND CARIBBEAN</b>														
Chile			1,000	638									1,000	638
Cuba			3,000	1,914									3,000	1,914
El Salvador	58,000	34,800							58,000	33,060			116,000	67,860
Mexico			10,000	6,380									10,000	6,380

## Annex 7: Support for Implants, 2014

	DFID		IPPF		KiW		MSI		PSI		UNFPA		USAID		Total Quantity	Total Value in US\$
	Quantity	Value in US\$	Quantity	Value	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA</b>																
Angola													29,000	277,701	29,000	277,701
Benin											51,136	446,944	10,000	93,527	61,136	540,471
Burkina Faso											248,500	2,112,250			248,500	2,112,250
Burundi											204,400	1,737,400	32,000	293,667	236,400	2,031,067
Cameroon											91,900	781,150	20,000	190,796	111,900	971,946
Central African Republic											3,500	29,750			3,500	29,750
Chad			380	3,750							27,400	232,900			27,780	236,650
Comoros											500	4,250			500	4,250
Congo			1,100	10,855							2,108	17,918			3,208	28,773
Côte d'Ivoire											75,700	643,450	15,000	141,611	90,700	785,061
Democratic Republic of Congo											23,624	200,804	49,888	475,652	73,512	676,456
Eritrea											500	4,250			500	4,250
Ethiopia	15,000	120,000	50,140	494,782		9,756	82,926				159,992	1,359,932	100,000	932,003	334,888	2,989,643
Gabon			297	2,930							300	2,550			597	5,480
Gambia											9,048	76,908	4,000	38,597	13,048	115,505
Ghana					60,400	711,150	7,404	63,204			90,696	770,916	70,000	646,031	228,500	2,191,301
Guinea											20,800	176,800	4,600	48,317	25,400	225,117
Guinea-Bissau					1,500	5,035					31,000	263,500			32,500	268,534.89
Kenya					100,000	921,273					161,304	1,371,084	250,016	2,354,064	511,320	4,646,421
Lesotho											600	5,100			600	5,100
Liberia											44,600	379,100	72,600	678,242	117,200	1,057,342
Madagascar									600	5,910			78,040	744,565	78,640	750,475
Malawi							4,048	34,408			5,000	42,500	194,676	1,814,029	203,724	1,890,937
Mali											100,600	855,100	30,000	280,587	130,600	1,135,687
Mauritania			10	99							1,200	10,200			1,210	10,299
Mozambique											75,000	637,500	21,900	202,793	96,900	840,293
Niger											171,024	1,453,704			171,024	1,453,704
Nigeria							7,648	65,008			388,232	3,299,972	20,000	187,610	415,880	3,552,590
Rwanda											32,816	278,936	77,400	720,329	110,216	999,265
Sao Tome and Principe			22	217											22	217
Senegal													165,000	1,526,020	165,000	1,526,020
Sierra Leone							4,800	40,800					15,000	150,494	19,800	191,294
Somaliand			110	1,085											110	1,085
South Africa							4,984	42,364							4,984	42,364
South Sudan							900	7,650			15,000	127,500			15,900	135,150
Tanzania (United Republic)					10,048	113,524					214,468	1,822,978	431,424	4,063,720	655,940	6,000,222

(continued)

