

# FAMILY PLANNING MARKET REPORT

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DECEMBER 2022

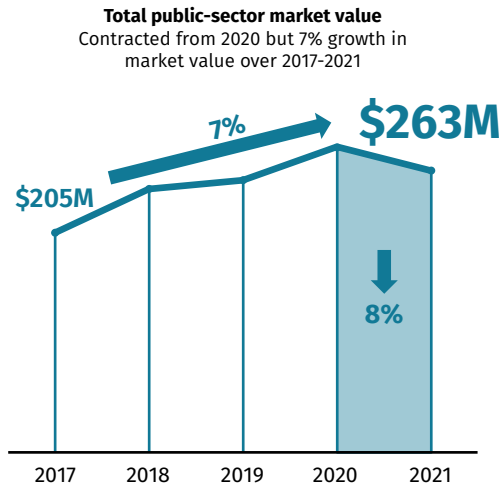


Reproductive Health  
**SUPPLIES COALITION**

THE STATE OF FAMILY PLANNING IN 2021	<b>3</b>
SUPPLIER SHIPMENT ANALYSIS	<b>4</b>
GLOBAL PROCURER SPEND ANALYSIS	<b>15</b>
HIGHLIGHTS FROM DISCUSSION WITH KEY STAKEHOLDERS	<b>18</b>
GLOBAL MARKETS VISIBILITY PROJECT ACKNOWLEDGEMENTS	<b>19</b>
APPENDICES	<b>21</b>
ACKNOWLEDGEMENTS	<b>49</b>

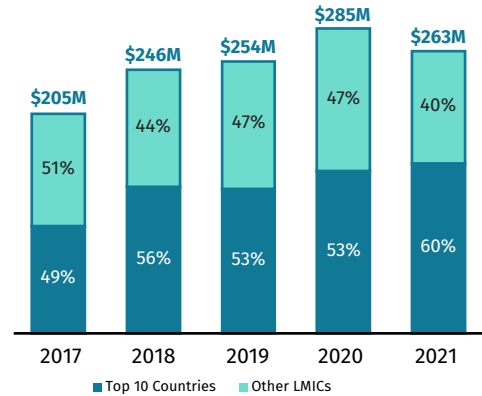
# THE STATE OF FAMILY PLANNING IN 2021

## Notable market trends



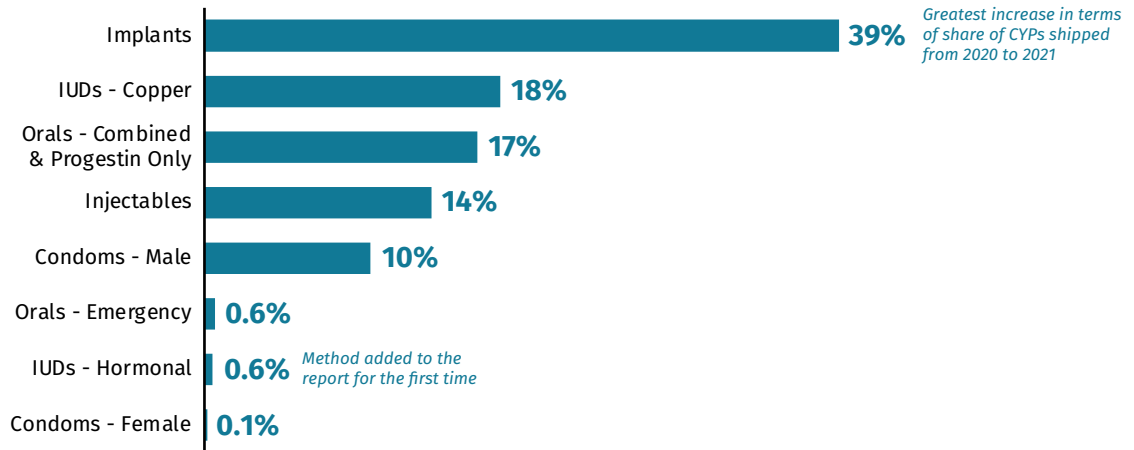
## Share of 10 Largest Public-Sector Countries

\*Top countries in this graph are defined by 2021 data and, in alphabetical order, are: Bangladesh, Burkina Faso, Democratic Republic of Congo, Ethiopia, Malawi, Mozambique, Nigeria, Tanzania, Uganda, and Zambia.



## Method mix analysis

### Market share per method based on CYPs shipped in 2021



## Global Procurer spend analysis

# \$108M

UNFPA's total spend on contraceptive procurement in FY2021 decreased by 34% from FY2020.

*Driven primarily by a notable reduction in 2021 FCDO funding for UNFPA due to the COVID-19 context.*

# \$35M

USAID's total spend on contraceptive procurement in FY2021 decreased by 24% from FY2020.

*Within the typical fluctuation range seen for FY2017 - FY2021.*

# SUPPLIER SHIPMENT ANALYSIS

The 2022 Family Planning Market Report provides visibility into the public-sector contraceptive market in 83 low- and lower-middle income countries (LMICs)<sup>1</sup> from 2017-2021. While previous market reports have focused on the 69 FP2020 focus countries, the geographic scope of this year's report has been updated to encompass the larger set of 83 LMICs now included in the new global partnership and measurement structure for the sexual and reproductive health (SRH) community announced by FP2030 in 2021.

The public-sector volumes that are included in this report's scope are those purchased by public sector procurers such as the United States Agency for International Development (USAID) and United Nations Population Fund (UNFPA), ministries of health, government affiliated procurers as well as social marketing organizations (SMOs) for 83 LMICs. The Family Planning Market Report analyzes procurement trends for all product-based modern methods of contraception based on historical supplier-reported shipment data. This shipment data is collected from 17 suppliers for methods including female condoms, implants, injectables, intrauterine devices or IUDs (copper and hormonal)<sup>2</sup>, oral contraceptives (combined and progestin-only), and emergency oral contraceptives. Findings for male condoms are based on shipment data from the Reproductive Health Supplies Visualizer (RH Viz).<sup>3</sup> Shipment data provides insights into the historical procurement of contraceptive products but is not necessarily equivalent to the demand for contraceptives, given procurement is shaped by key factors such as available funding and production capacity.

**In 2021, the value of the public-sector market decreased by 8 percent relative to 2020 but remained above 2017-2019 levels. Market volumes also decreased in 2021 by 15 percent relative to 2020. Due to method-specific trends, there was also a decline of 13 percent in couple years of protection (CYPs)<sup>4</sup> shipped to the public-sector market from 2020 to 2021.**

**The contraction of the public-sector market from 2020 to 2021 in terms of CYPs shipped was primarily driven by decreased volumes of copper IUDs, injectables, as well as combined and progestin-only orals. Long-acting reversible methods of contraception (LARCs), which include implants, copper IUDs, and hormonal IUDs, continued to comprise the majority of CYPs shipped to the public-sector market in 2021 as they did during the 2017-2020 period. While the overall LARC share of CYPs shipped remained constant from 2020 to 2021 at 58 percent, there has been movement within the LARC sub-categories with the implant and hormonal IUD share of CYPs shipped, increasing from 2020 to 2021. The copper IUD share of CYPs shipped declined during that time period.**

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- 1 These 83 low- and lower-middle income countries are defined as per the World Bank income classification as of 2020. Further information on the LMICs for which FP2030 will report data is available here: [https://fp2030.org/sites/default/files/Data-Hub/FP2030\\_DataReport\\_v5.pdf](https://fp2030.org/sites/default/files/Data-Hub/FP2030_DataReport_v5.pdf). Note that the FP2030 report includes 82 LMICs, which is one less than the 83 countries in-scope for the Family Planning Market Report. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara (which was formerly among the 69 FP2020 focus countries.) After consultation with FP2030, however, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report, for a total of 83 in-scope LMICs. To ensure consistency in country scope across all years included in the report, historical shipment data has been collected from suppliers for the 83 in-scope countries from 2017-2021.
  - 2 IUD is an abbreviation for an intra-uterine device. The hormonal IUD is included in the Family Planning Market Report for the first time this year since a publicly available hormonal IUD price was included in the UNFPA Contraceptive Price Indicator for the first time for 2021.
  - 3 This report has historically used data from the Reproductive Health Interchange (RHI) to estimate the size of the male condom market. Since the male condom market is quite fragmented, RHI historically has provided greater visibility for that method. Additionally, RHI data has historically been used to assess the relative visibility the Family Planning Market Report provides across all methods. In September 2020, however, the SRH community transitioned away from the RHI platform to the Reproductive Health Supplies Visualizer (RH Viz). The 2022 Family Planning Market Report, therefore, now utilizes RH Viz data for male condom volumes and market visibility calculations. See Appendix C for further details.
  - 4 Couple Years of Protection (CYP) is the estimated protection provided by contraceptive methods during a one-year period (for example, 120 condoms provide a couple protection for one year). For all CYP calculations, this report utilizes the CYP factors most recently published by USAID. See Appendix C for further details.

This section analyzes trends in shipment volumes, value in USD, and CYPs shipped in the public-sector market from 2017 to 2021.



## Notable Market Trends

**THE TOTAL VALUE OF THE PUBLIC-SECTOR MARKET IN USD CONTRACTED FROM \$285 MILLION IN 2020 TO \$263 MILLION IN 2021 BUT REMAINED ABOVE 2017-2019 LEVELS. THE NUMBER OF CYPs SHIPPED ALSO DECLINED FROM 2020 TO 2021, DUE TO CHANGES IN THE MIX OF CONTRACEPTIVES PROCURED.**

The total value of the public-sector contraceptive market in the 83 LMICs increased from \$205 million<sup>5</sup> in 2017 to \$263 million in 2021 (Exhibit 1). While market value increased each year between 2017 to 2020, it declined from a peak of \$285 million in 2020 to \$263 million in 2021, a reduction of 8 percent. The \$263 million market value in 2021, however, was still greater than the annual market value seen from 2017 to 2019 (Exhibit 1).

The quantity of CYPs shipped also declined from 2020 to 2021, falling from 118 million in 2020 to 103 million in 2021 (Exhibit 3). This 13 percent decline in CYPs was primarily due to a decline in copper IUDs which are relatively low-cost but have a relatively high CYP factor. Copper IUD CYPs shipped decreased by 9 million from 2020 to 2021. Reductions in CYPs shipped from 2020 to 2021 were also seen for injectables (-6 million CYPs shipped) as well as combined and progestin-only oral contraceptives (-2 million CYPs shipped). A slight decline in CYPs shipped for implants was also observed from

2020 to 2021 (-0.4 million), although historically implants had consistently maintained an upward trend. This decrease was partially offset by an increase in CYPs shipped from male condoms (+2 million) and hormonal IUDs (+0.5 million).

In terms of regional trends for the 2017 to 2021 period, sub-Saharan Africa's market share stayed largely constant, ranging from a low of 56 percent in 2017 to a high of 65 percent in 2019 (Exhibit 7). Market share in the Asia and Pacific region increased by 4 percentage points between 2020 and 2021 to 28 percent, although the region's share has remained relatively constant over the 2017-2021 period, with a previous high of 28 percent reported in 2017 (Exhibit 7). Within the public-sector market captured in this report,<sup>6</sup> the 10 largest countries (in terms of market value) represented over 50 percent of the overall market value in 2021, with Bangladesh<sup>7</sup> comprising approximately 19 percent of the public-sector market (Exhibits 8, 9). Despite the contraction in overall public-sector market value in 2021 relative to 2020, the market value for the 10 largest countries increased from \$151 million in 2020 to \$159 million in 2021 (Exhibit 9). While the list of top 10 markets has changed from year to year, five countries—Bangladesh, Ethiopia, Nigeria, Tanzania, and Uganda—have consistently appeared in the top 10 markets each year from 2017 to 2021.



## Notable Method Trends

**THE DECLINE IN MARKET VALUE FROM 2020 TO 2021 WAS PRIMARILY DRIVEN BY DECREASES IN THE INJECTABLE AS WELL AS THE COMBINED AND PROGESTIN-ONLY ORAL CONTRACEPTIVE CATEGORIES. CYPs SHIPPED ALSO DECLINED IN 2021 COMPARED TO 2020 GIVEN LOWER VOLUMES OF COMBINED AND PROGESTIN-ONLY ORAL CONTRACEPTIVES, COPPER IUDs, AND INJECTABLES IN 2021. THERE WAS A NOTABLE INCREASE IN HORMONAL IUD CYPs SHIPPED IN 2021 COMPARED TO PREVIOUS YEARS.**

Copper IUD volumes declined for a third consecutive year in 2021, decreasing by 33 percent compared to 2020 volumes (Exhibit 2). Specifically, copper IUD procurement decreased from 6 million units in 2020 to 4 million units in 2021 (Exhibit 2). This decrease in volumes equates to a small decline in the 2021 overall market value (-\$0.5 million) due to the copper IUD's relatively low unit cost (Exhibits 1, 4). However, since the copper IUD has a relatively high CYP factor per unit, the decrease in copper IUD volumes has a meaningful effect on CYPs shipped, resulting in a decline of 9 million copper IUD

<sup>5</sup> The currency reported is in US dollars, unless otherwise noted

<sup>6</sup> Private-sector contraceptive use does not factor into these market share numbers. Additionally, some procurement from domestic suppliers in markets like Bangladesh and India (among others) may not be captured in the shipment data from participating suppliers. Accordingly, it should also be noted that market share estimates are based only on available shipment data from participating suppliers. For more detailed information on the Bangladeshi and Indian markets, please refer to Appendix E.

<sup>7</sup> As noted previously, the Family Planning Market Report provides visibility into contraceptive procurement trends in Bangladesh with data from the participating suppliers. However, there are additional suppliers active in the Bangladesh market, beyond the participating suppliers captured in the Family Planning Market Report (see Appendix E for more details).

CYPs shipped from 2020 to 2021 (Exhibits 3, 4). A few countries, e.g., Nigeria, Indonesia, Kenya, and Uzbekistan, were relatively larger contributors to this decline in the copper IUD market from 2020 to 2021. Several of these countries procured notably higher volumes of the copper IUD in the previous one to two years indicating that some of the decline in copper IUD volumes in 2021 may have been in part related to procurement cycles.<sup>8</sup>

The hormonal IUD category saw an increase from 2020 to 2021. Specifically, CYPs shipped for hormonal IUDs increased from 0.1 million in 2020 to 0.6 million in 2021 as countries that were ready to do so began to introduce and scale up this method.<sup>9</sup>

The market value of injectables decreased by 31 percent from 2020 to 2021 to \$47 million, after a high of \$68 million in 2020 (Exhibit 1). The volumes shipped of injectables also declined from 85 million to 58 million units from 2020 to 2021 (Exhibit 2). Bangladesh accounted for approximately 40 percent of the overall decline in injectable volumes from 2020 to 2021. Bangladesh procured notably higher volumes of injectables in 2020, so this 2021 decline in injectable volumes in Bangladesh may be a result of procurement cycles as well as the COVID-19 pandemic. Injectable market disruptions, driven

by both supply and funding related disruptions, may have also contributed to this decline seen in 2021.

