Family Planning Market Report

DECEMBER 2025

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ACKNOWLEDGMENTS

The Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition (RHSC) published the first Family Planning Market Report in 2015 as part of the FP2020 Global Markets Visibility Project. It initially covered 69 FP2020 focus countries and in 2021, it expanded under the FP2030 global partnership and measurement structure to include all low- and lower-middle income countries, and now reports on 85 countries. Whereas the 2015 report featured data from 11 suppliers, the 2025 edition has 18 participating suppliers.

Suppliers' shipment data is the foundation of this report's analyses, allowing 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, Injeflex, Medicines360, Organon & Co., Pfizer, Pregna, PT Tunggal, Renata, Senador Laboratories,[1] Shanghai Dahua, SMB Corporation of India, and Techno Drugs.

We would also like to thank our colleagues from Avenir Health, FP2030, the United Nations Population Fund (UNFPA), and the Global Family Planning Visibility and Analytics Network (VAN) managed by RHSC[2] for their invaluable feedback during the development and refinement of various market analyses. In past years, the Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) and the United States Agency for International Development (USAID) provided important inputs and data that strengthened the report. Due to the recent dismantling of USAID's operations, that engagement was not possible for the 2025 edition. Their absence has resulted in certain gaps in market visibility that have been addressed through alternative sources, where possible. We remain grateful for the significant contributions USAID and GHSC-PSM have made to past editions.

CHAI's work on this report has been funded by UK International Development from the UK government; however, the views expressed in this report do not necessarily reflect the UK government's official policies. RHSC would like to thank their donors whose contributions support their overall program of action.

1 While the report identifies Senador Laboratories as the data contributing supplier, the volumes attributed to Senador also incorporate historical volumes from Mylan (until November 2020) and Viatris (November 2020–October 2023), which owned and operated this FP/SRH business prior to Senador Labs.

2 Launched in 2019 under the RHSC, the VAN is a collaborative supply chain management network that allows the community to collectively estimate and prioritize supply needs, act when supply imbalances loom, and govern data sharing and use: https://www.rhsupplies.org/gfpvan/

ACRONYMS

APAC	Asia-Pacific
API	Active Pharmaceutical Ingredient
CAGR	Compound Annual Growth Rate
CHAI	Clinton Health Access Initiative
CPI	Contraceptive Price Indicator
CSI survey	Contraceptive Security Indicators survey
CSM	Contraceptive Social Marketing
CYP	Couple-Years of Protection
DHS	Demographic and Health Survey
DMPA-IM	Depot Medroxyprogesterone Acetate – Intramuscular
DMPA-SC	Depot Medroxyprogesterone Acetate – Subcutaneous
DRC	Democratic Republic of Congo
EC / ECP	Emergency Contraceptive / Emergency Contraceptive Pill
ECP	Emergency Contraceptive Pill
FP	Family Planning
FP2020	Family Planning 2020
FP2030	Family Planning 2030
FPSA	Family Planning Spend Assessment
FY	Fiscal Year
GFF	Global Financing Facility
GHSC-PSM	Global Health Supply Chain Program – Procurement and Supply Management
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HP+	Health Policy Plus project
IAP	Implant Access Program
ICFP	International Conference on Family Planning
IUCD	Intrauterine Contraceptive Device
IUD	Intrauterine Device
LAC	Latin America and the Caribbean
LARC	Long-Acting Reversible Contraceptive
LMIC	Low- and Middle-Income Countries
mCPR	Modern Contraceptive Prevalence Rate
MENA	Middle East and North Africa
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
OCP	Combined and progestin-only oral contraceptives
ODA	Official Development Assistance
RH	Reproductive Health
RH Viz	Reproductive Health Supplies Visualizer
RHI	Reproductive Health Interchange
RHSC	Reproductive Health Supplies Coalition
SCMU	Supply Chain Management Unit
SFOPs	State, Foreign Operations, and Related Programs
SMO	Social Marketing Organization
SSA	Sub-Saharan Africa
STM	Short-Term Method
TMA	Total Market Approach
TPP	Third-Party Procurement
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollar
VAN CPG	Global Family Planning Visibility and Analytics Network Consensus Planning Group
WHO	World Health Organization
WLA	WHO Listed Authority
WRA	Women of Reproductive Age
YOY	Year-Over-Year

INTRODUCTION

The Family Planning (FP) Market Report has been produced and published by the Clinton Health Access Initiative (CHAI) and the Reproductive Health Supplies Coalition (RHSC) annually since 2015 to enhance visibility into the contraceptive commodities market. The report provides insights into public-sector contraceptives procurement, defined in this report as 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), and social marketing organizations (SMOs).[3]

For many years, USAID has served as a major procurer in the global contraceptive market enabling affordable access across many low- and lower-middle-income countries. Its dismantling in early 2025 represents a major inflection point for the FP ecosystem and highlights the need for sustained visibility and coordinated action among remaining partners. As this report focuses on 2020–2024 data, it does not provide quantitative analysis of the impact of this shift. Rather, it includes qualitative reflections on the challenges now emerging and the opportunities for partners to support continuity to access in the years ahead.

The report analyzes procurement trends for dominant product-based modern methods of contraception, including implants, copper and hormonal[4] intrauterine devices (IUDs), oral contraceptives (combined and progestin-only), emergency contraceptives (ECs), injectables,[5] female condoms, and male condoms.[6]

Historically, the FP Market Report covered the 69 FP2020 focus countries. However, since 2022, the Market Report covers 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 includes data for 85 in-scope countries[7] from 2020 to 2024.

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 2020 to 2024 based on historical shipment data shared by the 18 participating suppliers in this year's report.[8] Please note that this section does not reflect the impact of the withdrawal of USAID support following the dismantling of the USAID, as the analysis period (2020–2024) predates the changes implemented in early 2025. The analysis in this section centers on three primary indicators:
    - **Market volumes (in units)**, which are shared directly by suppliers, providing insight into how contraceptive procurement for specific methods has evolved over the 2020 to 2024 period.
    - **Market value (in USD),**[9] which is calculated by multiplying shipment volumes by method with the relevant average commodity prices each year as per UNFPA's Contraceptive Price Indicator, which is a publicly available source that is updated annually.[10]
    - **Couple-years of protection (CYPs)** shipped, which are calculated by multiplying shipment volumes by method with 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 protection during a

3 For simplicity, SMOs have been included in the public-sector scope for this report given that they have historically had notable donor-funded and/or subsidized volumes, and also often support public-sector contraceptive programs in country. However, this is a simplified characterization given that SMOs also sometimes distribute products through commercial, non-subsidized channels depending on the country. CHAI and RHSC will continue to evaluate the best way to capture SMOs volumes in future family planning market reports based on available data.

4 Hormonal IUDs were 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.

5 Injectables data in the FP Market Report includes both DMPA-IM and DMPA-SC. Since DMPA-SC (Sayana Press) is currently produced by a single manufacturer, DMPA-IM and DMPA-SC volumes are reported together in this report (rather than broken down separately) to maintain supplier confidentiality

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

7 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, Jordan was a new addition in the 2024 report based on the World Bank's country income classification for FY24). Historical supplier shipment data is gathered for any new countries added to the report scope each year to ensure the same country scope is covered across the five-year time period. In consultation with FP2030, it was also decided that countries that have recently graduated from low- or lower-middle-income status (for example, under the FY24 World Bank income classification, Indonesia, El Salvador, and West Bank and Gaza 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.

8 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. Additionally, CR Zizhu is included in the count of 18 participating suppliers. CR Zizhu has not reported any relevant shipments to the in-scope countries between 2020 and 2024 but has reported shipments volumes to in-scope countries in earlier years. See Appendix C for additional details.

9 The currency reported across the report is in US dollars, unless otherwise noted.

10 Further details on commodity prices over time are in Appendix C.

one-year period (for example, 4 units of the 3-month injectable are estimated to provide a couple with protection for one year).[11] 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 and provides clearer insight into each method's share of the overall method mix.

2. **UNFPA & USAID procurement value analysis**: This section provides an overview of total public-sector procurement value (in USD) of contraceptive commodities between 2020 to 2024 for UNFPA and USAID specifically, which were the two primary global procurers of contraceptives in the public sector for in-scope countries. It is important to note the quantitative analysis and figures presented in this section do not capture the impact of the withdrawal of USAID support following the dismantling of the USAID, as the analysis period (2020–2024) precedes these developments, which occurred in early 2025. However, this section includes qualitative insights on the funding outlook and the expected impact of these funding shifts.
3. **Domestic government spend analysis**: Recognizing the importance and growing focus within the Reproductive Health (RH) community to strengthen domestic government financing for contraceptive procurement, the report summarizes available data on 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 2020 to 2024 public-sector market trends and future outlook. It also includes high-level reflections on the commercial contraceptive market in low- and lower-middle-income countries, recognizing that commercial channels are important from both a user access standpoint and a market sustainability perspective. The qualitative commentary in this section adds further color to the quantitative trends in the public sector shown earlier in the report.

The report also includes an appendix that provides additional details on the analytical approach utilized, key data sources reviewed, further country-level details on procurement volumes, and a deeper dive into the Bangladesh and India markets leveraging publicly available procurement data published by those governments. The various analyses in this report provide enhanced visibility into the contraceptive market across the in-scope countries, providing key insights such as:

- **Trends in contraceptive use**: Evolution of CYPs shipped by method from 2020 to 2024, including the key factors driving these changes
- **Market share by method**: Breakdown of different methods' share of total CYPs shipped, market value, and/or market volumes within in-scope countries
- **Cost efficiency**: Assessment of cost per CYP by method and its evolution over time
- **Key markets**: Identification of countries contributing to significant market value or volumes for specific methods
- **Procurement landscape**: Overview of USAID and UNFPA contraceptive procurement spend over time, key drivers, and future outlook
- **External factors**: Insight into how contextual factors such as the COVID-19 pandemic have affected the contraceptive commodities market, and the implications of the dismantling of USAID on the funding outlook
- **Government commitments**: Trends in domestic financing for contraceptive commodities from 2020 to 2024, including government spending, budget allocation and execution patterns over time

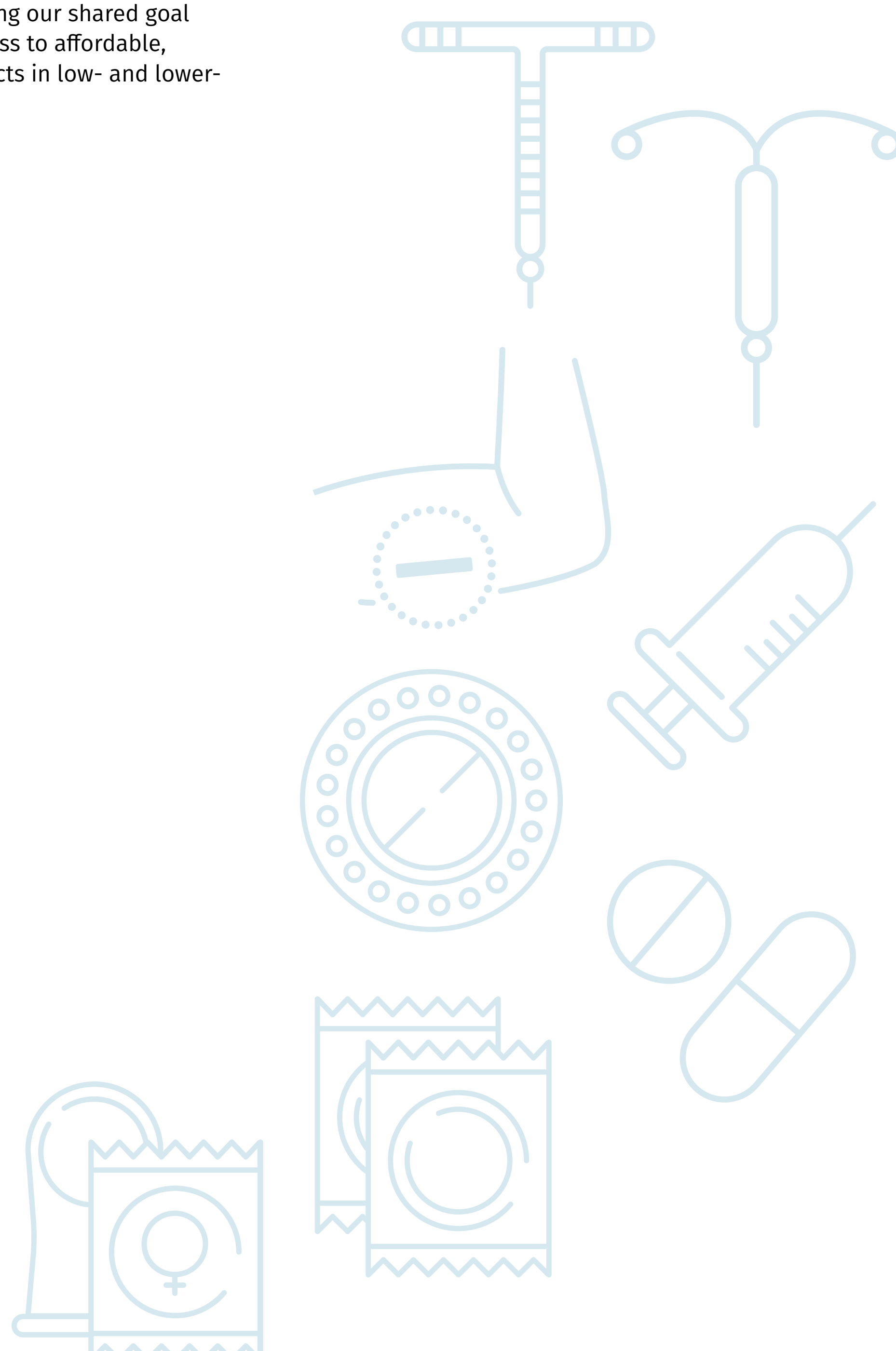
The data and insights presented in this report aim to support stakeholders across the RH community in making informed decisions. Covering data from 2020–2024, this report serves as an important reference point, capturing the market immediately before the major funding reductions announced in 2025.