	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Quantity	Total Value in US\$
	Quantity	Value in US\$	Quantity	Value	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
AFRICA (continued)																
Togo	127,000	1,123,806							5,000	42,500	48,200	409,700	70,900	652,712	53,200	452,200
Uganda											64,600	549,100			64,600	1,776,518
Zambia															89,200	549,100
Zimbabwe	89,200	789,090													89,200	789,090
<b>ARAB STATES</b>																
Somalia											26,000	221,000			26,000	221,000
Sudan			4,464	44,051							25,600	217,600			30,064	261,651
Yemen											13,568	115,328			13,568	115,328
<b>ASIA AND THE PACIFIC</b>																
Afghanistan											7,500	63,750			7,500	63,750
Cambodia							15,000	120,000	6,000	51,000	9,056	76,976			30,056	247,976
Kiribati					11	109					3,024	25,704			11	109
Lao People's Democratic Republic															3,024	25,704
Maldives											128	2,112			128	2,112
Mongolia							16,540	132,320							16,540	132,320
Myanmar							9,160	77,860							9,160	77,860
Nepal											29,700	252,450			29,700	252,450
Pakistan							29,200	240,100					180,080	1,660,074	209,280	1,900,174
Papua New Guinea							6,000	50,310			47,000	399,500			53,000	449,810
Philippines							10,024	85,204			149,023	1,272,656			159,047	1,357,860
Sri Lanka											3,500	29,750			3,500	29,750
Timor-Leste											10,500	89,250			10,500	89,250
Viet Nam							17,200	137,600							17,200	137,600
<b>EASTERN EUROPE AND CENTRAL ASIA</b>																
Georgia													3,136	58,584	3,136	58,584
<b>LATIN AMERICA AND CARIBBEAN</b>																
Belize											1,730	28,545			1,730	28,545
Bolivia			6,600	65,129			7,000	56,000			900	7,650			13,600	121,129
Cuba											69,000	1,058,500			900	7,650
Ecuador											1,352	22,308			69,000	1,058,500
El Salvador			3,983	39,403							20,000	170,000			5,345	61,711
Guatemala			2,200	21,710					5,000	42,500	40,000	340,000			27,200	234,210
Honduras											300	2,550			40,000	340,000
Jamaica															300	2,550
Nicaragua									500	4,250					500	4,250
Peru															2,032	20,052
St Lucia			400	398											400	398
Uruguay											9,000	76,500			9,000	76,500
Venezuela			2,200	21,710											2,200	21,710

## Annex 8: Support for Injectables, 2014

	DFID		IPPF		KIW		MSI		PSI		UNFPA		USAID		Total Value in US\$	Total Quantity
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA</b>																
Algeria											50,000	37,500			37,500	50,000
Angola			2,600	3,320							50,000	65,000	260,000	231,581	299,901	312,600
Benin											199,100	258,830	48,000	48,978	307,808	247,100
Burkina Faso											716,400	537,300			537,300	716,400
Burundi					700,000	456,546			99,200	74,400	701,000	525,750			1,056,696	1,500,200
Cape Verde											50,000	37,500			37,500	50,000
Central African Republic			8,400	11,223							141,700	177,060			188,283	150,100
Chad			14,600	18,645							409,400	362,050			380,695	424,000
Congo			2,000	2,554							33,400	32,320			34,874	35,400
Côte d'Ivoire											1,531,800	1,580,490			1,580,490	1,531,800
Democratic Republic of Congo											1,202,600	965,168	125,200	115,777	1,080,945	1,327,800
Djibouti											3,800	2,850			2,850	3,800
Eritrea											20,000	14,400			14,400	20,000
Ethiopia	1,488,596	1,012,245	193,800	247,490							2,227,000	1,670,250	2,000,000	1,718,175	4,648,160.28	5,909,396
Gabon			200	255							3,000	2,250			2,250	3,200
Gambia											160,000	130,500			130,500	160,000
Ghana	1,100,000	1,251,690			783,350	758,205					3,090,700	2,351,573	1,813,600	1,540,340	5,901,808	6,787,650
Guinea					635,223	624,810					45,800	34,350			1,206,803.65	1,316,246
Guinea-Bissau											25,000	18,750			18,750	25,000
Kenya					7,870,000	8,263,500			30,000	28,632	2,173,400	1,564,848	1,500,000	1,296,103	11,153,083	11,573,400
Lesotho											1,000	1,190			1,190	1,000
Liberia											60,600	45,450	396,400	357,079	402,529	457,000
Madagascar			2,600	3,958							4,558,500	3,422,450	3,500,000	2,998,073	6,424,481	8,061,100
Malawi											4,957,400	3,695,280	605,400	550,538	4,245,818	5,562,800
Mali											264,600	198,450	926,000	881,408	1,079,858	1,190,600
Mauritania			400	511							22,000	28,600			29,111	22,400
Morocco			7,200	9,195											9,195	7,200
Mozambique											1,344,000	1,008,000	4,224,000	3,589,203	4,597,203	5,568,000
Niger											762,200	571,650			571,650	762,200
Nigeria	1,256,000	1,672,795									2,558,900	2,573,400	2,700,000	2,329,969	6,514,900	6,514,900
Rwanda											948,800	713,570	778,400	678,980	1,392,550	1,727,200
Sao Tome and Principe											22,800	17,100			17,100	22,800
Senegal											718,200	875,100	880,000	750,560	1,625,660	1,598,200
Seychelles			800	1,022							8,000	10,400			11,422	8,800