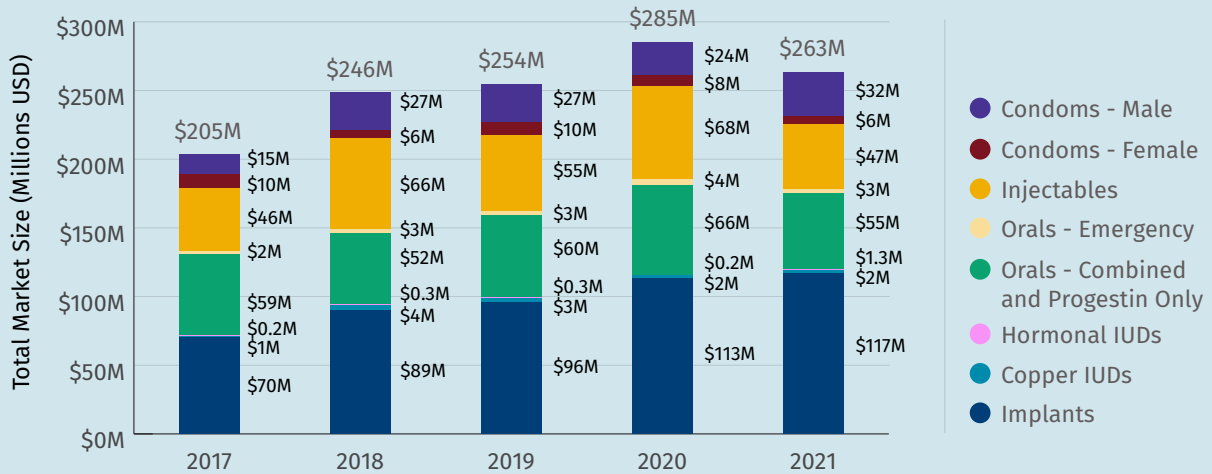
The market value of combined and progestin-only orals decreased by 16 percent from \$66 million in 2020 to \$55 million in 2021 (Exhibit 1). Volumes shipped of oral contraceptives also declined from 283 million in 2020 to 257 million in 2021 (Exhibit 2). Oral contraceptive procurement decreased across several countries, most notably Zimbabwe. Potential drivers of these patterns include normal procurement cycle fluctuations as well as transportation-related difficulties given supply chain challenges experienced over the past few years. These factors were reported to delay the arrival of oral contraceptive shipments in some countries, thus impacting the size and timing of subsequent oral contraceptive shipments.

Note: While procurement cycle fluctuations and the other factors described above have contributed to the market trends seen from 2020 to 2021, another notable factor shaping the 2021 market picture was a decline in available contraceptive procurement funding. This driver is elaborated upon further in the following “Global Procurer Spend Analysis” section.

<sup>8</sup> Since copper IUDs have a long shelf life (approximately 3-7 years) and long period of protection (up to 12 years after insertion), their procurement cycles may not always align with the annual timeline of the FP report. Countries may procure large volumes in one year and not procure any for several years.

<sup>9</sup> Hormonal IUD introduction efforts have been supported by the Hormonal IUD Access Group, which is a global consortium of governments, donors, manufacturers, procurement agencies (UNFPA and USAID/GHSC-PSM), researchers, and service delivery partners that are collaborating to expand access to the hormonal IUD in LMICs by ensuring availability of affordable, quality-assured products to facilitate sustainable markets and by supporting countries that are ready to introduce and scale-up the method (e.g., as demonstrated by strong government interest in the method, development of an introduction plan, etc.). More information can be found at the Hormonal IUD Access Portal (<https://www.hormonalIUD.org/>).

### Exhibit 1: Value of the public-sector market (USD)



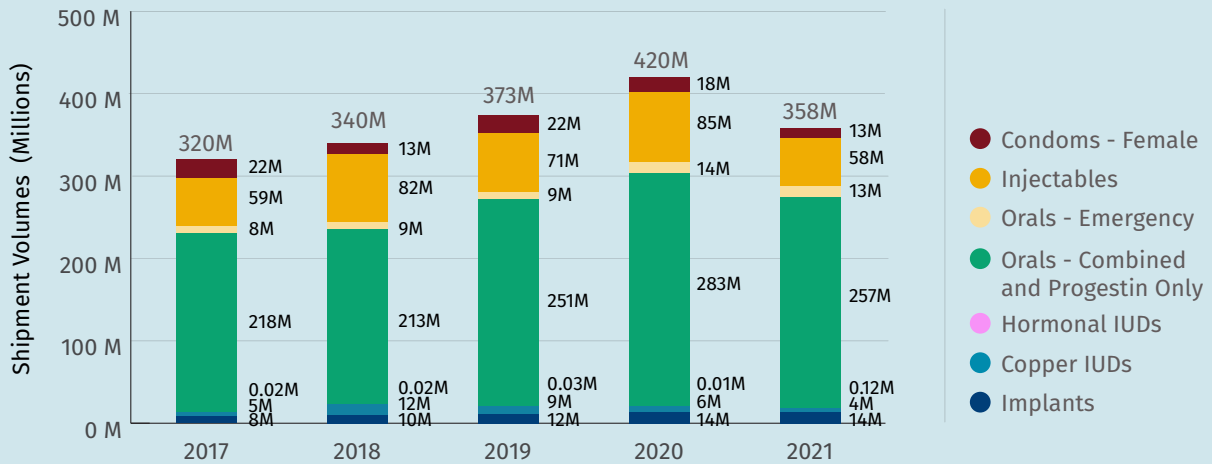
Method	Year over year 2020-2021*	Compound annual growth rate 2017-2021**
Condoms- Male	33%	21%
Condoms- Female	-29%	-14%
Injectables	-31%	0.3%
Orals- Emergency	-7%	12%
Orals- Combined & Progestin Only	-16%	-2%
Hormonal IUDs	785%	55%
Copper IUDs	-22%	4%
Implants	4%	14%
<b>Total</b>	<b>-8%</b>	<b>7%</b>

\*Year over year (YOY): change in the value of the public-sector market between 2020-21  
 \*\*Compound Annual Growth Rate (CAGR): [(final value/beginning value)^(1/number of years)]-1

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year over year and compound annual growth rate numbers are calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021

Exhibit 2: Total public-sector market volumes (male condoms excluded\*)



Method	Year over year 2020-2021	Compound annual growth rate 2017-2021
Condoms- Female	-31%	-13%
Injectables	-32%	-0.3%
Orals- Emergency	-4%	12%
Orals- Combined & Progestin Only	-9%	4%
Hormonal IUDs	785%	55%
Copper IUDs	-33%	-4%
Implants	-1%	13%
<b>Total</b>	<b>-15%</b>	<b>3%</b>

Male condom shipment values (billions)						
2017	2018	2019	2020	2021	Year over year 2020-2021	Compound annual growth rate 2017-2021
0.65B	1.21B	1.17B	1.04B	1.28B	23%	18%

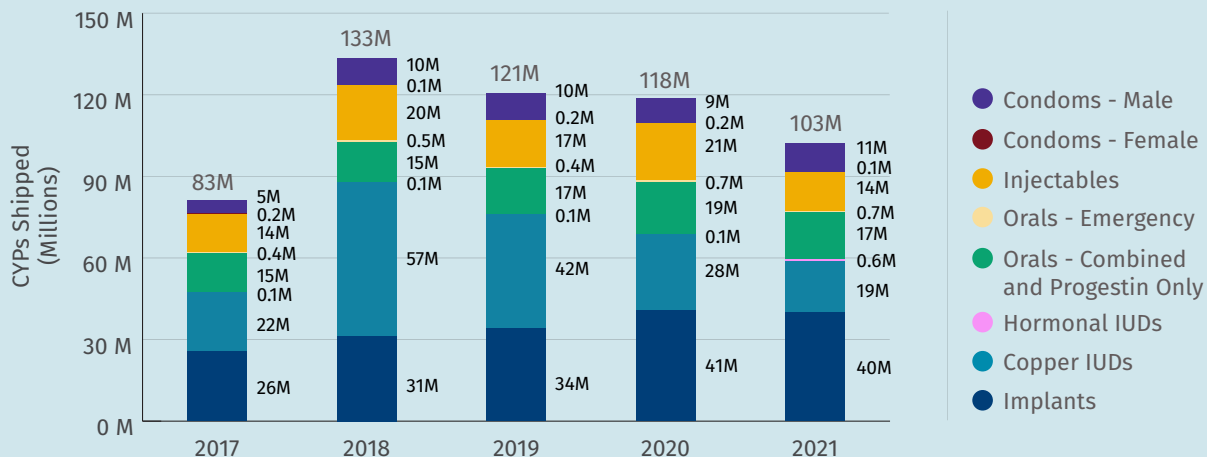
\*Male condoms are shown separately because the source of the shipment data is RH Viz, whereas all other methods are supplier-reported. See Appendix C for further details.

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year over year and compound annual growth rate numbers are calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022.



### Exhibit 3: CYPs shipped to the public-sector market



Method	Year over year 2020-2021	Compound annual growth rate 2017-2021
Condoms- Male	23%	18%
Condoms- Female	-31%	-13%
Injectables	-30%	0%
Orals- Emergency	-4%	12%
Orals- Combined & Progestin Only	-10%	4%
Hormonal IUDs	785%	55%
Copper IUDs	-33%	-4%
Implants	-1%	12%
<b>Total</b>	<b>-13%</b>	<b>5%</b>

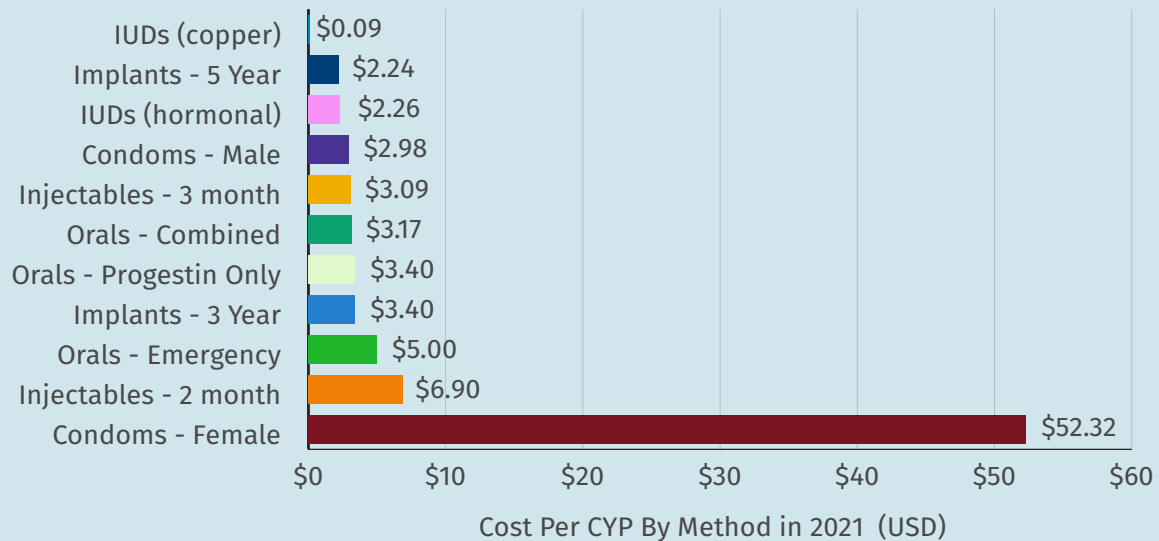
Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year over year and compound annual growth rate numbers were calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] USAID, "Couple-Years of Protection (CYP)".

Exhibit 4A: Cost per CYP by method per duration of use (USD)

Method	Units per CYP	Unit Cost					Cost per CYP				
		2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Condoms - Female	120.00	\$0.46	\$0.47	\$0.44	\$0.43	\$0.44	\$55.32	\$56.88	\$53.28	\$51.48	\$52.32
Condoms - Male	120.00	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$2.71	\$2.64	\$2.72	\$2.75	\$2.98
Injectables - 1 month	13.00	\$0.85	\$0.85	N/A	N/A	N/A	\$11.05	\$11.05	N/A	N/A	N/A
Injectables - 2 month	6.00	\$1.15	\$1.15	\$1.15	\$1.15	\$1.15	\$6.90	\$6.90	\$6.90	\$6.90	\$6.90
Injectables - 3 month	4.00	\$0.77	\$0.79	\$0.75	\$0.77	\$0.77	\$3.09	\$3.16	\$3.00	\$3.07	\$3.09
Orals - Combined	15.00	\$0.27	\$0.24	\$0.23	\$0.23	\$0.21	\$4.01	\$3.56	\$3.51	\$3.38	\$3.17
Orals - Progestin Only	12.00	\$0.32	\$0.29	\$0.29	\$0.30	\$0.28	\$3.80	\$3.52	\$3.47	\$3.60	\$3.40
Orals - Emergency	20.00	\$0.26	\$0.28	\$0.40	\$0.26	\$0.25	\$5.14	\$5.52	\$7.98	\$5.18	\$5.00
Implants - 3 Year	0.40	\$8.50	\$8.50	\$8.50	\$8.50	\$8.50	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40
Implants - 5 Year	0.26	\$8.50	\$8.50	\$8.50	\$8.50	\$8.50	\$2.24	\$2.24	\$2.24	\$2.24	\$2.24
IUDs (hormonal)	0.21	N/A	N/A	N/A	N/A	\$10.84	N/A	N/A	N/A	N/A	\$2.26
IUDs (copper)	0.22	\$0.31	\$0.30	\$0.31	\$0.37	\$0.43	\$0.07	\$0.07	\$0.07	\$0.08	\$0.09

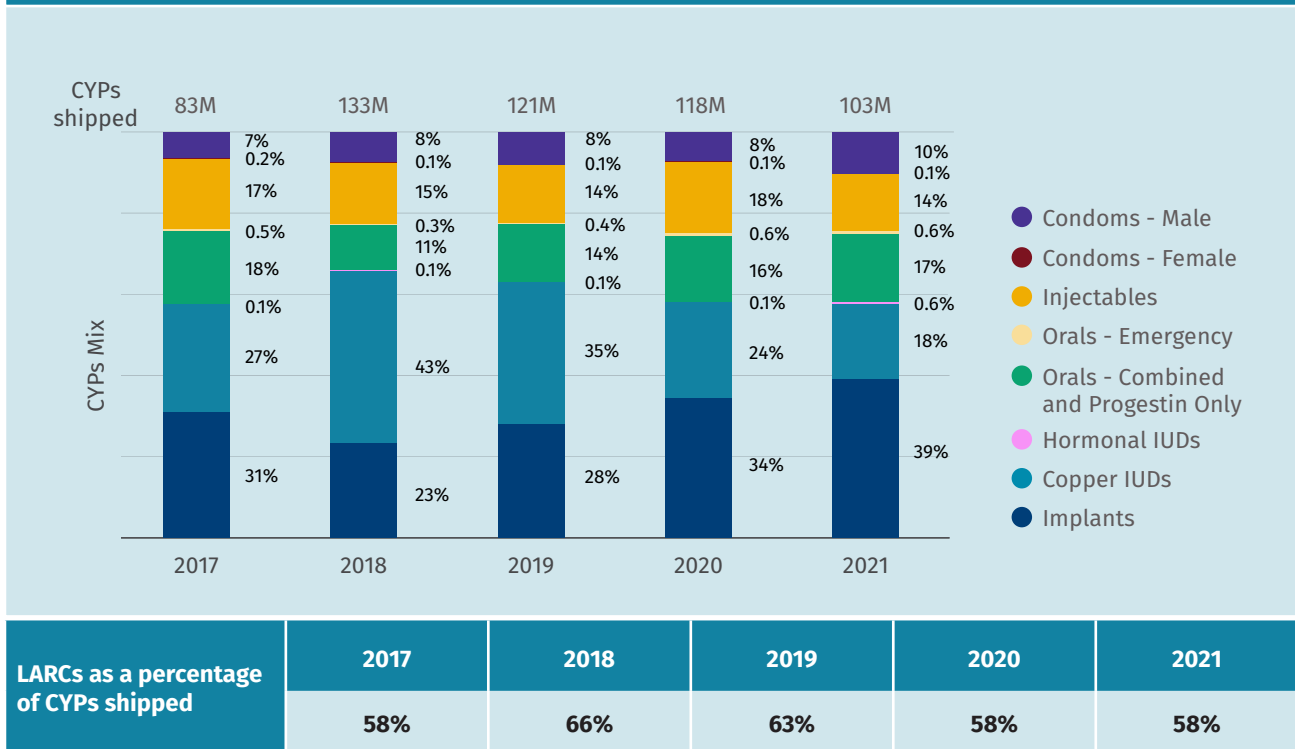
Exhibit 4B: Cost per CYP by method in 2021 (USD)



Note: N/A indicates method was not listed on the UNFPA Contraceptive Price Indicator. Implant pricing in this exhibit uses the IAP implant price. 2021 is the first year that UNFPA Contraceptive Price Indicator has listed separate prices for the 3-year and 5-year implants, but to maintain historical consistency, we continue to use the \$8.50 IAP implant price for this illustrative cost per CYP calculation.