To further understand the ongoing impact of the withdrawal of USAID support on the FP supply chain, in-country programmatic activities, and national FP programs, CHAI and RHSC collaborated to publish the Family Planning Market Impact Memo in June 2025. This first memo examined the effects of USAID's withdrawal on the supply chain for FP products, with a deeper focus on 12 low- and middle-income countries (LMICs). Following this, CHAI released a second memo—Family Planning Market Memo: Country Impacts and Response—in November 2025 at the International Conference on Family Planning (ICFP), which provided a more detailed assessment of the impact on country programs across 11 LMICs.

11 For all CYP calculations, this report utilizes the CYP factors most recently published by USAID. CYP conversion factors are based on how a method is used, failure rates, wastage, and how many units of the method are typically needed to provide one year of contraceptive protection for a couple. The calculation takes into account that some methods, like condoms and oral contraceptives, for example, may be used incorrectly and then discarded, or that IUDs and implants may be removed before their life span is realized. More information available at Couple-years of protection (CYP) - DataForImpactProject. See Appendix C for further details on CYPs shipped calculation in this report.

While the impact on procurement volumes for 2025 cannot yet be fully assessed, readers are encouraged to reference these memos in addition to the Family Planning Market Report for a more comprehensive understanding of the FP market in 2025, and the implications of USAID's withdrawal and its dismantling across the broader FP ecosystem.

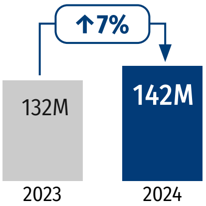
Continued collaboration across organizations within the RH community will remain essential to ensure that market data and insights from various sources are thoughtfully shared, harmonized, and leveraged to enhance visibility over time. Strengthening these collective market visibility efforts, including the FP Market Report, is vital to advancing our shared goal of expanding and sustaining access to affordable, high-quality contraceptive products in low- and lower-middle-income countries.



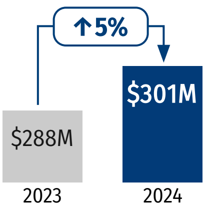
EXECUTIVE SUMMARY

The State of Family Planning in 2024

Notable Market Trends:
Public-sector procurement increased in 2024 across 85 in-scope countries.



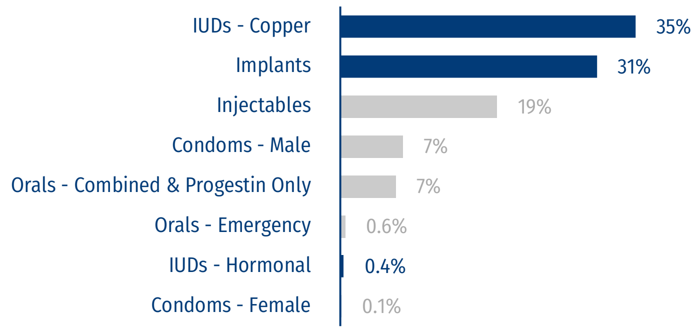
CYPs shipped increased by 7%, rising from 132M in 2023 to 142M in 2024, driven by growth in injectables, copper IUDs, implants, and female condoms.



Market value rose by 5%, reaching $301M, led by higher spending on injectables (+$18M) and implants (+$16M).

Notable Method Trends:
Method mix trends highlight a continued transition toward longer-acting methods.

Long-acting reversible contraceptives (LARCs) accounted for **66% of all CYPs shipped** up from 64% in 2023.



UNFPA and USAID Procurement:
UNFPA and USAID remained the largest global procurers for public-sector markets across 85 in-scope countries between 2020-2024.

$186M

UNFPA procurement value increased to $186M, the highest in five years (+4% from 2023), with Third-Party Procurement (TPP) accounting for 25% of UNFPA's total procurement—the largest share observed between 2020-2024.

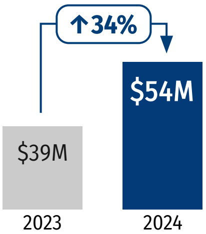
↓25%

USAID procurement declined by 25% from 2023-2024, reflecting a return to typical levels following a peak in 2023 largely driven by special funding flows that year.

Funding Outlook: Despite strong performance in 2024, the outlook for 2025 and beyond is increasingly uncertain.

- UNFPA Supplies commodity procurement budget for 2025 has been **reduced by 12%**, with further declines anticipated in 2026–2027.
- The dismantling of USAID is projected to create an additional **$62M annual funding gap** for contraceptive procurement.
- The full effects of 2025 disruptions are expected to materialize more substantially in the years ahead and will be covered in depth in next year's report.

Domestic Financing:
Domestic financing continued to strengthen in 2024.



Across 54 UNFPA Supplies countries, governments reported **$53M in contraceptive spending**, up from $39M in 2023 and nearly **five times higher than 2020.**

Budget allocation and execution for contraceptive procurement also improved, with **21 countries increasing their budget allocations, 23 countries executing over 80%** of their allocated budgets, and **18 countries fully executing** their allocated budgets

Looking Forward: Strengthening and diversifying financing foundations will be critical for successful FP programs—through expanding domestic resource mobilization (including Universal Health Coverage (UHC) integration), securing multi-year donor commitments, leveraging platforms such as the UNFPA Supplies Partnership, and advancing coordinated total market approaches (TMA) that improve efficiency, build market resilience, and transition users with ability to pay toward private channels.

SUPPLIER SHIPMENT ANALYSIS

For the 2025 FP Market Report, 18 participating suppliers[12] provided shipment data for implants, copper and hormonal IUDs, oral contraceptives (combined and progestin-only), emergency contraceptives, injectables,[13] and female condoms. Male condom shipment data from 2020–2024 and female condom data for 2023–2024 were sourced from the Reproductive Health Supplies Visualizer (RH Viz).[14] The report has relied on RH Viz for female condom volumes in recent years, given its more comprehensive coverage.

While the shipment data provides insights into the historical procurement of contraceptive products, it is not necessarily equivalent to the demand for contraceptives as procurement is shaped by many factors such as the availability of funding, supplier capacity and the readiness of service delivery systems.

↑7%

increase in CYPs shipped, 2023–2024

Across all 85 in-scope countries, CYPs shipped to the public sector market rose by seven percent, from 132 million in 2023 to 142 million in 2024. Growth was driven by injectables, copper IUDs, implants, and female condoms, which collectively outweighed declines in oral pills, male condoms, and hormonal IUDs. Long-acting reversible contraceptives (LARCs)—implants, copper IUDs, and hormonal IUDs—continued to dominate the method mix, accounting for 66 percent of CYPs shipped in 2024.

↑5%

increase in overall market value, 2023–2024

Market value increased by five percent in the public sector, from $288 million in 2023 to $301 million in 2024, largely driven by higher spending on implants and injectables. In contrast, market value for oral pills and male condoms declined due to reduced volumes in the public sector; however, this was more than offset by the growth in injectables and implant spending.

↓6%

decline in overall volumes, 2023–2024

Market volumes[15] fell by six percent in the public sector, primarily due to reductions in procurement of combined and progestin-only oral contraceptives by Bangladesh. ***Excluding Bangladesh, volumes shipped increased by four percent from 2023-2024.***

12 While CR Zizhu is included in the count of 18 participating suppliers, they have not reported any relevant shipments to the in-scope countries between 2020 and 2024 but have reported shipments volumes to in-scope countries in earlier years. See Appendix C for additional details.
13 Injectables data in the FP Market Report includes DMPA-IM, DMPA-SC and 2-month and 1-month IM injectables data. Since DMPA-SC (Sayana Press) is produced by a single manufacturer till 2024, injectables volumes are reported together in this report (rather than broken down separately by IM and SC) to maintain supplier confidentiality.
14 The RH Viz is managed by RHSC and combines historical procurement data with live procurer shipment data from the VAN. The 2025 FP Market Report therefore draws on RH Viz for male condom volumes and market visibility calculations. For female condoms, RH Viz offers more complete coverage than supplier-reported data in recent years; accordingly, RH Viz data is used for 2023 and 2024 in place of supplier shipments. See Appendix C for further details
15 Market volumes are presented excluding male condoms as their shipment volumes are much larger than other methods, thus skewing trends.

NOTABLE MARKET TRENDS

This sub-section analyzes trends in CYPs shipped, shipment value in USD, and volumes in the public-sector market from 2020 to 2024.

Market Overview

Across the 85 in-scope countries, the public-sector contraceptive market grew modestly in 2024, with CYPs shipped increasing by seven percent, from 132 million in 2023 to 142 million in 2024 (**Exhibit 1**). Growth was driven by higher procurement of injectables (+6M CYPs), copper IUDs (+5M CYPs), implants (+5M CYPs), and female condoms (+0.01M CYPs), which together more than offset declines in oral contraceptives, emergency contraceptives, hormonal IUDs, and male condoms. LARCs, comprising implants, copper IUDs, and hormonal IUDs, continued to dominate the public-sector market, accounting for 66 percent of CYPs shipped in 2024, consistent with 64 percent in 2023 (**Exhibit 5**).

The total value of the public-sector contraceptive market also increased, rising by five percent from $288 million in 2023 to $301 million in 2024 (**Exhibit 2**). Market growth was primarily driven by injectables (+$18M) and implants (+$16M). By contrast, the market value of combined and progestin-only oral contraceptives (–$11M), male condoms (–$10M), emergency contraceptives (-$0.4M) and hormonal IUDs (–$0.2M) declined, due to a decrease in volumes procured.

Unlike CYPs and market value, total shipment volumes (excluding male condoms) declined by six percent, from 322 million in 2023 to 304 million in 2024 (**Exhibit 3**). This drop was driven almost entirely by reduced procurement of oral contraceptives (combined, progestin-only, and emergency) by Bangladesh, which outweighed increases in injectables, implants, female condoms, and copper IUDs. ***Excluding Bangladesh and male condoms, total shipment volumes increased by four percent from 2023-2024 and grew at a 0.2 percent compound annual growth rate (CAGR) from 2020-2024 (Exhibit 3B).***

The five percent increase in market value was slightly below the seven percent increase in CYPs shipped, largely due to increase in procurement of copper IUD in 2024. Copper IUDs have a relatively low procurement cost of $0.42 per unit but provide 4.6 CYPs per unit-among the highest CYP conversion factors across modern methods (**Exhibit 4A**). As a result, while copper IUDs contributed significantly to CYP growth in 2024 (+5M since 2023), they had minimal effect on overall market value. Similarly, although CYPs and market value increased, volumes fell, reflecting a gradual shift toward LARCs that provide longer protection with fewer units required.

