

FAMILY PLANNING MARKET REPORT

DECEMBER 2023



Reproductive Health
SUPPLIES COALITION

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ACRONYMS

CAGR	COMPOUND ANNUAL GROWTH RATE
CHAI	CLINTON HEALTH ACCESS INITIATIVE
CYP	COUPLE-YEARS OF PROTECTION
FP	FAMILY PLANNING
FP2030	FAMILY PLANNING 2030
IUD	INTRAUTERINE DEVICE
LARC	LONG-ACTING REVERSIBLE CONTRACEPTIVE
MOH	MINISTRY OF HEALTH
MOHFW	MINISTRY OF HEALTH AND FAMILY WELFARE
RHSC	REPRODUCTIVE HEALTH SUPPLIES COALITION
RH	REPRODUCTIVE HEALTH
RH VIZ	REPRODUCTIVE HEALTH SUPPLIES VISUALIZER
SMO	SOCIAL MARKETING ORGANIZATION
TPP	THIRD PARTY PROCUREMENT
USAID	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
UNFPA	UNITED NATIONS POPULATION FUND
YOY	YEAR-OVER-YEAR

INTRODUCTION

The Family Planning (FP) Market Report, produced jointly by the Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition (RHSC), has been published annually since 2015 to enhance visibility into the contraceptive commodities market. Specifically, the report provides insights into public-sector procurement of contraceptives, defined as including volumes purchased by Ministries of Health (MOHs) or other government-affiliated purchasers, the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), as well as social marketing organizations (SMOs).

The report analyzes procurement trends for all product-based modern methods of contraception which include implants, copper and hormonal¹ intrauterine devices (IUDs), oral contraceptives (combined and progestin-only), emergency oral contraceptives, injectables, female condoms, and male condoms.²

Historically, the geographic scope of the FP Market Report encompassed the 69 FP2020 focus countries. However, the 2022 Market Report and this year's 2023 Market Report now encompass the broader set of all low- and lower-middle-income countries to align with the evolved global partnership and measurement structure for the FP community announced by FP2030 in 2021. This year, the report encompasses 84 in-scope countries³ and covers the years 2018 to 2022.

There are four key sections within this report:

1. Supplier shipment analysis: This section is the primary focus of the report and includes an analysis of key public-sector contraceptive procurement trends from 2018 to 2022 based on historical shipment data shared by the 17 participating suppliers in this year's report. The analysis in this section centers on three primary indicators:

- **Market volumes (in units)**, which are shared directly by suppliers and provide insight into how contraceptive procurement for specific methods has evolved over the 2018 to 2022 period.
- **Market value (in USD)**, which is calculated by multiplying shipment volumes by method against the relevant average commodity prices

each year as per UNFPA's Contraceptive Price Indicator, which is a publicly available source that is updated annually.⁴

- **Couple-Years of Protection (CYPs)** shipped, which are calculated by multiplying shipment volumes by method against the relevant CYP conversion factor for each method. The CYP conversion factor estimates the number of units required of a specific contraceptive method to provide a couple with one year of protection (for example, 120 condoms are estimated to provide a couple with protection for one year).⁵ While volumes shipped can vary greatly in magnitude by method given different durations of contraceptive protection offered, converting volumes into CYPs shipped by method enables a more standardized comparison of method trends over time.

2. Global procurer spend analysis: This section provides an overview of total spend (in USD) on contraceptive procurement between 2018 and 2022 for UNFPA and USAID specifically, which are the two primary global procurers of contraceptives in the public-sector for in-scope countries.

3. Domestic government spend analysis: Recognizing the important and growing focus within the reproductive health (RH) community to strengthen domestic government financing for contraceptive procurement in in-scope countries, this year's Market Report includes a new section that summarizes available data across multiple sources about domestic government financing for contraceptive procurement within the in-scope countries.

4. Highlights from discussions with key stakeholders: Finally, this section provides additional commentary from key RH stakeholders, including suppliers, procurers, and technical partners, about the public-sector market trends observed from 2018 to 2022 and future outlook as well as high-level reflections on the commercial-sector contraceptive market in low- and lower-middle-income countries, recognizing that commercial-sector channels are important from both a user access standpoint as well as from a market sustainability perspective. The qualitative commentary in this section adds

1 The hormonal IUD was included in the FP Market Report for the first time in 2022 since a publicly available hormonal IUD price was available for the first time that year in the 2021 UNFPA Contraceptive Price Indicator to inform market value calculations.

2 Note: While some methods (e.g., male and female condoms and emergency oral contraceptives) may be used simultaneously with other methods, they have been displayed separately throughout this report for clarity.

3 As agreed upon with FP2030, each year an assessment will be made and countries will be included in the FP Market Report's scope if they are classified as low- and lower-middle-income countries for that year based on the latest World Bank's country income classifications (for example, Lebanon is a new addition in this year's report based on the World Bank's country income classification for FY23). Historical supplier shipment data is then gathered for any new countries added to the report scope each year to ensure the report looks at the same country scope across the five-year time period. In consultation with FP2030, it was also decided that countries that have recently graduated from low- and lower-middle-income country status (for example, under the FY23 World Bank income classification, only one country, Belize moved to upper-middle income classification) will not be excluded from the report scope since the report covers a historic time period. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara. However, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report.

4 Further details on commodity prices over time available in Appendix C.

5 For all CYP calculations, this report utilizes the CYP factors most recently published by USAID. See Appendix C for further details.

further color to the quantitative trends shown earlier in the report.

The report also includes an appendix that provides additional detail on the analytical approach utilized, key data sources reviewed, further country-level details on procurement volumes, and a deeper dive into the Bangladesh and Indian markets leveraging publicly available procurement data published by those governments.

Taken together, these various analyses provide enhanced visibility into the contraceptive market in in-scope countries. For example, the report provides insights into the following sampling of topics:

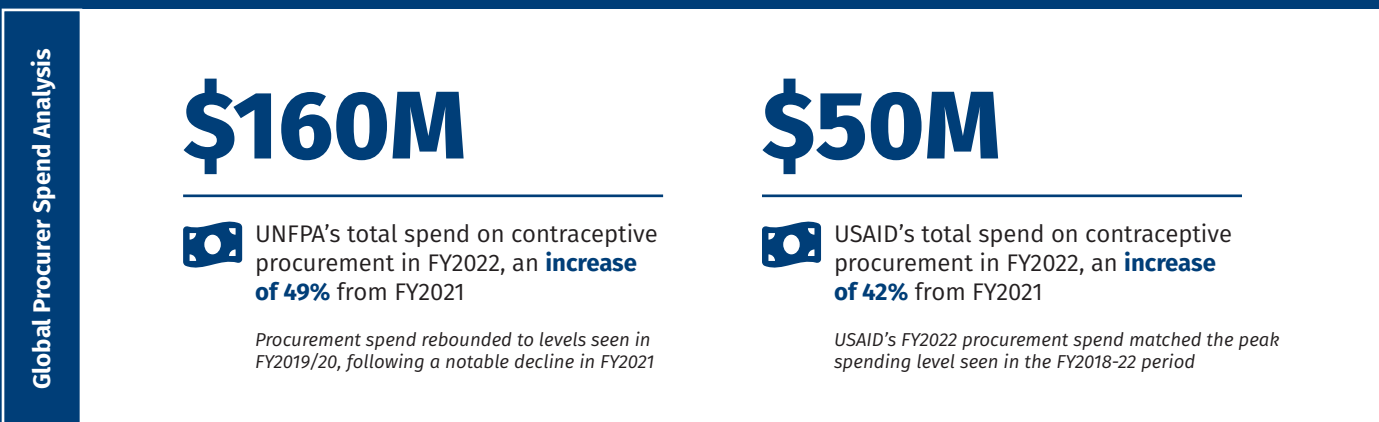
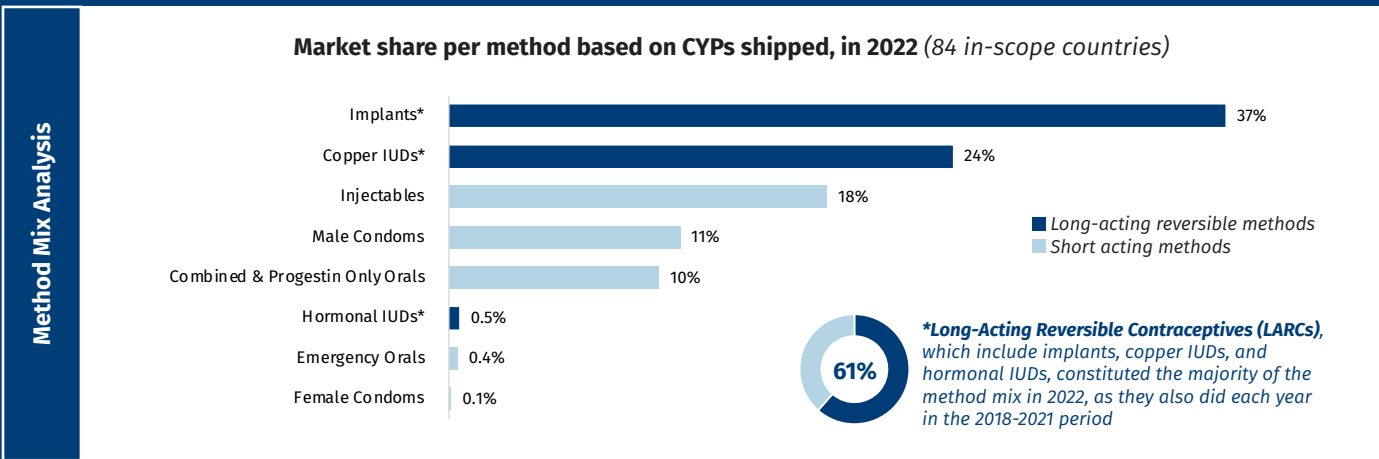
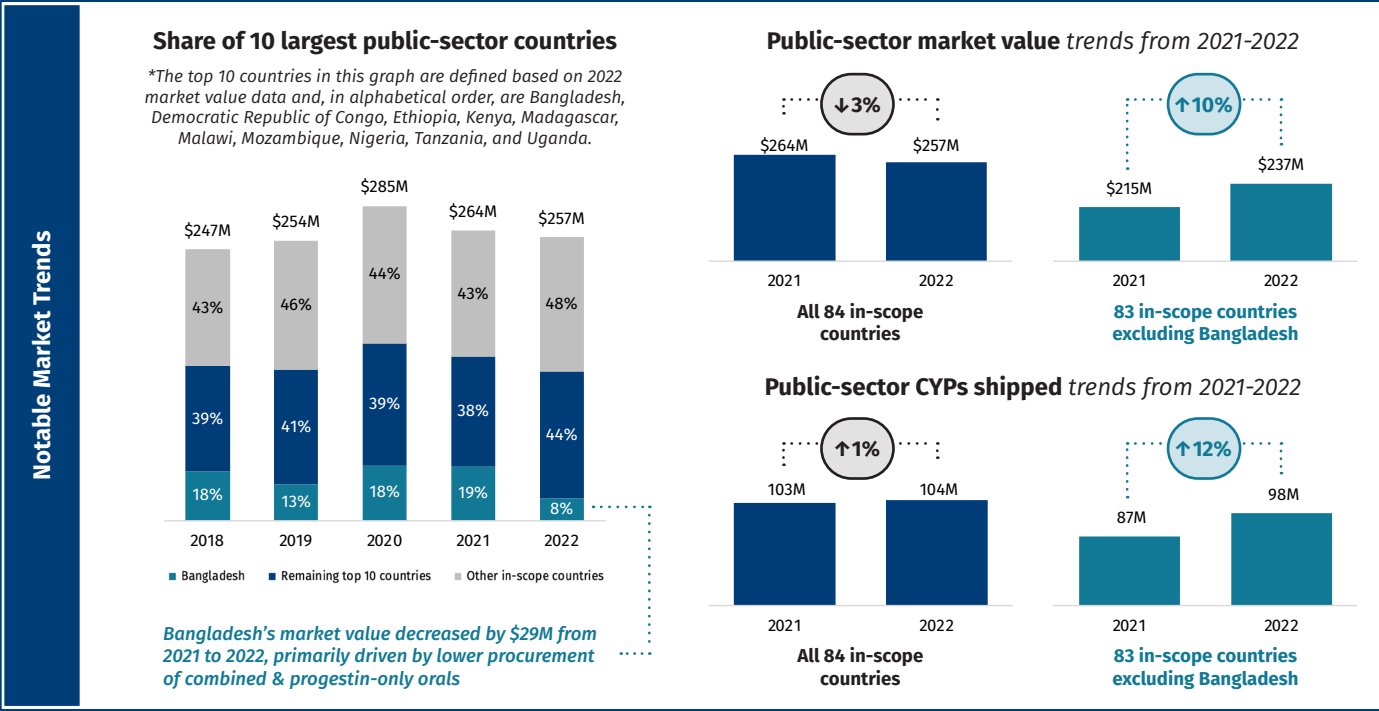
- Evolution of CYPs shipped by method during the 2018 to 2022 time period and key drivers
- Methods that are growing as a proportion of total CYPs shipped, market value, and/or market volumes within in-scope countries
- Cost per CYP by method and evolution over time
- Significant countries in terms of their overall contraceptive market value or volumes for a specific method

- Overview of USAID and UNFPA contraceptive procurement spend over time, key drivers and future outlook
- Insight into how certain contextual factors (e.g., the COVID-19 pandemic) have influenced the contraceptive commodities market
- Countries with notable and/or increasing domestic government expenditure on contraceptive commodities

The data and insights contained in this report can help inform decision-making by different stakeholders within the RH community. Continued collaboration across organizations within the RH ecosystem will also be essential to ensure that market data and insights available across different sources are thoughtfully shared, combined, and referenced to further enhance market visibility over time. Such market visibility efforts, including the FP Market Report, are vital for supporting our shared goal of ensuring there is growing and sustained access to affordable and quality contraceptive products in low- and lower-middle-income countries over time.

THE STATE OF FAMILY PLANNING IN 2022

Important note for this year's report: Bangladesh, a top market, experienced a notable decline in market value from 2021 to 2022; Given Bangladesh's large size, this decline impacts overall market trends from 2021 to 2022 in the 84 in-scope countries. Therefore, this year's report shows topline trends both **including and excluding Bangladesh** to provide a more nuanced view.



SUPPLIER SHIPMENT ANALYSIS

For the 2023 FP Market Report, shipment data was collected from 17 participating suppliers for implants, copper and hormonal IUDs, oral contraceptives (combined and progestin-only), emergency oral contraceptives, injectables, female condoms, and male condoms. Male condom shipment data was pulled from the Reproductive Health Supplies Visualizer (RH Viz).⁶ 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.

Note: Compared to previous years, in 2022, Bangladesh displayed distinctive procurement trends given local market dynamics.⁷ These distinctive trends impacted overall market trends across the full set of in-scope countries due to the large size of the Bangladesh market. Thus, this section synthesizes key market insights both with and without the inclusion of Bangladesh to offer a more nuanced view of market developments.