Sources: [1] UNFPA Contraceptive Price Indicator, 2017-2021; [2] USAID, "Couple-Years of Protection (CYP)", [3] IAP Implant Price.

### Exhibit 5: CYP mix (in terms of CYPs shipped) in the public-sector market

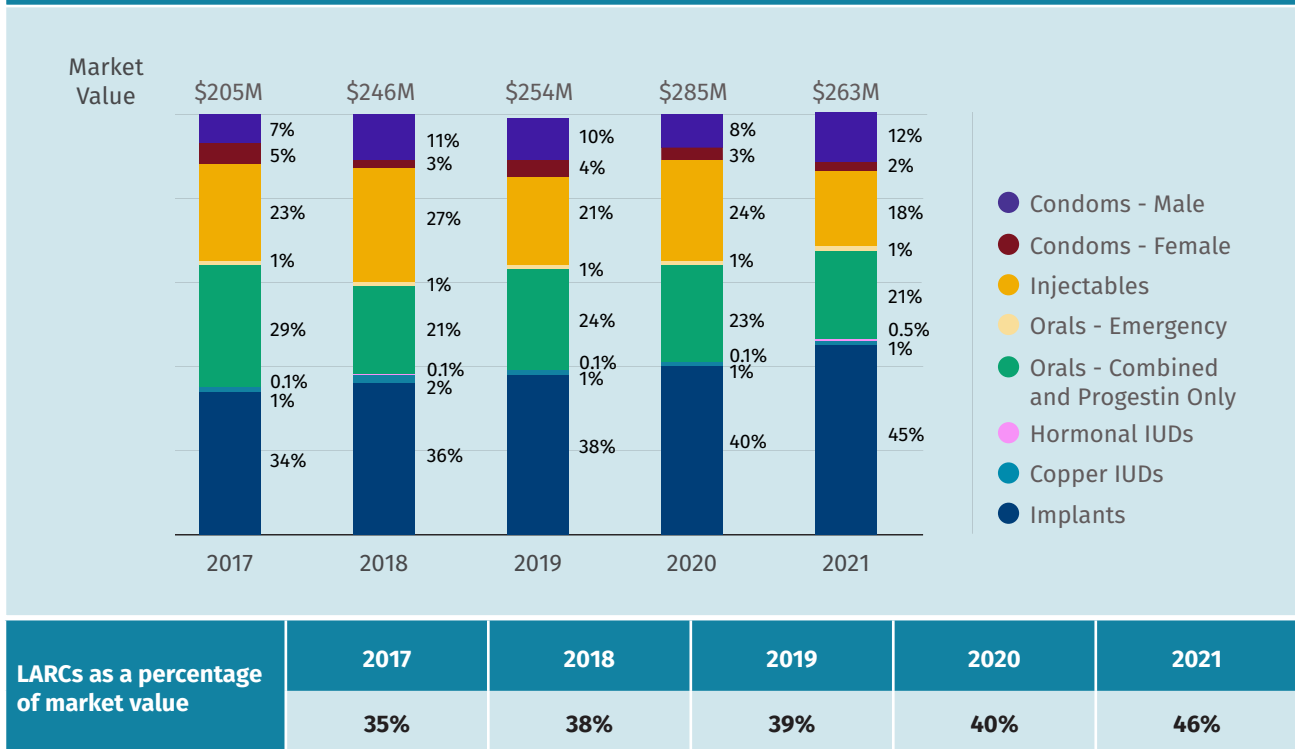


Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

LARCs as a percentage of CYPs shipped were calculated using actual values, not the rounded values in the chart.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021; [4] USAID, "Couple-Years of Protection (CYP)".

### Exhibit 6: Market share per method in the public-sector market (USD)

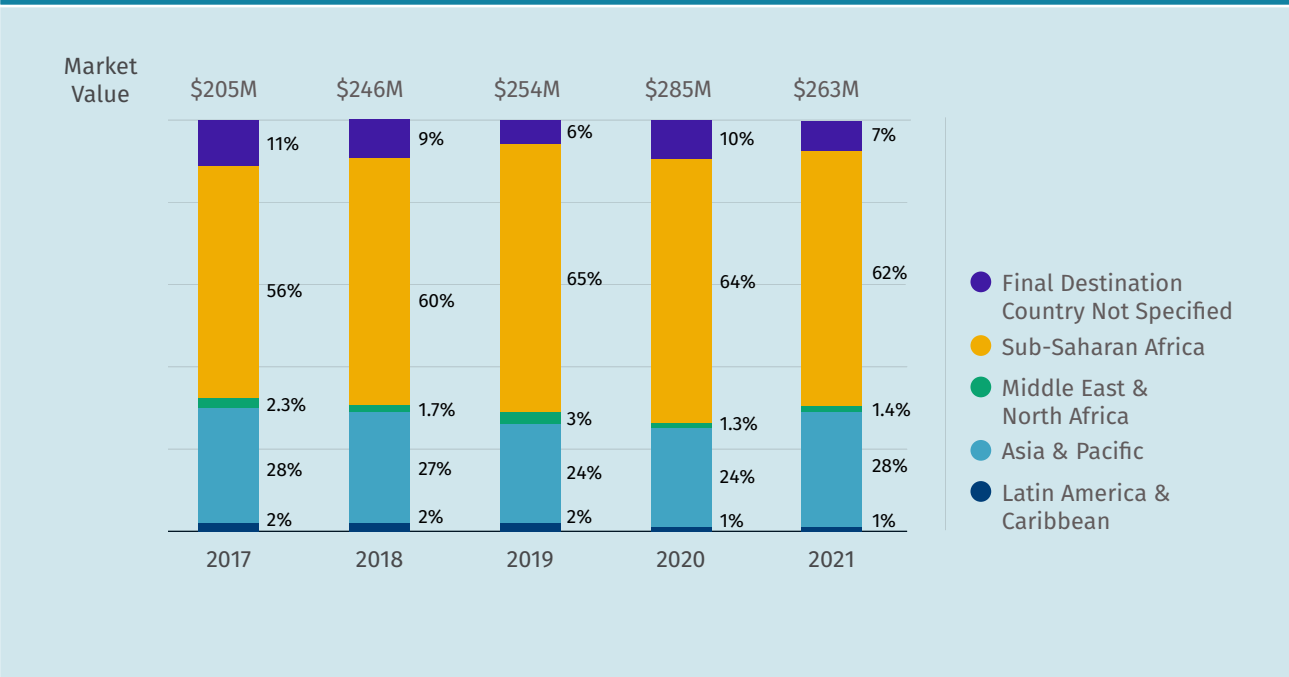


Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

LARCs as a percentage of market value were calculated using actual values, not the rounded values in the chart.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021.

### Exhibit 7: Market share of public sector by region (USD)



Note: Public-sector, regional market share shown in the graph above is influenced by the relative distribution of LMICs, the majority of which are located in Sub-Saharan Africa. Only a small number of countries from both the Latin America & Caribbean and Middle East & North Africa regions are included among the 83 LMICs; trends across the whole of these regions are not captured above.

“Destination country not specified” indicates that shipments were received in warehouses for later distribution to LMICs. Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), different supplier scope, as well as some supplier or RH Viz revisions to historical data, based on updated information.

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017–2021

Exhibit 8: Top ten countries in terms of value, 2021

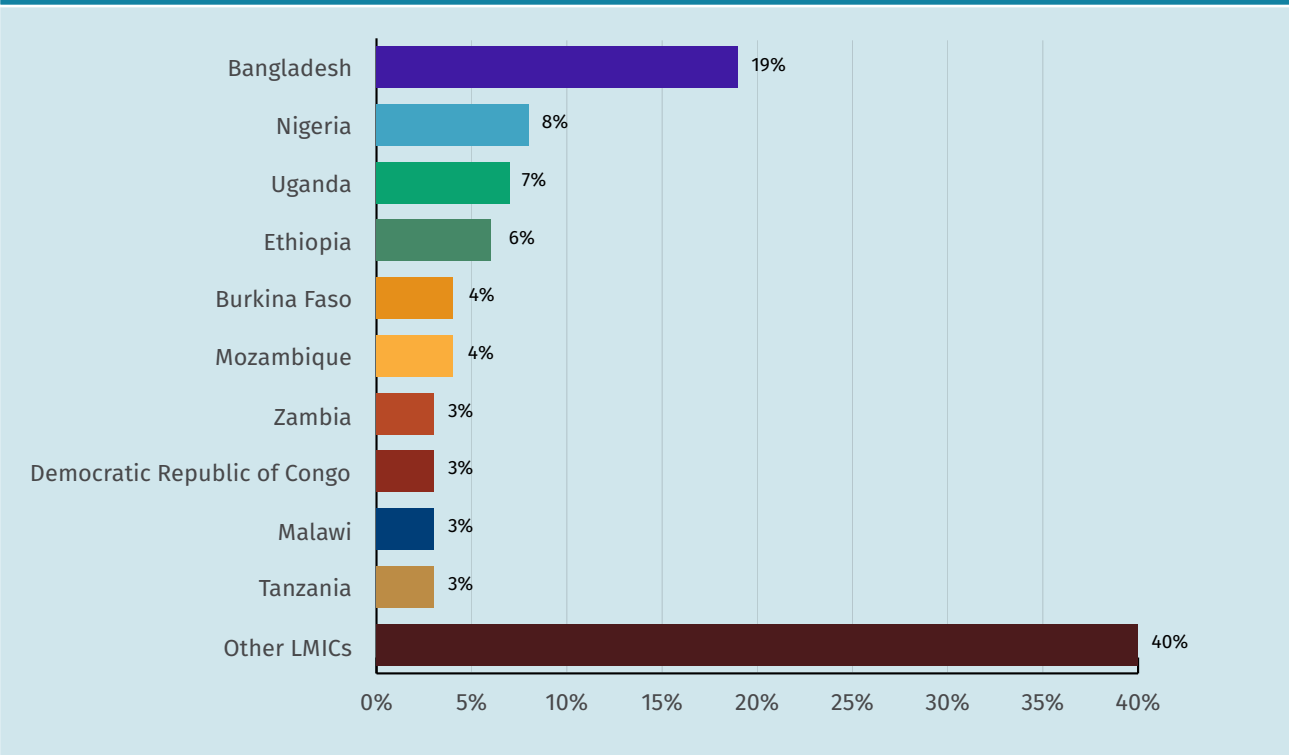
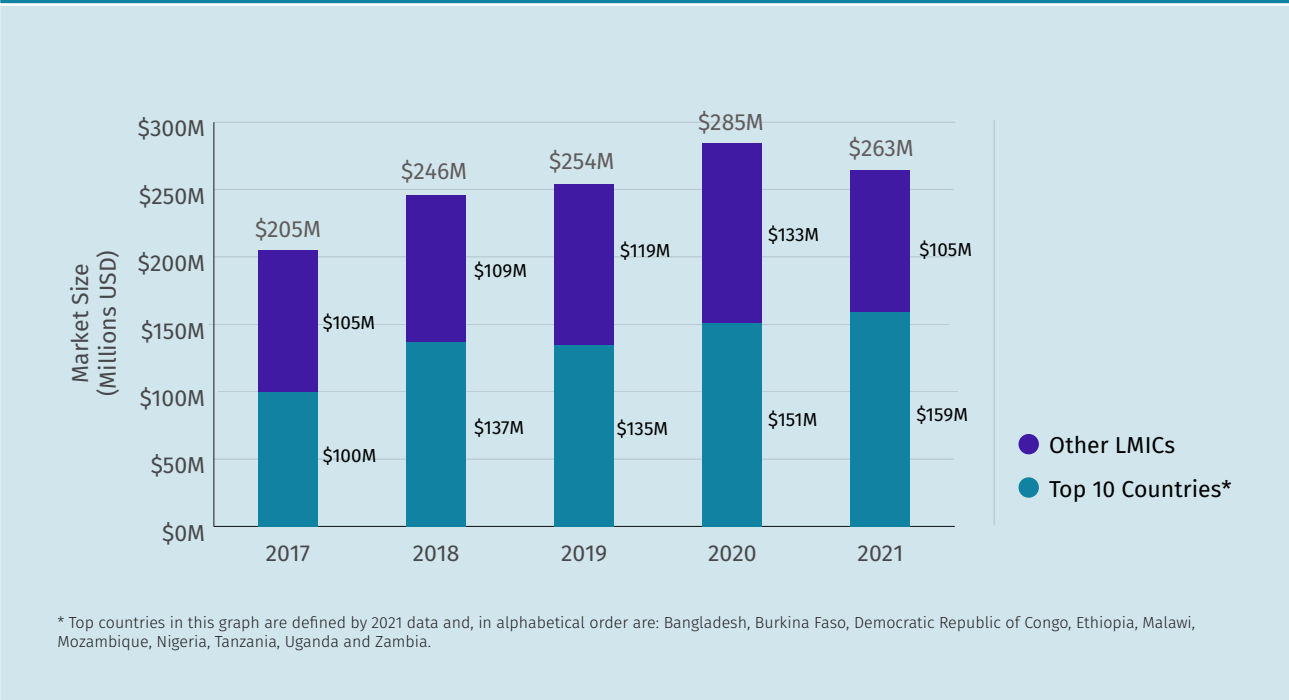


Exhibit 9: Value of 10 largest public-sector countries compared to value of all other countries combined



Note: Some differences exist in the historical data for 2017-2020 in this version of the report versus previous versions due to the different geographic scope of the report this year (83 LMICs) v. last year (69 FP2020 focus countries), the transition from RHI to RH Viz for male condom data, as well as a few supplier-reported revisions to historical data, based on updated information.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2022; [3] UNFPA Contraceptive Price Indicator, 2017-2021.

# GLOBAL PROCURER SPEND ANALYSIS

This section focuses on data<sup>10</sup> from the Procurement Services Branch of UNFPA and USAID's "Overview of Contraceptive and Condom Shipments" report and is aimed at understanding historical contraceptive procurement spend by the two major global procurers in the public-sector markets of the 83 LMICs.

**UNFPA SPEND ON CONTRACEPTIVES DECLINED SHARPLY IN FY2021 AFTER PEAKING DURING THE 2017-2021 PERIOD IN FY2020. USAID'S SPEND ALSO DECREASED FROM FY2020 TO FY2021 BUT REMAINED WITHIN THE TYPICAL FLUCTUATION RANGE SEEN OVER THE FIVE-YEAR PERIOD FROM 2017-2021.**

UNFPA's total spend on contraceptive procurement (across both UNFPA program procurement as well as third-party procurement) decreased from \$163 million in FY2020 to \$108 million in FY2021, a reduction of 34 percent (Exhibit 10).<sup>11</sup> However, UNFPA's FY2021 spend on contraceptive procurement was still higher than the five-year low of \$97 million in 2017 (Exhibit 10). The decline in UNFPA's FY2021 spend on contraceptive procurement was anticipated given substantial changes to the UNFPA funding landscape that year. In particular, due to the economic challenges posed by COVID-19, the United Kingdom announced significant cuts to its funding for Official Development Activities (ODA) in 2021, which included an approximate 85 percent cut in its funding to UNFPA Supplies.<sup>12</sup> Other governments (such as the French and American)<sup>13</sup>, foundations, and private donors did step in to mitigate the impact of these funding cuts; however these contributions were not sufficient to meet all programmatic needs and fully close the funding gap in 2021.<sup>14</sup>

While overall UNFPA contraceptive procurement spend decreased significantly from FY2020 to FY2021, third-party procurement as a percentage of the total UNFPA spend increased from 9 percent in FY2020 to 20 percent in FY2021. Specifically, third-party procurement increased by approximately \$7 million (+50 percent) while program procurement decreased by approximately \$62 million (-42 percent) from FY2020 to FY2021. Between FY2017-FY2021, third-party procurement as a percentage of total annual UNFPA spend for LMICs has fluctuated between 10 and 20 percent each year.