Overall, 2024 highlights the growing importance of LARCs and injectables in sustaining market growth, even as shipments for oral contraceptives and male condoms continue to decline. These shifts reinforce the trend toward longer-acting and more cost-effective methods in the public sector.

Regional markets

Sub-Saharan Africa (SSA) continued to hold the dominant share of market value among in-scope countries and suppliers, ranging between 62 percent and 73 percent over 2020-2024 (**Exhibit 6**). In 2024, the region's share peaked at 73 percent, up from 65 percent in 2023 and exceeding its earlier high of 69 percent in 2022. The Asia-Pacific (APAC) region, by contrast, saw a continued gradual decline, with market share falling to 18 percent in 2024 from 19 percent in 2023, down from 24 percent in 2020 and 28 percent in 2021.

Several contextual factors should also be considered when interpreting this regional market data. The regional distribution of market value reflects not only the concentration of low- and lower-middle-income countries in SSA, where unmet need for contraception remains highest globally and public-sector reliance is substantial, but also broader differences in method-mix, procurement channels, and sectoral dynamics across regions.[16]

First, the Latin America and the Caribbean (LAC) and the Middle East and North Africa (MENA) regions are represented by only a small subset of the 85 in-scope countries, thus, the trends captured in this report may not be representative of the entire LAC and MENA regions. Second, this analysis covers only public-sector market value and does not capture the commercial-sector markets, which are particularly significant in many APAC countries compared to SSA. For example, in Bangladesh, Indonesia, Pakistan, and Cambodia, more than 40-50 percent of contraceptive users rely on private sector channels. Third, the scope is limited to product-based modern methods of contraception, excluding other methods like sterilization that are prevalent in several high-population APAC countries. Although APAC accounts for 67 percent of all modern contraceptive users across in-scope countries, compared with 20 percent in SSA, a larger share of APAC users rely on

16 Based on estimates of unmet need published on the FP2030 data dashboard, the average unmet need for all women in Sub-Saharan Africa is 19 percent compared to other regions whose average unmet need falls between 13 to 18 percent. Link: https://www.fp2030.org/resources/data-dashboard/

methods not included in this report's analysis. India is the primary driver of this difference: of the 264 million modern method users in APAC, 161 million are in India, where sterilization is the dominant method (68 percent of all women, approximately 110 million women).[17] Several other APAC countries, such as Nepal, and Pakistan have sterilization levels exceeding 30 percent. Finally, the market value data reflects shipments from 18 participating suppliers[18] only. Some in-scope countries, such as India and Bangladesh, primarily procure from additional domestic manufacturers, which may result in incomplete market coverage in this report.

Key Markets

In 2024, the 10 largest countries by market value represented 59 percent of the total market, with their combined value rising from $136 million in 2023 to $178 million (**Exhibit 8**). While the specific composition of the top 10 has shifted year to year, six countries—Bangladesh, the Democratic Republic of the Congo (DRC), Ethiopia, Malawi, Nigeria, and Uganda—have consistently featured on the list over the 2020–2024 period. Between 2023 and 2024, the rankings remained largely stable, with Zambia and Madagascar entering the top 10 and Tanzania and Ghana dropping out. Over the past five years, other countries that have appeared in the top 10 list, though not consistently each year, include Burkina Faso, Kenya, Mozambique, and Zimbabwe.

Bangladesh dominated the market between 2020 and 2023, consistently holding the largest share. In 2024, however, Ethiopia surpassed Bangladesh to become the top market by value. Bangladesh accounted for around eight percent of the public-sector market in 2024, the same level as in 2022 and 2023 but down significantly from its 18-19 percent share in 2020–2021 (**Exhibit 7 and 8**) due to a reduction in their spend on family planning commodities (particularly combined and progestin-only oral contraceptives) in-scope for this report.[19]

Ethiopia, by contrast, increased procurement spending in 2024, capturing nine percent of the market compared to an average share of six percent between 2020 and 2023.

These shifts underscore the high concentration of the market for contraceptives, where changes in funding availability and procurement decisions by just a few large countries could significantly influence overall global trends.

17 FP 2030 2025 Impact Report. Link: https://www.fp2030.org/impact-report-2025/

18 While CR Zizhu is included in the count of 18 participating suppliers, they have not reported any relevant shipments to the in-scope countries between 2020 and 2024 but have reported shipments volumes to in-scope countries in earlier years. See Appendix C for additional details.

19 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. The report also provides additional visibility on procurement and consumption trends in the Bangladesh market based on publicly available information from the government (see Appendix E for additional details)

NOTABLE METHOD TRENDS

Key Takeaways

The key takeaways in terms of shipment volumes across contraceptive methods in 2024 are as follows:

- **Copper IUDs**: Continued strong growth in volumes in 2024, increasing by 11 percent since 2023 and 14 percent CAGR since 2020, with procurement reaching its highest level in the past five years.
- **Hormonal IUDs**: Volumes declined slightly in 2024 (–11 percent since 2023), consistent with the early-stage introduction of the method and variable scale-up across countries. Adoption continues to expand, with 19 countries procuring between 2020–2024 and additional countries preparing for introduction in the coming years.
- **Implants**: Volumes increased by 14 percent in 2024 compared to 2023, and by a 3 percent CAGR since 2020. After plateauing around 13 million units annually for several years, this growth signals renewed momentum in procurement.
- **Injectables**: Volumes rose significantly in 2024 (+27 percent since 2023, +6 percent CAGR since 2020), marking steady and sustained growth over the past five years.
- **Combined and Progestin-only Oral Contraceptives**: Volumes declined by 25 percent in 2024 compared to 2023, largely driven by reduced procurement in Bangladesh. Excluding Bangladesh, procurement increased year-on-year from 2023 to 2024; however, the longer-term trend still points to gradual decline and annual fluctuations.
- **Emergency Contraceptives**: Volumes declined modestly in 2024 (–9 percent since 2023) after reaching a record high in 2023, but grew by a 4 percent CAGR since 2020, reflecting cyclical procurement patterns in several markets.
- **Male Condoms**: Volumes decreased by 23 percent from 2023 to 2024 following a strong peak in 2023. Over 2020–2024, volumes grew by a 5 percent CAGR, consistent with cyclical procurement trends.
- **Female Condoms**: Volumes increased modestly in 2024 compared to 2023 (+13 percent) but declined slightly since 2020 (–3 percent CAGR). Procurement remains subject to year-to-year fluctuations.

Method Deep-Dive

Copper IUDs

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	30M	25M	33M	45M	**50M**	**11%**	**14%**
Market value (USD)	\$2M	\$2M	\$3M	\$4M	**\$5M**	**11%**	**18%**
Volumes	6M	5M	7M	10M	**11M**	**11%**	**14%**

Notes: (1) YOY and CAGR figures in this report are calculated using actual values, not the rounded figures shown in the tables or charts. As a result, there may be slight differences in the values displayed; (2) A consistent CYP factor (by method) has been applied over time, resulting in equivalent YoY growth rates and CAGR for each method for both CYPs shipped and Volumes. The Market value CAGR is higher than CYPs shipped CAGR and Volumes CAGR for 2020-2024 as the unit cost for Copper IUD increased from \$0.37 per unit in 2020 to \$0.42 in 2024.

Across the 85 in-scope countries, copper IUD shipment volumes increased for the third consecutive year in 2024, reaching their five-year peak and approaching the levels observed in 2018 and 2019, when procurements reached 13 million and nine million units, respectively. Specifically, volumes grew by 11 percent, from 10 million units in 2023 to 11 million in 2024 (**Exhibit 3**). Over the 2020–2024 period, Copper IUD shipment volumes rose at a CAGR of 14 percent, from six million in 2020 to 11 million in 2024. However, when assessing longer-term trends, the CAGR in volumes and CYPs between 2019–2024 and 2018–2024 is three percent and negative two percent, respectively, reflecting the cyclical nature of Copper IUD procurement.[20]

Copper IUDs have a long shelf life (approximately five to seven years) and can provide contraceptive protection for up to 10 years after insertion. As a result, procurement often occurs in large volumes during certain years, followed by periods of reduced or no procurement.

20 Copper IUD 2018 and 2019 CYPs and volumes can be referenced in the previous issues of the FP Market Report published in 2023 and 2024. Link: https://fp-report.com/

This cyclical pattern is particularly evident in India, Indonesia, and Uzbekistan, which together accounted for much of the increase in 2024. In India, procurement spiked in 2018 and 2019, then declined between 2020 and 2022 before rebounding in both 2023 and 2024. Indonesia experienced a similar cycle: large procurements in 2019 and 2020, a dip in 2021–2022, and a recovery beginning in 2023 that culminated in an eight-year peak in 2024. Uzbekistan saw a peak in 2017, a steady decline through 2023, and then a strong rebound in 2024.

Ethiopia also showed notable increases in copper IUD procurement in 2024 compared to the 2020 to 2023 period. Ethiopia made commitments to expand access to family planning products[21] and developed an Intrauterine Contraceptive Device (IUCD) Scale-up Plan to increase the share of LARCs in the method mix.[22] Further, in early 2024, the Ethiopian government signed two multi-year budget agreements worth $36 million, with $11.27 million from domestic allocations and $24.8 million from development partners, to address funding gaps in family planning commodities.[23] Country-level stakeholders partially attribute the increased copper IUD procurement in 2023 and 2024 to budget optimization decisions driven by domestic financing commitments. As copper IUDs are a cost-effective option, this method was prioritized over the last couple of years in anticipation of partners like UNFPA reducing commodity financing support, as outlined in the Compact agreement. Additionally, the Ethiopian Ministry of Health's recent Annual Performance Report[24] highlights postpartum family planning as a flagship initiative. According to country-level stakeholders, there is a focus on postpartum copper IUDs in these programs, which may have also contributed to the rise in copper IUD procurement in Ethiopia in 2023 and 2024.

Beyond the countries mentioned above, a few other countries such as Zambia, Vietnam, Nigeria, also had higher copper IUD procurement in 2024 compared to average procurement in 2020 to 2023. While the volumes in these countries remain relatively small compared to India, Indonesia, Ethiopia, and Uzbekistan, it will be important to monitor shipment trends in the coming years to understand the factors driving these increases and whether they are sustained.

Hormonal IUDs

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	0.1M	0.6M	0.5M	0.7M	**0.6M**	**-11%**	**72%**
Market value (USD)	$0.2M	$1.3M	$1.2M	$1.5M	**$1.3M**	**-11%**	**72%**
Volumes	0.01M	0.12M	0.11M	0.14M	**0.12M**	**-11%**	**72%**

Between 2023 and 2024, hormonal IUD procurement saw a modest decline, with CYPs shipped falling by 0.07 million (**Exhibit 1**) and volumes decreasing by 11 percent from 0.14 million to 0.12 million units (**Exhibit 3**). This dip reflects procurement fluctuations typical of countries in the early stages of introducing and scaling up the method. Overall, the method's volumes and market value have grown from 2020-2024. Procurement has expanded geographically, with 19 countries procuring hormonal IUDs in 2020-2024 compared to 16 in the 2019-2023 period covered in last year's report, and some additional countries preparing to introduce the method in the coming years, underscoring the method's growing footprint.

Implants

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	40M	40M	38M	39M	**43M**	**13%**	**2%**
Market value (USD)	$111M	$116M	$113M	$115M	**$131M**	**14%**	**4%**
Volumes	13M	13M	13M	13M	**15M**	**14%**	**3%**

21 In Dec 2021, Ethiopia launched the FP2030 commitment to increase access and utilization of voluntary family planning. Link: https://www.fp2030.org/app/uploads/2023/08/Ethiopia-FP2030-commitment-v21.pdf
22 Ethiopia using health data for decision-making at each level of health system to achieve family planning milestones. Link: https://www.fp2030.org/news/ethiopia-using-health-data-for-decision-making-at-each-level-of-health-system-to-achieve-family-planning-milestones/
23 Ethiopia signs agreements to increase access to family planning. Link: https://www.fp2030.org/news/ethiopia-signs-agreements-to-increase-access-to-family-planning/
24 Ministry of Health Ethiopia Annual Performance Report 2015 EFY. Link: https://ethiopiadup.jsi.com/wp-content/uploads/2023/11/Annual-Performance-Report-2015-EFY.pdf

Implant CYPs shipped grew by 13 percent in 2024, increasing from 39 million in 2023 to 43 million in 2024 (**Exhibit 1**). Over 2020–2024, implant shipments rose at a CAGR of three percent, from 13 million units in 2020 to 15 million units in 2024 (**Exhibit 3**). After plateauing at around 13 million units per year from 2020 through 2023, 2024 marked a return to growth in implant procurement.