In 2022, across all in-scope countries, **couple-years of protection (CYPs) shipped to the public-sector market** increased by 1 percent compared to 2021 (103 to 104 million). Increased volumes of copper IUDs and injectables were the primary drivers of growth. Long-acting reversible methods of contraception (LARCs), which include implants, copper IUDs, and hormonal IUDs, continued to comprise the majority (61 percent) of CYPs shipped in 2022. **When excluding Bangladesh, CYPs shipped to the other 83 in-scope countries increased by a more notable 12 percent between 2021 and 2022, with LARCs continuing to account for most CYPs shipped.**

While CYPs shipped increased slightly across all in-scope countries, the **overall market value⁸** contracted by 3 percent in 2022 relative to 2021, decreasing from \$264 million to \$257 million. **Notably, when Bangladesh is excluded, the value of the public sector market increased by 10 percent from 2021 to 2022 in the other 83 in-scope countries.**

Finally, **overall market volumes** decreased by 27 percent in 2022 relative to 2021; this significant drop is primarily due to a decline in oral contraceptive procurement volumes in Bangladesh specifically. **Excluding Bangladesh, total market volumes across methods actually increased by 11 percent from 2021 to 2022 in the other 83 in-scope countries.**



Change in CYPs shipped to the public-sector market, 2021-2022

↑ 1%

across all 84 in-scope countries

↑ 12%

across 83 in-scope countries (excl. Bangladesh)



Change in overall public-sector market value, 2021-2022

↓ 3%

across all 84 in-scope countries

↑ 10%

across 83 in-scope countries (excl. Bangladesh)



Change in overall public-sector market volumes, 2021-2022

↓ 27%

across all 84 in-scope countries

↑ 11%

across 83 in-scope countries (excl. Bangladesh)

6 This report 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 provided greater visibility for that method. Additionally, RHI data was historically used to assess relative visibility that the FP Market Report provides across all methods. In September 2020, however, the RH community integrated data and functions from siloed tools, like RHI, into the broader Global FP Visibility and Analytics Network (VAN) platform. A public-facing series of dashboards was launched, called RH Viz, and combines historical procurement data with live procurer shipment data from the VAN. The 2023 FP Market Report, therefore, utilizes RH Viz data for male condom volumes and market visibility calculations. See Appendix C for further details.

7 In 2022, Bangladesh procured significantly lower volumes of combined and progestin-only oral contraceptives. Per stakeholder feedback, this decline was primarily driven by accumulation of oral contraceptives during the COVID-19 pandemic in 2020 and 2021, leading to reduced procurement in 2022. Since combined and progestin-only oral contraceptives account for approximately 70 percent of total CYPs shipped for the Bangladesh market between 2018 to 2022 and since Bangladesh is also one of the largest markets out of the 84 countries in-scope for this report, this notable decline in oral contraceptive procurement in Bangladesh in 2022 has significant impact on overall market trends seen across the full set of in-scope countries.

8 The currency reported is in US dollars, unless otherwise noted.



Notable Market Trends

This section analyzes trends in CYPs shipped, shipment value in USD, and volumes in the public-sector market from 2018 to 2022.

The quantity of CYPs shipped to the public-sector contraceptive market in the 84 in-scope countries increased by 1 percent (103 to 104 million) from 2021 to 2022 (**Exhibit 1.A**). The increase in copper IUD procurement (+6 million) from 2021 to 2022 was the primary driver of increase in CYPs. We also observed a notable increase in CYPs shipped for injectables (+4 million) and a slight increase for male condoms (+0.4 million) during the same period. These increases in CYPs shipped were offset by a large decline in CYPs shipped for combined and progestin only orals (-7 million) and a smaller decline for implants (-2 million) from 2021 to 2022. LARCs which include implants, copper IUDs, and hormonal IUDs, increased by 3 percentage points in 2021 from 58 percent in 2021 to 61 percent in 2022 as a share of overall CYPs shipped, continuing to comprise the majority of CYPs shipped (**Exhibit 5**).

Excluding Bangladesh, the quantity of CYPs shipped to the other 83 in-scope countries increased by 12 percent in 2022 from 87 million in 2021 to 98 million (Exhibit 1.B).

Across all in-scope countries, the total value of the public-sector contraceptive market decreased from \$264 million in 2021 to \$257 million in 2022, a 3 percent reduction (**Exhibit 2.A**). Declines in market value for combined and progestin-only oral contraceptives (-\$20 million) and, to a smaller extent, implants (-\$5 million) and emergency orals (-\$2 million) were the primary drivers of the reduction in overall market value between 2021 and 2022. However, the decline was partially offset by an increase in the market value for injectables (+\$14 million), male condoms (+\$4 million), female condoms (+\$0.6 million) and copper IUDs (+\$0.5 million).

Market value contracted from 2021 to 2022 across all in-scope countries even though CYPs shipped increased over this period largely because of the increased procurement of copper IUDs in 2022, a method which has a relatively low cost but high CYPs per unit (**Exhibit 4.A**). The increase in copper IUD procurement in 2022 contributed to the increase in overall CYPs shipped in 2022, while having a relatively minimal impact on the

overall market value. Comparatively, the \$20 million decline in market value for combined and progestin-only oral contraceptives from 2021 to 2022 had a more notable impact on the overall market value but did not significantly affect CYPs, given the relatively low CYPs per unit for this method (**Exhibit 4.A**).

Excluding Bangladesh, which was the largest contributor to the net overall decline in combined and progestin-only oral contraceptive volumes from 2021 to 2022, the total value of the public sector contraceptive market for the remaining in-scope countries grew from \$215 million in 2021 to \$237 million in 2022, representing a 10 percent increase (Exhibit 2.B).

In terms of regional trends for the 2018 to 2022 period, sub-Saharan Africa's market share (in terms of market value) increased by 7 percentage points from 2021 to 69 percent in 2022, up from 60 percent in 2018 (**Exhibit 7**). The Asia and Pacific Region's market share decreased by 12 percentage points between 2021 and 2022 from a high of 28 percent in 2021 to 16 percent in 2022 (**Exhibit 7**); this 2022 decrease in market share is primarily due to significantly lower procurement volumes in Bangladesh.

Within the public-sector market captured in this report,⁹ the 10 largest countries (in terms of market value) represented over 50 percent of the overall market value in 2022, with Bangladesh¹⁰ comprising approximately 8 percent of the public-sector market (**Exhibit 8**). Even though Bangladesh continues to be one of the top 10 largest countries in terms of market value, its 8 percent share in 2022 is significantly lower when compared to the 17 percent market share Bangladesh represented on average during the 2018 to 2021 period (**Exhibit 9**). Overall, the market value for the 10 largest countries also decreased from \$149 million in 2021 to \$134 million in 2022 (**Exhibit 9**). While the list of the top 10 markets has changed from year to year, six countries—Bangladesh, Ethiopia, Malawi, Nigeria, Tanzania, and Uganda—have consistently appeared in the list of top 10 markets (in terms of market value) each year, from 2018 to 2022.

⁹ 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.

¹⁰ As noted previously, the FP 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 FP Market Report (see Appendix E for more details).



Notable Method Trends

This section analyzes method-specific trends in CYPs shipped, shipment value in USD, and volumes in the public-sector market from 2018 to 2022.

Across all 84 in-scope countries, copper IUD volumes increased by 32 percent from 2021 to 2022 (**Exhibit 3.A**). Specifically, copper IUD procurement increased from 4 million units in 2021 to 5 million units in 2022 (**Exhibit 3.A**). This increase was driven by select countries, including Egypt, Nigeria, Pakistan, and the Philippines, where copper IUD procurement increased in 2022 following lower procurement levels in 2021. Given the copper IUD's relatively low unit cost (**Exhibit 4.A**), this increase in procurement volumes in 2022 has a relatively negligible (+\$0.5 million) impact on the overall market value (**Exhibit 2.A**). However, since the copper IUD has a relatively high CYP factor per unit, the rise in copper IUD volumes in 2022 does have a more meaningful impact on CYPs shipped (+6 million) from 2021 to 2022 across all in-scope countries (**Exhibits 1.A, 4.A**).

Over the 2018 to 2022 period, copper IUD CYPs shipped were unusually large in 2018 and 2019, primarily due to a significant spike in copper IUD procurement by two large countries, Egypt and India, which notably surpassed their previous copper IUD procurement levels. Several other countries, including Indonesia, Bangladesh, and Uzbekistan, also had relatively larger copper IUD procurement volumes in 2018 and 2019. The decline in copper IUD CYPs shipped observed in 2020 and 2021 is due to both reduced copper IUD procurement volumes in these same countries in the 2020-2021 period, which may be due to cyclical procurement patterns, as well as the impact of the COVID-19 pandemic and associated lockdowns in some key markets.

The hormonal IUD category remained relatively stable with a slight decline of 0.1 million CYPs shipped between 2021 to 2022 (**Exhibit 1.A**) and a volume decline from 0.12 million in 2021 to 0.11 million in 2022 (**Exhibit 3.A**). The contraction in volumes can be primarily attributed to reduced procurement in Nigeria and Zambia, which had initially placed larger orders in 2021 to scale provider training and enable consumption assessments in the early years of introduction. Hormonal IUD procurement volumes increased in several countries besides these two, as other countries introduced or further scaled up the method.¹¹

The market value of implants decreased by 4 percent from 2021 to 2022 (**Exhibit 2.A**), with volumes shipped of implants declining from 13.5 million in 2021 to 13.1 million in 2022, across all in-scope countries (**Exhibit 3.A**). A few countries, including Nigeria, Bangladesh, Burkina Faso, and Philippines, were key contributors to the 2021-22 decline as they procured notably higher implant volumes in the previous one to two years; therefore, the decline in implant volumes in 2022 may be the result of procurement cycles rather than longer-term trends. Over the five-year reference period from 2018 to 2022, however, the CYPs shipped for implants increased at a 5 percent compound annual growth rate (**Exhibit 1.A**), demonstrating sustained progress in expanding access to implants over time.

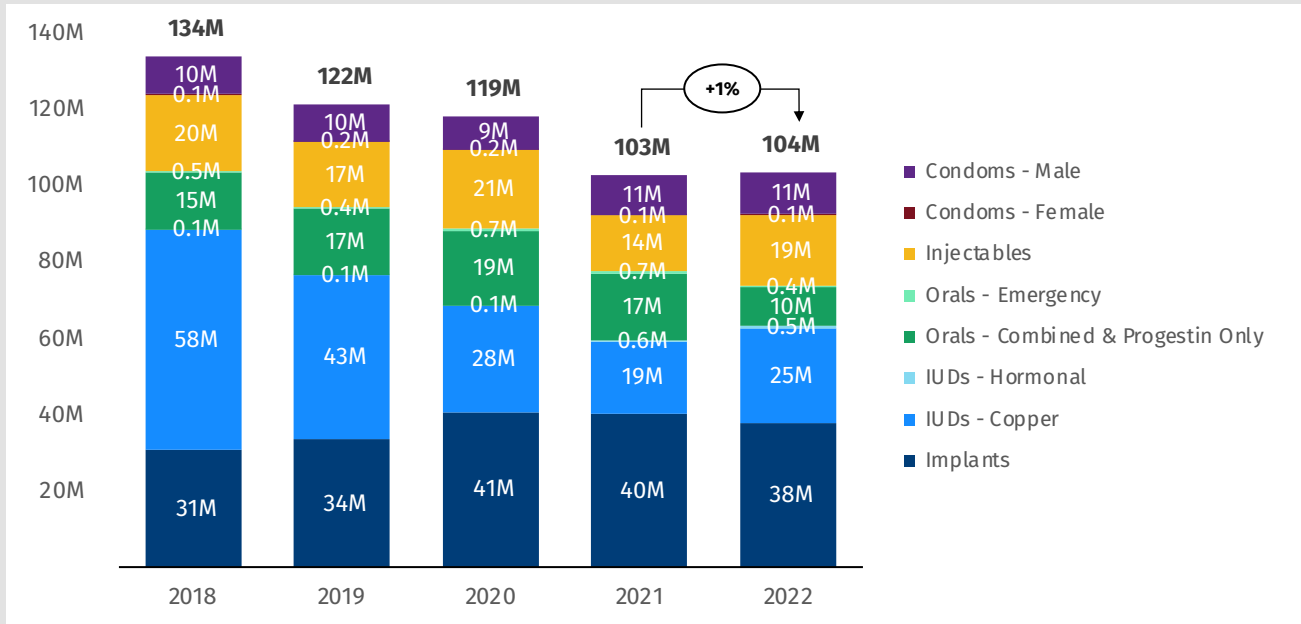
The market value of injectables across all in-scope countries increased by 30 percent from \$47 million in 2021 to \$61 million in 2022 (**Exhibit 2.A**). The injectables volumes shipped also increased from 58 million to 78 million units between 2021 and 2022 (**Exhibit 3.A**), driven by larger procurement volumes in several countries, including Madagascar, Malawi, Bangladesh, Kenya, and Nigeria.

The market value of combined and progestin-only orals fell by 36 percent from \$56 million in 2021 to \$36 million in 2022 (**Exhibit 2.A**). In tandem, volumes shipped of combined and progestin-only oral contraceptives also contracted from 258 million in 2021 to 147 million in 2022 (**Exhibit 3.A**). The decrease in Bangladesh's oral contraceptive procurement drove the overall decline in oral contraceptive volumes from 2021 to 2022. Stakeholders shared that the Bangladesh government had leftover stock of oral contraceptive pills accumulated during the height of the COVID-19 pandemic (2020 to 2021) contributing to lower volumes procured in 2022. **Excluding Bangladesh, oral contraceptive procurement increased by 8 percent from 2021 to 2022 across the remaining 83 in-scope countries.**

¹¹ 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 low- and lower-middle-income countries 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.hormonaliod.org/>).