For USAID, the annual value of contraceptive procurement in FY2021, excluding male and female condoms,<sup>15</sup> was \$35 million, down by 24 percent from FY2020 (Exhibit 11).<sup>16</sup> USAID spend has fluctuated yearly between \$34 million to \$50 million from FY2017-FY2021. USAID spend in FY2021 falls within this range. The 2021 USAID Overview of Contraceptive and Condom Shipments report highlights a few key drivers of the downward trend from FY2020 to FY2021 including shifts in country funding sources (e.g., shifts towards increased domestic financing in certain countries), fluctuations due to procurement cycles, and the COVID-19 pandemic. USAID spend on contraceptive procurement remains decentralized and determined by country missions. As mentioned in the USAID report, USAID missions in certain countries may be submitting fewer requests for contraceptive procurement funding as USAID continues to implement its "Journey to Self-Reliance".<sup>17</sup>

10 Prior to the publication of the 2018 Family Planning Market Report, CHAI and RHSC leveraged data from RHI for global procurer spend analysis. Since then, the Family Planning Market Reports have utilized data from the Procurement Services Branch of UNFPA and from USAID's annual "Overview of Contraceptive and Condom Shipments" reports.

11 Decline in global procurer spend from 2020 to 2021 is greater than the decline seen in public-sector market value for the 83 LMICs based on the supplier shipment data in part because the supplier shipment data includes procurement for countries like Bangladesh and India that utilize some domestic financing for contraceptive procurement, which is funding that is not captured in the global procurer spend data. Additionally, the supplier shipment analysis utilizes the UNFPA Contraceptive Price Indicator pricing to calculate total market value as it is a publicly available regularly updated data source, even though there may be some variation in actual pricing based on the country, product, etc.

12 <https://www.unfpa.org/press/statement-uk-government-funding-cuts>

13 <https://www.unfpa.org/press/support-france-safeguard-health-and-lives-millions-women-and-girls?page=27>, <https://www.state.gov/u-s-engagement-with-the-un-population-fund-unfpa/>

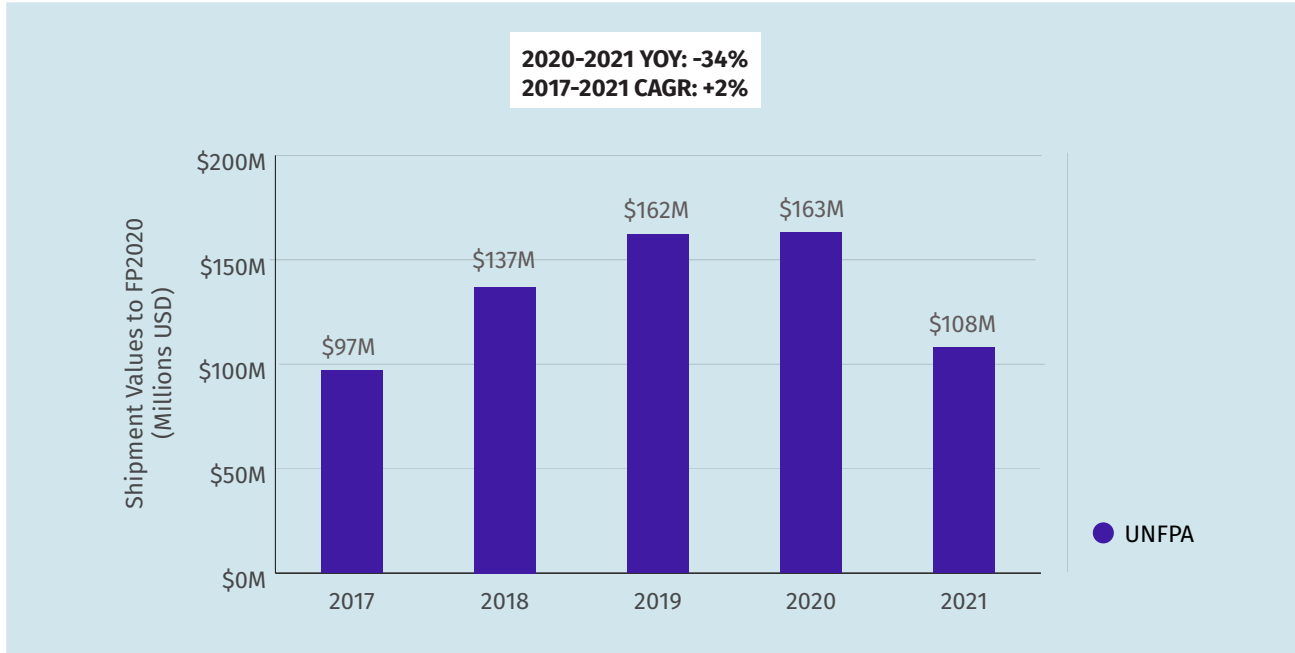
14 <https://www.unfpa.org/unfpa-supplies-annual-report-2021>

15 USAID data on contraceptive shipments is taken from the "Overview of Contraceptive and Condom Shipments FY2021 report". The FY2021 report is reflective of family planning funding and does not include HIV/AIDs funded condoms; thus, we have excluded female and male condom values for FY2017 to FY2021 to compare a consistent data set across years. The USAID report is available here: [https://www.usaid.gov/sites/default/files/documents/CC\\_FY21.pdf](https://www.usaid.gov/sites/default/files/documents/CC_FY21.pdf)

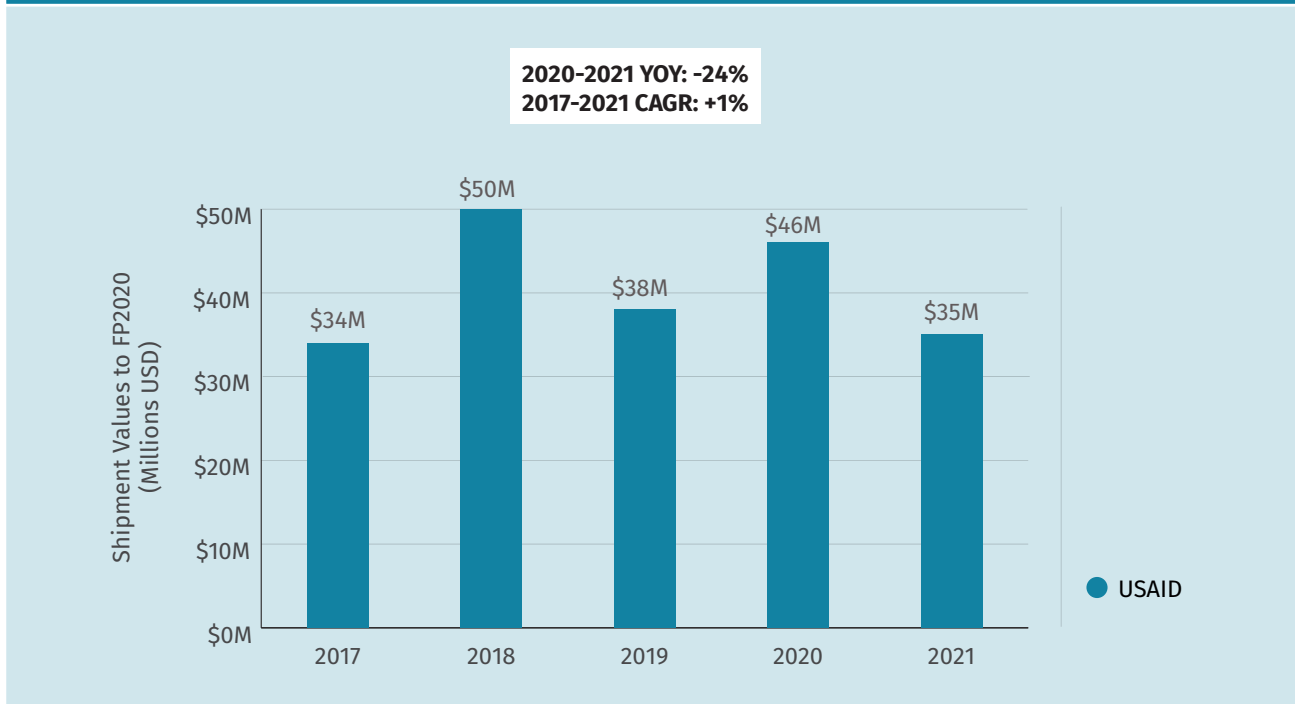
16 USAID Fiscal Year (FY) runs from Oct. 1 to Sept. 30. Since FY2018, USAID has shared data in the "Overview of Contraceptive and Condom Shipment" reports based on the year in which orders are delivered, rather than shipped to countries.

17 USAID's "Journey to Self-Reliance" strategy fosters cooperation with host country governments to strengthen local capacities, mobilize public and private revenues, and accelerate enterprise-driven development. Additional information is available here: <https://www.usaid.gov/documents/1870/journey-self-reliance-fact-sheet>

**Exhibit 10: UNFPA procurement value – contraceptives to LMICs (in USD)**



**Exhibit 11: USAID procurement value (excluding male and female condoms) – contraceptives to LMICs (in USD)**



Sources: [1] UNFPA Procurement Services Branch data FY2017 - FY2021; [2] USAID "Overview of Contraceptive and Condom Shipments" reports, FY 2017 - FY2021.



**WHILE GLOBAL PROCURER SPEND ON CONTRACEPTIVE PROCUREMENT FELL IN FY2021 LARGELY DRIVEN BY 2021 FUNDING CUTS TO UNFPA SUPPLIES, SOME REBOUND IS ANTICIPATED FOR FY2022 AND POTENTIALLY SUBSEQUENT YEARS.**

UNFPA has been actively fundraising for FY2022 and subsequent years to counter the decline in contraceptive procurement spend seen in FY2021, which was primarily due to the 2021 United Kingdom's Foreign, Commonwealth and Development Office (FCDO) funding cuts. Based on these efforts, it appears likely that the UNFPA budget will rebound going forward, more in line with pre-2021 levels. For example, as part of its forward-looking integrated budget, UNFPA indicated that overall UNFPA income projections for FY2022-FY2025 are anticipated to be in line with actual contributions received over 2018-2021.<sup>18</sup> The average UNFPA spend on contraceptive procurement from FY2018-FY2021 as per Exhibit 10 was approximately \$142 million per year. Thus, assuming UNFPA contraceptive procurement follows suit with the overall UNFPA income projections, that would imply a rebound of average annual UNFPA contraceptive procurement spend above the FY2021 level over the next few years.

However, given the challenging economic context in countries, some uncertainty regarding longer-term donor funding remains. For example, in Nov 2022, the United Kingdom announced a \$2.05 billion cut to its aid budget, with further cuts anticipated in the following year.<sup>19</sup> This is the third time in three years that the aid budget

has contracted due to a fraught economic situation in the country. It is not yet certain which areas or regions will be most affected by these cuts, but it is understood that International Development Minister Andrew Mitchell wants to prioritize protecting spending on humanitarian aid, and women and girls.<sup>20</sup>

USAID spend on contraceptive procurement has fluctuated within a relatively stable range from FY2017-FY2021.<sup>21</sup> Missions will continue to determine the level of contraceptive procurement spend in individual countries and USAID will continue to work towards increased levels of domestic financing as part of its "Journey to Self-Reliance" strategy.

Looking forward, considering the anticipated contraceptive demand growth trajectory, the funding requirement for contraceptive procurement is likely to continue to increase. FP2030 estimates the percentage of women with an unmet need for modern methods of contraception is approximately 15 percent across LMICs in 2021.<sup>22</sup> In addition to current needs, RHSC's LEAP (Landscape & Projection of Reproductive Health Supply Needs) analysis suggests that the total number of contraceptive users in LMICs will increase by 88 million users in 2030 as compared to 2019.<sup>23</sup> Therefore, the demand for contraception will likely continue to grow, which will also drive the need for increased contraceptive procurement funding over time across different funding streams as well as the need for continued efforts to enhance contraceptive availability and accessibility.

18 <https://www.unfpa.org/press/statement-executive-director-unfpa-integrated-budget-2022-2025-second-regular-session>

19 <https://www.devex.com/news/uk-aid-faces-third-major-cut-in-3-years-with-1-7b-to-be-cut-104513>

20 Same as above, note 19.

21 President Biden released his FY2023 budget request to Congress on Mar 28, 2022. Bilateral FP/RH funding included in this request totaled \$572 million, which constitutes a 9 percent increase above the FY22 approved funding level. Proposed funding for UNFPA increased to \$56M over the \$32.5 million enacted in FY22. On June 28, 2022, the House Committee on Appropriations released its FY2023 State, Foreign Operations, and Related Programs (SFOPs) appropriations bill report, proposing funding increases above the Administration's budget request. The bilateral FP/RH funding included in this bill totaled \$830 million, with a total of \$70 million in funding allocated for UNFPA. On July 28, 2022, the Senate Appropriations Committee released its version of the FY2023 SFOPs appropriations bill, proposing \$710 million in bilateral FP/RH funding and \$60 million in funding for UNFPA. At the time of writing, budget conversations were ongoing. Information available at: <https://www.kff.org/news-summary/white-house-releases-fy-2023-budget-request/>; <https://www.kff.org/news-summary/house-appropriations-committee-releases-the-fy23-state-and-foreign-operations-sfops-appropriations-bill/> and <https://www.kff.org/news-summary/senate-appropriations-committee-releases-fy23-state-and-foreign-operations-sfops-and-labor-health-and-human-services-labor-hhs-appropriations-bills/>

22 FP2030 Measurement Report 2021

23 Weinberger M, Eva G, Gold J, Bellows N, Reidy M, Sanders R, and Skibiak J. LEAP: Landscape and Projection of Reproductive Health Supply Needs. Reproductive Health Supplies Coalition 2021. Report available at <https://leap.rhsupplies.org/#/contraception>

# HIGHLIGHTS FROM DISCUSSION WITH KEY STAKEHOLDERS

## A NUMBER OF SUPPLIERS, DONORS, AND OTHER SRH PARTNERS WERE CONSULTED TO DISCUSS THE TRENDS OBSERVED IN THIS REPORT.

In discussing the 2017-2021 market trends, stakeholders were not surprised by the contraction of the public-sector market seen from 2020 to 2021 given the sizeable FCDO funding cuts to UNFPA announced for 2021. Stakeholders expressed an appreciation for the SRH community's efforts to mitigate the impact of these significant funding cuts. Examples of such efforts included the following: the SRH community, with the help of the Global Family Planning Visibility & Analytics Network (VAN),<sup>24</sup> identified countries with the greatest contraceptive needs and mobilized resources to address these needs; USAID committed an additional \$17.5 million to help fill supply gaps in 10 countries; and UNFPA Supplies mobilized an additional \$8.8 million in total resources during the year.<sup>25</sup>

To mitigate the impact of the FCDO UNFPA funding shortfall, other donors, such as France and the United States, also increased their own commitments to UNFPA.<sup>26</sup>

While stakeholders acknowledge that 2021 was a uniquely challenging year for contraceptive procurement funding, looking forward, they indicated that the funding outlook for contraceptive procurement was likely to improve and move toward pre-2021 levels. Learning from the experiences of 2021, stakeholders also recommended that UNFPA strive for greater budget smoothing over multiple years, if possible, which would make it more resilient to unexpected changes in the funding landscape.

In addition to the funding disruptions and learnings highlighted, stakeholders also shared additional factors that shaped contraceptive procurement trends. For example, the delivery delays and longer lead times first observed in 2020 continued into 2021 due to international transport instability caused by the COVID-19 pandemic.<sup>27</sup> While the analysis reflected in this report focuses specifically on contraceptive commodity costs and spend, another challenge underlined by stakeholders was the relatively higher cost of freight and transport during the COVID-19 pandemic. For example, USAID reported a significant increase in freight costs, amounting to an average increase of 3 percent

for sea freight and 24 percent for air freight over pre-pandemic costs.<sup>28</sup>

Stakeholders also highlighted product-specific trends. The increasing share of implants as a percentage of CYPs shipped resonated with stakeholders, given their experiences and market intelligence on the growing demand for implants and the growing implant share as a percentage of the method mix seen in many countries. Stakeholders were also excited to see hormonal IUDs included in the Family Planning Market Report for the first time as the method now begins to scale up in targeted LMICs. They were also eager to understand the interplay between the hormonal IUD and copper IUD markets over time. For example, initial anecdotal findings from some countries in the initial stages of the introduction of the method have indicated that areas rolling out hormonal IUDs may also potentially see reinvigorated interest in copper IUDs. This will be a key dynamic to monitor in the coming years as hormonal IUD continues to scale up.