A majority of the implant procurement is driven by a subset of 15 countries that influence overall implant trends. While many of these countries remain in the top 15 year after year, some annual fluctuations in the list are common and often reflect procurement cycles. In 2024, four of the larger countries exhibited notable shifts.

- **Ethiopia** significantly increased procurement, reaching a five-year peak. Given the below-average volumes observed in 2023, this sharp rise may partly reflect cyclical replenishment. The increase in implant procurement in Ethiopia in 2024 was primarily driven by new government budget agreements with international development partners, substantial domestic funding commitments, and ongoing national strategies to expand access to modern family planning methods. These agreements, as previously outlined in the C-IUD sub-section, aimed to address funding gaps in reproductive health commodities, specifically targeting family planning supplies such as implants.[25]
- **Nigeria** reached a five-year high in 2024, well above its 2020–2023 average. This growth was driven by a strategic shift toward LARCs, supported by increased donor funding, capacity-building efforts, and greater state-level financing. For example, in 2024 five states contributed funds for the procurement of FP commodities, primarily implants.
- **Madagascar** recorded its highest procurement levels in the past five years. This trend was potentially driven by a strong political commitment to family planning reforms and ambitious government-led initiatives. The government launched a national campaign in 2024 aiming to double contraceptive users in four years, focusing on reducing fertility and poverty rates. This strategy included ensuring that various contraceptive supplies, including implants and injectables, are available for free in Basic Health Centers, particularly in rural areas, in line with the Ministry of Health's policy.[26]
- **Uganda** increased procurement in 2024 following a dip in 2023. While 2024 procurement is above its 2020-2023 average, the rebound is more cyclical in nature.

Injectables

	2020	2021	2022	2023[27]	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	21M	14M	19M	21M	**27M**	**27%**	**6%**
Market value (USD)	$68M	$47M	$63M	$67M	**$85M**	**27%**	**6%**
Volumes	85M	58M	80M	86M	**109M**	**27%**	**6%**

The CYPs shipped, market value, and volumes of injectables[28] across in-scope countries increased by more than 25 percent from 2023 to 2024. Over this period, CYPs shipped rose from 21 million to 27 million (**Exhibit 1**), market value grew from USD 67 million to USD 85 million (**Exhibit 2**), and volumes shipped expanded from 86 million to 109 million units (**Exhibit 3**).

This growth was largely driven by Bangladesh, Ethiopia, Madagascar, and Malawi, the four largest procurers in 2024, which together accounted for more than half of the injectable volumes across in-scope countries.

- **Bangladesh** procured significantly above its 2020–2023 annual average, reaching a new peak in 2024. Bangladesh's increase in contraceptive injectable procurement in 2024 was likely prompted by urgent recovery from stock-outs, and enhanced government commitment to

25 Ethiopia signs agreements to increase access to family planning. Link: https://www.fp2030.org/news/ethiopia-signs-agreements-to-increase-access-to-family-planning/
26 Madagascar Commentary confirmed by in-country stakeholders. Literature research links include: 1. Madagascar: Campaign for Contraception and Family Planning Praised by NGOs. Link: https://weafrica24.com/2024/06/21/madagascar-campaign-for-contraception/ 2. Contraception the solution to Madagascar's demographic explosion? Link: https://www.lejournaldesarchipels.com/2024/06/26/contraception-the-solution-to-madagascars-demographic-explosion/?lang=en 3. We Did It Ourselves: How Localized Efforts Have Transformed Family Planning Services in Madagascar's Highland Regions: https://msh.org/story/we-did-it-ourselves-how-localized-efforts-have-transformed-family-planning-services-in-madagascars-highland-regions/
27 Data revised for 2023 in this year's report compared to the 2023 data in 2024 FP Market Report based on updated data shared for 2023 from supplier(s)
28 Injectables data reported in the FP Market Report includes both DMPA-IM and DMPA-SC. However, since there is currently only a single manufacturer for DMPA-SC, DMPA-IM and DMPA-SC volumes are not split in the report for confidentiality reasons.

safeguard reproductive health and expand contraceptive access.[29]

- **Ethiopia** also recorded procurement well above its 2020–2023 average, driven by high demand for injectables as per Ethiopia's forecasts.[30]
- **Madagascar** significantly increased procurement, reaching its five-year peak. As with implants and mentioned above, this trend was driven by a strong political commitment to family planning reforms and ambitious government-led initiatives.
- **Malawi** also reached its five-year peak, with 2024 procurement well above its 2020–2023 annual average. The increase is primarily due to scale-up efforts for DMPA-SC.[31]

Combined and Progestin-only Contraceptives

Including Bangladesh:

	2020	2021	2022	2023[32]	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	19M	17M	10M	12M	**9M**	**-24%**	**-17%**
Market value (USD)	$66M	$56M	$36M	$44M	**$33M**	**-24%**	**-16%**
Volumes	284M	258M	147M	182M	**137M**	**-25%**	**-17%**

Including Bangladesh, procurement of combined and progestin-only oral contraceptives (OCPs) declined in 2024. Market value fell by 24 percent, from $44 million in 2023 to $33 million in 2024, while shipment volumes dropped from 182 million to 137 million units over the same period (**Exhibits 2 and 3**). This downturn was largely driven by Bangladesh, which had reduced procurement in 2022 following pandemic-related overstocking, increased orders in 2023, and then cut volumes again in 2024. Over the five-year period from 2020 to 2024, OCP procurement across in-scope countries declined by 17 percent (CAGR).

Bangladesh has been a big driver for procurement volumes of orals in some years over the past five years. **Excluding Bangladesh**[33] from our analysis, the market presents a different picture. Procurement increased slightly in 2024, with volumes and market value both rising by one percent from 2023 to 2024. The volumes have gradually increased over the last four years for pills; however, they are still significantly below the peak in 2020, thus resulting in negative seven percent CAGR decrease since 2020. Together, these trends highlight both the outsized influence of Bangladesh in shaping global OCP procurement patterns and the broader decline in oral contraceptive procurement at the aggregate level, even when year-to-year fluctuations occur.

Emergency Contraceptives

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	0.7M	0.7M	0.4M	0.9M	**0.8M**	**-9%**	**4%**
Market value (USD)	$4M	$3M	$2M	$4M	**$4M**	**-9%**	**1%**
Volumes	14M	13M	8M	17M	**16M**	**-9%**	**4%**

The Market value CAGR is lower than CYPs shipped CAGR and Volumes CAGR for 2020-2024 as the unit cost for ECs decreased from $0.26 per unit in 2020 to $0.23 from 2022 onwards.

In 2024, procurement of emergency contraceptives (ECs) declined modestly, with volumes falling by nine percent from 17 million units in 2023 to 16 million, CYPs decreasing from 0.9 million to 0.8 million, and market value edging down from $4 million to just under $4 million (**Exhibits 1, 2, and 3**). This pullback was driven mainly by reduced procurement in Ethiopia and Ghana, which had placed large orders in 2023.

29 Birth control items: Bangladesh's stock nearing exhaustion. Link: https://asianews.network/birth-control-items-bangladeshs-stock-nearing-exhaustion/
Bangladesh Stock Status Report. Link: https://scmpbd.org/stock_status_report.php
30 Source: In-Country Stakeholder Commentary
31 Source: In-Country Stakeholder Commentary
32 Data revised for 2023 compared to the 2023 data in 2024 FP Market Report based on updated data shared for 2023 from supplier(s)
33 Data table not shared for combined and progestin-only oral contraceptives excluding Bangladesh to protect supplier confidentiality

Despite this overall decline, several markets demonstrated upward momentum. Bangladesh reached its five-year peak, surpassing average procurement levels from 2020–2023, while Kenya significantly increased volumes after several years of limited procurement.

The contraction in 2024 followed an exceptional surge in 2023. That year, ECs recorded their strongest performance of the period, with market value doubling from $2 million in 2022 to $4 million, and shipment volumes more than doubling from eight million to 17 million, the highest level observed between 2020 and 2024. While multiple countries contributed to this spike, Ethiopia and Ghana accounted for the majority of the growth.

Male Condoms

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	9M	11M	11M	14M	**11M**	**-23%**	**5%**
Market value (USD)	$24M	$32M	$36M	$45M	**$35M**	**-23%**	**10%**
Volumes	1.0B	1.3B	1.3B	1.7B	**1.3B**	**-23%**	**5%**

The Market value CAGR is higher than CYPs shipped CAGR and Volumes CAGR for 2020-2024 as the unit cost for condoms increased from $0.02 per unit in 2020 to $0.03 from 2022 onwards.

During 2020–2024, male condom shipment volumes peaked at 1.7 billion units in 2023 before declining to 1.3 billion in 2024, a level more consistent with the five-year average (**Exhibit 3**).[34]

Mozambique, Malawi, Zimbabwe, and Zambia were the largest contributors in 2024, each procuring large volumes of male condoms. Procurement in Mozambique, Malawi, and Zambia reached five-year highs in 2024, with Mozambique recording a particularly sharp increase of 175 percent from 2023. Zimbabwe's procurement, by contrast, remained more in line with its three-year (2022–2024) average.

In Malawi, the increased procurement of male condoms was primarily driven by HIV prevention efforts. The HIV department implemented intensified interventions aimed at achieving prevention targets, which resulted in higher condom uptake. On the Family Planning side, youth-focused campaigns and outreach services also contributed to the rise in male condom consumption which likely resulted in increase in procurement.[35]

Meanwhile, Nigeria, Uganda, the Democratic Republic of Congo (DRC), and Ghana all recorded substantial declines in procurement in 2024 relative both to 2023 and to their respective five-year averages. Each of these countries had procured large volumes in 2023, and the reduction in 2024 appears to reflect cyclical procurement patterns.

Female Condoms

	2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024
CYPs shipped	0.15M	0.11M	0.10M	0.12M	**0.13M**	**13%**	**-3%**
Market value (USD)	$8M	$6M	$6M	$7M	**$8M**	**13%**	**0%**
Volumes	18M	13M	12M	14M	**16M**	**13%**	**-3%**

The Market value CAGR is higher than CYPs shipped CAGR and Volumes CAGR for 2020-2024 as the unit cost for female condoms increased from $0.43 per unit in 2020 to $0.49 from 2022 onwards.