(continued)



	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA (continued)</b>																
Sierra Leone			15,000	19,156							399,600	299,700			414,600	318,856
Swaziland											451,200	540,740			451,200	540,740
Tanzania (United Republic)									105,000	79,170	1,342,200	1,006,650	45,200	48,276	1,492,400	1,134,096
Togo											63,000	47,470			63,000	47,470
Uganda											1,577,600	1,419,150	3,065,600	2,632,025	4,643,200	4,051,175
Zambia											1,582,200	1,435,360	750,000	680,903	2,332,200	2,116,263
Zimbabwe								45,000	39,900						45,000	39,900
<b>ARAB STATES</b>																
Egypt											365,000	262,800			365,000	262,800
Iraq											126,975	91,422			126,975	91,422
Jordan											20,000	15,000			20,000	15,000
Lebanon											800	728			800	728
Somalia											60,000	45,000			60,000	45,000
Sudan			7,600	9,706											7,600	9,705.50
Syria			1,000	1,522							12,000	15,600			12,000	15,600
Tunisia															1,000	1,522.20
Yemen					300,000	276,939	300,000	284,189			6,500	4,680			606,500	565,808
<b>ASIA AND THE PACIFIC</b>																
Afghanistan											109,600	82,200			109,600	82,200
Bangladesh													1,075,000	977,251	1,075,000	977,251
Cambodia									30,000	195,000	520,000	390,000			550,000	585,000
Fiji											189,900	153,425			189,900	153,425
Kiribati			200	255											200	255
Lao People's Democratic Republic											382,000	286,500			382,000	286,500
Malaysia			2,700	3,620											2,700	3,620
Maldives											600	660			600	660
Mongolia											30,000	33,000			30,000	33,000
Myanmar	7,500	3,489					15,000	21,150	1,230,000	769,980	3,299,300	2,474,310			4,551,800	3,268,929
Nepal											1,763,000	1,322,250	2,032,800	1,758,037	3,795,800	3,080,287
Pakistan	509,000	598,605											8,221,200	6,957,243	8,730,200	7,555,848
Papua New Guinea											1,322,400	1,320,950			1,322,400	1,320,950

(continued)