Finally, stakeholders also noted that while the Family Planning Market Report provides a useful overview of contraceptive procurement, it does not necessarily provide a view into the distribution or consumption of contraceptives in countries.<sup>29</sup> While the market value of contraceptive procurement decreased from 2020 to 2021, the supplier shipment data cannot be used to infer how family planning consumption in countries changed from 2020 to 2021, since consumption is impacted by a range of additional factors such as distribution and supply chain logistics in country, provider awareness and training, and end-user access to health services. Therefore, the procurement data and trends from the Family Planning Market Report should not be confounded with consumption data and trends.

The global COVID-19 pandemic and tough economic context over the past few years created a uniquely challenging environment for contraceptive procurement in 2021 and it will be important to continue to monitor key economic trends going forward. Overall, though, stakeholders remained impressed with the SRH community's resilience and level of collaboration during these challenging times and reiterated the need to sustain strong partnerships and innovation moving forward with the goal of ensuring users have reliable access to effective, quality contraceptive products.

24 <https://www.rhsupplies.org/gfpvan>

25 <https://medium.com/its-about-supplies/how-greater-data-visibility-helped-the-reproductive-health-community-confront-the-challenges-of-f02bdb9324ba>

26 <https://www.unfpa.org/press/support-france-safeguard-health-and-lives-millions-women-and-girls?page=27>, <https://www.state.gov/u-s-engagement-with-the-un-population-fund-unfpa/>

27 <https://www.unfpa.org/updates/international-freight-alert>

28 USAID, response to USAID Office of Inspector General request for information, August 2021. Available at: <https://oig.usaid.gov/sites/default/files/2021-11/COVID-19%20Information%20Brief%204.pdf>

29 As stated in the 2016 RHSC Commodity Gap Analysis, general procurement trends "may also reflect a number of factors in addition to user consumption such as the volume necessary to fill supply pipelines and maintain adequate inventory levels from central warehouses to individual service delivery points. Procurement quantities may take into account the volume of supplies already present or on order, inventory holding policies along the supply chain, and wastage or "leakage" of supplies at various levels. Constraints on funding, price, incentives, plans to expand programs in the future, and preferences by donors or the government itself for particular methods or products may also influence what type and what volume of supplies to procure." Link available at (following page): [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/Global\\_Contraceptive\\_Gap\\_Analysis\\_2016.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/Global_Contraceptive_Gap_Analysis_2016.pdf)

# GLOBAL MARKETS VISIBILITY PROJECT ACKNOWLEDGEMENTS

## About the Global Markets Visibility Project

The Global Markets Visibility Project is a landmark initiative that has provided the reproductive health community with detailed assessments of the public-sector family planning market across the 69 FP2020 focus countries (and, this year, all LMICs) since 2015. The initiative provides insightful and strategic outputs for donors, MOHs, implementing organizations, and suppliers to develop and implement more effective strategies to enable users in the LMICs to access family planning products and services.

This report is a collaboration between CHAI and the RHSC. The initial 2015 report comprised of data from 11 manufacturers. Each manufacturer entered a formal MOU with CHAI or provided their information through collaborations with the then Generic Manufacturers Caucus for Reproductive Health (GEMs) and i+solutions. Since then, coverage has expanded, and today there are 17 suppliers participating in the project.

## Market Definition, Scope, and Coverage

The total public-sector market referenced in this report only includes data for the public sector, which is defined as volumes purchased by public sector procurers such as the United States Agency for International Development (USAID) and United Nations Population Fund (UNFPA), ministries of health, government affiliated procurers as well as social marketing organizations (SMOs).

Although significant efforts have been made to collect as much data as possible, it should be noted that the data in this report may not represent the entirety of contraceptive procurement for the public sector. This report includes data from most, but not all, suppliers associated with these markets.

## About the Participating Suppliers

*(in alphabetical order)*

### Bayer

Bayer is a Germany-based life science company with core competencies in health care and agriculture. Its contraceptive product portfolio includes contraceptive implants, hormonal IUD, oral contraceptives, and injectables.

### Cipla

Cipla Limited is an India-based generic manufacturer with over 1,500 products in the areas of respiratory diseases, HIV/AIDS, malaria, MDRTB, and reproductive health. Its contraceptive product portfolio includes emergency contraceptives and combined oral contraceptives. It also manufactures misoprostol.

### Corporate Channels

Corporate Channels India Pvt. Ltd. (CCIPL) is a manufacturer of female contraceptive devices based in India, since 1993. CCIPL's contraceptive product portfolio includes several IUDs (EVE'S Copper T380A, TCu380A Ultra Loadezy, PPIUD, Cu 375, and Cu375SL) that provide long-acting reversible contraception, and Tubal Rings<sup>30</sup> that provide permanent contraception for women.

CCIPL's Copper T 380A IUD has been prequalified by WHO/UNFPA for global supply, and several products (EVE'S Copper T380A, EVE'S Cu 375 and EVE'S Cu 375 SL) have been CE marked.

### CR Zizhu

China Resources Zizhu Pharmaceutical Co., Ltd. (CR Zizhu) is a manufacturer of reproductive health products based in China. Its contraceptive product portfolio includes emergency oral contraceptives and combined oral contraceptives. CR Zizhu also manufactures misoprostol and several APIs including levonorgestrel.

### Cupid

Cupid Limited is a manufacturer of both male and female condoms based in India. Its services include contract manufacturing (e.g., Playboy condoms, Trust condoms) and research and development, as well as the marketing and manufacturing of its own branded products.

## Female Health Company

Female Health Company is the global public sector division of Veru Healthcare focusing on urology and oncology, headquartered in Miami, Florida, USA.

The Female Health Company is the manufacturer of the FC2 female condom and focuses on the global public health sector business. FC2 is approved by the US FDA and WHO pre-qualified for offering dual protection against sexually transmitted infections and unintended pregnancy.

## Incepta

Incepta Pharmaceuticals Ltd. is a pharmaceutical company based in Dhaka, Bangladesh that manufactures and markets generic drugs. Incepta has a portfolio of more than 600 generic products in 1,100+ presentations, across various therapeutic areas. Incepta currently exports its products to 83 countries around the world. Its contraceptive product portfolio includes oral (combined and progestin only) and injectable contraceptives.

## Medicines360

Medicines360 is a U.S.-based, nonprofit global women's health pharmaceutical company that seeks to catalyze equitable access to medicines and devices through product development, policy advocacy, and collaboration with global and U.S. partners. Medicines360's portfolio consists of a hormonal IUD marketed as Avibela in LMICs and Liletta in the U.S.

## Organon & Co.

Organon & Co. is a U.S.-based healthcare company. Its contraceptive product portfolio includes contraceptive implants (Implanon NXT, which includes a prefilled sterile applicator), oral contraceptives (Exluton and Marvelon) for LMICs' public-sector markets, and oral contraceptives (Cerezette, Exluton, Marvelon, Mercilon, and for USA/CAN Zoely), contraceptive implants (Implanon NXT) and the contraceptive vaginal ring (NuvaRing) for other markets.

## Pfizer

Pfizer is a U.S.-based healthcare company. Its contraceptive product portfolio includes 3-month injectable DMPA IM (Depo-Provera) and 3-month injectable DMPA SC (Sayana Press).

## Pregna

Pregna is a manufacturer of contraceptive products based in India. Its contraceptive product portfolio includes hormonal IUD (Eloira), copper IUDs, and tubal rings used for female sterilization.

## PT Tunggal

PT Tunggal Idaman Abdi (PT Tunggal) is a pharmaceutical company based in Jakarta, Indonesia, with a focus on reproductive healthcare. Its contraceptive product portfolio includes a monthly injectable, a three monthly injectable, a combined oral contraceptive, and an emergency oral contraceptive. Today, PT Tunggal exports to over 60 countries and in August 2021, its three monthly injectable Triclofem received WHO prequalified status.

## Renata

Renata is a pharmaceutical company based in Bangladesh. Its contraceptive product portfolio includes combined oral contraceptives, progestin-only oral contraceptives, and emergency oral contraceptive pills.

## Shanghai Dahua

Shanghai Dahua Pharmaceutical Co., Ltd (Dahua) is a manufacturer of contraceptive implants based in China. On June 30th, 2017, the World Health Organization (WHO) pre-qualified Dahua's Levoplant (formerly known as Sino Implant II) for three years of use.

## SMB

SMB is a manufacturer of medical devices, including copper IUDs and surgical sutures, based in India. Its key contraceptive products are IUDs, including Copper T 380A, TCu 380Ag, TCu 380 Plus, and SMB Cu 375.

## Techno Drugs

Techno Drugs Ltd. is a manufacturer of both human and veterinary medicines based in Bangladesh. Its contraceptive product portfolio includes combined oral contraceptives, implants, and injectables. For injectables, Techno Drugs served as a supplier to Helm AG previously.

## Viatris (Mylan)

Viatris (Mylan) is a U.S. based healthcare company with over 7,500 marketed products. Its contraceptive product portfolio includes oral solids, injectables, and devices.

# APPENDICES

## APPENDIX A - 83 LMICs: MARKET VOLUMES BY METHOD<sup>31</sup> AND COUNTRY, 2017–2021

Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017					
Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	16,665,410	9,800	59,600	100,000	365,200
Algeria	–	–	–	–	1,488,982
Angola	12,000,000	22,000	530,600	18,000	1,807,419
Bangladesh	1,195,200	400,000	6,258,000	–	86,252,000
Belize	–	–	–	–	–
Benin	368,399	34,900	30,600	–	–
Bhutan	–	–	–	–	–
Bolivia	2,001,600	94,600	50,400	–	30,000
Burkina Faso	15,050,020	95,300	481,200	–	3,741,150
Burundi	–	–	17,500	–	169,980
Cabo Verde	–	–	–	–	254,880
Cambodia	1,929,600	40,056	900,000	60,000	7,082,236
Cameroon	6,658,400	95,200	327,000	41,500	298,080
Central African Republic	268,999	–	–	–	95,040
Chad	–	–	–	–	–
Comoros	1,267,200	2,520	40,000	150	60,480
Congo Dem Rep	840,000	364,828	2,143,580	–	1,380,220
Cote d'Ivoire	11,992,968	196,600	243,000	8,000	6,521,413
Djibouti	–	–	–	–	6,480
El Salvador	7,210,720	10,858	209,800	7,182	225,960
Eritrea	8,640,000	12,500	100,000	–	112,560
Ethiopia	57,600,000	1,107,134	7,436,988	440,000	10,794,948
Gambia	5,371,200	16,488	110,000	1,500	235,440
Ghana	–	250,256	106,000	11,500	3,183,960
Guinea	158,136	100,000	–	–	30,240
Guinea-Bissau	6,972,620	27,300	2,500	–	2,160
Haiti	69,455,900	4,116	863,400	–	647,304
Honduras	3,024,000	1,440	21,000	6,000	1,641,840
India	–	–	1,047,488	522,885	2,262,311
Indonesia	–	–	–	–	–
Kenya	229,000	408,781	437,376	126,000	7,921,836
Kiribati	–	–	–	–	–

<sup>31</sup> Female condoms are aggregated with male condoms and hormonal IUDs are aggregated with copper IUDs by country in order to protect data confidentiality.

Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Kyrgyz Republic	–	–	–	–	–
Lao PDR	1,929,000	65,808	76,800	–	701,040
Lesotho	14,001,000	31,200	165,000	–	176,400
Liberia	2,853,000	36,100	319,000	–	5,760
Madagascar	–	256,618	3,012,800	295,019	1,288,800
Malawi	21,759,000	167,408	1,000,000	36,500	236,700
Mali	17,255,400	209,728	293,000	26,000	210,240
Mauritania	–	10,404	88,600	1,500	295,920
Mongolia	8,488,800	800	–	53,000	350,160
Morocco	–	720	–	–	10,000,001
Mozambique	56,748,000	60,016	1,373,600	23,600	3,278,160
Myanmar	35,136,646	18,936	6,108,125	200	16,446,928
Nepal	16,701,000	211,800	641,000	74,000	4,015,160
Nicaragua	2,911,680	504	–	–	50,000
Niger	979,200	54,100	499,000	7,920	437,040
Nigeria	44,137,000	665,160	3,316,700	–	1,229,445
Pakistan	512,480	900	–	495,960	123,840
Papua New Guinea	669,600	30,000	22,000	4,000	82,720
Philippines	–	–	–	–	–
Rwanda	1,631,200	84,062	8,200	13,200	68,400
Samoa	–	–	–	–	–
Sao Tome and Principe	1,108,800	300	28,000	–	98,100
Senegal	–	67,864	160,000	–	139,140
Sierra Leone	19,728,000	230,400	332,650	16,000	1,087,240
Solomon Islands	–	–	–	–	–
Somalia	–	2,500	3,500	–	–
South Sudan	11,340,000	25,016	150,000	–	20,000
Sri Lanka	4,056,620	65,500	–	50,000	3,589,760
Sudan	–	36,936	–	6,000	2,123,400
Tajikistan	4,687,200	–	142,000	–	613,440
Tanzania	4,320,180	798,920	2,830,850	177,000	2,885,763
Timor-Leste	1,080,000	20,000	–	–	–
Togo	8,466,200	67,388	140,000	5,000	25,002
Tunisia	1,000,800	–	–	–	–
Uganda	–	297,652	3,895,400	251,000	249,520
Ukraine	–	–	–	–	–
Uzbekistan	13,217,540	–	–	–	718,989

Exhibit A.1: 83 LMICs - Contraceptive market volumes by method, 2017

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Vanuatu	-	-	-	-	-
Vietnam	21,816,000	12,636	1,196,500	1,239,531	-
Western Sahara	-	-	-	-	-
Yemen	5,304,960	64,288	445,000	-	-
Zambia	16,389,600	161,800	3,418,650	-	3,528,960
Congo	2,160,000	20,376	32,000	500	720
DPR Korea	-	-	-	-	-
Egypt	-	40,032	-	375,045	-
Eswatini	32,415,000	18,406	107,650	5,017	-
Iran	120,000	-	-	73,600	-
Micronesia	-	-	-	-	-
State of Palestine	1,944,000	-	-	-	-
Syria	1,440,000	-	-	7,500	-
Zimbabwe	64,653,000	60,496	1,399,200	10,000	12,716,941
Other LMIC Shipments	5,859,600	1,058,100	5,912,600	308,145	23,003,805
<b>Total Volumes</b>	<b>675,719,880</b>	<b>8,247,551</b>	<b>58,533,857</b>	<b>4,897,954</b>	<b>226,409,613</b>

### Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	–	16,500	307,750	–	224,480
Algeria	5,037,980	–	–	–	10,080
Angola	26,601,000	–	529,750	–	–
Bangladesh	12,355,200	793,064	15,194,000	720,000	105,801,680
Belize	864,000	–	20,000	3,000	45,360
Benin	12,966,000	38,100	38,000	–	2,250
Bhutan	–	–	–	–	–
Bolivia	–	73,300	200,000	10,000	230,022
Burkina Faso	11,720,400	342,940	246,400	–	3,398,400
Burundi	22,039,200	4,000	126,400	–	415,332
Cabo Verde	2,000,160	3,000	–	–	201,600
Cambodia	3,427,200	46,392	700,000	30,000	11,986,296
Cameroon	9,633,600	112,952	338,000	3,500	100,000
Central African Republic	12,960,000	4,800	108,200	738	39,648
Chad	1,008,000	38,846	187,000	–	5,000
Comoros	1,180,800	–	–	–	3,000
Congo Dem Rep	49,969,750	399,170	1,343,100	–	370,560
Cote d'Ivoire	25,420,800	139,088	474,800	23,000	3,867,676
Djibouti	396,000	3,200	70,400	–	–
El Salvador	1,255,968	–	386,100	–	581,040
Eritrea	–	2,200	100,000	–	10,025
Ethiopia	35,004,720	1,205,446	7,753,455	600,000	7,896,030
Gambia	–	1,400	160,500	1,000	660,816
Ghana	33,221,400	282,314	2,179,000	30,500	2,827,200
Guinea	9,360,000	–	100,000	–	51,360
Guinea-Bissau	10,310,400	–	6,600	–	42,120
Haiti	85,745,640	34,016	1,827,000	2,000	100,212
Honduras	24,012,000	1,000	107,000	1,100	74,880
India	–	–	102,000	3,223,328	366,065
Indonesia	–	–	–	852,430	–
Kenya	2,000,000	379,232	470,124	101,225	12,791,937
Kiribati	–	–	–	–	–
Kyrgyz Republic	1,432,800	–	–	220,800	–
Lao PDR	600,000	–	242,000	12,500	660,600
Lesotho	8,192,600	7,644	15,000	10,000	116,682
Liberia	1,180,800	35,000	705,200	–	32,400
Madagascar	5,001,000	325,344	4,866,200	500	204,800
Malawi	166,785,600	223,260	4,947,825	–	1,250,484



Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Mali	13,067,620	56,576	1,578,800	8,757	1,063,635
Mauritania	–	5,700	86,800	–	87,840
Mongolia	5,508,000	6,200	–	28,000	420,000
Morocco	–	–	–	–	–
Mozambique	86,133,400	231,648	3,291,800	97,816	51,120
Myanmar	49,103,686	88,540	2,889,125	54,200	14,847,143
Nepal	13,197,480	176,000	2,170,400	60,000	3,299,530
Nicaragua	11,164,300	2,854	–	12,000	–
Niger	849,600	170,940	914,200	–	658,002
Nigeria	42,934,272	1,023,764	4,731,600	151,800	2,146,764
Pakistan	758,016	10,000	100,000	486,525	–
Papua New Guinea	6,112,800	60,000	5,000	9,964	424,967
Philippines	2,397,600	–	–	50,450	–
Rwanda	31,860,800	256,072	862,200	11,000	55,680
Samoa	–	–	–	–	–
Sao Tome and Principe	1,112,832	500	26,000	–	67,080
Senegal	16,566,000	186,336	–	7,000	–
Sierra Leone	–	151,033	972,800	25,500	435,480
Solomon Islands	–	–	–	–	–
Somalia	72,000	15,240	100,000	–	–
South Sudan	2,476,000	54,000	340,000	–	610,080
Sri Lanka	–	500	–	50,000	2,119,680
Sudan	720,000	51,264	–	4,000	–
Tajikistan	–	–	138,000	100,500	595,224
Tanzania	2,868,000	810,780	2,067,300	23,600	1,273,980
Timor-Leste	–	3,900	–	–	–
Togo	21,247,832	75,264	118,400	–	164,154
Tunisia	2,001,600	–	–	–	–
Uganda	124,701,400	811,576	5,469,525	248,500	4,369,950
Ukraine	21,033,000	–	–	–	–
Uzbekistan	–	–	–	–	–
Vanuatu	–	–	–	–	–
Vietnam	21,816,000	–	–	925,250	–
Western Sahara	–	–	–	–	–
Yemen	1,303,200	37,440	1,093,600	51,700	30,000
Zambia	93,849,400	115,096	1,855,950	–	7,399,200
Congo	–	10,000	–	86,000	12,120
DPR Korea	–	–	–	–	–

Exhibit A.2: 83 LMICs - Contraceptive market volumes by method, 2018

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Egypt	–	160,046	–	3,774,650	–
Eswatini	–	–	–	–	–
Iran	–	–	–	–	–
Micronesia	–	–	–	–	–
State of Palestine	–	–	–	5,000	–
Syria	1,440,000	–	–	40,000	–
Zimbabwe	66,442,460	87,500	1,010,975	25,000	18,265,635
Other LMIC Shipments	4,179,902	1,263,200	7,977,325	156,180	9,714,060
<b>Total Volumes</b>	<b>1,226,600,218</b>	<b>10,434,177</b>	<b>81,651,604</b>	<b>12,339,013</b>	<b>222,479,359</b>

### Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	4,002,000	7,800	617,000	175,800	1,503,896
Algeria	-	-	-	-	-
Angola	15,060,576	-	300,000	-	1,212,002
Bangladesh	1,224,000	265,253	4,383,060	300,000	115,651,300
Belize	-	10,000	15,200	-	50,760
Benin	103,000	214,400	125,600	52,000	-
Bhutan	1,584,000	-	-	-	-
Bolivia	10,000	78,500	60,000	-	12,240
Burkina Faso	7,301,000	416,984	1,161,500	41,000	4,800
Burundi	-	130,000	1,080,000	26,050	343,160
Cabo Verde	2,880,000	-	60,000	-	267,120
Cambodia	6,724,800	55,780	750,000	50,000	11,455,614
Cameroon	24,774,470	29,780	40,000	41,100	80,640
Central African Republic	-	738	94,900	13,000	1,615,008
Chad	1,008,000	153,366	379,800	20,000	226,080
Comoros	1,180,800	-	-	500	-
Congo Dem Rep	46,256,800	907,864	3,128,810	211,384	2,297,938
Cote d'Ivoire	25,732,600	180,376	692,050	33,000	2,906,090
Djibouti	288,000	-	-	-	218,160
El Salvador	3,049,000	-	160,000	-	84,672
Eritrea	-	17,300	100,000	-	10,800
Ethiopia	11,628,720	1,558,934	8,006,045	55,863	9,009,906
Gambia	2,548,800	69,984	140,000	-	105,840
Ghana	-	390,383	1,596,700	31,653	4,097,860
Guinea	49,433,000	-	666,600	38,000	287,440
Guinea-Bissau	7,557,900	-	22,500	3,000	221,436
Haiti	68,804,640	10,000	2,691,800	-	670,896
Honduras	10,728,000	144	45,000	-	1,200,000
India	-	-	-	814,796	38,100
Indonesia	5,000	-	-	1,093,300	-
Kenya	38,478,000	373,320	80,000	448,930	3,613,720
Kiribati	-	-	-	-	-
Kyrgyz Republic	198,000	-	-	-	-
Lao PDR	1,490,400	-	256,000	-	2,857,608
Lesotho	1,728,000	2,016	65,800	-	117,900
Liberia	13,440,000	9,800	75,000	12,500	-
Madagascar	-	308,616	5,184,400	90,500	1,599,120
Malawi	119,369,000	670,252	6,569,700	-	2,571,300

Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Mali	25,216,560	293,636	256,200	29,000	682,560
Mauritania	5,000	18,580	46,200	-	813,960
Mongolia	180,000	13,800	103,260	103,000	285,600
Morocco	-	-	-	-	-
Mozambique	69,433,000	202,108	4,086,200	31,150	4,518,240
Myanmar	26,785,000	80,100	1,425,000	30,000	16,447,915
Nepal	13,999,870	224,200	349,800	-	2,407,144
Nicaragua	-	5,484	-	-	-
Niger	444,000	116,248	100,000	-	1,416,762
Nigeria	60,693,400	1,217,772	3,450,800	329,216	1,457,740
Pakistan	3,749,600	242,600	204,400	1,226,500	40,320
Papua New Guinea	2,997,800	145,000	572,400	-	479,643
Philippines	2,390,400	200,000	-	-	29,808
Rwanda	15,346,000	213,185	441,000	27,000	956,160
Samoa	-	-	-	-	-
Sao Tome and Principe	1,260,376	800	19,000	-	100,080
Senegal	12,218,000	142,056	466,000	72,000	986,580
Sierra Leone	5,589,400	284,900	276,000	57,500	468,720
Solomon Islands	-	-	-	-	-
Somalia	28,800	-	45,000	-	810,000
South Sudan	50,000	-	350,000	-	1,004,400
Sri Lanka	4,913	100,508	-	-	2,119,680
Sudan	-	26,800	146,400	-	6,472,122
Tajikistan	9,572,398	-	166,000	-	717,768
Tanzania	30,880,356	421,154	3,895,300	174,590	4,488,591
Timor-Leste	725,760	10,000	220,000	-	340,704
Togo	26,079,160	79,600	274,400	-	600,192
Tunisia	5,000	-	-	-	-
Uganda	147,135,800	414,360	3,655,140	161,500	436,968
Ukraine	21,382,200	-	-	-	-
Uzbekistan	6,652,800	-	570,000	1,730,000	760,002
Vanuatu	-	-	-	-	-
Vietnam	-	11,000	490,900	476,950	-
Western Sahara	-	-	-	-	-
Yemen	1,449,600	97,708	498,600	128,100	12,694,226
Zambia	60,015,740	94,934	2,884,600	14,800	4,628,694
Congo	-	26,300	19,800	191,405	9,540
DPR Korea	-	-	-	-	74,880

Exhibit A.3: 83 LMICs - Contraceptive market volumes by method, 2019

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Egypt	11,224,800	333,164	–	490,200	–
Eswatini	22,008,000	–	82,999	–	4,500
Iran	–	–	–	–	–
Micronesia	–	–	–	–	–
State of Palestine	1,761,120	–	–	–	–
Syria	1,895,040	–	–	–	–
Zimbabwe	140,329,440	186,600	758,000	48,500	16,751,896
Other LMIC Shipments	5,955,160	456,500	6,291,200	341,900	12,749,040
<b>Total Volumes</b>	<b>1,194,052,999</b>	<b>11,520,687</b>	<b>70,692,064</b>	<b>9,215,687</b>	<b>260,085,841</b>

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	8,783,160	–	42,200	280,974	504,954
Algeria	–	–	–	–	–
Angola	51,788,140	–	500,000	–	1,568,374
Bangladesh	943,200	20,000	14,867,040	2,500	163,162,360
Belize	–	–	–	–	–
Benin	15,000	10,000	762,000	20,000	441,504
Bhutan	–	–	–	–	–
Bolivia	11,000	36,000	50,000	9,500	14,400
Burkina Faso	26,343,300	236,448	3,041,050	98,400	1,565,376
Burundi	18,439,200	193,100	1,176,000	–	336,492
Cabo Verde	13,512,100	5,000	80,000	–	310,356
Cambodia	124,272	43,160	400,000	–	4,406,662
Cameroon	15,854,400	123,340	1,034,400	4,500	603,900
Central African Republic	6,480,000	63,900	214,600	–	171,360
Chad	9,273,800	–	560,000	–	342,120
Comoros	–	500	–	–	–
Congo Dem Rep	77,059,680	1,194,128	966,200	122,000	3,090,000
Cote d'Ivoire	8,642,000	198,000	987,000	28,500	4,758,577
Djibouti	250,880	200	–	–	39,600
El Salvador	10,127,200	–	50,000	–	467,280
Eritrea	–	14,500	4,000	–	162,000
Ethiopia	1,968,240	1,290,093	5,458,646	16,600	2,570,348
Gambia	–	29,000	193,300	–	150,192
Ghana	11,930,400	316,176	2,059,300	98,850	5,960,232
Guinea	291,000	136,800	59,200	–	51,300
Guinea-Bissau	3,024,000	53,400	232,600	–	800,460
Haiti	21,600,000	11,600	–	–	–
Honduras	16,999,200	49,456	690,900	–	–
India	–	–	–	107,884	24,960
Indonesia	–	–	–	1,047,270	–
Kenya	23,732,800	1,527,332	1,360,048	400,750	3,319,772
Kiribati	–	–	–	–	–
Kyrgyz Republic	–	–	–	300	–
Lao PDR	–	–	526,000	–	1,600,488
Lesotho	4,378,600	2,900	129,800	1,500	660,780
Liberia	15,774,000	81,700	363,000	–	780,120
Madagascar	11,334,760	485,114	3,635,300	216,000	5,438,960
Malawi	59,538,600	386,442	4,810,000	11,400	1,400,232

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Mali	2,954,200	297,950	937,300	31,000	30,960
Mauritania	–	3,300	175,600	–	385,344
Mongolia	280,800	11,900	75,000	14,400	495,000
Morocco	–	–	–	–	–
Mozambique	106,529,230	124,700	1,136,900	–	2,654,220
Myanmar	17,952,400	52,232	3,463,620	3,500	13,207,812
Nepal	11,695,970	72,500	10,000	–	365,220
Nicaragua	705,600	6,600	–	6,000	–
Niger	17,894,740	96,256	389,860	51,300	4,400,010
Nigeria	76,046,500	1,491,608	4,234,600	722,299	2,993,913
Pakistan	30,096,000	95,200	–	192,112	443,520
Papua New Guinea	4,266,600	31,000	–	–	–
Philippines	–	403,364	–	30,725	–
Rwanda	31,076,000	46,728	58,200	8,000	1,224,009
Samoa	–	–	–	–	–
Sao Tome and Principe	–	200	17,400	–	2,700
Senegal	9,345,000	125,000	1,007,072	28,760	1,157,409
Sierra Leone	2,932,688	516,100	1,515,000	29,000	1,741,998
Solomon Islands	10,000	–	–	–	–
Somalia	–	–	8,400	–	77,001
South Sudan	8,640,000	–	250,000	2,500	1,531,920
Sri Lanka	–	40,064	30,000	50,000	2,119,680
Sudan	4,320,000	59,944	2,500	6,000	4,651,020
Tajikistan	5,889,600	–	–	160,000	496,944
Tanzania	19,067,140	801,040	2,475,000	192,399	6,231,664
Timor-Leste	4,068,000	19,000	118,000	–	126,000
Togo	20,843,800	15,540	316,400	46,000	–
Tunisia	–	–	–	–	–
Uganda	84,725,600	878,680	2,341,900	138,000	1,915,410
Ukraine	–	–	–	–	–
Uzbekistan	6,854,400	–	279,400	830,000	–
Vanuatu	–	–	40,000	–	–
Vietnam	3,888,000	33,000	146,440	169,350	–
Western Sahara	–	–	–	–	–
Yemen	504,000	67,900	70,000	200,000	5,177,940
Zambia	99,441,200	406,532	3,228,400	118,800	5,095,576
Congo	–	625	21,300	148,600	12,600
DPR Korea	–	–	–	–	–

Exhibit A.4: 83 LMICs - Contraceptive market volumes by method, 2020

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Egypt	1,000	53,000	1,387,600	180,030	–
Eswatini	–	–	–	–	9,900
Iran	–	–	–	–	–
Micronesia	–	–	–	–	–
State of Palestine	3,335,042	–	–	–	–
Syria	5,927,900	–	–	–	–
Zimbabwe	57,873,000	264,444	2,555,400	69,000	13,756,208
Other LMIC Shipments	4,111,600	1,126,600	14,319,600	193,560	21,995,237
<b>Total Volumes</b>	<b>1,059,494,942</b>	<b>13,649,296</b>	<b>84,863,476</b>	<b>6,088,263</b>	<b>297,002,374</b>



### Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	–	52,000	605,200	142,700	3,670,668
Algeria	–	–	–	–	–
Angola	385,000	–	600,000	–	–
Bangladesh	6,220,800	845,885	3,926,560	34,500	178,895,520
Belize	122,400	–	–	–	51,192
Benin	6,000,000	20,000	–	10,000	989,280
Bhutan	–	–	–	–	–
Bolivia	–	30,000	–	–	291,114
Burkina Faso	43,021,480	894,124	520,000	–	5,993,475
Burundi	–	173,200	161,550	30,000	424,800
Cabo Verde	–	10,000	150,000	–	318,528
Cambodia	–	52,040	–	55,000	5,957,011
Cameroon	880,020	79,880	–	30,000	95,040
Central African Republic	7,200,000	–	–	–	317,472
Chad	5,784,480	125,976	300,000	–	296,640
Comoros	–	–	–	–	30,240
Congo Dem Rep	196,001	781,100	2,187,100	6,000	1,274,037
Cote d'Ivoire	8,260,620	150,880	524,600	29,900	6,698,447
Djibouti	561,024	3,000	9,600	–	–
El Salvador	714,096	–	–	–	277,920
Eritrea	–	35,200	98,400	5,000	171,900
Ethiopia	3,041,400	1,716,725	953,200	488,000	2,253,150
Gambia	2,200,610	3,000	189,000	–	671,310
Ghana	30,495,200	193,192	2,715,600	53,000	4,329,200
Guinea	28,223,800	100,000	300,000	22,000	20,700
Guinea-Bissau	7,404,190	20,000	3,600	–	11,280
Haiti	–	23,000	410,000	–	268,128
Honduras	43,682,360	26,056	692,200	29,490	651,330
India	–	–	–	574,270	–
Indonesia	–	51,132	–	335,800	–
Kenya	–	706,740	312,800	3,575	300,240
Kiribati	–	–	–	–	–
Kyrgyz Republic	1,814,400	–	–	–	–
Lao PDR	–	–	222,000	–	20,700
Lesotho	1,640,040	3,795	252,600	2,500	763,434
Liberia	7,407,000	41,300	177,200	4,000	693,504
Madagascar	793,800	194,184	1,510,000	9,500	4,416,048
Malawi	145,520,300	358,416	2,008,000	20,100	218,880

### Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Mali	46,485,520	183,505	778,800	17,000	437,040
Mauritania	3,499,200	19,600	65,400	51,500	355,338
Mongolia	187,200	6,000	41,250	49,000	286,000
Morocco	-	-	-	-	-
Mozambique	78,397,400	386,696	2,279,000	8,750	1,967,202
Myanmar	37,621,290	24,640	269,380	-	9,473,857
Nepal	9,252,000	130,000	2,470,000	-	4,975,504
Nicaragua	4,896,000	600	85,000	-	276,066
Niger	-	151,000	838,000	50,500	1,774,224
Nigeria	102,328,200	1,714,504	2,958,775	81,235	1,047,191
Pakistan	18,892,800	246,400	425,000	260,360	1,450,080
Papua New Guinea	2,535,120	25,000	404,000	-	391,878
Philippines	6,451,200	502,917	9,600	-	-
Rwanda	21,467,740	130,016	476,400	2,520	584,424
Samoa	-	-	-	-	-
Sao Tome and Principe	346,320	500	24,000	-	126,720
Senegal	5,505,000	130,084	1,845,200	58,500	813,600
Sierra Leone	13,489,920	349,500	974,900	-	1,189,548
Solomon Islands	-	10,000	-	-	-
Somalia	504,000	18,000	43,000	20,000	194,292
South Sudan	120,000	41,100	150,000	1,000	-
Sri Lanka	1,668,960	104,032	372,800	33,000	-
Sudan	7,552,800	77,400	150,625	35,500	100,080
Tajikistan	10,148,400	7,500	-	-	-
Tanzania	605,000	518,707	1,340,000	25,500	6,057,526
Timor-Leste	-	36,000	122,000	-	139,680
Togo	12,816,000	76,700	60,000	-	48,396
Tunisia	1,512,000	-	-	80,750	-
Uganda	420,326,400	463,564	3,640,200	68,400	2,267,860
Ukraine	-	-	-	30	-
Uzbekistan	-	-	-	534,360	-
Vanuatu	-	-	-	-	-
Vietnam	-	40,000	-	-	-
Western Sahara	-	-	-	-	-
Yemen	-	42,700	-	160,000	-
Zambia	72,474,000	430,900	2,903,600	178,945	3,628,512
Congo	8,640,000	5,100	6,600	406,275	30,600
DPR Korea	-	-	-	-	-

### Exhibit A.5: 83 LMICs - Contraceptive market volumes by method, 2021

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Egypt	–	365,090	–	–	–
Eswatini	–	4,208	72,000	–	–
Iran	–	–	–	–	–
Micronesia	–	–	–	–	–
State of Palestine	–	–	–	1,000	–
Syria	–	–	–	50,000	–
Zimbabwe	50,475,000	173,324	510,000	15,000	3,813,984
Other LMIC Shipments	2,216,000	422,000	15,751,320	146,550	8,160,126
<b>Total Volumes</b>	<b>1,291,982,491</b>	<b>13,528,112</b>	<b>57,896,060</b>	<b>4,221,010</b>	<b>269,960,916</b>

## APPENDIX B – DATA SOURCES

In developing this report's market analyses, a variety of data sources from partner organizations that provide family planning market data at the global level were reviewed. These databases were assessed based on available metrics, coverage of countries, frequency of updates, and ease of access to identify the most appropriate sources for sustainable analyses, that will be updated as new data becomes available. The following provides an overview of the data sources this report relied upon for market analyses:

### FP2020 Global Markets Visibility Project

In early 2014, CHAI, in partnership with RHSC and the FP2020 Market Dynamics Working Group, launched the Global Markets Visibility Project to help various donors, suppliers, and partners improve their understanding of the current market size and trends for key contraceptive markets. In the past, CHAI collected historical shipment data by product and country from suppliers for each of the 69 FP2020 focus countries and this year has updated the market report's geographic scope to include the 83 LMICs. For the reports published in 2015, 2016, 2017, and 2018, CHAI partnered with Concept Foundation to collect and aggregate shipment data from participating members of the former RHSC Generic Manufacturers for Reproductive Health Caucus (GEMs). For the subsequent reports, CHAI has collected shipment data directly from the former GEMs suppliers. To date, the Global Markets Visibility Project has collected historical shipment data that covers global procurer sales (USAID and UNFPA), MOH tender volumes and SMO purchases from 17 manufacturers across five family planning product categories. The main analyses and data reflected in this report in the Supplier Shipment Analysis and associated Appendices are based on the supplier shipment data collected through this project.

### U.S. Agency for International Development (USAID)

USAID has provided commodities for family planning and reproductive health activities since the mid-1960s. The Overview of Contraceptive and Condom Shipments report is an annual publication that summarizes contraceptive and condom shipments sponsored by USAID, by value and unit. For the purposes of this year's Family Planning Market Report's Global Procurer Spend Analysis, the FY2017 through FY2021 reports were accessed and used to analyze USAID's spend on contraceptives in LMICs, excluding male and female condoms, over the period. Values are inclusive of commodity and freight costs and are reported based on the USAID fiscal year which ends on September 30.

### The United Nations Population Fund (UNFPA) Procurement Services Branch (PSB) Procurement Data

UNFPA is the lead agency within the United Nations system for the procurement of reproductive health commodities and has been procuring reproductive health supplies for LMICs for over 40 years. For the purposes of this year's Family Planning Market Report's Global Procurer Spend Analysis, CHAI worked with UNFPA PSB to determine the value of the contraceptive procurement conducted by UNFPA from 2017 to 2021 for LMICs. Values are inclusive of commodity cost and exclude services such as freight, sampling, inspection, and testing and are reported based on the calendar year.

### Reproductive Health Supplies Visualized (RH Viz)<sup>32</sup>

The RH Viz database provides visibility into contraceptive shipments volumes via a series of public-facing dashboards. RH Viz leverages both historical procurement shipment data (from 2008-2016), as well as live procurer shipment data from the Global FP VAN (from 2017 forward). Data provided from the Global FP VAN (in RH Viz) currently reflects shipments from and reported by USAID and UNFPA. RH Viz is used as a comparison point for the supplier dataset for a high-level understanding of supplier shipment data coverage, as well as for male condom data.

32 Previous versions of this report utilized the publicly available Reproductive Health Interchange (RHI) dataset. On September 21, 2020, the RHI interface was replaced by RH Viz; accordingly, this report has transitioned to using the RH Viz database.

## APPENDIX C – ESTIMATING THE VALUE OF THE PUBLIC-SECTOR MARKET

The value of the public-sector market was calculated using the most comprehensive available data sources: historical supplier-reported shipment data and RH Viz shipment data. Shipment data is recorded in the following units:

Exhibit C.1: Unit of measurement	
Method	Unit of Measure
Condoms – Female	Piece
Condoms – Male	Piece
Implants	Set
Injectables	Vial
IUDs – Copper	Piece
IUDs - Hormonal	Piece
Orals – Combined	Cycle
Orals – Progestin Only	Cycle
Orals – Emergency	Doses

## Historical Supplier-Reported Data

This year's market report includes historical supplier-reported shipment data from 17 manufacturers – Bayer, Cipla, Corporate Channels, CR Zizhu, Cupid, Female Health Company, Incepta, Medicines360, Organon & Co., Pfizer, Pregna, PT Tunggal, Renata, Shanghai Dahua, SMB, Techno Drugs, and Viatris (Mylan). Collectively, the total volumes cover global procurer sales (USAID and UNFPA), MOH tenders and SMO purchases across five family planning product categories.<sup>33</sup>

**SUPPLIERS HAVE CUMULATIVELY SHIPPED 88 MILLION FEMALE CONDOMS, 57 MILLION IMPLANTS, 354 MILLION INJECTABLES, 37 MILLION COPPER IUDs, 0.2 MILLION HORMONAL IUDs, 1,223 MILLION ORALS (COMBINED & PROGESTIN ONLY), AND 53 MILLION EMERGENCY CONTRACEPTIVES FROM 2017 TO 2021.**

It is important to note that there were several shipments to procurer (USAID, UNFPA, SMOs) warehouses in non-LMICs, such as Belgium, Denmark, Finland, France, Germany, Netherlands, Switzerland, and UK. Although these volumes were initially shipped to non-LMICs,

these shipments were likely to go onto the 83 LMICs. As a result, these non-LMIC volumes were included in the total shipments to the 83 LMICs after it was confirmed with suppliers that the specific non-LMIC volumes were associated with global procurer purchases.

CHAI analyzed the aggregated historical supplier-reported shipment data to confirm that coverage across the public-sector product markets was greater relative to RH Viz shipment data for the 83 LMICs. The aim of collecting historical volumes of all global procurer purchases, SMO purchases and MOH tenders directly from suppliers was to address data gaps observed in publicly available shipment data which only capture a subset of procurers who chose to submit historical procurement data. Furthermore, although some countries report national procurements, many national procurements are not reported in publicly available databases. The cumulative total from 2017 to 2021 for historical supplier-reported shipment volumes to the 83 LMICs and procurer warehouses is greater than RH Viz in every method (Exhibit C.4).

**Exhibit C.2: Global Markets Visibility Project participants and products**

Manufacturer	Condoms - Female	Implants	Injectables	IUDs	Orals
Bayer		•	•	•	•
Cipla					•
Corporate Channels				•	
CR Zizhu					•
Cupid	•				
Female Health Company	•				
Incepta			•		
Medicines360				•	
Organon & Co.		•			•
Pfizer			•		
Pregna				•	
Pt Tunggal			•		
Renata					•
Shanghai Dahua		•			
SMB				•	
Techno Drugs		•	•		•
Viatris (Mylan)			•	•	•

33 Total shipment of oral contraceptives includes combined, progestin-only, and emergency oral contraceptives.

**Exhibit C.3: Supplier-reported shipment volumes to 83 LMICs by method, 2017-2021**

Method	2017	2018	2019	2020	2021	Cumulative Total
Condoms – Female	22M	13M	22M	18M	13M	88M
Implants	8M	10M	12M	14M	14M	57M
Injectables	59M	82M	71M	85M	58M	354M
IUDs - copper	5M	12M	9M	6M	4M	37M
IUDs - hormonal	0.02M	0.02M	0.03M	0.01M	0.12M	0.2M
Orals - Combined & Progestin Only	218M	213M	251M	283M	257M	1223M
Orals - Emergency	8M	9M	9M	14M	13M	53M

**Exhibit C.4: Supplier-reported shipment volumes as a percentage of RH Viz-reported volumes by method, 2017-2021**

Method	2017	2018	2019	2020	2021	Cumulative Total
Condoms - Female	136%	75%	141%	108%	105%	113%
Implants	167%	115%	143%	143%	131%	137%
Injectables	160%	179%	129%	136%	102%	138%
IUDs - Copper & Hormonal	235%	388%	382%	317%	272%	330%
Orals - Combined & Progestin Only	442%	303%	359%	257%	332%	299%
Orals - Emergency	1529%	537%	675%	593%	394%	576%

Note: Cumulative totals calculated using actual, rather than rounded numbers.

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2022

## Male Condom Market

RH Viz shipment data for male condoms was used to capture a more comprehensive view of the public-sector family planning market for the 83 LMICs. The report used RH Viz shipment data from 2017 to 2021 and included all male condom shipment volumes to the 83 LMICs as well as volumes associated with procurer warehouses in non-LMICs.<sup>34</sup>

The supplier-reported volumes for female condoms, implants, injectables, IUDs, and orals, together with RH Viz shipment volumes for male condoms, represent the estimated public-sector market from 2017 to 2021.

**Exhibit C.5: RH Viz male condoms shipment volumes, 2017-2021**

Method	2017	2018	2019	2020	2021
Condoms – Male	0.65B	1.21B	1.17B	1.04B	1.28B

Sources: [1] RH Viz Shipment Data, retrieved August 2022

<sup>34</sup> Total yearly volumes are based on the year that the product was shipped.



## Total Public-Sector Market in Terms of CYPs

**All shipment volumes were translated to CYPs shipped by dividing shipment volumes by each method's corresponding CYP factor.**

All shipment volumes were divided by the corresponding CYP factor published by USAID<sup>35</sup>. CYP factors calculate the estimated protection provided by different contraceptive methods. Because methods may have different CYPs associated with several different sub-types of that method (e.g., there are different CYP factors for three- and five-year implants) the corresponding CYP of the method sub-type is used. The following exhibit shows the conversion factors used to translate volumes to CYPs.

**Exhibit C.6: Volumes to CYPs shipped conversion factors, 2017–2021**

Method	Per Couple-Years of Protection (CYP)
Condoms - Female	120
Condoms - Male	120
Implants - 3 Year	0.4
Implants - 5 Year	0.26
Injectables - 1 month	13
Injectables - 2 month	6
Injectables - 3 month	4
IUDs - copper	0.22
IUDs - hormonal	0.21
Orals - Combined	15
Orals - Progestin Only	12
Orals - Emergency	20

Sources: [1] USAID, "Couple-Years of Protection (CYP)," January 2022.

35 USAID refreshed its CYP conversion factors in 2022; these updates have been incorporated into the Family Planning Market Report. USAID, "Couple-Years of Protection (CYP)", available at <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>.

## Value of the Total Public-Sector Market

The total value of contraceptives was calculated by applying average unit prices to total shipment volumes. Although different prices exist across products and markets, the report estimated implied spend using UNFPA's Contraceptive Price Indicator, given the Contraceptive Price Indicator is publicly available and consistently updated.<sup>36</sup> A publicly available price for hormonal IUDs was published for the first time in the UNFPA Contraceptive Price Indicator in 2021, hence this price has been used for the calculation of hormonal IUD's market value for 2017-2020 as well. Finally, the Implant Access Program price of \$8.50 was applied to implant volumes from 2017 to 2018. In 2019-2021, the average implant price on the UNFPA Contraceptive Price Indicator varied from \$8.50—accordingly, UNFPA's listed price was used in market value calculations for 2019, 2020, and 2021. The average price only includes the cost of the product and does not account for additional costs associated with procurement such as testing, insurance, and shipping costs.

Exhibit C.7: Average unit price

Method	Price Range		2017	2018	2019	2020	2021
	Minimum	Maximum	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price
Condoms - Female	\$0.43	\$0.47	\$0.46	\$0.47	\$0.44	\$0.43	\$0.44
Condoms - Male	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02
Implants	\$8.26	\$8.68	\$8.50	\$8.50	\$8.37	\$8.26	\$8.68
Injectables	\$0.77	\$0.81	\$0.79	\$0.81	\$0.77	\$0.81	\$0.81
IUDs - Copper	\$0.30	\$0.43	\$0.31	\$0.30	\$0.31	\$0.37	\$0.43
IUDs - Hormonal	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84
Orals - Combined	\$0.21	\$0.27	\$0.27	\$0.24	\$0.23	\$0.23	\$0.21
Orals - Progestin Only	\$0.28	\$0.32	\$0.32	\$0.29	\$0.29	\$0.30	\$0.28
Orals - Emergency	\$0.25	\$0.40	\$0.26	\$0.28	\$0.40	\$0.26	\$0.25

Notes: [1] For 2017-2018 implants, the Implant Access Program price is used; [2] For 2017-2021, the 2021 publicly available price for hormonal IUDs is used; [3] Otherwise, the price range and unit prices in each year are based on UNFPA's Contraceptive Price Indicator.