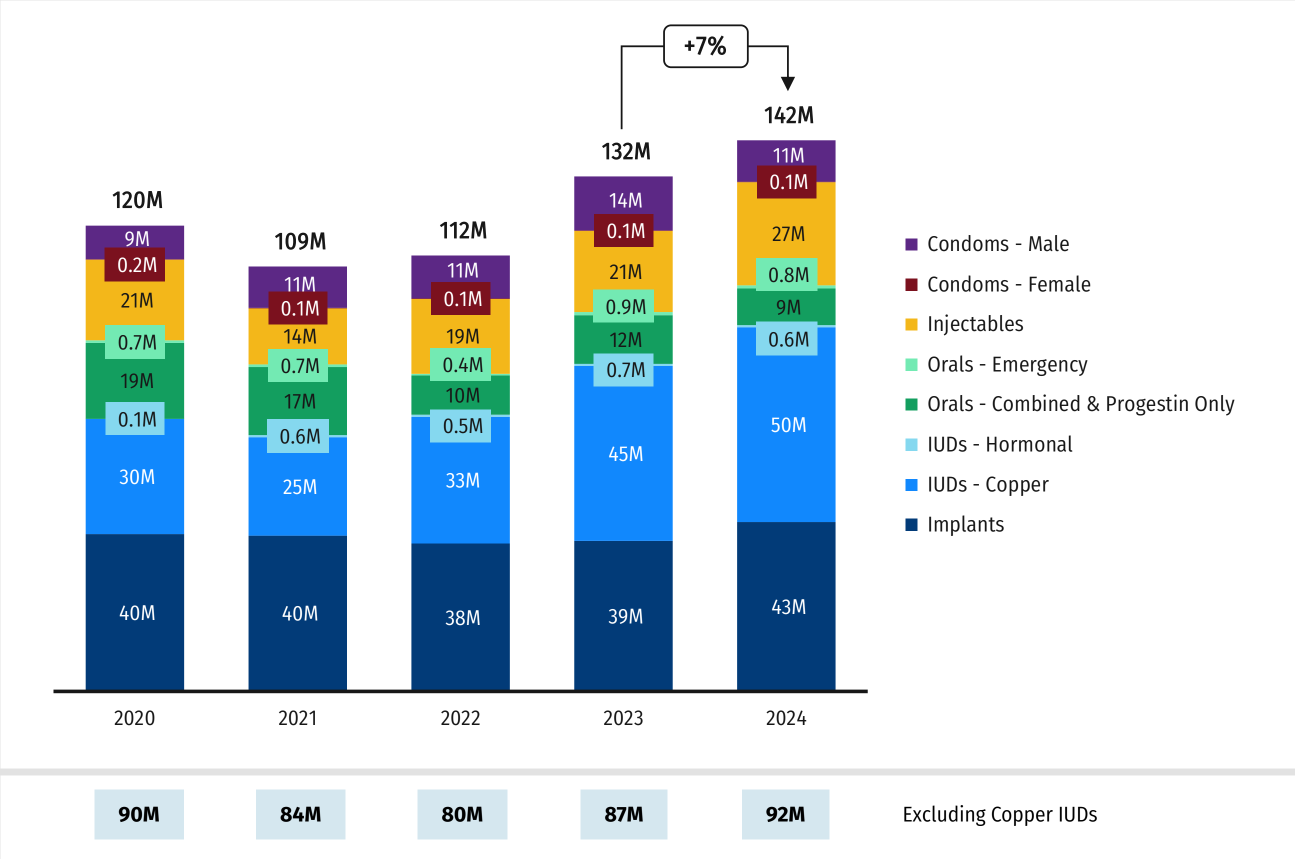
Female condom shipments have fluctuated between 12 and 18 million units annually over the past five years (**Exhibit 3**).

In 2024, shipments increased by approximately two million units (+13 percent), rising from 14 million in 2023 to 16 million in 2024.

34 As male condom data in this report is sourced from RHViz, direct country procurements are not captured unless routed through UNFPA. If funding for male condoms increasingly shifts toward domestic or government-led procurement that is not routed through UNFPA in the future, trends reflected in this dataset may under-represent total market volumes and should be interpreted accordingly.

35 Source: Stakeholder Commentary

EXHIBIT 1: Total CYPs shipped to public sector in 85 in-scope countries



Method	YOY 2023-2024*	CAGR 2020-2024**	Method Trends
Condoms - Male	(23%)	5%	Go to page →
Condoms - Female	13%	(3%)	Go to page →
Injectables	27%	6%	Go to page →
Emergency Contraceptives	(9%)	4%	Go to page →
Orals - Combined & Progestin Only	(24%)	(17%)	Go to page →
IUDs - Hormonal	(11%)	72%	Go to page →
IUDs - Copper	11%	14%	Go to page →
Implants	13%	2%	Go to page →
Total	**7%**	**4%**	

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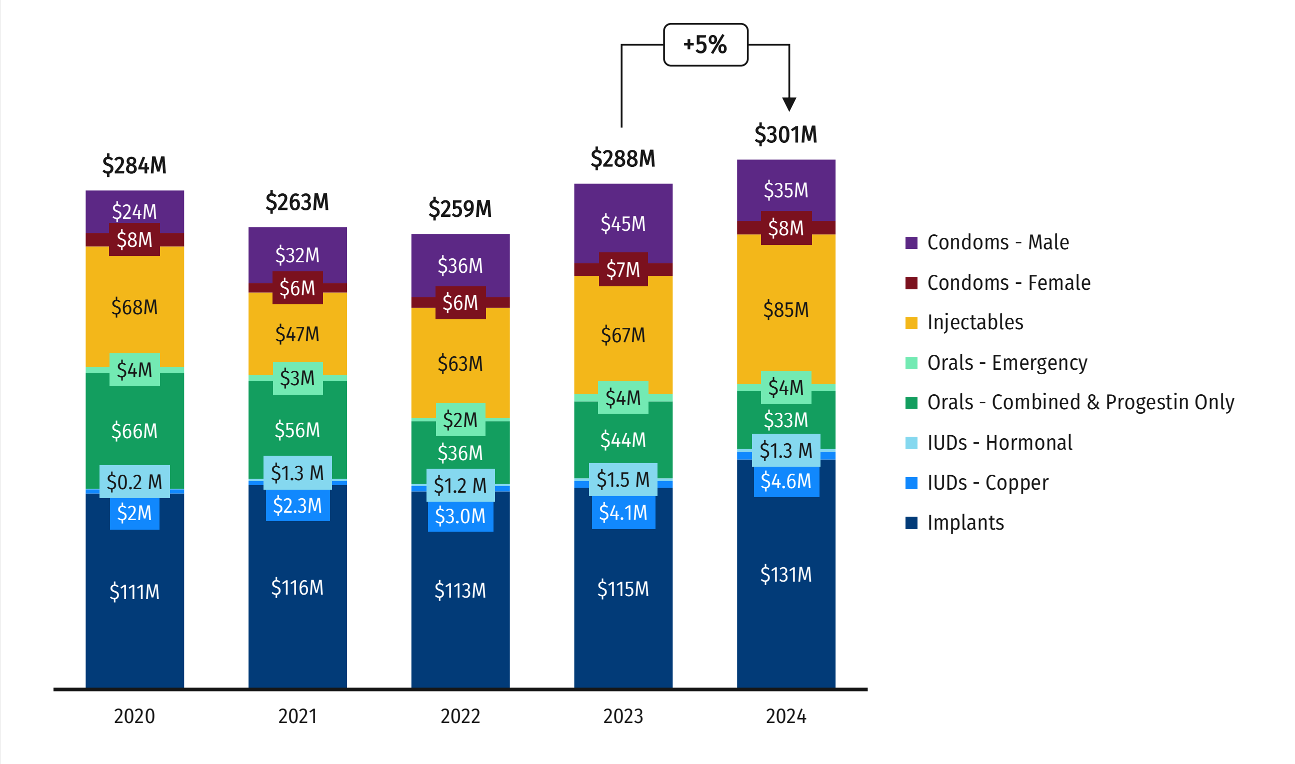
*Year-over-year (YOY): change in the value of the public-sector market between 2023-24
**Compound Annual Growth Rate (CAGR): [(final value/beginning value)^(1/number of years)]-1
Note: The sum of individual stacked bars for all exhibits may differ slightly from totals due to rounding. Additionally, year-over-year and compound annual growth rate numbers are calculated throughout the report using actual values, not the rounded values in the chart. Some differences exist in the historical data for 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 Report (84 in-scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information. Additionally, some historical data for 2023 may look different in this version of the report compared to the 2024 FP Market Report due to additional shipment orders added for 2023 based on new data shared by supplier(s) this year.
Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022; [4] USAID, "Couple-Years of Protection (CYP)

EXHIBIT 2: Total public-sector market value in 85 in-scope countries (USD)



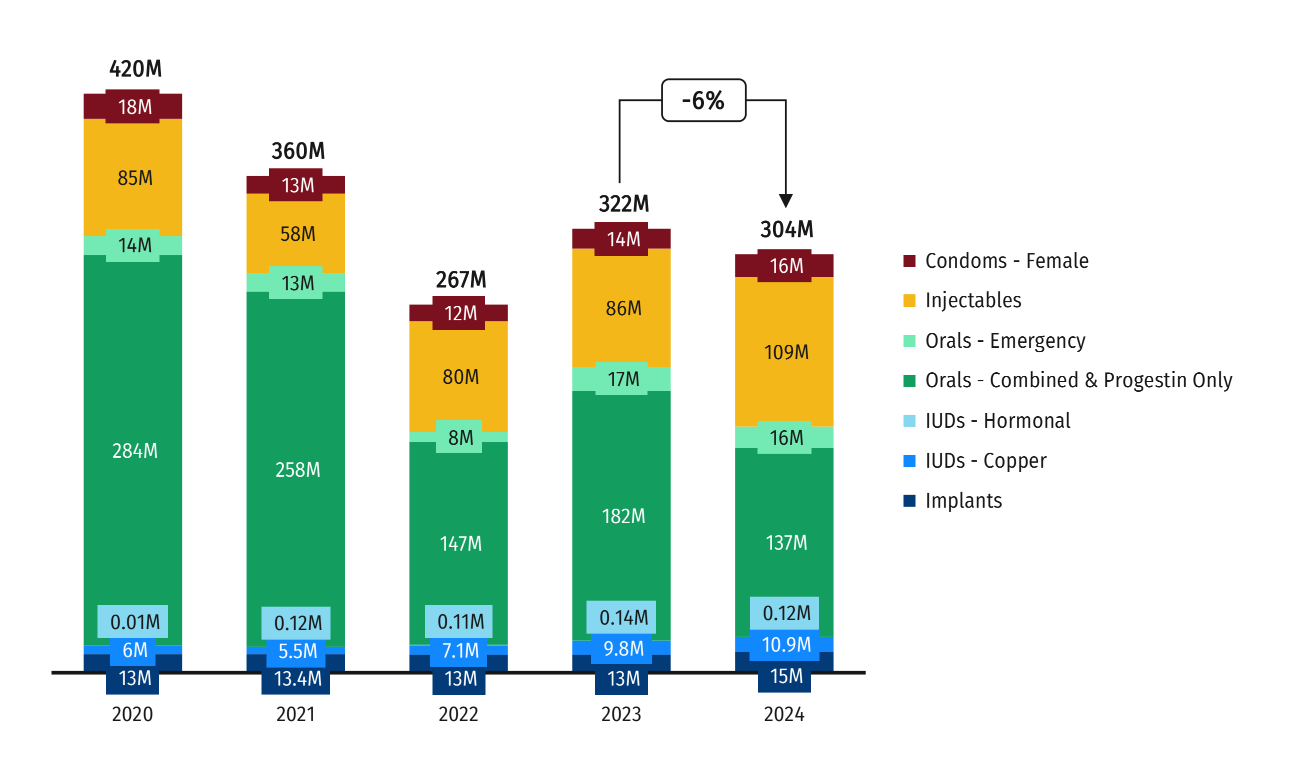
Method	YOY 2023-2024	CAGR 2020-2024	Method Trends
Condoms - Male	(23%)	10%	Go to page →
Condoms - Female	13%	0%	Go to page →
Injectables	27%	6%	Go to page →
Emergency Contraceptives	(9%)	1%	Go to page →
Orals - Combined & Progestin Only	(24%)	(16%)	Go to page →
IUDs - Hormonal	(11%)	72%	Go to page →
IUDs - Copper	11%	18%	Go to page →
Implants	14%	4%	Go to page →
Total	**5%**	**2%**	

Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

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 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 FP Market Report (84 in-scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information. Additionally, some historical data for 2023 may look different in this version of the report compared to the 2024 FP Market Report due to additional shipment orders added for 2023 based on new data shared by supplier(s) this year.

Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022; [4] USAID, "Couple-Years of Protection (CYP)"

EXHIBIT 3: Total public-sector market volumes in 85 in-scope countries (male condoms excluded)*



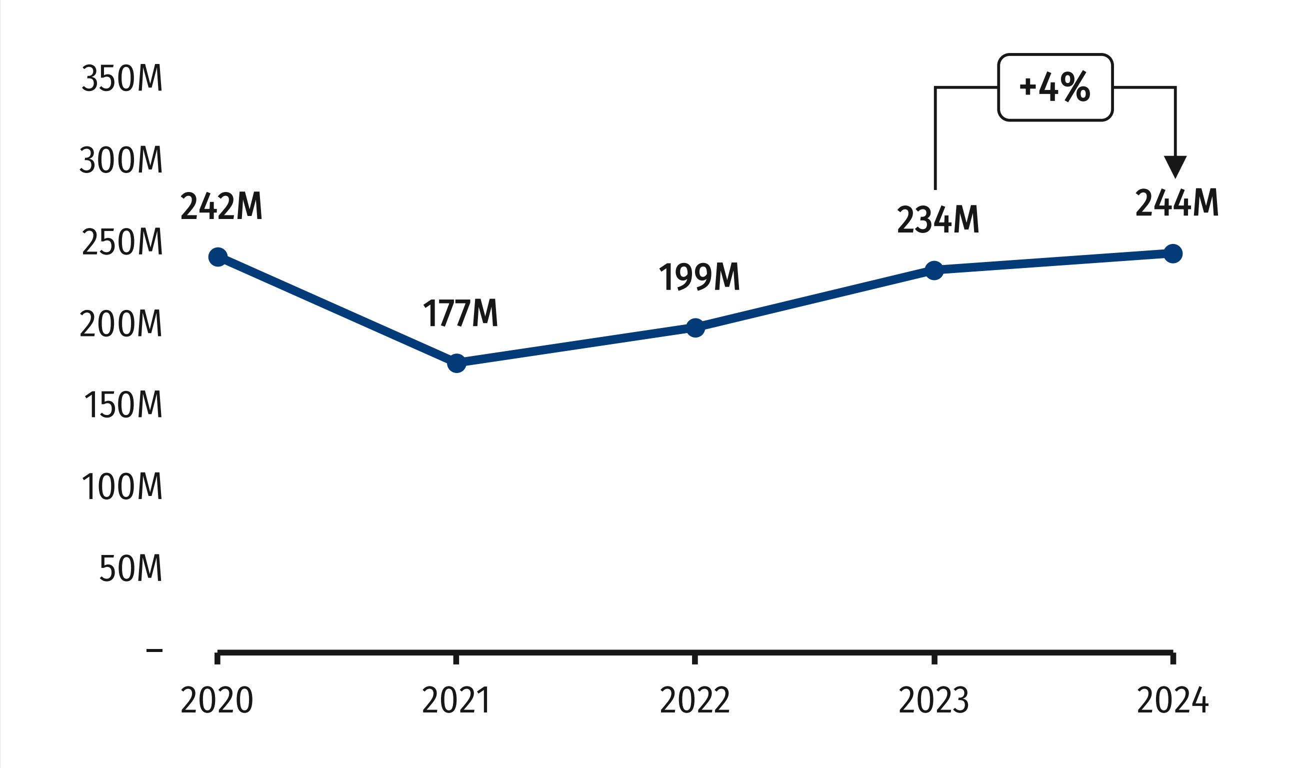
Method	YOY 2023-2024	CAGR 2020-2024	Method Trends
Condoms - Female	13%	(3%)	Go to page →
Injectables	27%	6%	Go to page →
Emergency Contraceptives	(9%)	4%	Go to page →
Orals - Combined & Progestin Only	(25%)	(17%)	Go to page →
IUDs - Hormonal	(11%)	72%	Go to page →
IUDs - Copper	11%	14%	Go to page →
Implants	14%	3%	Go to page →
Total	**(6%)**	**(8%)**	

Condoms - Male: shipment volumes (billions) for 85 in-scope countries

2020	2021	2022	2023	2024	YOY 2023-2024	CAGR 2020-2024	Method Trends
1.0B	1.3B	1.3B	1.7B	1.3B	(23%)	5%	Go to page →

Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

EXHIBIT 3B: Total public-sector market volumes in 84 in-scope countries (Bangladesh** and male condoms* excluded)



Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

*Male condoms are shown separately as their volumes are significantly larger than those of other methods, which would skew the proportions.
** 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 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 Report (84 in-scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information. Additionally, some historical data for 2023 may look different in this version of the report compared to the 2024 FP Market Report due to additional shipment orders added for 2023 based on new data shared by supplier(s) this year.
Sources: [1] Historical supplier-reported shipment data; [2] RH Viz shipment data, retrieved August 2025

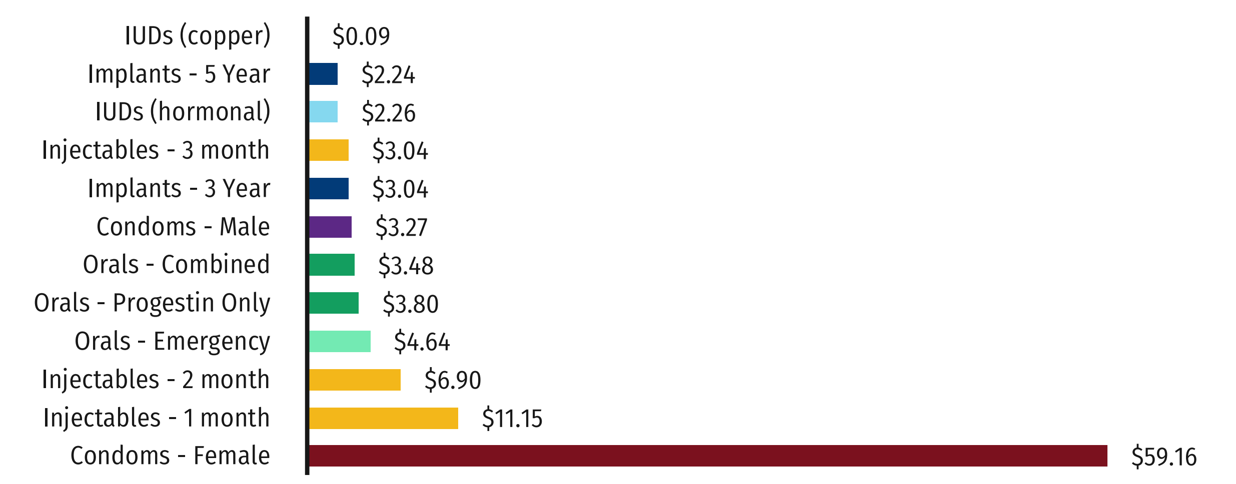
EXHIBIT 4A: Cost per CYP by method per duration of use (USD)

Method	Units per CYP	CYP per unit	Unit Cost					Cost per CYP				
			2020	2021	2022	2023	2024	2020	2021	2022	2023	2024
Condoms - Female	120	0.01	$0.43	$0.44	$0.49	$0.49	$0.49	$51.48	$52.32	$59.16	$59.16	$59.16
Condoms - Male	120	0.01	$0.02	$0.02	$0.03	$0.03	$0.03	$2.75	$2.98	$3.27	$3.27	$3.27
Injectables - 1 month	13	0.08	N/A	$2.42	$0.86	$0.86	$0.86	N/A	$31.41	$11.15	$11.15	$11.15
Injectables - 2 month	6	0.17	$1.15	$1.15	$1.15	$1.15	$1.15	$6.90	$6.90	$6.90	$6.90	$6.90
Injectables - 3 month	4	0.25	$0.77	$0.774	$0.760	$0.76	$0.76	$3.07	$3.09	$3.04	$3.04	$3.04
Orals - Combined	15	0.07	$0.23	$0.21	$0.23	$0.23	$0.23	$3.38	$3.17	$3.48	$3.48	$3.48
Orals - Progestin Only	12	0.08	$0.30	$0.28	$0.32	$0.32	$0.32	$3.60	$3.40	$3.80	$3.80	$3.80
Emergency Contraceptives	20	0.05	$0.26	$0.25	$0.23	$0.23	$0.23	$5.18	$5.00	$4.64	$4.64	$4.64
Implants - 3 Year	0.40	2.5	$8.50	$7.70	$7.60	$7.60	$7.60	$3.40	$3.08	$3.04	$3.04	$3.04
Implants - 5 Year	0.26	3.8	$8.50	$8.50	$8.50	$8.50	$8.50	$2.24	$2.24	$2.24	$2.24	$2.24
IUDs (hormonal)	0.21	4.8	N/A	$10.84	$10.84	$10.84	$10.84	N/A	$2.26	$2.26	$2.26	$2.26
IUDs (copper)	0.22	4.6	$0.37	$0.43	$0.42	$0.42	$0.42	$0.08	$0.09	$0.09	$0.09	$0.09

N/A indicates that the method was not listed on the UNFPA Contraceptive Price Indicator. Implant pricing in this exhibit uses the Implant Access Program (IAP) implant price for 2020. In 2021, UNFPA Contraceptive Price Indicator (CPI) listed separate prices for the 3-year and 5-year implants for the first time. Due to the tiered pricing approach for the Etonogestrel 3-year implant, we continue to use the $8.50 IAP implant price for this product for 2021-2024. For this illustrative cost per CYP calculation, the 3-year implant cost is based on an average of the Levonorgestrel 3-year implant price from the UNFPA CPI and the $8.50 IAP price for the Etonogestrel 3-year implant. For 3-month injectables, we take a weighted avg. price for DMPA-IM and DMPA-SC based on the UNFPA contraceptives price indicator

Note: The 2023 or 2024 UNFPA Contraceptive Price Indicator has not been published; therefore, we assume that the unit costs in 2023 and 2024 are the same as the unit costs indicated in the 2022 UNFPA CPI. UNFPA is in the process of negotiating agreements with manufacturers and new prices are expected to be available in 2026 once those agreements are finalized.

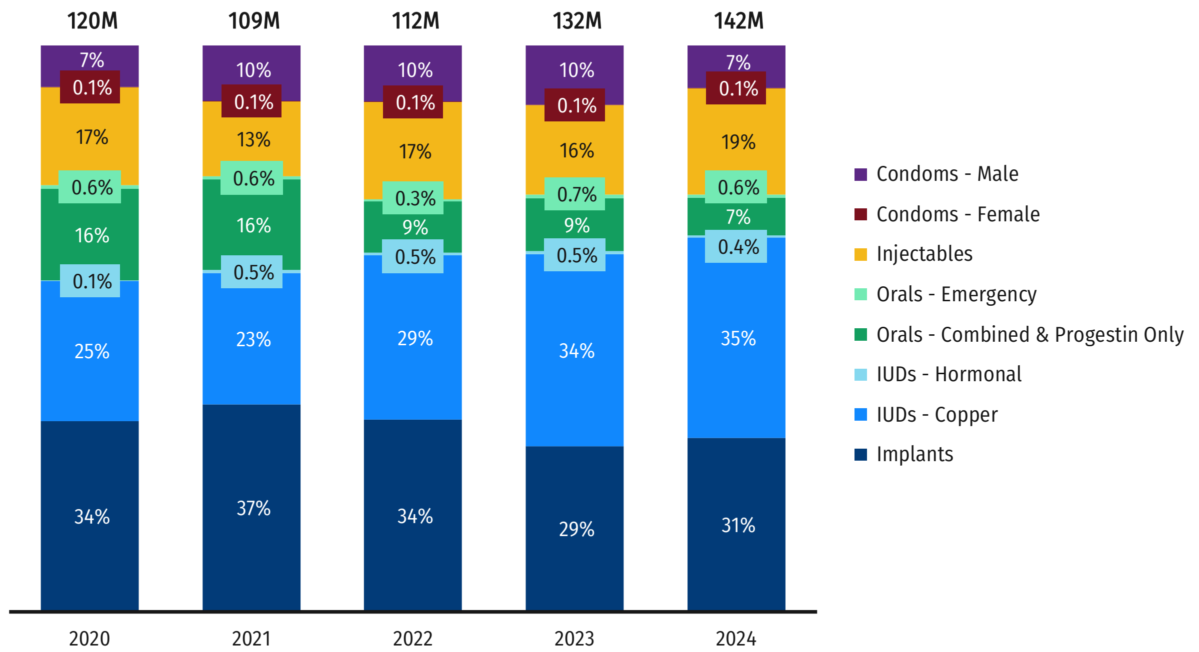
EXHIBIT 4B: Cost per CYP by method in 2024 (USD)



Sources: [1] UNFPA Contraceptive Price Indicator, 2020–2022; [2] USAID, "Couple-Years of Protection (CYP)", [3] IAP Implant Price.

Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

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



2020	2021	2022	2023	2024	
59%	60%	63%	64%	66%	LARC as % of mix

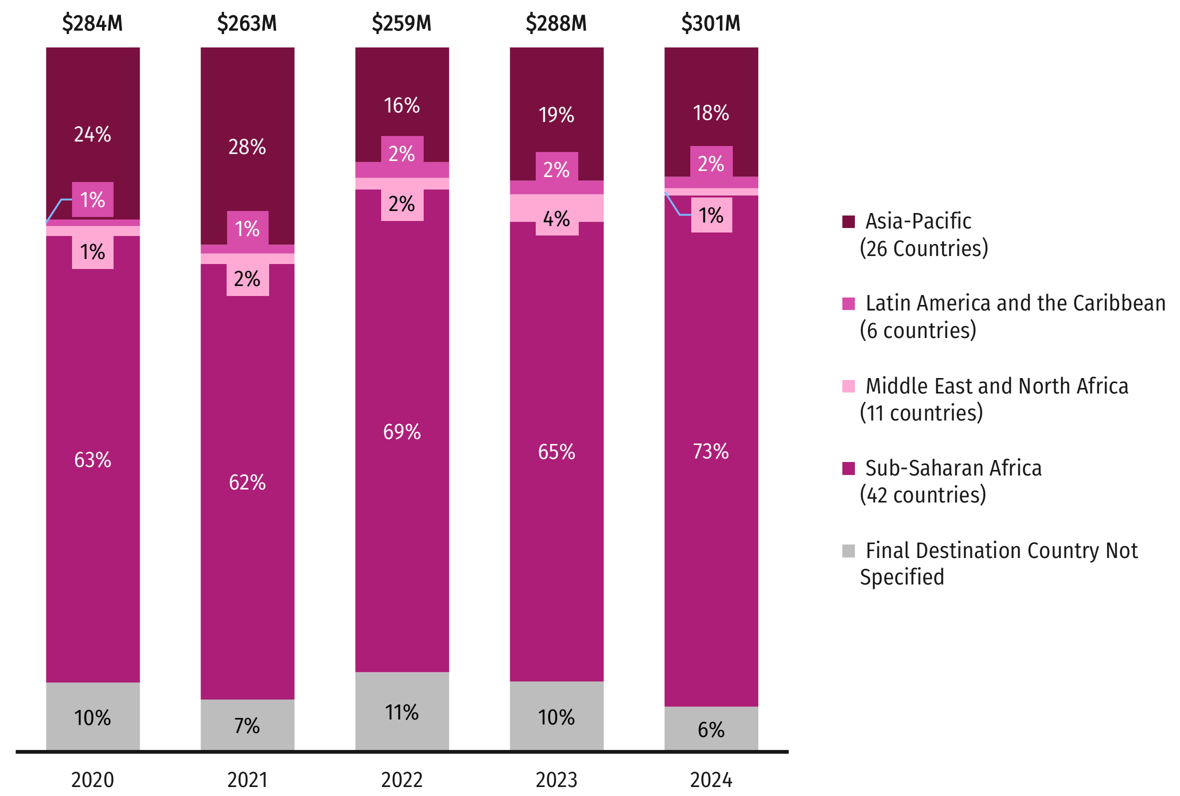
Method	Method Trends
Condoms - Male	Go to page →
Condoms - Female	Go to page →
Injectables	Go to page →
Emergency Contraceptives	Go to page →
Orals - Combined & Progestin Only	Go to page →
IUDs - Hormonal	Go to page →
IUDs - Copper	Go to page →
Implants	Go to page →

Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

Note: Some differences exist in the historical data for 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 Report (84 in-scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information. Additionally, some historical data for 2023 may look different in this version of the report compared to the 2024 FP Market Report due to additional shipment orders added for 2023 based on new data shared by supplier(s) this year. 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 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022; [4] USAID, "Couple-Years of Protection (CYP)"

EXHIBIT 6: Share of public-sector market value by region (USD)

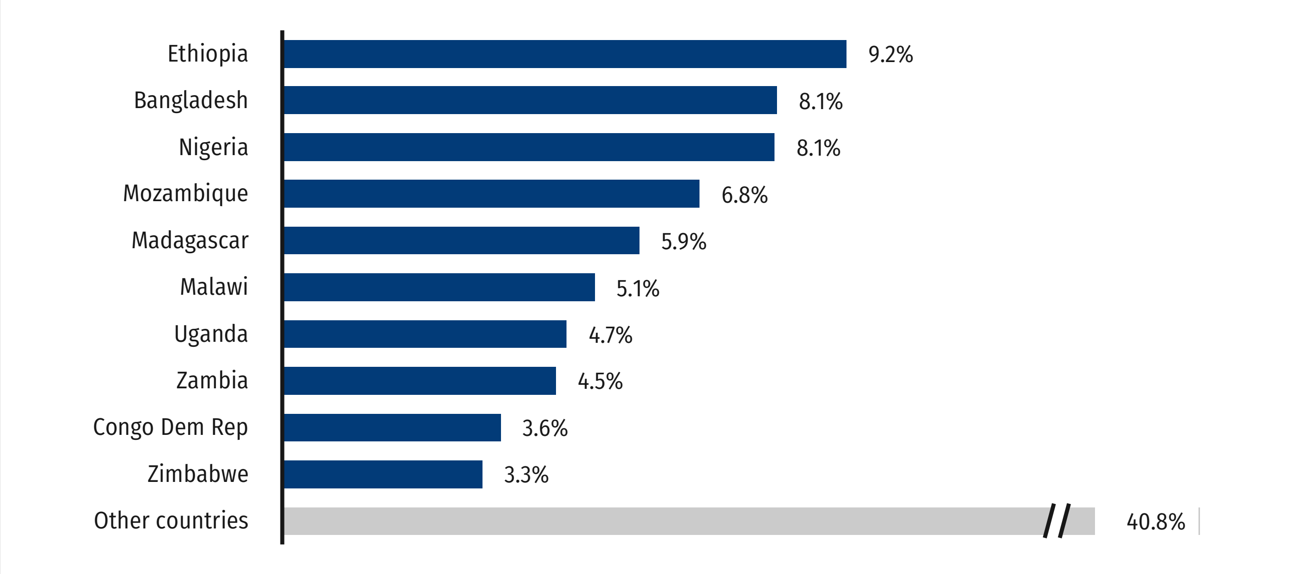


Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

Note: 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, method mix differences (particularly sterilization in APAC which is not in scope for this report), and the varying importance of private-sector markets across regions. Of the 85 in-scope countries, 42 are in SSA, 26 in APAC, 11 in the MENA, and 6 in LAC. Since only a relatively small number of countries from the LAC and MENA regions are included in the analysis, the trends captured in this report may not be entirely representative of the trends in these regions. 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 18 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 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 report (84 in scope countries), as well as some supplier or RH Viz revisions to historical data, based on updated information. Additionally, some historical data for 2023 may look different in this version of the report compared to the 2024 FP Market Report due to additional shipment orders added for 2023 based on new data shared by supplier(s) this year.

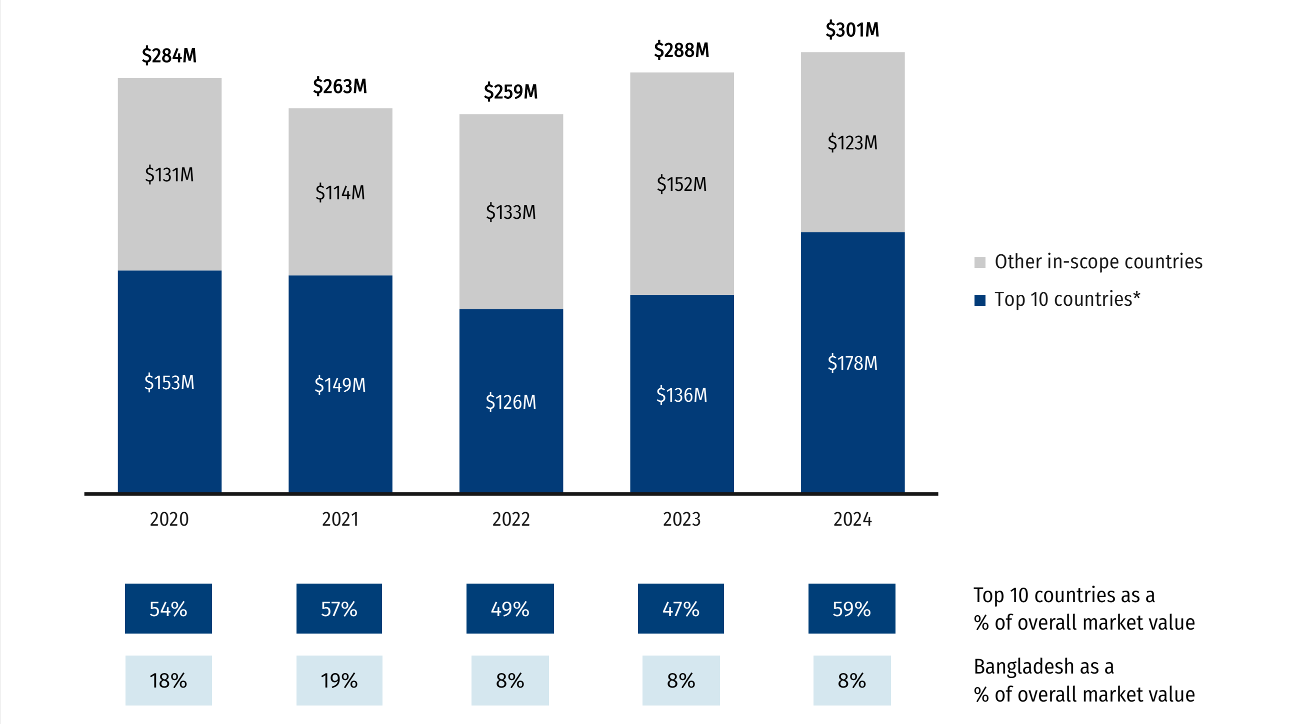
Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022

EXHIBIT 7: Top ten countries in terms of public-sector market value, 2024



Note: Six countries have been one of the top 10 markets over 2020-2024. They are Bangladesh, Ethiopia, Nigeria, Malawi, Uganda, and DRC.
Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022

EXHIBIT 8: Market value of top ten countries* as a share of total market value in the public sector



*Top 10 countries based on 2024 market value
Six countries have consistently appeared in the top 10 markets list over 2020 to 2024. In alphabetical order, they are: Bangladesh, DRC, Ethiopia, Malawi, Nigeria, and Uganda. Some differences exist in the historical data for 2020-2022 in this version of the report versus previous versions due to the different geographic scope of the report this year (85 in-scope countries) v. 2023 report (84 in-scope), as well as some supplier or RH Viz revisions to historical data, based on updated information. Sources: [1] Historical supplier-reported shipment data; [2] RH Viz Shipment Data, retrieved August 2025; [3] UNFPA Contraceptive Price Indicator, 2020–2022

Go to: Notable Market Trends | Notable Method Trends | UNFPA & USAID Procurement Value Analysis

UNFPA AND USAID PROCUREMENT VALUE ANALYSIS

This section provides insights into the global procurement value of contraceptives by UNFPA and USAID, using data from UNFPA's Supply Chain Management Unit (SCMU), and RHViz USAID spend data. It aims to understand historical procurement value of contraceptives by these two major global procurers in the public-sector markets of the 85 in-scope countries. The focus of this section is therefore on contraceptive commodity procurement, specifically by UNFPA and USAID and does not include any spend on programmatic and/or technical assistance from the procurers.

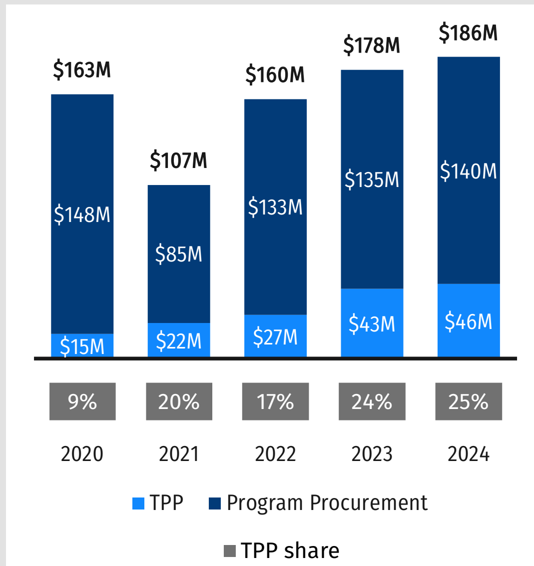
Over the five-year period from 2020 to 2024, UNFPA and USAID remained the two largest global procurers of contraceptives for public-sector markets. However, their spending trends diverged in 2024, with UNFPA achieving its highest procurement spend in the last five years, with $186 million (including TPP) spent in 2024, while USAID showed a 25 percent decline relative to its spend in 2023, spending $42M in 2024. Cumulatively, from 2020 to 2024, USAID and UNFPA (excluding TPP) contributed approximately $180–$190 million annually to FP commodity procurement, except in 2021 where contributions declined to $118 million due to substantial changes in the UNFPA funding landscape that year largely driven by COVID-19 challenges and cuts in ODA, reflecting broader donor funding trends.[36]

UNFPA Procurement Values

The total procurement value of contraceptive commodities across UNFPA program procurement and Third-Party Procurement (TPP)[37] grew by $8 million (+4 percent), increasing from $178 million in 2023 to $186 million in 2024, the highest level observed in the 2020–2024 period (**Exhibit 9**).