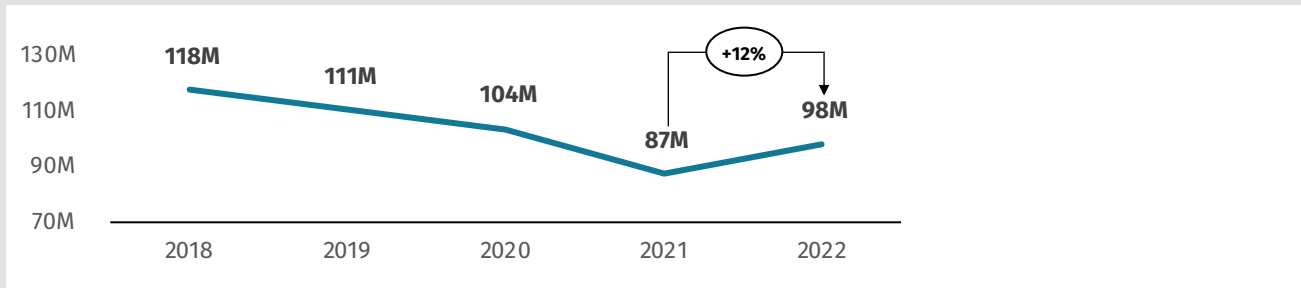
EXHIBIT 1: Total CYPs shipped

Exhibit 1.A: Total CYPs shipped to all 84 in-scope countries



Method	YOY 2021-2022 [^]	CAGR 2018-2022 ^{^^}
Condoms - Male	4%	2%
Condoms - Female	-2%	-2%
Injectables	30%	-2%
Orals - Emergency	-43%	-5%
Orals - Combined & Progestin Only	-42%	-9%
IUDs - Hormonal	-12%*	46%
IUDs - Copper	32%	-19%
Implants	-6%	5%
Total	1%	-6%

Exhibit 1.B: Total CYPs shipped to 83 in-scope countries (excluding Bangladesh)**



[^]Year-over-year (YOY): change in the value of the public-sector market between 2021-22

^{^^}Compound Annual Growth Rate (CAGR): $[(\text{final value}/\text{beginning value})^{(1/\text{number of years})}] - 1$

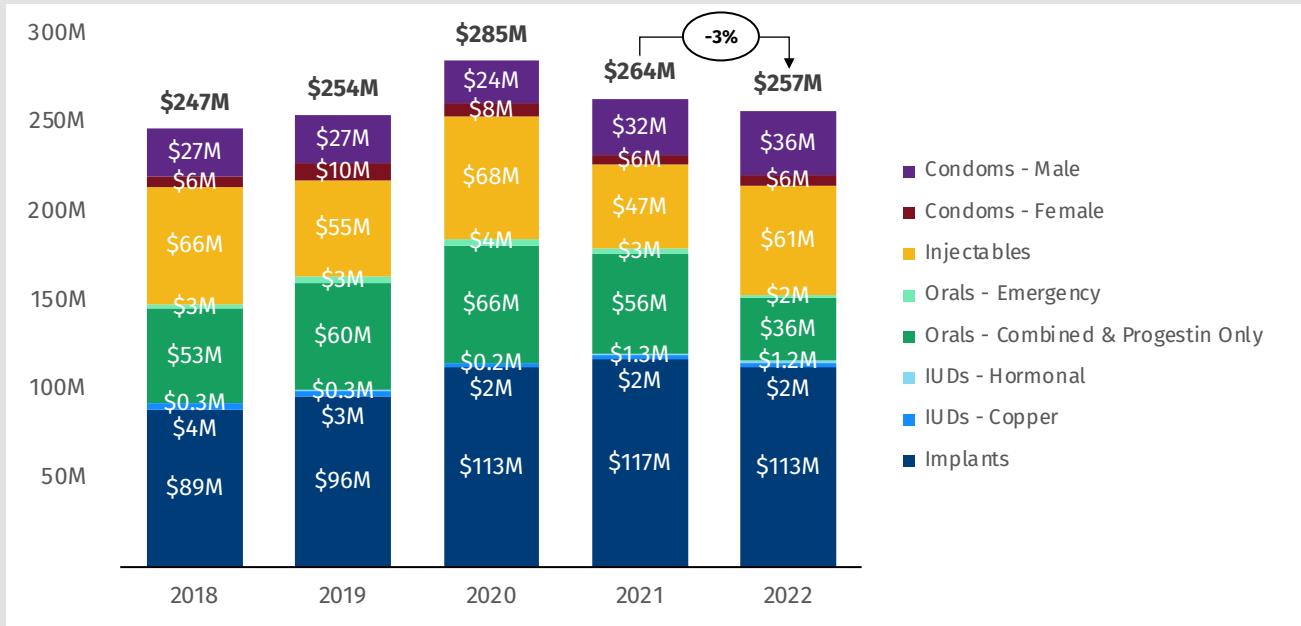
*With regards to Hormonal IUDs, it is important to note that this 12 percent reduction represents a decline of 0.1 million CYPs shipped, and that this type of fluctuation is to be expected given the method is just starting to scale up in in-scope countries.

**Aggregate view provided to maintain supplier confidentiality; for additional appropriately aggregated country-level detail, please refer to Appendix A.

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 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022

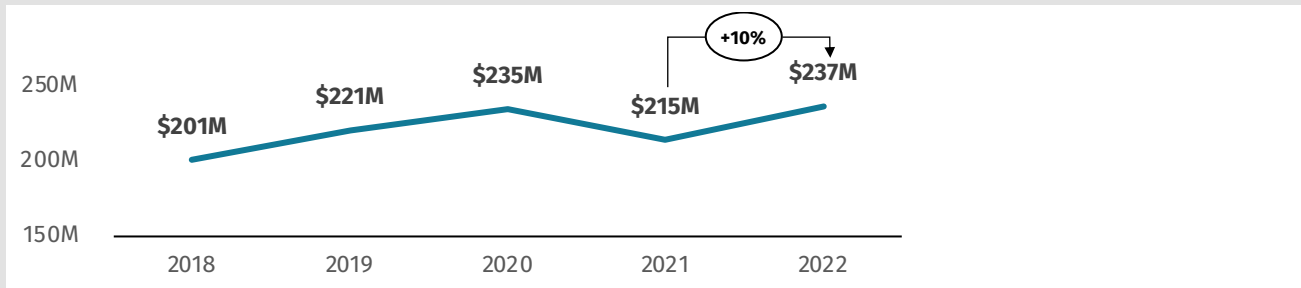
EXHIBIT 2: Total public-sector market value, in USD

Exhibit 2.A: Total public-sector market value in all 84 in-scope countries, in USD



Method	YOY 2021-2022	CAGR 2018-2022
Condoms - Male	14%	8%
Condoms - Female	10%	-1%
Injectables	30%	-2%
Orals - Emergency	-47%	-9%
Orals - Combined & Progestin Only	-36%	-9%
IUDs - Hormonal	-12%*	46%
IUDs - Copper	30%	-12%
Implants	-4%	6%
Total	-3%	1%

Exhibit 2.B: Total public-sector market value in 83 in-scope countries (excluding Bangladesh)**, in USD



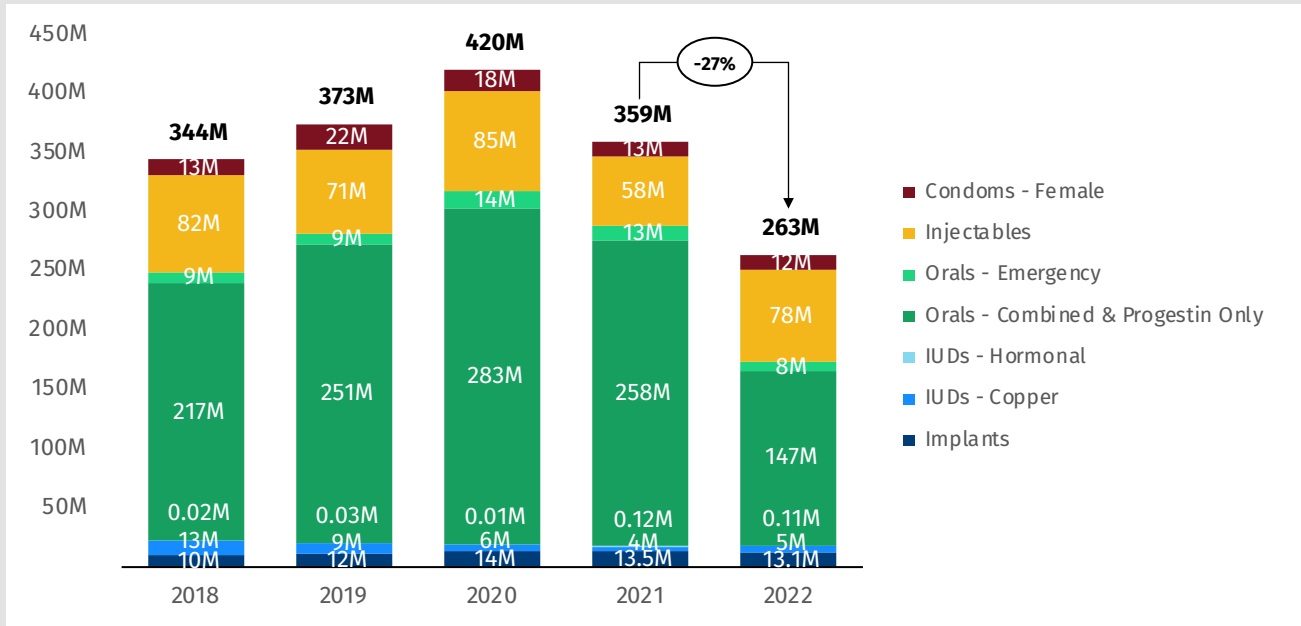
*It is important to note that this 12 percent reduction represents a decline of \$0.16 million, and that this type of fluctuation is to be expected given the method is just starting to scale up in in-scope countries.

** Aggregate view provided to maintain supplier confidentiality; for additional appropriately aggregated country-level detail, please refer to Appendix A.

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 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022; [4] USAID, "Couple-Years of Protection (CYP)".

EXHIBIT 3: Total public-sector market volumes (male condoms excluded)

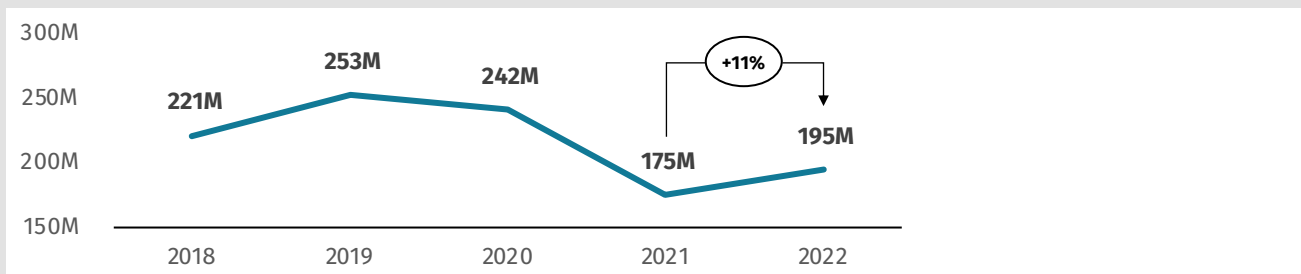
Exhibit 3.A: Total public-sector market volumes in all 84 in-scope countries (male condoms excluded*)



Method	YOY 2021-2022	CAGR 2018-2022
Condoms - Female	-2%	-2%
Injectables	34%	-1%
Orals - Emergency	-43%	-5%
Orals - Combined & Progestin Only	-43%	-9%
IUDs - Hormonal	-12%**	46%
IUDs - Copper	32%	-19%
Implants	-3%	6%
Total	-27%	-6%

Method	2018	2019	2020	2021	2022	YOY 2021-2022	CAGR 2018-2022
Condoms - Male	1.21B	1.17B	1.04B	1.28B	1.33B	4%	2%

Exhibit 3.B: Total public-sector market volumes in 83 in-scope countries (excluding Bangladesh*** and male condoms*)



*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.
 ** It is important to note that this 12 percent reduction represents a decline of 0.01 million units, and that this type of fluctuation is to be expected given the method is just starting to scale up in in-scope countries.
 *** Aggregate view provided to maintain supplier confidentiality; for additional appropriately aggregated country-level detail, please refer to Appendix A.
 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 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022

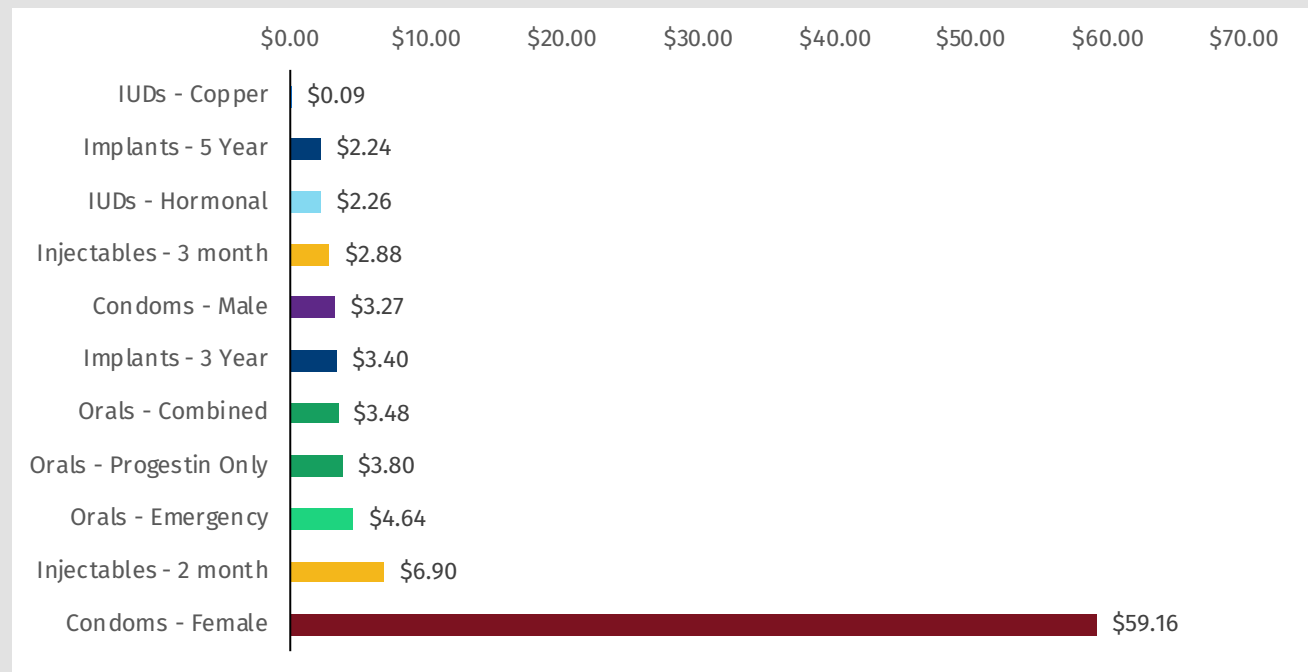
EXHIBIT 4: Cost per CYP by method, in USD

Exhibit 4.A: Cost per CYP by method per duration of use, in USD

Method	Units per CYP	Unit Cost					Cost per CYP				
		2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Condoms - Male	120.00	\$0.02	\$0.02	\$0.02	\$0.02	\$0.03	\$2.64	\$2.72	\$2.75	\$2.98	\$3.27
Condoms - Female	120.00	\$0.47	\$0.44	\$0.43	\$0.44	\$0.49	\$56.88	\$53.28	\$51.48	\$52.32	\$59.16
Injectables - 1 month	13.00	\$0.85	N/A	N/A	N/A	N/A	\$11.05	N/A	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	\$0.79	\$0.75	\$0.77	\$0.77	\$0.72	\$3.16	\$3.00	\$3.07	\$3.09	\$2.88
Orals - Emergency	20.00	\$0.28	\$0.40	\$0.26	\$0.25	\$0.23	\$5.52	\$7.98	\$5.18	\$5.00	\$4.64
Orals - Combined	15.00	\$0.24	\$0.23	\$0.23	\$0.21	\$0.23	\$3.56	\$3.51	\$3.38	\$3.17	\$3.48
Orals - Progestin Only	12.00	\$0.29	\$0.29	\$0.30	\$0.28	\$0.32	\$3.52	\$3.47	\$3.60	\$3.40	\$3.80
IUDs (hormonal)	0.21	N/A	N/A	N/A	\$10.84	\$10.84	N/A	N/A	N/A	\$2.26	\$2.26
IUDs (copper)	0.22	\$0.30	\$0.31	\$0.37	\$0.43	\$0.42	\$0.07	\$0.07	\$0.08	\$0.09	\$0.09
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