Sources: [1] UNFPA Contraceptive Price Indicator, 2017 to 2021; [2] IAP Implant Prices.

36 UNFPA, "UNFPA Contraceptive Price Indicator—Year 2021", available at <https://www.unfpa.org/sites/default/files/resource-pdf/Contraceptive%20Price%20Indicator%202021.pdf>, UNFPA, "UNFPA Contraceptive Price Indicator—Year 2020", available at [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Contraceptives\\_Price\\_Indicator\\_2020.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptives_Price_Indicator_2020.pdf), UNFPA, "UNFPA Contraceptive Price Indicator—Year 2019", available at [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Contraceptive\\_Price\\_Indicators\\_2019\\_V2\\_-\\_EXTERNAL.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2019_V2_-_EXTERNAL.pdf), UNFPA, "UNFPA Contraceptive Price Indicator—Year 2018", available at [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA\\_Contraceptive\\_Price\\_Indicators\\_2018\\_.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2018_.pdf), UNFPA, "UNFPA Contraceptive Price Indicator—Year 2017", available at <https://www.unfpa.org/resources/contraceptive-price-indicator-year-2017>.

## APPENDIX D – ESTIMATING TOTAL LMIC GLOBAL PROCURER-SPEND VOLUMES

To protect customer confidentiality, suppliers were not asked to disclose customer information associated with shipment volumes. CHAI and RHSC use information from USAID, GHSC-PSM, and UNFPA to understand global procurer spend by the two major global procurers of family planning commodities. For more information on each of these data sources, refer to Appendix B.

Going forward, CHAI and RHSC will continue to work closely with the two major global procurers of family planning commodities to ensure the data provided is the most accurate and accessible for the purposes of this report.

## APPENDIX E – ADDITIONAL MARKET VISIBILITY

This report has historically included supplementary research and analysis using publicly available data sources in three large markets: Bangladesh, India, and Indonesia<sup>37</sup>. In this section, the analysis is refreshed with the latest data for Bangladesh and India. Publicly available data on government procurement has been limited in Indonesia in recent years, so Indonesia has been removed for now from the market visibility analysis.

Given the limitations of publicly available data sources, this report cannot confirm that these market visibility analyses represent comprehensive coverage of the public-sector markets in India and Bangladesh. Rather, the data is meant to be used as initial view into domestic procurement in these markets, that may not be fully covered by the suppliers participating in this report.

### Bangladesh

The Bangladesh Ministry of Health and Family Welfare (MOHFW) procured<sup>38</sup> 7 million CYPs for the 2021 calendar year, as compared to 13 million CYPs for the 2020 calendar year, 12 million CYPs for the 2019 calendar year, 17 million CYPs for the 2018 calendar year, and 3 million CYPs for the 2017 calendar year. Procurement contracts in 2021 were awarded primarily to regional and local suppliers, including (but not limited to): Essential Drugs Co., Khulna Essential, M/S, Renata Ltd., Popular Pharmaceuticals Ltd<sup>39</sup>, and Techno Drugs. Although data from only a subset of these manufacturers is included in the supplier shipment data, suppliers represented in the Family Planning Market Report comprised a larger proportion of reported MOHFW volumes in 2021 than in 2020<sup>40</sup>. By applying the same prices<sup>41</sup> used for 2021 supplier shipment analyses to the volumes from the Bangladesh MOHFW procurement data, the implied value from Bangladesh's procurement contracts is estimated to be \$21 million for 2021, as compared to the \$13 million implied by the 2021 supplier shipment data.

Although contraceptive procurement has fluctuated in Bangladesh, consumption has remained stable. A review of Bangladesh's supply chain reports<sup>42</sup> revealed that consumption of contraceptive commodities has been fairly consistent—between 9.5 to 12.6 million CYPs—from 2017 to 2021.

This analysis relies on data from the Government of Bangladesh's Ministry of Health and Family Welfare (MOHFW)<sup>43</sup> for 2017, 2018, 2019, 2020, and 2021.<sup>44</sup>

37 Bangladesh and India accounted for a large proportion of the gap between FP2030-reported users of product-based methods and users implied by the shipment data based on country-specific comparisons (per 2016 analysis, when market visibility analysis was added to the Family Planning Market Report). Note: Indonesia also accounts for a notable proportion of the gap between FP2030-reported users of product-based methods and users implied by the shipment data but is currently excluded from the market visibility analysis given limited publicly available data on procurement in recent years.

38 Note the Bangladesh MOHFW records procurement in terms of the date received for shipments, rather than date shipped.

39 In 2017, Incepta supplied the Ministry of Health and Family Welfare (MOHFW) with injectables via Popular Pharmaceuticals Ltd. Source: Incepta Pharmaceuticals.

40 Manufacturers from Bangladesh participating in this report include Techno Drugs, Popular Pharmaceuticals Ltd (via Incepta Pharmaceuticals), and M/S Renata Ltd.

41 To estimate the market value in Bangladesh and India, the report applies the same pricing assumptions used for supplier shipment analyses (from the UNFPA Contraceptive Price Indicator) throughout the market visibility appendix. Actual pricing may differ in these markets given the different suppliers and pricing parameters at play. However, the UNFPA prices have been applied to maintain publicly available, consistently updated pricing assumptions throughout the report.

42 Consumption CYP is calculated using data published by the Bangladesh MOHFW consumption trend tracker and the USAID CYP factors. Bangladesh consumption data available here: <https://scmpbd.org/index.php/lmis-report/month-wise-consumption>

43 Government of Bangladesh, Ministry of Health and Family Welfare, "MOHFW Supply Chain Management Portal – National Receive Details; Product Group: Contraceptive; Product Name: ALL; Warehouse: ALL" available at: <https://scmpbd.org/index.php/wims-reports/national-receive-details>

44 The fiscal year for Bangladesh runs from July 1 to June 30 but, for the purposes of this analysis, monthly procurement data was summed for each calendar year for 2017-2021.

### Exhibit E.1: MOHFW supply chain contraceptive shipment receipt details (publicly available volumes data)

Product Name	Supplier Name	2017	2018	2019	2020	2021
CONDOM	Direct Relief	-	1,584,000	-	-	-
CONDOM	ESSENTIAL DRUGS CO. LTD.	-	56,854,800	11,600,800	72,163,600	91,088,400
CONDOM	KHULNA ESSENTIAL LATEX PLANT (KELP)	-	62,158,800	95,894,000	44,388,400	36,794,400
CONDOM	UNFPA	1,195,200	10,080,000	-	-	-
ECP (2 TAB/PACK)	M/S, RENATA LTD.	-	100,000	100,000	100,000	100,000
IMPLANT (2 ROD)	TECHNO DRUGS Ltd	-	385,000	429,054	-	575,000
IMPLANT (2 ROD)	USAID	35,000	-	-	-	-
IMPLANT (SINGLE ROD)	JAMES INTERNATIONAL	2,880	-	-	-	-
IMPLANT (SINGLE ROD)	Merck Sharp & Dohme B.V.(MSD B.V.)	3,000	-	-	-	-
IMPLANT (SINGLE ROD)	MSD-NV Organon, Organon(India) Private Ltd.	199,980	-	-	-	-
IMPLANT (SINGLE ROD)	UNFPA	-	200,000	5,000	-	-
INJECTABLES (DMPA-IM)	Popular Pharmaceuticals Ltd.	1,000,000	1,000,000	-	-	-
INJECTABLES (DMPA-IM)	TECHNO DRUGS Ltd	5,000,000	18,250,000	8,230,000	15,250,000	14,000,000
INJECTABLES (DMPA-IM)	UNFPA	299,997	-	-	-	-
INJECTABLES (DMPA-IM)	USAID	1,000,000	914,800	-	-	-
IUD (CT-380A)	IPAS Bangladesh	-	9,500	-	-	-
IUD (CT-380A)	MARIE STOPES CLINIC	65,000	56,000	-	-	-
IUD (CT-380A)	SARBAN INTERNATIONAL LTD.	-	-	-	300,000	-
IUD (CT-380A)	SMB Corporation of India	-	450,000	-	-	-
IUD (CT-380A)	UNFPA	-	200,000	-	-	-
IUD (CT-380A)	Pathfinder	-	-	-	-	300
ORAL CONTRACEPTIVE PILL (SHUKHI)	M/S, RENATA LTD.	-	54,800,125	110,000,001	50,500,000	43,940,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	Popular Pharmaceuticals Ltd.	-	16,700,000	-	12,500,000	11,230,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	TECHNO DRUGS Ltd	-	16,700,000	-	38,000,000	32,800,000
ORAL PILL APON	M/S, RENATA LTD.	750,000	4,000,000	1,000,000	3,500,000	9,000,000

## India

Based on India's Ministry of Health and Family Welfare (MOHFW)<sup>45</sup> Annual Report for the 2021-2022 fiscal year<sup>46</sup>, CYPs procured from product-based methods<sup>47</sup> totaled 18 million. This number is lower than the 2017-2018 to 2020-2021 fiscal year average of 44 million CYPs procured annually. Weekly oral contraceptive procurement volumes continued to increase further in 2021-2022 from 2020-2021 (volumes procured increased by 22 percent in 2021-2022 from 2020-2021 compared to an increase of 1 percent in 2020-2021 from 2019-2020, at the time of reporting). Copper IUDs continued to comprise the majority of CYPs provided in the MOHFW basket in 2021-2022; a total of 12 million out of 18 million CYPs provided were from copper IUDs.

Although the MOHFW reports annual shipment volumes based on a fiscal year schedule instead of the calendar years used in this report, for simplicity the same prices (in Exhibit C.7) were used to estimate the implied annual market value for supplier shipment and MOHFW procurement volumes. These calculations show MOHFW procurement values of approximately \$13 million in the 2021-2022 fiscal year and \$37 million in the 2020-2021 fiscal year, compared to the \$1.8 million and \$1.6 million implied by the 2021 and 2020 supplier shipment data.

### Exhibit E.2: Annual reports of Department of Health & Family Welfare (includes fiscal years 2017-18 to 2021-22)

#### Exhibit E.2.1: Quantities supplied to States/UTs (publicly-available data)

Contraceptives	2017-18	2018-19	2019-20	2020-21	2021-22*
Condoms (in million pieces)	526.84	0	378.12	397.1	205.01
Oral Pills (in lakh cycles)	275.25	394.37	591.64	427.63	184.38
Copper IUDs (in lakh pieces)	22.62	88.5	87.73	73.79	27.75
ECP (in lakh packs)	50.44	128	195.74	131.72	2.47
Centchroman Contraceptive Pill (Lakh Strips)	23.99	170.27	116.66	117.69	143.16
Injectable Contraceptive (Lakh Doses)	27	0	31.5	29.27	0

#### Exhibit E.2.2: Social marketing sales of contraceptives (publicly-available data)

Contraceptives	2017-18	2018-19	2019-20	2020-21	2021-22*
Condoms (Million pieces)	483.21	459.51	507.46	244.31	126.11
Oral Pills (Social Marketing) (lakh cycles)	205.31	159.19	147.1	195.98	4.56
SAHELI (in Lakh tablets)	321.76	77.52	0	0	0

\*Figures are Provisional

45 Government of India, Ministry of Health and Family Welfare, "Annual Report of Department of Health & Family Welfare for the year of 2021-22", "Annual Report of Department of Health & Family Welfare for the year of 2020-21", "Annual Report of Department of Health & Family Welfare for the year of 2019-20", "Annual Report of Department of Health & Family Welfare for the year of 2018-19", "Annual Report of Department of Health & Family Welfare for the year of 2017-18", available at: <https://main.mohfw.gov.in/documents/publication/publication-archives>.

46 The fiscal year for India runs from April 1 to March 31. Accordingly, all values from the most recent year are provisional; not all data has been reported at the time of publishing (for MOHFW reports).

47 Only modern contraceptive methods from India's MOHFW reports, including condoms, injectables, IUDs, and oral contraceptives are included in this analysis.

## APPENDIX F – KEY TERMS AND DEFINITIONS

### CYP

Couple Years of Protection (CYP) is the estimated protection provided by contraceptive methods during a one-year period (e.g., 120 condoms provide a couple protection for one year).

### CYP mix

CYP mix refers to the percentage distribution of CYPs shipped by method.

### Value

Value refers to the supplier-reported shipment volume multiplied by the estimated price (from the UNFPA Contraceptive Price Indicator) for specific years.

### Market Share

Market share is the percentage of total value (or volumes, if applicable) of shipment volumes in a market captured by a certain contraceptive method.

### Shipment Volumes

Shipment volumes refers to the amount of a particular contraceptive method that has been transported.

### Total Public-Sector Market

The total public-sector market is based on volumes purchased by global procurers, MOH- or government-affiliated procurers and SMOs based on RH Viz data (male condoms) and historical supplier-reported shipment data (female condoms, implants, injectables, IUDs – copper and hormonal, and oral contraceptives) for the 83 low- and lower-middle income countries as per the World Bank income classification in 2020. This is in line with the new global partnership and measurement structure for the sexual and reproductive health (SRH) community announced by FP2030 in 2021. Further information on the LMICs for which FP2030 will report data is available in the “FP2030 Measurement Report 2021”. Note that the FP2030 report includes 82 LMICs, which is one less than the 83 countries in-scope for the Family Planning Market Report. Due in part to data challenges, FP2030 is not presently reporting data on Western Sahara (which was formerly among the 69 FP2020 focus countries.) After consultation with FP2030, however, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report, for a total of 83 in-scope LMICs.

**APPENDIX G – ACRONYMS**

<b>CHAI</b>	CLINTON HEALTH ACCESS INITIATIVE
<b>CYP</b>	COUPLE-YEARS OF PROTECTION
<b>FP</b>	FAMILY PLANNING
<b>GEMS</b>	GENERIC MANUFACTURERS FOR REPRODUCTIVE HEALTH
<b>IUD</b>	INTRA-UTERINE DEVICE
<b>LARC</b>	LONG-ACTING REVERSIBLE CONTRACEPTIVES
<b>LMICs</b>	LOW- AND LOWER-MIDDLE INCOME COUNTRIES
<b>MOH</b>	MINISTRY OF HEALTH
<b>MOHFW</b>	MINISTRY OF HEALTH AND FAMILY WELFARE
<b>FP2030</b>	FAMILY PLANNING 2030
<b>RHSC</b>	REPRODUCTIVE HEALTH SUPPLIES COALITION
<b>RH VIZ</b>	REPRODUCTIVE HEALTH SUPPLIES VISUALIZER
<b>USAID</b>	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
<b>UNFPA</b>	UNITED NATIONS POPULATION FUND



# ACKNOWLEDGEMENTS

This report was produced as part of the landmark FP2020 Global Markets Visibility Project that the Clinton Health Access Initiative, Inc. (CHAI) launched in early 2014 in conjunction with the Reproductive Health Supplies Coalition (RHSC).

The shipment data provided by suppliers is the foundation of this report's analyses and allows CHAI and RHSC to address information gaps and construct a comprehensive view of the reproductive health commodities market. We would like to thank current participating suppliers: Bayer, Cipla, Corporate Channels, CR Zizhu, Cupid, Female Health Company, Incepta, Medicines360, Organon & Co., Pfizer, Pregna, PT Tungal, Renata\*, Shanghai Dahua, SMB, Techno Drugs, and Viatrix (Mylan), as well as our partner, Concept Foundation, for their support in collecting and aggregating 2011-2017\*\* data.

We are also grateful to our colleagues from the Consensus Planning Group (CPG)\*\*\*, John Snow Inc. (JSI), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM), and FP2030 for their invaluable feedback during the development and refinement of various market analyses.

\* Renata is a new participating supplier in this year's report. Refer to pages 19-20 for more information on Renata and other participating suppliers.

\*\* CHAI began collecting data directly from suppliers in the former GEMS Caucus in 2018.

\*\*\* The Consensus Planning Group (CPG), established in 2020, collaborates at the global level to address family planning commodity stock imbalances while also planning to prevent those imbalances from occurring at all. Additional information available at: [https://www.rhsupplies.org/uploads/tx\\_rhscpublications/CPG\\_2020\\_FINAL.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/CPG_2020_FINAL.pdf)