ASIA AND PACIFIC (continued)	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
Philippines		16,091	12,600	16,091											12,600	16,091
Sabah		5,874	184	5,874											184	5,874
Samoa		2,554	2,000	2,554											2,000	2,554
Sarawak		20,381	15,000	20,381											15,000	20,381
Seychelles											8,000	10,400			8,000	10,400
Sri Lanka											24,000	17,280			24,000	17,280
Timor-Leste											181,400	136,050			181,400	136,050
<b>EASTERN EUROPE AND CENTRAL ASIA</b>																
Albania											12,000	13,200			12,000	13,200
Kyrgyzstan											40,000	28,800			40,000	28,800
Tajikistan											43,600	37,060			43,600	37,060
Turkmenistan											20,000	15,000			20,000	15,000
<b>LATIN AMERICA AND CARIBBEAN</b>																
Antigua and Barbuda		1,972	1,400	1,972											1,400	1,972
Barbados		11,890	9,300	11,890											9,300	11,890
Belize		4,144	4,000	4,144											4,000	4,144
Cuba		16,946	12,900	16,946							48,500	63,050			61,400	79,996
Curacao		1,788	1,400	1,788											1,400	1,788
Dominica		8,721	6,100	8,721											6,100	8,721
Dominican Republic											777,000	851,760			777,000	851,760
Ecuador											1,413,600	2,656,154			1,413,600	2,656,154
El Salvador		270,952	178,000	270,952							1,390,300	1,359,905			1,568,300	1,630,857
Grenada		3,065	2,400	3,065											2,400	3,065
Guatemala										70,000	80,500	500,044			744,725	580,544
Guyana		2,031	1,500	2,031											1,500	2,031
Haiti													772,400		772,400	664,407
Honduras		41,777	42,000	41,777							89,400	82,440			131,400	124,217
Jamaica		3,193	2,500	3,193							96,200	105,820			98,700	109,013
Nicaragua											95,150	89,668			95,150	89,668
Panama		13,130	13,200	13,130											13,200	13,130
Paraguay		22,637	18,500	22,637							388,014	421,294			416,514	443,931
Peru		10,794	10,000	10,794											10,000	10,794
St Lucia		10,005	7,700	10,005											7,700	10,005
St Vincent		7,057	5,200	7,057											5,200	7,057
Trinidad and Tobago		3,320	2,600	3,320											2,600	3,320
Venezuela		5,471	5,500	5,471											5,500	5,471

# Annex 9: Support for IUDs

	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>AFRICA</b>																
Algeria											40,000	13,500			40,000	13,500
Benin									12,500	7,750					12,500	7,750
Cameroon											2,000	688			2,000	688
Cape Verde											500	175			500	175
Central African Republic											2,500	867.50			2,500	867.50
Chad											11,500	3,991			11,500	3,991
Congo											2,000	694			2,000	694
Côte d'Ivoire											3,500	1,204			3,500	1,204
Democratic Republic of Congo											7,000	2,429	8,400	7,683	15,400	10,112
Ethiopia	250,000	114,750									500	172			250,500	114,922
Ghana											14,500	5,032			14,500	5,032
Guinea											20,500	7,115	19,800	14,783	40,300	21,898
Kenya											30,500	9,974	159,600	111,664	190,100	121,638
Liberia													8,700	5,703	8,700	5,703
Madagascar											22,000	7,634	15,000	12,087	37,000	19,721
Malawi											500	174	34,200	23,237	34,700	23,411
Mali									30,000	13,800			6,300	5,253	36,300	19,053
Mozambique											11,500	3,991	73,200	56,223	84,700	60,214
Nigeria											7,000	2,429	49,800	40,901	56,800	43,330
Senegal													14,100	11,913	14,100	11,913
Sierra Leone											10,000	3,470			10,000	3,470
Tanzania (United Republic)											15,000	5,205	72,300	57,699	87,300	62,904
Uganda	775,000	32,111							53,400	1,243	48,100	16,691			876,500	50,044
Zambia											4,000	1,388	24,000	22,850	28,000	24,238
Zimbabwe											26,400	9,161			26,400	9,161

(continued)

	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$		
<b>ARAB STATES</b>																
Lebanon											73,500	23,048			73,500	23,048
Syria											30,000	10,170			30,000	10,170
Tunisia			2,100	1,536											2,100	1,536
Yemen							115,000	49,630			8,000	2,752			123,000	52,442
<b>ASIA AND THE PACIFIC</b>																
Afghanistan							100,000	36,000							100,000	36,000
Bhutan											6,500	1,625			6,500	1,625
Cambodia								28,200	60,000						60,000	28,200
DPR Korea											20,000	6,880			20,000	6,880
Fiji											4,500	1,562			4,500	1,562
India								78,232	129,000						129,000	78,232
Laos People's Democratic Republic											2,860	943.80			2,860	944
Mongolia							11,000	4,140							11,000	4,140
Myanmar							10,000	3,600	3,500	3,405	27,500	6,875			41,000	13,880
Pakistan	14,500	10,875					130,800	50,058	65,500	49,125			2,610,000	1,221,322	2,820,800	1,331,380
<b>EASTERN EUROPE AND CENTRAL ASIA</b>																
Georgia													32,100	29,223	32,100	29,223
Tajikistan											40,000	13,560			40,000	13,560
Turkey											8,000	2,000			8,000	2,000
Turkmenistan											40,000	10,000			40,000	10,000
Uzbekistan															972,600	374,906
<b>LATIN AMERICA AND CARIBBEAN</b>																
Chile			10,000	7,314											10,000	7,314
Cuba											84,000	27,468			84,000	27,468
Dominican Republic											18,000	4,500			18,000	4,500
El Salvador									10,000	6,900	6,536	1,634			16,536	8,534
Haiti									2,000	920			300	1,130	2,300	2,050
Paraguay											23,000	6,220			23,000	6,220