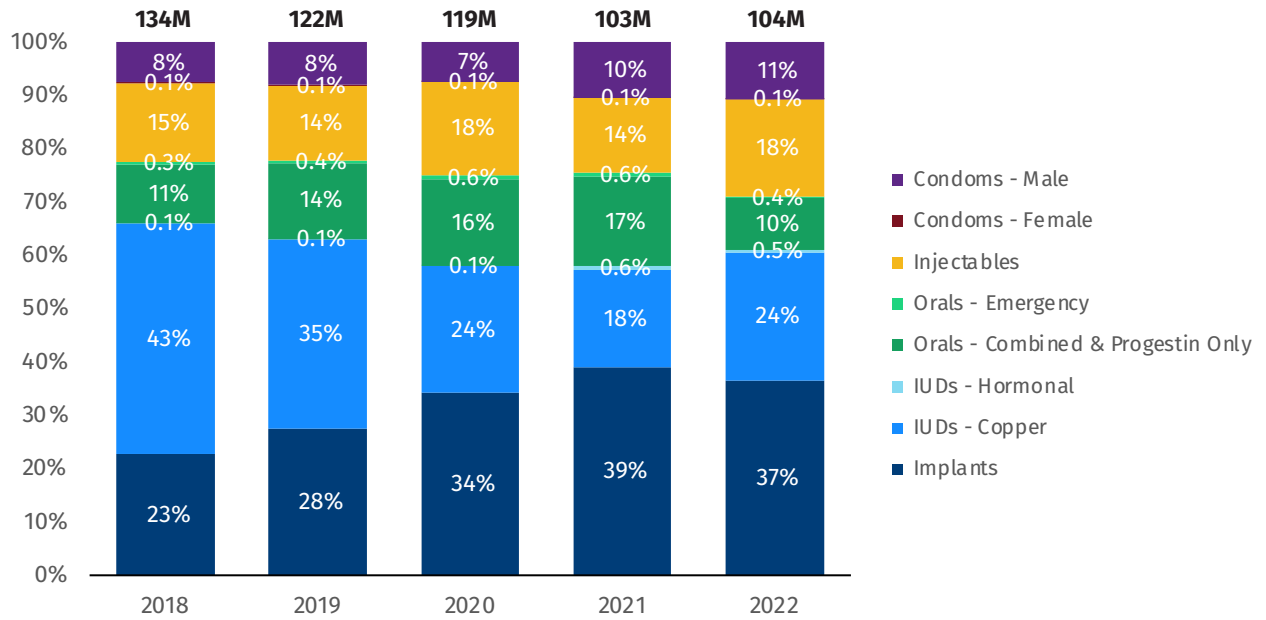
N/A indicates method was not listed on the UNFPA Contraceptive Price Indicator. Implant pricing in this exhibit uses the IAP implant price. 2021 is the first year that UNFPA Contraceptive Price Indicator has listed separate prices for the 3-year and 5-year implants, but to maintain historical consistency,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

Exhibit 4.B: Cost per CYP by method in 2022, in USD



Sources: [1] UNFPA Contraceptive Price Indicator, 2018–2022; [2] USAID, "Couple-Years of Protection (CYP)"; [3] IAP Implant Price.

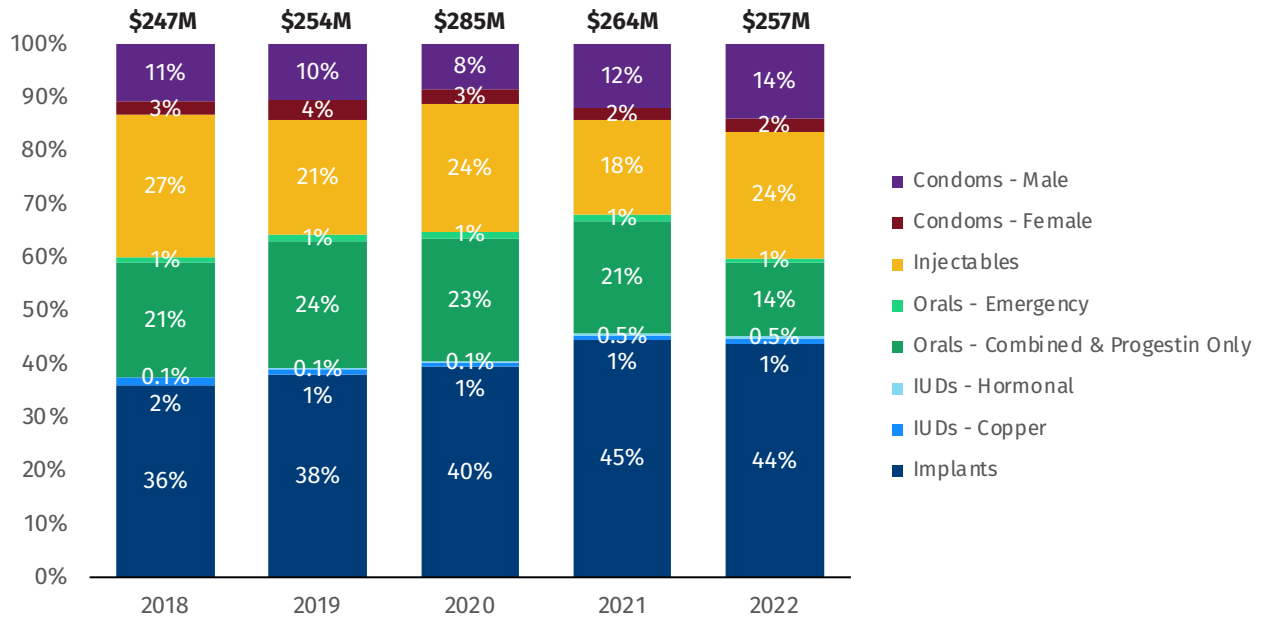
EXHIBIT 5: CYP mix (in terms of CYPs shipped) in the public-sector market



Year	2018	2019	2020	2021	2022	
LARCs as a percentage of CYPs shipped across 84 in-scope countries	66%	63%	58%	58%	61%	
LARCs as a percentage of CYPs shipped across 83 in-scope countries, excluding Bangladesh	71%	68%	66%	65%	65%	

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Some differences exist in the historical data for 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022; [4] USAID, "Couple-Years of Protection (CYP)".

EXHIBIT 6: Market share per method in the public-sector market, in USD



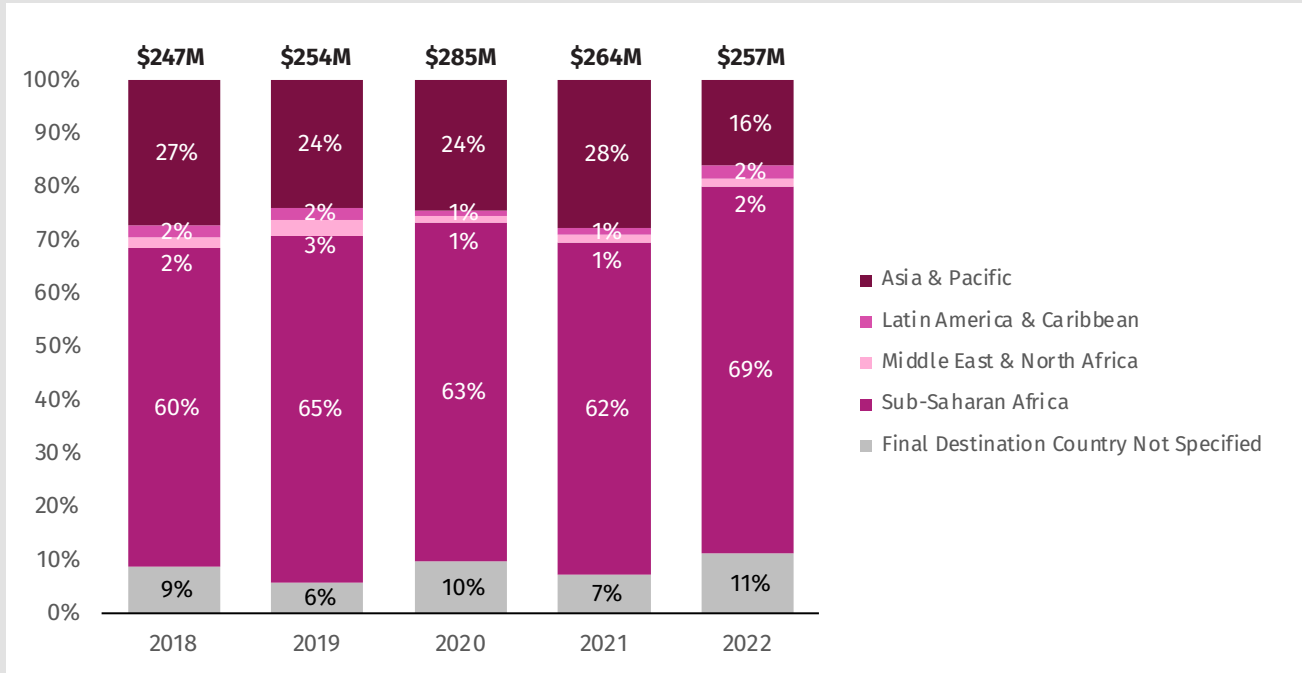
Year	2018	2019	2020	2021	2022	
	38%	39%	40%	46%	45%	LARCs as a percentage of market value across 84 in-scope countries
	42%	44%	49%	53%	49%	LARCs as a percentage of market value across 83 in-scope countries, excluding Bangladesh

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Some differences exist in the historical data for 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022; [4] IAP Implant Price.

EXHIBIT 7: Share of public sector market value by region, in USD

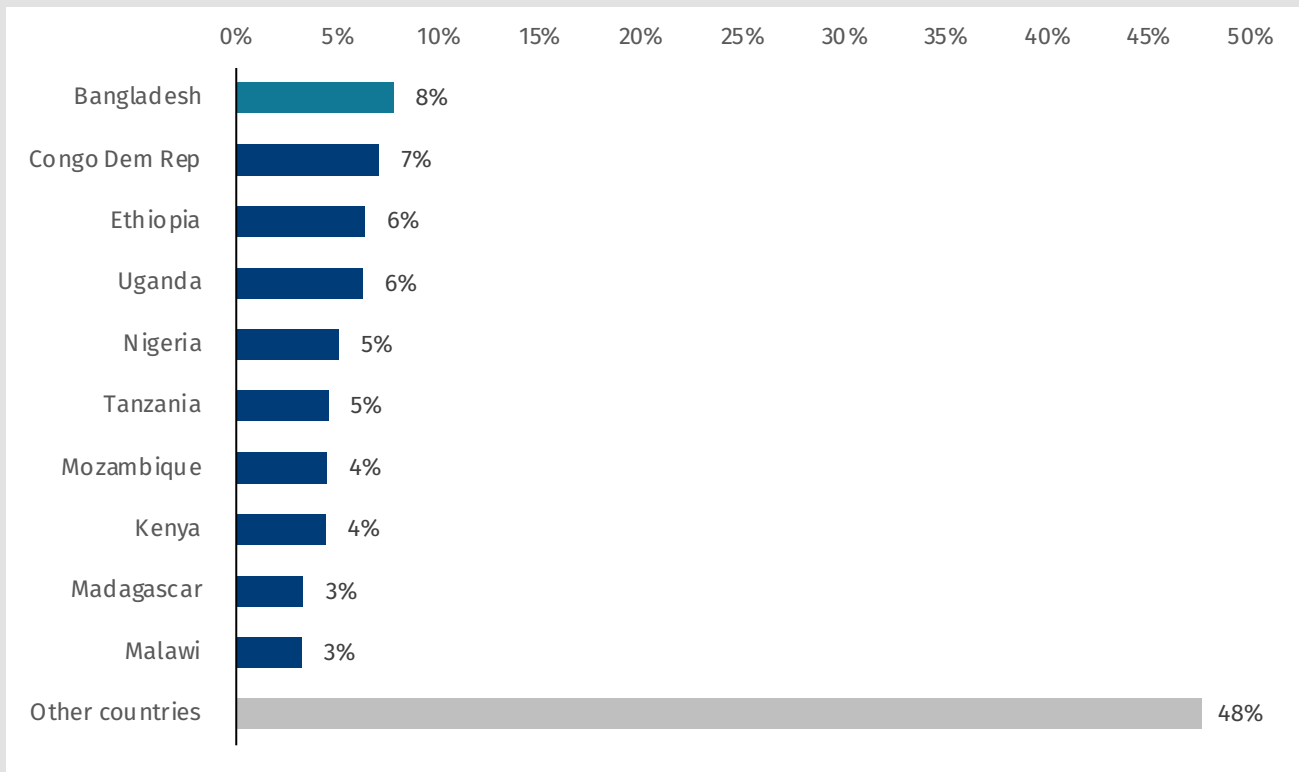


Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. The share of public-sector market value by region depicted in the graph above is influenced by the relative distribution of low- and lower-middle-income countries, the majority of which are in Sub-Saharan Africa. Only a small number of countries from the Latin America & Caribbean (LAC) and Middle East & North Africa (MENA) regions are included among the 84 in-scope countries, thus the trends captured in this report may not be representative of the entire LAC and MENA regions. Additionally, the market value in the graph above is for the public-sector specifically (as defined earlier in the report) and therefore does not capture commercial-sector market value. The graph above also focuses on the product-based modern methods of contraception defined earlier in the report and therefore does not capture other methods beyond those, e.g., sterilization. Finally, the market value in the graph above reflects shipment data from the 17 participating suppliers only.

“Final destination country not specified” indicates that shipments were received in warehouses for later distribution to in-scope countries. Some differences exist in the historical data for 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018–2022

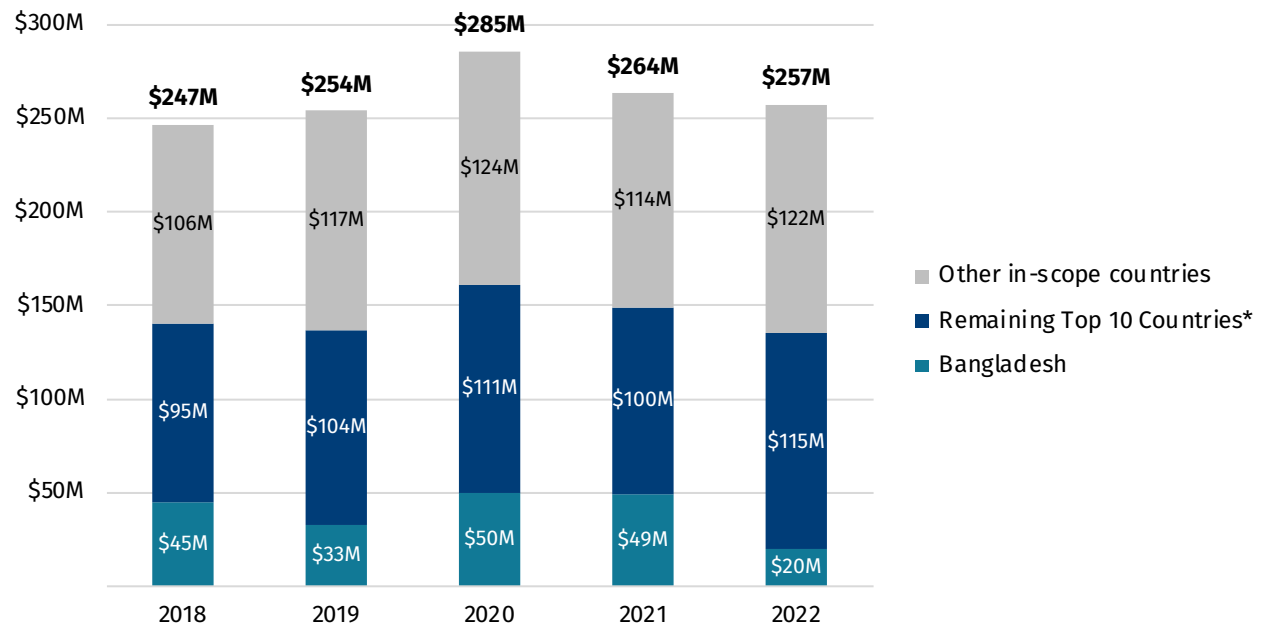
EXHIBIT 8: Top ten countries in terms of value, 2022



Note: The sum of all bars does not add up to 100% due to rounding.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2023; [3] UNFPA Contraceptive Price Indicator, 2018–2022

EXHIBIT 9: Value of ten largest public sector countries compared to value of all other countries combined



Year	2018	2019	2020	2021	2022	
Top 10 countries as a % of overall market value	57%	54%	56%	57%	52%	
Bangladesh as a % of overall market value	18%	13%	17%	19%	8%	

The top 10 countries in this graph are defined based on 2022 market value data and, in alphabetical order, are Bangladesh, Democratic Republic of Congo, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Tanzania, and Uganda

Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Some differences exist in the historical data for 2018-2021 in this version of the report versus previous versions due to the different geographic scope of the report this year (84 in-scope countries) v. last year (83 in-scope countries), 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 2023; [3] UNFPA Contraceptive Price Indicator, 2018-2022

GLOBAL PROCURER SPEND ANALYSIS

This section focuses on data from the Supply Chain Management Unit 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 84 in-scope countries. The focus of this section is therefore on UNFPA and USAID expenditure on contraceptive commodity procurement specifically and, as such, the analysis in this section does not include any spend on programmatic and/or technical assistance from the procurers.