# Annex 10: Support for Male Condoms, 2014

	DFID		The Global Fund		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$	Total Quantity	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$			
<b>AFRICA</b>																			
Angola															17,001,000	731,187		17,001,000	731,187
Benin															102,000	4,773		102,000	4,773
Botswana																		4,350,064	155,672
Burkina Faso							13,536,000	650,682							1,908,000	80,097		15,444,000	730,779
Burundi																		7,069,280	254,067
Cape Verde															3,110,400	85,320		3,110,400	85,320
Central African Republic																		232,560	7,779
Chad																			
Congo																			
Côte d'Ivoire																			
Democratic Republic of Congo																			
Ethiopia	38,253,576	1,926,155.12																	
Gabon																			
Ghana																			
Guinea																			
Guinea-Bissau																			
Kenya																			
Lesotho																			
Liberia																			
Madagascar																			
Malawi																			
Mali																			
Mozambique																			
Niger																			
Nigeria	65,000,080	1,996,095																	
Rwanda																			
Sao Tome and Principe																			
Senegal																			
Seychelles																			
Sierra Leone																			

(continued)

AFRICA (continued)	DFID		The Global Fund		IPPF		KRW		MSI		PSI		UNFPA		USAID		Total Value in US\$	Total Quantity	
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$			
South Africa		7,555,000	605,879								13,840,000	420,362	10,450,944	370,002			21,395,000	1,026,241	
Swaziland											200,511,952	5,990,397	705,600	21,805	27,648,000	917,426	10,450,944	370,002	
Tanzania (United Republic)		96,000,192	2,991,326																
Togo													2,880,000	78,000	3,201,000	195,650	6,081,000	273,650	
Uganda										4,000,032	135,520	88,615,296	2,387,754	44,586,000	1,554,656	137,201,328	4,077,930		
Zambia		1,800,144	16,690							2,000,000	71,800				29,997,000	1,061,683	33,797,144	1,150,173	
Zimbabwe										70,000	31,395				126,081,000	4,564,787	126,151,000	4,596,182	
<b>ARAB STATES</b>																			
Islamic Republic of Iran													7,895,088	225,500			7,895,088	225,500	
Lebanon													2,268,000	62,633			2,268,000	62,633	
Sudan					115,200	3,854							4,320,000	127,200			4,320,000	127,200	
Syria																			
Tunisia		3,200,000	151,913														3,200,000	151,913	
Yemen							3,499,920	174,131	4,714,560	160,191							8,214,480	334,322	
<b>ASIA AND THE PACIFIC</b>																			
Afghanistan		160,000	2,269										617,040	17,097	16,707,000	655,843	17,484,040	675,209	
Bangladesh		21,142,224	721,929										1,792,800	49,823			21,142,224	721,929	
Bhutan		352,800	9,923										2,995,200	82,992			2,145,600	59,745	
Cambodia										5,000,112	142,353		2,102,400	66,430			7,995,312	225,345	
Fiji																	2,102,400	66,430	
India										111,968,936	743,738						111,968,936	743,738	
Indonesia		40,746,488	1,074,383														40,746,488	1,074,383	
Kiribati					5,760	206											5,760	206	
Lao People's Democratic Republic													2,793,456	88,265			2,793,456	88,265	
Maldives													338,400	9,377			338,400	9,377	
Mongolia		882,720	27,279						921,600	47,162			882,720	27,279			2,687,040	101,719	
Multicountry South Asia		3,749,040	103,418														3,749,040	103,418	
Myanmar	20,000	1,619.67	15,593,760	475,038									5,606,640	159,241.50	9,102,000	311,339	39,541,600	1,233,669	
Nepal		4,158,720	112,399						1,440,000	48,500			14,400	424	12,000,000	428,357	17,613,120	589,680	
Pakistan	42,048,000	1,163,909.85			57,830,400	1,547,381.11	14,400,000	500,000	57,830,400	1,547,381.12			2,880,000	79,800	241,953,000	8,452,503	416,941,800	13,290,975	
Papua New Guinea															1,200,000	46,060	1,200,000	46,060	