UNFPA spend on contraceptives bounced back in FY2022 with procurement spend nearing the peak levels seen in FY2019/20. Similarly, USAID's contraceptive procurement spend increased from FY2021 to FY2022, matching the highest expenditure level observed over the five-year period from FY2018 to FY2022.

UNFPA's total spend on contraceptive procurement (across both UNFPA program and third-party procurement (TPP)) increased by 49 percent from \$107 million in FY2021 to \$160 million in FY2022 (**Exhibit 10**). UNFPA's FY2022 spend on contraceptive procurement is greater than the average spend (\$142M) seen over FY2018-21 (**Exhibit 10**) and more in line with FY2019 and FY2020 levels. The increase in contraceptive procurement spend is consistent with the anticipated rebound level expressed by stakeholders in the 2022 FP Market Report. The 2022 UNFPA Supplies Partnership Annual Report noted that there were new donor commitments and increased existing donor commitments to the Partnership in 2022.¹²

The \$53 million increase from FY2021 to FY2022 was driven by a \$48 million increase (+56 percent) in UNFPA program procurement spend and a \$5 million increase (+22 percent) in TPP over this period. In FY2022, TPP comprised 17 percent, approximately \$27 million, of the total UNFPA spend. The value of TPP increased by 18 percent compound annual growth rate from FY2018 to FY2022. Between FY2018 to FY2022, third-party procurement as a percentage of total annual UNFPA spend for in-scope countries fluctuated between a range of 9 and 20 percent each year.

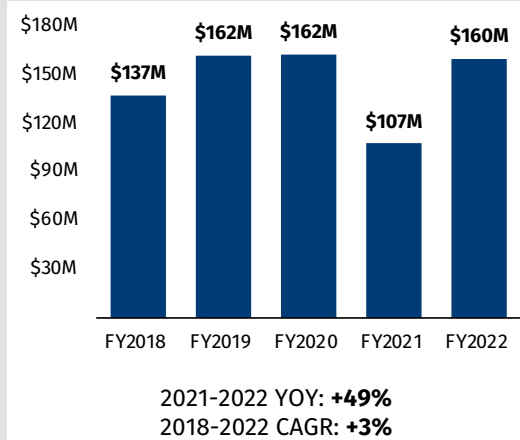
For USAID, the annual value of contraceptive procurement in FY2022, excluding male and female condoms,¹³ was \$50 million, representing 42 percent growth from FY2021 (**Exhibit 11**).¹⁴ USAID spend has fluctuated between \$35 million and \$50 million yearly from FY2018-FY2022. USAID spend in FY2022 stands at

12 2022 UNFPA Supplies Partnership Annual Report. Link: <https://www.unfpa.org/unfpa-supplies-annual-report-2022>

13 USAID data on contraceptive shipments is collected from the "Overview of Contraceptive and Condom Shipments FY2022 report". The FY2022 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 the FY2018 to FY2022 period, in order to ensure the analysis compared a consistent data set across the relevant years. The USAID report is available here: https://www.ghsupplychain.org/sites/default/files/2023-05/FY22%20C%20and%20C%20report_18MAY2023.pdf

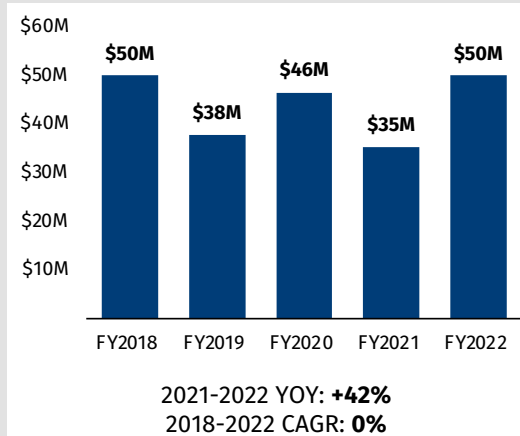
14 USAID Fiscal Year (FY) runs from Oct. 1 to Sept. 30. Since FY2018, USAID has shared data in the "Overview of Contraceptive and Condom Shipment" reports based on the year in which orders are delivered, rather than shipped to countries.

EXHIBIT 10:
UNFPA procurement value—contraceptives to in-scope countries, in USD



Source: UNFPA Supply Chain Management Unit data FY2018 - FY2022

EXHIBIT 11:
USAID procurement value (excluding male and female condoms)—contraceptives to in-scope countries, in USD



Source: USAID "Overview of Contraceptive and Condom Shipments" reports, FY 2018 - FY2022.

the highest within this timeframe and is in line with the level of spending seen in FY2018. The FY2022 USAID Overview of Contraceptive and Condom Shipments report highlights that additional funding was made available in FY2022 based on gaps identified by the Visibility and Analytics Network Consensus Planning Group (VAN CPG) under the RHSC. USAID spend on contraceptive procurement remains decentralized and determined by country missions.

Funding Outlook

UNFPA anticipates the same or higher-level procurement spending in 2023 as compared to 2022, taking into account the increased procurement-related spend from the UNFPA Supplies Partnership, TPP, and the Match Fund. Additionally, in 2023, the Partnership received significant commitments from philanthropic organizations and countries.¹⁵ The Bill & Melinda Gates Foundation announced a long-term commitment of up to \$100 million dedicated to supporting direct commodity procurement. The Children's Investment Fund Foundation (CIFF) intends to contribute \$50 million to broader efforts to address the gap in commodity financing, including support for the UNFPA Supplies

Partnership. Being the largest donor to the UNFPA Supplies Partnership, the United Kingdom (UK) recently confirmed that they are working towards renewing their multi-year contribution framework to continue support right up to 2030 at a similar level. The UK is currently providing GBP 264 million over a five-year period. For the period 2024-2026, the UNFPA Supplies Partnership will at a minimum maintain its current annual budget allocation of USD 185 million, of which 75% will be used for RH commodity procurement. Should recent donor announcements be confirmed, it is expected that the annual budget allocation will increase by 10-15%. Moreover, country leaders in some of the in-scope countries announced their focus on enhancing access to family planning by increasing domestic resources for supplies through the UNFPA Country Compact agreements.

USAID spend on contraceptive procurement has fluctuated within a relatively stable range from FY2018-FY2022.¹⁶ For USAID, missions will continue to determine the level of contraceptive procurement spend in individual countries. USAID will also continue to work towards increased levels of domestic financing as part of its "Journey to Self-Reliance" strategy.¹⁷

¹⁵ Link: <https://www.unfpa.org/press/governments-and-philanthropies-commit-increase-investments-end-funding-shortfall-lifesaving>

¹⁶ President Biden released his FY2024 (October 1, 2023-September 30, 2024) budget request to Congress on March 9, 2023. Bilateral FP/RH funding included in this request totaled \$600 million, which constitutes a 14 percent increase above the FY23 approved funding level. Proposed funding for UNFPA increased to \$57.5M over the \$32.5 million enacted in FY23. On July 11, 2023, the House Committee on Appropriations released its report on the FY2024 State, Foreign Operations, and Related Programs (SFOPs) appropriations bill, proposing funding decreases to the Administration's budget request. The bilateral FP/RH funding included in this bill totaled \$461 million, with a no funding allocated for UNFPA. This bill was approved by the House committee on Sept 28, 2023. On July 20, 2023, the Senate Committee on Appropriations approved its version of the FY2024 SFOPs appropriations bill, proposing \$600 million in bilateral FP/RH funding and \$35 million in funding for UNFPA. At the time of writing, FY2024 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-approves-the-fy-2024-state-and-foreign-operations-sfops-appropriations-bill/>, <https://www.kff.org/news-summary/senate-appropriations-committee-approves-fy-2024-state-foreign-operations-and-related-programs-sfops-appropriations-bill/>

¹⁷ USAID "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. Link: <https://www.usaid.gov/documents/1870/journey-self-reliance-fact-sheet>

DOMESTIC GOVERNMENT SPEND ANALYSIS

This section summarizes available data on domestic financing for contraceptive procurement looking across three relevant data sources. Specifically, it leverages data on domestic government expenditure on contraceptive commodities¹⁸ from USAID's "Contraceptive Security (CS) Indicators Survey"¹⁹ (2017 to 2021), UNFPA's National Budget Allocation and Spend analysis²⁰ (2018 to 2022), and Track20's "Family Planning Spending Assessment" (FPSA)²¹ data (2021) to provide further visibility²² into domestic financing for the subset of the 84 in-scope countries for the FP Market Report, where data is available.²³

There is growing focus within the RH community to strengthen domestic financing as a viable and sustainable funding source for the procurement of contraceptives in countries. For example, USAID's Journey to Self-Reliance Strategy, the Global Financing Facility (GFF),²⁴ the UNFPA Country Compact agreements, and the UNFPA Supplies Partnership Match Fund²⁵ all illustrate the community's commitment to increasing domestic financing for contraceptive procurement.

The USAID CS indicators survey (2017-2021) and UNFPA national budget allocation and spend data (2018-2022), which provide visibility into domestic expenditure on contraceptive procurement over time, indicate a slight increase in spending over 2017-2021 or 2018-2022 (depending on the data source) when looking at aggregate data available²⁶ across in-scope countries for the FP Market Report.²⁷

Specifically, for 16 countries in-scope that have provided data over time to UNFPA, the total domestic expenditure reported for contraceptive procurement was \$21.6 million in 2018 and \$22.9 million in 2022, representing a 1 percent CAGR. For the 24 in-scope countries that have provided data over time to the USAID CS Indicators

Survey (excluding Bangladesh), the total government expenditure reported was \$64.4 million in 2017 and \$70.3 million in 2021, indicating a 2.2 percent CAGR over the five-year period. It's important to note that the trends observed during the in-scope period may have been influenced by the impact of the COVID-19 pandemic. Additionally, inflation, which was notable in some in-scope markets during this timeframe, may have also impacted the real purchasing power of these domestic financing contributions.²⁸

There is variation by country in terms of domestic financing trends over time. For example, for the in-scope countries that provided data over time, 12 countries had increasing levels of domestic expenditure over time (**Exhibit 12**). Of these 12 countries, five countries (or 42 percent of the countries), increased their domestic expenditure by more than 30 percent over the past five years.

Moreover, based on the most recent available data, out of 48 in-scope countries for the FP Market Report that reported some government expenditure on contraceptives for 2021/2022,²⁹ 22 countries allocated

18 Contraceptive commodity expenditure refers to expenditure associated with procuring contraceptive methods only. It excludes expenditure on contraceptive services, government personnel, etc.

19 The USAID Contraceptive Security Indicator Survey is published every two years with the latest survey data available for 2021. Link: <https://www.ghsupplychain.org/CSI-Survey-Landing-Page>

20 The UNFPA National Budget Allocation and Spend data is collected through an annual reporting survey of national governments by UNFPA country offices. This survey is conducted in January each year for the previous year.

21 Track20 collects data on family planning spending in low- and middle-income countries using a modified health accounts approach, focusing solely on family planning. In situations where data on actual expenditures on FP are lacking, costing techniques using internationally accepted costing methods and standards are leveraged to estimate expenditures. Results are validated by government officials before publication. Link: https://www.track20.org/pages/data_analysis/FPSA.php#2020Tables

22 There are various sources that report on government expenditure on family planning including the WHO Health System Accounts. However, this report focuses on sources that offer insights specifically on government expenditure on contraceptive procurement, rather than family planning in general which includes services, human resource costs etc. Refer to Appendix B for further details on sources.

23 Refer to Appendix B for further details on the number of in-scope countries across the sources.

24 The Global Financing Facility (GFF), housed at the World Bank, was launched in 2015 as a multistakeholder partnership and financing vehicle to support reproductive, maternal, neonatal, child, and adolescent health, and nutrition. The GFF aims to finance national scale-up plans and improve financing architecture while supporting countries in the transition toward sustainable domestic financing. The USAID-funded Health Policy Plus (HP+) project has examined how family planning has been included in GFF-funded programs and has identified opportunities to leverage the GFF process to support family planning financing. Link: <http://www.healthpolicyplus.com/ns/pubs/18472-18851-FPGFFReport.pdf>

25 In the current phase of the UNFPA Supplies Partnership, national governments in 43 countries have signed compact agreements to gradually increase domestic financing for contraceptive supplies. One of the mechanisms to enable this increase in domestic financing is through the UNFPA Supplies Partnership Match Fund where UNFPA matches government contributions for quality-assured reproductive health supplies. The match fund has thus far been accessed by 12 countries. Note: The impact of these agreements on domestic financing is not captured in this report as the time-period in the report predates the compact agreements being finalized in many countries, as per stakeholder discussions. Further information on the compact agreement can be found here: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Supplies%20Partnership%20Annual%20Report%202021.pdf>, <https://www.unfpa.org/press/governments-and-philanthropies-commit-increase-investments-end-funding-shortfall-lifesaving>

26 Note that certain countries, like India, have significant domestic financing for contraceptive procurement, but are not included in this analysis as they are not included in the reviewed sources for the period analyzed. More information on the Indian market can be found in Appendix E.

27 The overall trend indicates a slight increase across countries excluding Bangladesh. Including Bangladesh, the CS Indicators Survey data depicts an approximately 16 percent CAGR in aggregate domestic expenditure from 2018 to 2022 for 25 in-scope countries. Given the significant domestic spend on contraceptive procurement in Bangladesh that increased from 11 million in 2017 to 69 million in 2022 (an increase of 56 percent CAGR over 2018 to 2022), including Bangladesh has an outsized impact on aggregate domestic expenditure trends.

28 The World Bank provides data on inflation, e.g., consumer price inflation (percent) and the consumer price index (CPI) by country. More details can be found here: <https://data.worldbank.org/indicator/FP.CPI.TOTL.ZG>, <https://data.worldbank.org/indicator/FP.CPI.TOTL>

29 The countries included in Exhibit 13 are those with domestic financing for contraceptive commodities of at least \$1 million in the most recent year of available data (i.e., either 2021 or 2022 depending on the data source). However, government expenditure on contraceptive procurement can fluctuate annually so there may be some countries that allocated domestic financing to contraceptive procurement in earlier years but did not report financing in the most recent year.