(continued)



## Annex 11: Support for Oral Pills, 2014

	DFID		IPPF		KITW		MSI		PSI		UNFPA		USAID		Total Value in US\$
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	
<b>AFRICA</b>															
Angola			2,880	955							289,200	80,236	311,760	83,396	174,587
Benin			75,600	24,374							751,680	203,450	200,000	62,727	290,551
Burkina Faso											2,346,480	637,394			637,394
Burundi									67,000	26,800	403,200	108,864			470,200
Cameroon											86,400	25,553			86,400
Cape Verde											264,500	71,550			264,500
Central African Republic			10,080	6,791							192,912	60,230			202,992
Chad			15,120	4,849											
Comoros											59,999	16,200			59,999
Congo											1,536	634			1,536
Côte d'Ivoire					2,500,000	610,936					2,054,160	561,924			4,554,160
Democratic Republic of Congo											2,339,925	639,231	2,739,320	892,538	5,079,245
Djibouti											15,000	4,050			15,000
Eritrea	268,893	80,659	1,524	731							108,000	29,160			108,000
Ethiopia			720	228							2,638,800	712,476	504,000	171,261	3,413,217
Gabon											7,920	2,376			7,920
Gambia											67,860	20,136			67,860
Ghana			100,080	31,659							933,840	252,137	3,427,840	1,013,193	4,461,760
Guinea			1,440	499	150,000	61,210			150,000	50,540	194,400	53,546			494,400
Guinea-Bissau											8,280	4,608			8,280
Kenya							55,000	13,200	2,042,040	543,832	833,040	246,132	1,909,440	608,992	4,839,520
Lesotho											26,640	7,193			26,640
Liberia											352,080	97,610	437,040	134,545	789,120
Madagascar			15,900	5,693							1,057,362	288,291	4,308,200	1,280,022	5,381,462
Malawi											600,003	177,601	265,680	95,041	865,683
Mali			38,160	12,071	468,720	152,943			3,318,968	1,079,006	1,354,320	369,403	2,518,560	931,844	7,698,728
Mauritania			21,600	7,160							83,520	25,056			105,120
Mauritius			3,600	1,139											3,600
Morocco			23,760	7,582											23,760
Mozambique											129,600	38,880			129,600
Niger					837,040	284,064					1,481,760	408,931			2,318,800

(continued)