EXHIBIT 12: Countries with increasing government expenditure on contraceptive procurement
(5 year CAGR, most recent data available)

Government expenditure >30% CAGR over 5 yrs	Government expenditure 10-30% CAGR over 5 yrs	Government expenditure 1-10% CAGR over 5 yrs
Angola ¹	Cabo Verde ¹	Burkina Faso ²
Bangladesh ¹	Congo Dem Rep ²	El Salvador ¹
Honduras ²	Rwanda ²	Kenya ¹
Madagascar ²	Tanzania ²	
Malawi ²		

Source: (1) USAID Contraceptive Security Indicators Survey, 2017-2021; (2) UNFPA National Budget Allocation & Spend 2018-2022

Note: The information presented in Exhibit 12 summarizes data across different sources that utilize varied methodologies (please refer to Appendix B for more details on sources). Expenditure trends may exhibit some variations among different data sources.

EXHIBIT 13: Countries with notable annual domestic expenditure on contraceptive procurement
(most recent year)

Government Expenditure: >\$10M		Government Expenditure: \$5-10M		Government Expenditure: \$2-5M		Government Expenditure: \$1-2M	
Bangladesh ¹	69.2M	Philippines ¹	9.8M	Kenya ²	4.7M	El Salvador ¹	2.0M
Indonesia ³	27.5M	Pakistan ¹	9.2M	Ghana ¹	2.6M	Bolivia ²	1.7M
Ethiopia ²	10.6M	Angola ¹	6.7M	Tunisia ³	2.6M	Zimbabwe ²	1.5M
		Vietnam ³	6.3M	Burkina Faso ²	2.1M	Guinea ¹	1.4M
				DRC ²	2.1M	Tanzania ²	1.4M
						Uzbekistan ³	1.3M
						Nepal ¹	1.3M
						Rwanda ²	1.3M
						Sri Lanka ¹	1.2M
						Honduras ²	1.1M

Sources: (1) USAID Contraceptive Security Indicators Survey 2021; (2) UNFPA National Budget Allocation & Spend 2022; (3) Track20 Family Planning Spend Assessment 2021

Note: The information presented in Exhibit 13 summarizes domestic financing data for the most recent year available (i.e., either 2021 or 2022) looking across different sources that utilize varied methodologies (please refer to Appendix B for more details on sources). Expenditure data may exhibit some variations among different data sources. Levels of domestic financing for contraceptive commodities can fluctuate each year in country. Exhibit 13 captures information specifically for the most recent year with available data and therefore should be considered a snapshot in time.

domestic funding of at least \$1 million in that year for contraceptive procurement (**Exhibit 13**).

To put estimates of domestic expenditure on contraceptive commodities in context for a given country, it is informative to compare those estimates to estimated global procurer (i.e., UNFPA and USAID) spend on contraceptive procurement³⁰ for the same year in country, to directionally approximate the magnitude of total public-sector contraceptive procurement that was financed with domestic resources. See **Exhibit 14** below for a summary of whether countries have domestic

expenditure for contraceptive procurement that is estimated to be greater than or less than the total estimated global procurer spend for the most recent year of available data. Note: This analysis is not limited to only those countries with domestic financing greater than \$1 million in the most recent year as in **Exhibit 13** but rather includes all in-scope countries for the FP Market Report which have available data for the most recent year.

EXHIBIT 14: Comparison of annual domestic expenditure on contraceptives to global procurer spend on contraceptives by country (most recent year)

Domestic expenditure on contraceptive commodities is greater than est. global procurer spend on contraceptive commodities		Domestic expenditure on contraceptive commodities is 50-100% of est. global procurer spend on contraceptive commodities		Domestic expenditure on contraceptive commodities is less than 50% of est. global procurer spend on contraceptive commodities	
Lower-middle-income countries:	Low-income countries:	Lower-middle-income countries:	Lower-middle-income countries:	Low-income countries:	
Angola ¹	Ethiopia ²	Ghana ¹	Benin ²	Burkina Faso ²	
Bangladesh ¹	Guinea ¹	Nepal ¹	Cote d'Ivoire ²	Burundi ²	
Bhutan ³		Tajikistan ³	Kenya ²	Central African Republic ²	
Bolivia ²			Lao PDR ²	Chad ²	
Cabo Verde ¹			Lesotho ²	Congo Dem Rep ²	
El Salvador ¹			Mauritania ¹	Madagascar ²	
Eswatini ³			Nigeria ²	Malawi ²	
Honduras ²			Papua New Guinea ²	Mali ²	
Indonesia ³			Senegal ²	Mozambique ³	
Kyrgyz Republic ¹			Tanzania ²	Niger ²	
Pakistan ¹			Zimbabwe ²	Rwanda ²	
Phillippines ¹				Togo ²	
Sri Lanka ¹				Uganda ¹	
State of Palestine ³				Zambia ¹	
Timor-Leste ²					
Tunisia ³					
Uzbekistan ³					
Vietnam ³					

Sources: (1) USAID Contraceptive Security Indicators Survey 2021; (2) UNFPA National Budget Allocation & Spend 2022; (3) Track20 Family Planning Spend Assessment 2021; (4) RH Viz 2021-2022; (5) UNFPA Contraceptive Price Indicator, 2021-2022; (6) World Bank Income Classification for FY23

Note: The information presented in Exhibit 14 summarizes data across different sources that utilize varied methodologies (Please refer to Appendix B for more details on sources). Expenditure data may exhibit some variations among different data sources. Levels of domestic financing for contraceptive commodities can fluctuate each year in country as can estimated global procurer spend on contraceptive procurement by country. Exhibit 14 captures information specifically for the most recent year with available data and therefore should be considered a snapshot in time.

30 The estimated value of global procurer spend is calculated using publicly available volumes shipped by UNFPA and USAID to in-scope countries from RH viz and average unit prices from UNFPA Contraceptive Price Indicator 2021-2022. (Further details in Appendix C).

As seen in **Exhibit 14**, 18 out of 20 countries (or 90 percent) with domestic expenditure on contraceptive commodities greater than estimated global procurer spend on contraceptive commodities in country are lower-middle-income countries, with the exceptions of Ethiopia and Guinea which are low-income countries. On the other hand, a relatively larger proportion (14 out of 25 or 56 percent) of countries with domestic expenditure on contraceptive commodities less than 50 percent of estimated global procurer spend on contraceptive commodities were low-income countries.

Consolidating information across data sources, as captured in **Exhibits 12, 13, and 14**, offers enhanced visibility into the status of and trends related to domestic financing for contraceptive procurement in the low- and lower-middle-income countries with available data. Further enhancing data collection and visibility into domestic expenditure for contraceptive procurement by method across a broader set of countries over time can better equip the RH community to monitor the progress of domestic financing efforts and develop more comprehensive and nuanced perspectives. For example, increased visibility into

domestic financing for contraceptive procurement can help the community better answer key questions such as: How is domestic financing for contraceptive procurement growing over time in different country contexts? What factors help drive increased domestic financing for contraceptive procurement? What portion of contraceptive commodity needs remain unmet by either government expenditure or donor financing? What methods are governments more or less likely to finance using domestic resources?

The answers to such questions can enable the RH community to better prioritize and design initiatives to bolster domestic financing for contraceptives. The International Family Planning Expenditure Tracking Expert Advisory Group convenes to exchange global perspectives and work towards building congruence across data sources covering family planning expenditures, including domestic financing. Stakeholders have highlighted this advisory group as one potential forum that could be leveraged to progress discussions related to enhancing visibility into domestic financing for contraceptive procurement.

HIGHLIGHTS FROM DISCUSSIONS WITH KEY STAKEHOLDERS

A number of suppliers, donors, and RH partners were consulted to discuss the trends observed in this report.

Stakeholders expressed that the public sector market trends were promising as they indicated an overall upward trajectory in contraceptive procurement from 2021 to 2022, leaving aside the unique local market dynamics noted in Bangladesh. Stakeholders also expressed appreciation for the community's efforts to increase UNFPA procurement funding in 2022 compared to 2021, underscoring the global RH community's resilience and efforts to safeguard the reproductive health and rights of individuals.

Stakeholders also noted that method specific trends aligned with their understanding of market fluctuations, such as the notable spike in copper IUD procurement during 2018-19 and its impact on procurement patterns over the 2018-2022 period. Stakeholders also expressed an interest in monitoring the interplay between copper IUDs and hormonal IUD scale up in the future across in-scope countries, since research conducted in other contexts indicates that the introduction and scale up of hormonal IUD could potentially contribute to increased uptake of copper IUDs.³¹

Looking forward, stakeholders noted that a significant unmet need for contraception continues to persist. According to Guttmacher Institute's 'Adding it Up' report,³² the unmet need for modern methods of contraception was 218 million women of reproductive age in 2019 across 132 low- and middle-income countries. In a separate study in 2020, Avenir Health estimated that to address the unmet need for family planning in 120 low- and middle-income countries from 2020 to 2030, an estimated total investment³³ of \$68.5 billion, inclusive of both commodity procurement and programmatic initiatives, is required.

Given this context, there is a focus within the RH community to support governments to bolster their ability to finance and procure contraceptive commodities. Simultaneously, stakeholders have expressed interest in developing and/or enhancing

“total market” approaches for contraceptives in low- and lower-middle-income countries to both broaden access to new and hard-to-reach users across delivery channels and strengthen overall market sustainability by leveraging and realizing the full range of public- and private-sector opportunities, where possible. Governments in these countries are also increasingly focused on developing total market strategies for various contraceptives.

A notable portion contraceptive users in low- and lower-middle-income countries access contraceptives in the commercial sector.³⁴ For example, according to RHSC's LEAP analysis,³⁵ on average, 18 percent of contraceptive users in low-income countries and 29 percent users in lower-middle-income countries access contraceptives in non-subsidized commercial sector channels. This varies by method with some methods such as orals (38 percent in low-income countries and, 46 percent in lower-middle-income countries) and condoms (57 percent in low-income countries and, 63 percent in lower-middle-income countries) having a relatively notable share of users in the non-subsidized commercial sector as compared to the public-sector and/or subsidized private sector.

To support the development of sound total market strategies, the RH community strives to enhance visibility into commercial sector markets across contraceptive methods. To support these efforts and recognizing the valuable insights that suppliers have into the commercial sector in low- and lower-middle-income countries, CHAI and RHSC sought qualitative feedback from suppliers participating in the FP Market Report on commercial sector characteristics, challenges, and opportunities in these countries.

For the subset of suppliers that responded,³⁶ commercial sector shipments to low- and lower-middle-income countries were relatively limited compared to their public and SMO sector shipments. Some of the

31 Roth, L. P., Sanders, J. N., Simmons, R. G., Bullock, H., Jacobson, E., & Turok, D. K. (2018). Changes in uptake and cost of long-acting reversible contraceptive devices following the introduction of a new low-cost levonorgestrel IUD in Utah's Title X clinics: a retrospective review. *Contraception*, 98(1), 63–68. <https://doi.org/10.1016/j.contraception.2018.03.029>; Hubacher, D., & Kavanaugh, M. (2018). Historical record-setting trends in IUD use in the United States. *Contraception*, 98(6), 467–470. <https://doi.org/10.1016/j.contraception.2018.05.016>

32 The Guttmacher Institute's report “Adding It Up: Investing in Sexual and Reproductive Health 2019”, published in 2020. Available at: <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019#>

33 The costs of providing a range of modern methods of contraception to all women is calculated on a country-by-country basis factoring in cost differentials based on each country's specific situation, including commodities, service delivery and programmatic costs. More details available here: https://www.unfpa.org/sites/default/files/resource-pdf/Costing_of_Transformative_Results_Chapter_2_-_Cost_of_Ending_Unmet_Need_for_Family_Planning.pdf

34 In the FP Market Report, the commercial sector encompasses volumes purchased by commercial importers, wholesalers, retailers etc. who acquire and sell contraceptive commodities at unsubsidized prices. The supplier shipment data analyzed earlier in the FP Market Report does not include commercial sector volumes but rather encompasses volumes purchased by MOH or other government-affiliated purchasers as well as volumes purchased by global procurers such as USAID, UNFPA, and SMOs.

35 Link: <https://leap.rhsupplies.org/#/contraception>

36 Note that the responding suppliers may not necessarily be representative of all other participating suppliers.

primary commercial-sector challenges highlighted by responding suppliers included: 1) the small and nascent commercial sector markets for contraceptives in many low- and lower-middle-income countries, 2) increasing competition with lower-priced non-quality-assured products, which is particularly challenging because of the rising raw material, operating, and regulatory costs faced by some suppliers, and 3) leakage of subsidized product into the commercial sector which impacts financial viability and opportunities in some markets.

Looking forward, responding suppliers anticipated that demand would grow in the low- and lower-middle-income country commercial sector over time, especially as women's purchasing power increases and enabling conditions are put in place to bolster user education and awareness about different methods, and quality considerations, etc.

Overall, stakeholders have reiterated that greater visibility into the commercial sector in low- and lower-middle-income countries will be critical to enable more informed decision making, particularly since commercial sector characteristics and how to successfully operate within the commercial sector differs from one country to another, e.g., in terms of supply chain dynamics, policy and regulatory environments, etc. To further enhance commercial sector visibility, it will be vital to continue working collaboratively across governments, suppliers, procurers, implementing partners, and donors to share data and expertise as appropriate to support

our collective goal of developing sound total market approaches that foster and facilitate sustainable and equitable access to contraceptives across various delivery channels. As suppliers play an important role in enabling greater market visibility, in both the public and commercial sectors, it will also be valuable to continue expanding the list of participating suppliers in this report as feasible (which has already grown from 11 participating suppliers in 2015 to 17 participating suppliers currently).

Finally, stakeholders also noted that while the FP Market Report provides a useful overview of contraceptive procurement, it does not necessarily provide a view into the distribution or contraceptive use in countries.³⁷ While CYPs shipped increased from 2021 to 2022, supplier shipment data cannot be used to infer how family planning use in countries changed from 2021 to 2022, since contraceptive use 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 FP Market Report should not be confounded with user data and trends.

Overall, stakeholders found it positive to see an increase in CYPs shipped in 2022 following the decline seen in 2021. These achievements highlight the importance of maintaining robust partnerships moving forward at both the global and country levels to ensure reliable access to effective contraceptive products.

³⁷ 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_Commodity_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 since 2015 across in-scope markets, specifically the 69 FP2020 focus countries through 2021 and the broader scope of countries defined under the evolved global partnership and measurement structure for the RH community announced by FP2030 in 2021. This year there are 84 in-scope countries.

The initiative provides insightful and strategic outputs for donors, MOHs, implementing organizations, and suppliers to develop and implement more effective strategies as well as make better informed decisions that enable users within in-scope countries to access family planning products and services.

This report is a collaboration between CHAI and the RHSC. The initial 2015 report comprised data from 11 manufacturers. Since then, coverage has expanded over the years, and this year 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 Nations Population Fund (UNFPA) and the United States Agency for International Development (USAID), 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 Rings³⁸ 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.

38 The procurement of products used for sterilization such as tubal rings are not covered in this report

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. 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 low- and lower-middle-income countries 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, MARVELON, CERAZETTE, MERCILON, and for USA/CAN ZOELY and the contraceptive vaginal ring (NUVARING).

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 leading manufacturer of contraceptive products based in India. Its contraceptive product portfolio includes hormonal IUD (Eloira), a range of Copper IUDs including Postpartum IUD (recently WHO Prequalified), and tubal rings used for female sterilization. Pregna also supplies other reproductive health products such as Uterine Balloon Tamponade (ESM-UBT), Endometrial Biopsy Curette.