	DFID		IPPF		KfW		MSI		PSI		UNFPA		USAID		Total Value in US\$
	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	Quantity	Value in US\$	
<b>AFRICA (continued)</b>															
Nigeria											920,802	248,724		920,802	248,724
Rwanda										60,480	16,330	1,887,840	589,141	1,948,320	605,471
Sao Tome and Principe			2,160	705						39,600	10,843			41,760	11,548
Senegal													4,073,840	1,228,774	1,228,774
Seychelles			1,980	912										1,980	912
Sierra Leone			42,480	13,897						549,360	148,738	366,480	147,613	958,320	310,247
Somaliiland								55,000	33,660					55,000	33,660
South Sudan										25,000	6,750			25,000	6,750
Tanzania (United Republic)										916,719	274,857	5,222,360	1,626,058	6,139,079	1,900,915
Togo										85,488	25,943	277,000	112,224	362,488	138,167
Uganda										533,130	143,945	1,200,000	352,946	1,733,130	496,891
Zambia										1,576,800	432,540	1,657,000	500,451	3,233,800	932,991
Zimbabwe	5,080,000	1,323,020								7,179,840	4,786,584			12,259,840	6,109,604
<b>ARAB STATES</b>															
Iraq										1,513,029	422,135			1,513,029	422,135
Jordan										369,999	109,931			369,999	109,931
Lebanon										201,600	55,755			201,600	55,755
Somalia										74,880	20,207			74,880	20,207
Sudan			152,748	67,144						2,293,908	1,294,471			2,446,656	1,361,615
Syria			5,040	1,594						900,000	255,600			900,000	255,600
Tunisia														5,040	1,594
Yemen							1,992,880	402,553		9,515,160	2,689,754			11,508,040	3,092,307
<b>ASIA AND THE PACIFIC</b>															
Afghanistan										124,560	33,826	900,000	270,444	1,024,560	304,270
Bhutan										156,150	42,161			156,150	42,161
Cambodia									786,668	1,584,003	417,840	112,432		1,204,508	1,696,435
DPR Korea										96,000	25,920			96,000	25,920
Fiji										258,480	73,505			258,480	73,505
India									2,689,420	69,404				2,689,420	69,404
Kiribati			720	250										720	250
Lao People's Democratic Republic										1,141,200	315,641			1,141,200	315,641
Malaysia			36,360	17,928										36,360	17,928
Maldives										15,508	4,334			15,508	4,334
Mongolia							359,200	104,734		100,002	27,001			469,202	131,735
Myanmar	4,000	2,491					4,150,000	728,250	2,860,000	5,071,416	1,369,282			12,085,416	2,643,423
Nepal										558,000	150,660			558,000	150,660

(continued)

ASIA AND PACIFIC (continued)	DFID		IPPF		KRW		MSI		PSI		UNFPA		USAID		Total Value in US\$
	Quantity	Value In US\$	Quantity	Value In US\$	Quantity	Value in US\$	Quantity	Value In US\$	Quantity	Value In US\$	Quantity	Value in US\$	Quantity	Value In US\$	
Pakistan								1,722,909	241,207				2,203,920	652,968	894,175
Papua New Guinea										1,125,519	323,377				323,377
Philippines			38,772	20,286						17,149,158	4,632,080				4,652,365
Sabah			34,560	14,293											14,293
Samoa			2,880	933											933
Sarawak			138,600	48,787											48,787
Seychelles										26,322	7,237				7,237
Timor-Leste										205,360	57,823				57,823
<b>EASTERN EUROPE AND CENTRAL ASIA</b>															
Armenia										65,700	28,482				28,482
Georgia										30,000	16,566		288,000	95,050	111,616
Tajikistan										214,200	122,700				122,700
Turkey										62,700	16,929				16,929
Turkmenistan										72,000	20,520				20,520
<b>LATIN AMERICA AND CARIBBEAN</b>															
Antigua and Barbuda			5,760	1,822											1,822
Aruba			3,600	1,139											1,139
Barbados			3,072	1,474											1,474
Belize			1,440	478											478
Cuba			56,250	17,794						45,000	12,150				29,944
Curacao			1,440	499											499
Dominica			3,600	1,139											1,139
Dominican Republic										1,380,000	376,200				376,200
Ecuador										1,359,996	379,487				379,487
El Salvador			87,750	28,014						833,662	270,222				298,236
Grenada			5,760	1,844											1,844
Guatemala										292,000	76,529				76,529
Guyana			23,040	7,288											7,288
Haiti													657,720	203,082	203,082
Honduras			82,080	25,965						1,655,130	447,042				473,007
Jamaica			45,360	14,349						50,001	13,500				13,500
Panama															14,349
Paraguay										2,572,540	694,586				844,586
St. Lucia			20,580	10,888						600,000	150,000				10,888
St. Vincent			1,440	478											477
Suriname			39,870	13,210											13,210
Trinidad and Tobago			4,380	2,006											2,005
Uruguay										61,000	25,211				25,211





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