PT Tungal

PT Tungal Idaman Abdi (PT Tungal) 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 Tungal 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.

Viatrix (Mylan)

Viatrix (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

84 IN-SCOPE COUNTRIES: MARKET VOLUMES BY METHOD¹ AND COUNTRY, 2018–2022

EXHIBIT A.1: 84 IN-SCOPE COUNTRIES: 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	53,983	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	–	10,000	–	86,000	12,120
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	–	–
DPR Korea	–	–	–	–	–
Egypt	–	160,046	–	3,774,650	–
El Salvador	1,255,968	–	386,100	–	581,040
Eritrea	–	2,200	100,000	–	10,025
Eswatini	–	–	–	–	–
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

¹ Female condoms are aggregated with male condoms, hormonal IUDs are aggregated with copper IUDs, and combined and progestin-only orals are aggregated with emergency orals by country in order to protect data confidentiality

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
India	-	-	102,000	3,223,328	366,065
Indonesia	-	-	-	852,430	-
Iran	-	-	-	-	-
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
Lebanon	72,000	-	-	5,000	60,480
Lesotho	8,192,600	7,644	15,000	18,400	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
Mali	13,067,620	56,576	1,578,800	8,757	1,063,635
Mauritania	-	5,700	86,800	-	87,840
Micronesia	-	-	-	-	-
Mongolia	5,508,000	6,200	-	28,000	420,000
Morocco	-	-	-	21,000	-
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	-	21,000	-
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	498,175	-
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
State of Palestine	-	-	-	5,000	-
Sudan	720,000	51,264	-	4,000	-
Syria	1,440,000	-	40,200	40,000	3,255,120
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	-	-	-

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
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	–	–	1,075,250	–
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
Zimbabwe	66,442,460	87,500	1,010,975	25,000	18,265,635
Other in-scope country shipments	4,179,902	1,263,200	7,977,325	156,180	9,714,060
Total Volumes	1,226,672,218	10,434,177	81,691,804	12,598,046	225,794,959

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023.

EXHIBIT A.2: 84 IN-SCOPE COUNTRIES: 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	30,000	226,080
Comoros	1,180,800	–	–	500	–
Congo	–	26,300	19,800	191,405	9,540
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

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
DPR Korea	–	–	–	–	74,880
Egypt	11,224,800	333,164	–	490,200	–
El Salvador	3,049,000	–	160,000	–	84,672
Eritrea	–	17,300	100,000	–	10,800
Eswatini	22,008,000	–	82,999	–	4,500
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	–
Iran	–	–	–	–	–
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
Lebanon	511,200	–	–	–	64,320
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
Mali	25,216,560	293,636	256,200	29,000	682,560
Mauritania	5,000	18,580	46,200	–	813,960
Micronesia	–	–	–	–	–
Mongolia	180,000	13,800	103,260	103,000	285,600
Morocco	–	–	–	46,100	–
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	–	9,000	–
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

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
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
State of Palestine	1,761,120	–	–	–	–
Sudan	–	26,800	146,400	–	6,472,122
Syria	1,895,040	–	11,000	–	–
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	596,950	–
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
Zimbabwe	140,329,440	186,600	758,000	48,500	16,751,896
Other in-scope country shipments	5,955,160	456,500	6,291,200	341,900	12,749,040
Total Volumes	1,194,564,199	11,520,687	70,703,064	9,400,787	260,150,161

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023.

EXHIBIT A.3: 84 IN-SCOPE COUNTRIES: 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

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
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	25,000	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	–	625	21,300	148,600	12,600
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
DPR Korea	–	–	–	–	–
Egypt	1,000	53,000	1,387,600	180,030	–
El Salvador	10,127,200	–	50,000	–	467,280
Eritrea	–	14,500	4,000	–	162,000
Eswatini	–	–	–	–	9,900
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	–
Iran	–	–	–	–	–
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
Lebanon	2,664,000	–	–	–	–
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
Mali	2,954,200	297,950	937,300	31,000	30,960
Mauritania	–	3,300	175,600	–	385,344
Micronesia	–	–	–	–	–
Mongolia	280,800	11,900	75,000	14,400	495,000
Morocco	–	–	–	–	–

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
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
State of Palestine	3,335,042	–	–	–	–
Sudan	4,320,000	59,944	2,500	6,000	4,651,020
Syria	5,927,900	–	–	–	150,480
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
Zimbabwe	57,873,000	264,444	2,555,400	69,000	13,756,208
Other in-scope country shipments	4,111,600	1,126,600	14,319,600	193,560	21,995,237
Total Volumes	1,062,158,942	13,649,296	84,863,476	6,113,263	297,152,854

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023.

EXHIBIT A.4: 84 IN-SCOPE COUNTRIES: 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	8,640,000	5,100	6,600	406,275	30,600
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	–	–
DPR Korea	–	–	–	–	–
Egypt	–	365,090	–	–	–
El Salvador	714,096	–	–	–	277,920
Eritrea	–	35,200	98,400	5,000	171,900
Eswatini	–	4,208	72,000	–	–
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	–
Iran	–	–	–	–	–
Kenya	–	706,740	312,800	3,575	300,240
Kiribati	–	–	–	–	–
Kyrgyz Republic	1,814,400	–	–	–	–
Lao PDR	–	–	222,000	–	20,700

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Lebanon	–	–	–	–	285,840
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
Mali	46,485,520	183,505	778,800	17,000	437,040
Mauritania	3,499,200	19,600	65,400	51,500	355,338
Micronesia	–	–	–	–	–
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	–
State of Palestine	–	–	–	1,000	–
Sudan	7,552,800	77,400	150,625	35,500	100,080
Syria	–	–	40,700	50,000	524,880
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	–	–	–

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Western Sahara	–	–	–	–	–
Yemen	–	42,700	–	160,000	–
Zambia	72,474,000	430,900	2,903,600	178,945	3,628,512
Zimbabwe	50,475,000	173,324	510,000	15,000	3,813,984
Other in-scope country shipments	2,216,000	422,000	15,751,320	146,450	8,160,126
Total Volumes	1,291,982,491	13,528,112	57,936,760	4,220,910	270,771,636

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023.

EXHIBIT A.5: 84 IN-SCOPE COUNTRIES: CONTRACEPTIVE MARKET VOLUMES BY METHOD, 2022

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Afghanistan	31,214,376	152,500	1,121,100	21,900	2,795,364
Algeria	–	–	–	–	–
Angola	32,671,200	–	–	–	–
Bangladesh	–	–	6,070,000	6,002	62,531,522
Belize	149,760	–	–	–	–
Benin	26,536,132	239,085	312,900	8,500	464,112
Bhutan	187,200	–	–	–	–
Bolivia	1,877,800	117,500	210,600	55,500	12,096
Burkina Faso	35,259,792	82,024	1,419,200	37,000	302,400
Burundi	19,347,600	–	1,035,000	900	1,980,788
Cabo Verde	10,000	5,000	–	–	332,316
Cambodia	10,811,088	36,000	750,000	55,000	14,661,124
Cameroon	11,557,148	77,848	54,000	27,250	212,292
Central African Republic	733,968	100,000	285,900	–	72,648
Chad	1,542,000	105,684	1,001,700	6,000	578,340
Comoros	993,600	1,500	45,100	–	–
Congo	8,278,704	6,156	18,700	320,980	50,040
Congo Dem Rep	110,136,644	1,251,538	2,548,500	20,160	3,302,308
Cote d'Ivoire	14,844,000	321,424	568,500	52,100	374,760
Djibouti	83,520	500	8,000	–	5,040
DPR Korea	–	–	–	–	–
Egypt	–	240,060	–	1,102,000	–
El Salvador	10,404,808	10,000	140,500	9,490	–
Eritrea	–	42,900	100,000	–	41,040
Eswatini	10,299,000	–	40,000	–	–
Ethiopia	8,700,000	1,639,292	1,746,000	500,000	1,470,947
Gambia	3,981,168	–	234,800	–	275,040
Ghana	35,615,000	100,776	919,200	17,150	8,366,400

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Guinea	18,177,104	25,700	450,000	20,000	590,610
Guinea-Bissau	504,000	55,000	6,600	-	-
Haiti	42,307,752	31,800	314,000	-	156,780
Honduras	29,149,920	34,208	1,187,400	15,000	100,800
India	41,000	3,000	-	-	-
Indonesia	8,217,648	12,960	-	293,175	-
Iran	3,886,992	-	-	-	-
Kenya	10,688,000	1,054,024	1,630,000	32,420	310,240
Kiribati	14,400	-	-	-	-
Kyrgyz Republic	3,780,000	-	-	300	-
Lao PDR	-	54,240	184,200	30,000	-
Lebanon	655,592	-	-	1,822	593,136
Lesotho	15,736,608	10,217	268,600	-	31,140
Liberia	-	30,000	30,200	25,000	773,532
Madagascar	5,756,088	445,832	4,883,320	12,715	2,744,208
Malawi	10,663,000	375,736	5,070,000	-	2,678,184
Mali	8,989,348	229,518	1,047,600	3,502	958,428
Mauritania	835,200	19,136	353,400	50,700	577,332
Micronesia	-	-	-	-	-
Mongolia	187,200	6,000	-	56,500	-
Morocco	86,400	-	-	19,500	-
Mozambique	135,561,696	498,796	1,638,400	96,600	4,854,132
Myanmar	18,157,824	55,860	3,120	35,000	13,847,468
Nepal	16,056,000	20,000	2,028,000	-	1,316,288
Nicaragua	3,386,736	11,604	174,000	6,000	-
Niger	602,600	238,056	1,056,600	-	2,497,248
Nigeria	100,251,704	652,564	3,943,000	478,410	1,971,832
Pakistan	3,283,776	-	70,000	455,135	-
Papua New Guinea	6,753,168	50,000	210,400	-	646,380
Philippines	6,361,352	-	-	165,300	-
Rwanda	19,064,400	346,036	830,800	12,600	772,452
Samoa	-	-	-	-	-
Sao Tome and Principe	1,153,440	1,000	35,000	100	18,000
Senegal	16,937,000	139,877	279,200	71,000	1,370,160
Sierra Leone	1,247,000	240,000	221,800	-	215,280
Solomon Islands	-	-	-	-	-
Somalia	560,736	103,000	85,000	-	-
South Sudan	11,030,800	43,348	462,800	-	-
Sri Lanka	2,270,660	75,000	50,000	30,000	2,214,000
State of Palestine	1,597,536	-	-	4,070	-
Sudan	1,500,048	59,000	974,900	52,120	462,240

Country	Condoms - Male & Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Syria	2,145,600	–	–	25,600	641,520
Tajikistan	157,000	–	35,000	90,000	–
Tanzania	13,646,592	1,196,293	1,148,700	–	283,680
Timor-Leste	2,006,640	4,500	50,000	–	–
Togo	27,769,480	28,286	400,000	2,000	–
Tunisia	–	–	–	–	–
Uganda	123,806,320	1,081,296	3,678,400	5,840	186,480
Ukraine	18,383,280	–	–	–	–
Uzbekistan	7,488,000	–	–	537,860	–
Vanuatu	4,500	–	–	–	–
Vietnam	25,071,120	–	240,000	100,000	–
Western Sahara	–	–	–	–	–
Yemen	1,008,000	69,468	50,000	255,040	900,000
Zambia	86,990,352	239,016	3,000,200	223,360	1,020,240
Zimbabwe	146,889,060	130,000	1,300,000	36,000	–
Other in-scope country shipments	2,674,000	863,500	21,702,445	21,380	14,161,929
Total Volumes	1,338,727,180	13,063,658	77,722,785	5,503,981	154,722,296

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023.

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:

- Supplier Shipment Data:** 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. The 2022 and 2023 FP Market Reports encompass the broader set of all low- and lower-middle-income countries based on the World Bank country income classification. The 2023 FP Market Report captures data for 84 in-scope countries.² The classification represents the evolved global partnership and measurement structure for the FP community that was announced by FP2030 in 2021. In the 2023 FP Market Report, shipment data covering global procurer sales (USAID and UNFPA), MOH tender volumes, as well as SMO purchases has been collected from 17 participating manufacturers across five family planning product categories.
- U.S. Agency for International Development (USAID) Overview of Contraceptive and Condom Shipments Report:** 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 Donor Spend Analysis, the FY2018 through FY2022 reports were accessed and used to analyze USAID's spend on contraceptives in 84 in-scope countries, 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) Supply Chain Management Unit (SCMU) 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 low- and lower-middle-income countries for over 40 years. For the purposes of this year's Family Planning Market Report's Global Procurer Spend Analysis, CHAI worked with UNFPA SCMU to determine the value of the contraceptive procurement conducted by UNFPA from 2018 to 2022 for the 84 in-scope countries. 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):**³ The RH Viz database provides visibility into contraceptive shipments volumes via a series of public-facing dashboards. RH Viz combines historical procurement shipment data (from 2008 to 2016) with 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.

2 As agreed upon with FP2030, each year an assessment will be made and countries will be included in the FP Market Report's scope if they are classified as low- and lower-middle-income countries for that year based on the latest World Bank's country income classifications (for example, Lebanon is a new addition in this year's report based on the World Bank's country income classification for FY23). Historical supplier shipment data is then gathered for any new countries added to the report scope each year to ensure the report looks at the same country scope across the five-year time period. In consultation with FP2030, it was also decided that countries that have recently graduated from LMIC status (for example, under the FY23 World Bank income classification, only one country, Belize moved to upper-middle income classification) will not be excluded from the report scope since the report covers a historic time period. Due, in part, to data challenges, FP2030 is not presently reporting data on Western Sahara. However, CHAI and the RHSC have kept Western Sahara in scope for the FP Market Report.

3 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.

Additionally, this report's Domestic Government Spend analysis summarizes data from multiple sources that capture information on domestic financing for contraceptive procurement by country. Domestic financing for other contraceptive-related costs, e.g., service provision, human resources, etc. were out of scope for this analysis since the Market Report is focused on understanding contraceptive procurement trends specifically. The following table provides an overview of the data sources reviewed to inform the domestic government spend analysis:

Data source	Data referenced in the FP Market Report analysis	Frequency of collection	Method of collection	Country scope	Data years reviewed in the FP Market Report analysis	Number of countries in this dataset that are included in the FP Market Report scope
USAID Contraceptive Security (CS) Indicators Survey	Estimate of government expenditure ⁴ on contraceptive commodities in the most recent 12-month period ⁵	Since 2017, data has been collected every two years	Survey of national governments	Varies; ⁶ 63 unique countries captured in the analysis since 2010, with 55 unique countries included since 2017.	2017, 2019, 2021	25
UNFPA National Budget Allocation & Spend	Amount spent by national governments on contraceptive procurement in each year	Annual	Survey of national governments (via UNFPA country offices)	48 countries supported by UNFPA	2018, 2019, 2020, 2021, 2022	16
Track20 Family Planning Spend Assessment (FPSA)	Estimate of government expenditure on procurement of modern methods of contraception in the most recent year	Annual ⁷	Data produced using a modified System of Health Accounts approach and National Aids Spending Assessment (NASA) methodologies. ⁸ Results are validated by governments.	50 countries	2021	35

Note: The CS Indicators Survey and the UNFPA National Budget Allocation and Spend data sources do not define the specific contraceptives included but rather ask about funding of contraceptive commodities overall.

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- 4 This includes internally generated funds as well as other government funds. Other government include basket funds, World Bank credits or loans, and other funds the donors give to the government (e.g., direct budget support). These are included in government expenditure because governments consider these funds as part of their budgets, count them as part of government funding, and have significant control over how they are spent.
- 5 Based primarily on the value of commodities actually delivered in that 12-month period. Values are subject to exchange rate fluctuations.
- 6 USAID Family Planning Priority Countries, USAID Family Planning transitioned countries, and Ouagadougou Partnership countries are prioritized to receive the CS Indicators Survey. The corresponding report of survey data is released up to 12 months later e.g., the 2021 report is based on survey data collected in August - November 2021 reporting on expenditure in the most recently completed fiscal year.
- 7 This survey is conducted in January each year to capture information for the previous year
- 8 In situations where data on actual expenditures on FP are lacking, costing techniques using internationally accepted costing methods and standards are leveraged to estimate expenditures.

APPENDIX C – ESTIMATING THE VALUE OF THE PUBLIC-SECTOR MARKET IN 84 IN-SCOPE COUNTRIES

The value of the public-sector market across 84 in-scope countries 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 Tunggul, Renata, Shanghai Dahua, SMB, Techno Drugs, and Viatrix (Mylan). Collectively, the total volumes cover global procurer sales (USAID and UNFPA), MOH tenders and SMO purchases across five family planning product categories.⁹

Participating suppliers have cumulatively shipped 78 million female condoms, 62 million implants, 373 million injectables, 38 million copper IUDs, 0.3 million hormonal IUDs, 1156 million orals (combined & progestin only), and 52 million emergency contraceptives from 2018 to 2022.

It is important to note that there were several shipments to procurer (USAID, UNFPA, SMO) warehouses located in out-of-scope countries, such as Belgium, Denmark, Finland, France, Germany, Netherlands, Switzerland, and the UK. Although these volumes were initially shipped to out-of-scope countries, these shipments were likely to go onto the 84 in-scope countries as confirmed with the suppliers. As a result, these volumes were included in the total shipments to the 84 in-scope countries after it was confirmed with suppliers that these specific out-of-scope country 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 84 in-scope countries. 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 2018 to 2022 for historical supplier-reported shipment volumes to the 84 in-scope countries and procurer warehouses is greater than RH Viz in every method (Exhibit C.4).

⁹ Total shipment of oral contraceptives includes combined, progestin-only, and emergency oral contraceptives.

EXHIBIT C.2: GLOBAL MARKETS VISIBILITY PROJECT PARTICIPANTS AND PRODUCTS

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

EXHIBIT C.3: SUPPLIER-REPORTED SHIPMENT VOLUMES TO 84 IN-SCOPE COUNTRIES BY METHOD, 2018-2022

Method	2018	2019	2020	2021	2022	Cumulative total
Condoms – Female	13 M	22 M	18 M	13 M	12 M	78 M
Implants	10 M	12 M	14 M	14 M	13 M	62 M
Injectables	82 M	71 M	85 M	58 M	78 M	373 M
IUDs - Copper	13 M	9 M	6 M	4 M	5 M	38 M
IUDs - Hormonal	0.02 M	0.03 M	0.01 M	0.12 M	0.11 M	0.3 M
Orals - Combined & Progestin Only	217 M	251 M	283 M	258 M	147 M	1156 M
Orals - Emergency	9 M	9 M	14 M	13 M	8 M	52 M

Note: Cumulative totals calculated using actual, rather than rounded numbers.
Sources: [1] Historical Supplier-Reported Shipment Data.

EXHIBIT C.4 SUPPLIER-REPORTED SHIPMENT VOLUMES AS A PERCENTAGE OF RH VIZ-REPORTED VOLUMES BY METHOD, 2018-2022

Method	2018	2019	2020	2021	2022	Cumulative total
Condoms - Female	75%	141%	108%	105%	94%	104%
Implants	115%	143%	143%	131%	107%	126%
Injectables	179%	129%	136%	102%	109%	128%
IUDs - Copper & Hormonal	396%	386%	318%	262%	389%	358%
Orals - Combined & Progestin Only	307%	359%	256%	333%	196%	233%
Orals - Emergency	537%	674%	580%	394%	272%	455%

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2023

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 84 in-scope countries. The report used RH Viz shipment data from 2018 to 2022 and included all male condom shipment volumes to the 84 in-scope countries as well as volumes associated with procurer warehouses in out-of-scope countries.¹⁰

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 in 84 in-scope countries from 2018 to 2022.

EXHIBIT C.5: RH VIZ MALE CONDOMS SHIPMENT VOLUMES, 2018-2022

Method	2018	2019	2020	2021	2022
Condoms – Male	1.21 B	1.17 B	1.04 B	1.28 B	1.33 B

Sources: [1] RH Viz Shipment Data, retrieved August 2023

Total Public-Sector Market in 84 in-scope countries 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.¹¹ CYP factors calculate the estimated protection provided by different contraceptive methods. Because methods may have different CYPs associated with various 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.

¹⁰ Total yearly volumes are based on the year that the product was shipped.

¹¹ USAID refreshed its CYP conversation factors in January 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>.

EXHIBIT C.6: VOLUMES TO CYPs SHIPPED CONVERSION FACTORS, 2018-2022

Method	Couple-Years of Protection (CYP)
Method	Per 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.

Value of the Total Public-Sector Market in 84 in-scope countries

The total value of contraceptive procurement in the public sector 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.¹² 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 2018-2022 as well. Finally, the Implant Access Program price of \$8.50 was applied to implant volumes from 2018. In 2019-2022, the average implant price on the UNFPA Contraceptive Price Indicator varied **from the \$8.50 Implant Access Program Price**; accordingly, UNFPA's listed price was used in market value calculations for 2019, 2020, 2021, and 2022. 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.

To maintain consistency across dollar-value comparisons, this average pricing was applied to all market trends across supplier-reported and RH Viz-reported volumes.

EXHIBIT C.7: AVERAGE UNIT PRICE

Method	Price range		2018	2019	2020	2021	2022
Method	Minimum	Maximum	Unit price	Unit price	Unit price	Unit price	Unit price
Condoms - Female	\$0.43	\$0.49	\$0.47	\$0.44	\$0.43	\$0.44	\$0.49
Condoms - Male	\$0.02	\$0.03	\$0.02	\$0.02	\$0.02	\$0.02	\$0.03
Implants	\$8.26	\$8.68	\$8.50	\$8.37	\$8.26	\$8.68	\$8.62

12 UNFPA, "UNFPA Contraceptive Price Indicator—Year 2022", available at <https://www.unfpa.org/sites/default/files/resource-pdf/Contraceptive%20Price%20Indicator%202022.pdf>
 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
 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
 UNFPA, "UNFPA Contraceptive Price Indicator—Year 2018", available at https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA_Contraceptive_Price_Indicators_2018_.pdf

Method	Price range		2018	2019	2020	2021	2022
Method	Minimum	Maximum	Unit price	Unit price	Unit price	Unit price	Unit price
Injectables	\$0.77	\$0.81	\$0.81	\$0.77	\$0.81	\$0.81	\$0.79
IUDs - Copper	\$0.30	\$0.43	\$0.30	\$0.31	\$0.37	\$0.43	\$0.42
IUDs - Hormonal	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84	\$10.84
Orals - Combined	\$0.21	\$0.24	\$0.24	\$0.23	\$0.23	\$0.21	\$0.23
Orals - Progestin Only	\$0.28	\$0.32	\$0.29	\$0.29	\$0.30	\$0.28	\$0.32
Orals - Emergency	\$0.23	\$0.40	\$0.28	\$0.40	\$0.26	\$0.25	\$0.23

Notes: [1] For 2018 implants, the Implant Access Program price is used; [2] For 2018-2022, 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, 2018 to 2022; [2] IAP Implant Prices.

APPENDIX D – ESTIMATING TOTAL GLOBAL PROCURER SPEND VOLUMES IN 84 IN-SCOPE COUNTRIES

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 spend on contraceptive procurement by these major global procurers. For more information on each of these data sources, refer to Appendix B.

APPENDIX E – ADDITIONAL MARKETS VISIBILITY

This report has historically included supplementary research and analysis using publicly available data sources in three large markets: Bangladesh, India, and Indonesia.¹³ 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 an 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) procured¹⁴ 5 million CYPs for the 2022 calendar year, as compared to 13 million CYPs for the 2021 calendar year as well as for the 2020 calendar year, 12 million CYPs for the 2019 calendar year, and 17 million CYPs for the 2018 calendar year. The significantly lower procurement levels in Bangladesh in 2022 compared to 2021 (approximately -70 percent decline in volumes procured) aligns with the notable decline from 2021 to 2022 observed in the supplier shipment analysis. The MOHFW procurement data indicates that the reduction in CYPs procured in 2022 as compared to 2021 are primarily driven by combined and progestin-only oral contraceptives. Procurement contracts in 2022 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., and Techno Drugs. By applying the same prices¹⁵ used for 2022 supplier shipment analyses to the volumes from the Bangladesh MOHFW procurement data, the implied value from Bangladesh's procurement contracts is estimated to be \$16 million for 2022, as compared to the \$20 million implied by the 2022 supplier shipment data.¹⁶

Although contraceptive procurement has fluctuated in Bangladesh, consumption has remained relatively stable. A review of Bangladesh's supply chain reports¹⁷ revealed that consumption of contraceptive commodities in the public sector has contracted slightly by 4 percent from 11 million CYPs in 2018 to 9.5 million CYPs in 2022. This shift occurred in 2020, with contraceptive consumption amounting to 11 million CYPs in 2018, 10.7 million in 2019, and then remained at a fairly consistent level over the past three years, ranging from 9.5 to 9.7 million CYPs between 2020 to 2022.

This analysis relies on data from the Government of Bangladesh's Ministry of Health and Family Welfare (MOHFW)¹⁸ for 2018, 2019, 2020, 2021, and 2022.¹⁹

13 Per a 2016 analysis (which is when this market visibility analysis was added to the FP Market Report), Bangladesh and India accounted for a large proportion of the gap between FP2020-reported users of product-based methods and users implied by the shipment data based on country-specific comparisons. Note: Indonesia also accounted for a notable proportion of the gap between FP2020-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.

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

15 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.

16 While participating suppliers in the FP Market Report represent a smaller subset of all the suppliers active in the Bangladesh market, the implied Bangladesh market value from the supplier shipment analysis may exceed the estimated value from Bangladesh's government procurement contracts in some years since the supplier shipment data also includes shipments to social marketing organizations in country and is also calculated based on date shipped, rather than date received that is reported by the Bangladesh MOHFW.

17 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>

18 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>

19 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 2018-2022.

**EXHIBIT E.1: MOHFW SUPPLY CHAIN CONTRACEPTIVE SHIPMENT RECEIPT DETAILS
(PUBLICLY AVAILABLE VOLUMES DATA)**

Product name	Supplier name	2018	2019	2020	2021	2022
CONDOM	Direct Relief	1,584,000	-	-	-	-
CONDOM	ESSENTIAL DRUGS CO. LTD.	56,854,800	11,600,800	72,163,600	91,088,400	22,664,800
CONDOM	KHULNA ESSENTIAL LATEX PLANT (KELP)	62,158,800	95,894,000	44,388,400	36,794,400	11,202,000
CONDOM	UNFPA	10,080,000	-	-	-	4,428,000
ECP (2 TAB/PACK)	M/S, RENETA LTD.	100,000	100,000	100,000	100,000	100,000
IMPLANT (2 ROD)	TECHNO DRUGS Ltd	385,000	429,054	-	575,000	899,885
IMPLANT (SINGLE ROD)	UNFPA	200,000	5,000	-	-	-
INJECTABLES (DMPA-IM)	Popular Pharmaceuticals Ltd.	1,000,000	-	-	-	-
INJECTABLES (DMPA-IM)	TECHNO DRUGS Ltd	18,250,000	8,230,000	15,250,000	14,000,000	0
INJECTABLES (DMPA-IM)	USAID	914,800	-	-	-	-
IUD (CT-380A)	IPAS Bangladesh	9,500	-	-	-	-
IUD (CT-380A)	MARIE STOPES CLINIC	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	300
ORAL CONTRACEPTIVE PILL (SHUKHI)	M/S, RENETA LTD.	54,800,125	110,000,001	50,500,000	43,940,000	11,904,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	Popular Pharmaceuticals Ltd.	16,700,000	-	12,500,000	11,230,000	5,952,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	TECHNO DRUGS Ltd	16,700,000	-	38,000,000	32,800,000	11,904,000
ORAL PILL APON	M/S, RENETA LTD.	4,000,000	1,000,000	3,500,000	9,000,000	-

Source: Bangladesh MOHFW, Supply Chain Management Portal, 2023.

India

Based on India's Ministry of Health and Family Welfare (MOHFW)²⁰ Annual Report for the 2022-2023 fiscal year,²¹ CYPs procured from product-based methods²² totaled 49 million. Copper IUDs continued to comprise the majority of CYPs provided in the MOHFW basket in 2022-2023; a total of 41 million out of 49 million CYPs provided (82 percent) were from copper IUDs. Overall, across methods, the CYPs procured during 2018 to 2022 have remained relatively stable with a -1 percent CAGR.

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 \$32 million in the 2022-23 fiscal year, compared to the less than \$1 million implied by the 2022 supplier shipment data.²³

EXHIBIT E.2: ANNUAL REPORTS OF DEPARTMENT OF HEALTH & FAMILY WELFARE (INCLUDES FISCAL YEARS 2018-19 TO 2022-23)

EXHIBIT E.2.1: QUANTITIES SUPPLIED TO STATES/UTs (PUBLICLY-AVAILABLE DATA)

Contraceptives	2018-19	2019-20	2020-21	2021-22* (partial year data)	2022-23**
Condoms (in million pieces)	-	378.1	397.1	205	235.4
Oral Pills (in lakh cycles)	394.4	591.6	427.6	184.4	217.2
Copper IUDs (in lakh pieces)	88.5	87.7	73.8	27.8	88.3
ECP (in lakh packs)	128	195.7	131.7	2.5	40.6
Centchroman Contraceptive Pill (Lakh Strips)	170.3	116.7	117.7	143.2	54.9
Injectable Contraceptive (Lakh Doses)	-	31.5	29.3	-	69.3

EXHIBIT E.2.2 SOCIAL MARKETING SALES OF CONTRACEPTIVES (PUBLICLY-AVAILABLE DATA)

Contraceptives	2018-19	2019-20	2020-21	2021-22* (partial year data)	2022-23**
Condoms (Million pieces)	459.5	507.5	244.3	126.1	283
Oral Pills (Social Marketing) (lakh cycles)	159.2	147.1	196	4.6	64
SAHELI (in Lakh tablets)	77.5	-	-	-	-

*Data reported from the 2021-22 report only covers the time period from April 1, 2021 to Sept 30, 2021, finalized numbers for the entire year have not been reported.

**Figures are provisional

20 Government of India, Ministry of Health and Family Welfare, "Annual Report of Department of Health & Family Welfare for the year of 2022-23", "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", latest report available at: <https://main.mohfw.gov.in/?q=documents/publication>

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

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

23 CHAI and RHSC are continually working to expand the set of participating suppliers in the Market Report in order to further enhance visibility into key markets, including India.

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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 Tunggul, Renata, Shanghai Dahua, SMB, Techno Drugs, and Viatrix (Mylan).

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*The VAN CPG, established in 2020 under the RHSC, 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.rhscpublications.org/uploads/tx_rhscpublications/CPG_2020_FINAL.pdf