The ~$7.7 million increase (+4 percent) from 2023 to 2024 was driven by a ~$5.3 million increase (+4 percent) in UNFPA program procurement value and ~$2.4 million increase (+5 percent) in TPP over this period. In 2024, TPP accounted for 25 percent of the total UNFPA procurement value, or $46 million, the largest share observed in the last five years. TPP's share has fluctuated between nine percent and 25 percent of UNFPA's overall contraceptive procurement in recent years, but has grown consistently in value, expanding at a 33 percent CAGR from 2020–2024. The steady growth in TPP procurement has partially been driven by increased domestic financing, augmented by the availability of the UNFPA Supplies Partnership Match Fund, the signing of UNFPA Country Compact agreements, and commitments

EXHIBIT 9: UNFPA procurement value—contraceptives to 85 in-scope countries (USD)



FY2023-2024 YOY: +4%
FY2020-2024 CAGR: +3%

Source: UNFPA Supply Chain Management Unit data 2020 – 2024; Notes: The UNFPA 2024 procurement spend figures are based on preliminary data and may undergo minor adjustments as final procurement spend data is consolidated and verified. Estimates include only commodity procurement costs based on commodity value and exclude freight and other procurement-related expenses (e.g., administrative costs). Additionally, UNFPA procurement values above may differ from those shown in RHViz due to differences in scope and methodology between UNFPA SCMU data and RHViz data.

36 For more information on the decline in UNFPA procurement spend in 2021, reference the 2022 FP Market Report. Link: https://fp-report.com/reports/Family-Planning-Market-Report-2022.pdf

37 Third Party Procurement (TPP) refers to UNFPA procurement services provided to external partners by UNFPA's Supply Chain Management Unit. Through this service, TPP customers, including governments, intergovernmental organizations, NGOs or United Nations entities, can utilize UNFPA's purchasing power and expertise to obtain competitive prices on reproductive health supplies. It has become a strategic priority for UNFPA to mobilize domestic resources by further advocating for TPP services to be offered to developing and middle-income countries. Link: https://www.unfpa.org/sites/default/files/audit-reports/2023-10-13_OAIS_TPP_Audit_Report_-_FINAL_.pdf

to strengthen domestic funding. This also highlights the importance of pooled and co-financing mechanisms in sustained access, with TPP providing a quarter of UNFPA's overall procurement values.

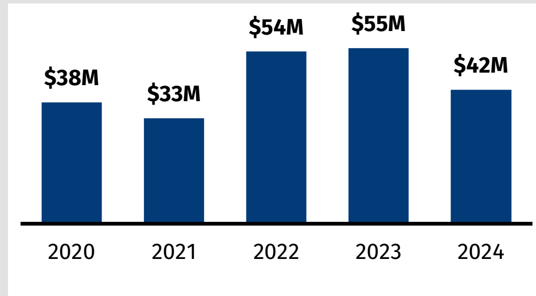
USAID Procurement Values

In previous editions of this report, USAID procurement values were sourced from the USAID Contraceptives and Condoms (C&C) report, which excluded spending on male and female condoms. With the dismantling of USAID's structure, the C&C report was not published this year and will no longer be available going forward. As a result, this report now uses RHViz USAID spend data for 2020–2024 to ensure a consistent, like-for-like assessment over time. RHViz and C&C estimates are directionally aligned, though some differences persist due to methodological variations between the two sources.[38]

In contrast to UNFPA, USAID's contraceptive procurement decreased between 2023 and 2024. Procurement spend was estimated at $42 million in 2024, down from $55 million in 2023, a 25 percent decline year-over-year (**Exhibit 10**). The 2024 procurement value marks a downturn in procurement trends, following a two-year period of elevated procurement culminating in 2023's five-year peak of $55 million. However, the $42M spend is within the range of USAID spend in 2020 and 2021, prior to 2022 and 2023 that were high spend years.

The increase in USAID spend in 2022 was driven by additional funding made available by USAID in the year based on gaps identified by the VAN Consensus Planning Group.[39] The high spend in 2023 can be partly attributable to special funding flows. A key factor contributing to the higher levels of USAID procurement in 2022 and 2023 was the receipt of 2020 Congressional Notification (CN) funds, which provided an additional $17.5 million for commodities through the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM). Approximately $15 million of these commodities were delivered in 2023, elevating procurement values in that year above typical levels. Notably this funding was separate from the usual core funding that the USAID GHSC-PSM project receives.[40] With the completion of those deliveries, the decline in 2024 procurement levels likely reflects a reversion to more typical funding levels.

EXHIBIT 10: USAID procurement value (excluding male and female condoms)—contraceptives to 85 in-scope countries (USD)



2023-2024 YOY: -25%
2020-2024 CAGR: +2%

Source: RHViz data 2020-2024, downloaded in Nov 2025
Note: RHViz procurement values reflect commodity costs, based on reference prices and shipped quantities and do not include freight or other procurement-related costs.

Funding Outlook

Despite strong performance in 2024, the outlook for public-sector contraceptive procurement in 2025 and beyond is characterized by growing uncertainty and urgent need for new solutions. Procurement levels are likely to face downward pressure in 2025, 2026 and beyond, due to several converging factors, including the declining of overseas development assistance, mounting debt burdens in key regions, and persistent inflation, adding more pressure to the already constrained government budgets.

UNFPA Funding Outlook: UNFPA's funding for product procurement, through the UNFPA Supplies Partnership, is also under strain amidst U.S. and wider Official Development Assistance (ODA) cuts. The U.S. Government will cease contributions to UNFPA following the dismantling of USAID. The U.S. had provided approximately $30 million annually in 2023 and 2024 to UNFPA's core funds.[41] The UK government, the largest donor to UNFPA Supplies, has maintained funding levels in 2025 but announced a reduction in its overall budget

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38 Differences between the data sources reflect variations in reporting periods and methodologies. RHViz reports on a calendar-year basis (Jan–Dec), whereas USAID reports on a fiscal-year basis (Oct–Sept), and since FY2018 USAID's C&C report has recorded procurement based on delivery year rather than shipment date. Further, USAID reported values inclusive of commodity and freight costs, whereas RHViz includes only commodity procurement costs and does not include freight costs. As a result, USAID spend estimates in this report are not directly comparable to those in previous FP Market Reports that. When comparing historical values from last year's FP Market Report (which relied on C&C data) with this year's estimates (sourced from RHViz), C&C consistently reported higher procurement values for most years. For example: 2020 (+25 percent; $48M vs. $38M), 2021 (+19 percent; $39M vs. $33M), and 2023 (+7 percent; $59M vs. $55M), with 2022 being the only year in which C&C reported a slightly lower value (–2 percent; $53M vs. $54M).

39 Overview of Contraceptive and Condom Shipments Funded with United States Government Family Planning Funds FY 2022. Link: https://www.ghsupplychain.org/sites/default/files/2023-05/FY22 percent20C percent20and percent20C percent20report_18MAY2023.pdf

40 Overview of Contraceptive and Condom Shipments Funded with United States Government Family Planning Funds FY 2023. Link: https://www.ghsupplychain.org/sites/default/files/2024-05/FY23 percent20C percent20and percent20C percent20report_4APR2024-Final.pdf

41 United States of America Contributions to the UNFPA: https://www.unfpa.org/donor/united-states-america

for ODA from the current level of 0.5 percent of GNI to 0.3 percent of GNI by 2027.[42] In addition, other significant UNFPA Supplies donors, such as France, Germany and the Netherlands have also announced plans to reduce ODA.[43] For 2025, allocations for the procurement of family planning commodities have already decreased by 12 percent. A further reduction of 5–7 percent is expected in 2026, with allocations projected to remain at this lower level through 2027.

USAID Funding Outlook: Beginning in January–February 2025, the United States government initiated a broad foreign-aid funding freeze and ceased USAID operations, triggering rapid policy flux and multiple court actions. Federal courts have both restrained and allowed aspects of the freeze; as of August 2025, emergency appeals remain active, and the legal posture is unsettled. The dismantling of USAID is expected to create an additional funding gap of $40-50M annually for contraceptive procurement (excluding condoms) based on its contributions over the past few years (**Exhibit 10**). Factoring in USAID's discontinued support of condoms brings the total additional gap to $62M, based on the average value of annual shipments from 2020-2024.

In March 2025, RHSC and community members assessed procurement needs across 50 potentially affected countries using VAN data. At the time, 21 countries had pending USAID-funded orders or requisitions scheduled for 2025, totaling $52M (including freight). Fourteen of these countries each had more than $1M in pending orders. Nearly all of these orders were subsequently canceled.[44] CHAI and RHSC's analysis in April–May across 10 LMICs found that six countries were at risk of stockouts for two or more products, and six had two or more products projected to fall below minimum stock levels before year-end.[45]

Further, as of September 2025, RHSC and community members estimated unfunded FP procurement needs for 2026 in 48 UNFPA Supplies Partnership countries at $288M (including freight). While some of this need will be met by funding commitments yet to be made for 2026, the need far exceeds historical donor and government funding levels, underscoring the scale of additional financing required.[46] In September–October 2025, CHAI used supply plan data from seven countries[47] to assess short-term stock risks and identified that five of the seven countries were projected to face stockouts for at least one product between October and December 2025. Both analyses represent point-in-time snapshots based on available data.[48] USAID's withdrawal of support and dismantling is expected to leave a lasting impact on the family planning procurement landscape, with repercussions that will extend for years. The full impact of USAID's withdrawal will not be realized in 2025, given that a portion of funds had already been disbursed before the announcement in early 2025 and some products were already en route or held as inventory. The more significant effects are expected to materialize in 2026 and beyond, when the full impact of the withdrawal will be realized.

Further detail on these impacts can be found in the CHAI and RHSC's Family Planning Market Memo which was published in June 2025, and CHAI's Family Planning Market Memo: Country Impacts and Response published in November 2025.

Potential Strategic Priorities Moving Forward

The changes across UNFPA and USAID will lead to widening of funding gaps in coming years. This situation can be countered by several initiatives (some of which are already underway), which can be categorized across three pillars:

1. Strengthen domestic and donor financing foundations

- **Donor commitments**: Bilateral and philanthropic donors can provide multi-year pledges to stabilize funding and offset reductions from the U.S., U.K., and other ODA sources.
- **Domestic resource mobilization**: Governments can increase budget allocations through new financing policies, stronger advocacy, and political commitment to ensure family planning commodities remain accessible and affordable.
- **Leveraging existing mechanisms**: Governments and development partners can optimize the use of existing platforms such as the UNFPA Supplies Partnership and the Match Fund to incentivize domestic financing and support transitions toward national ownership.

42 UK to reduce aid to 0.3 percent of gross national income from 2027. Link: https://commonslibrary.parliament.uk/uk-to-reduce-aid-to-0-3-of-gross-national-income-from-2027/
43 Donors Delivering for SRHR, 2025. Link: https://donorsdelivering.report/wp-content/uploads/2025/06/DDSRHR2025.pdf
44 CHAI and RHSC FP Market Impact Memo. Link: https://fp-report.com/reports/FP-Market-Memo.pdf
45 CHAI and RHSC FP Market Impact Memo. Link: https://fp-report.com/reports/FP-Market-Memo.pdf
46 Reproductive Health Supplies Coalition, Avenir Health, FP2030, Guttmacher, KFF, UNFPA. The Financial State of Affairs: Reality and Resilience in this Moment. 2025. Link: https://www.rhsupplies.org/uploads/tx_rhscpublications/user_upload/The_Future_of_Family_Planning_Data_-_November_2025.pdf
47 eSwatini, Ghana, Malawi, Rwanda, Sierra Leone, Uganda, Zambia
48 CHAI Family Planning Market Memo, Nov 2025. Link: Country Impacts and Response: https://www.clintonhealthaccess.org/wp-content/uploads/2025/11/FP-Market-Memo-Nov-2025-1.pdf

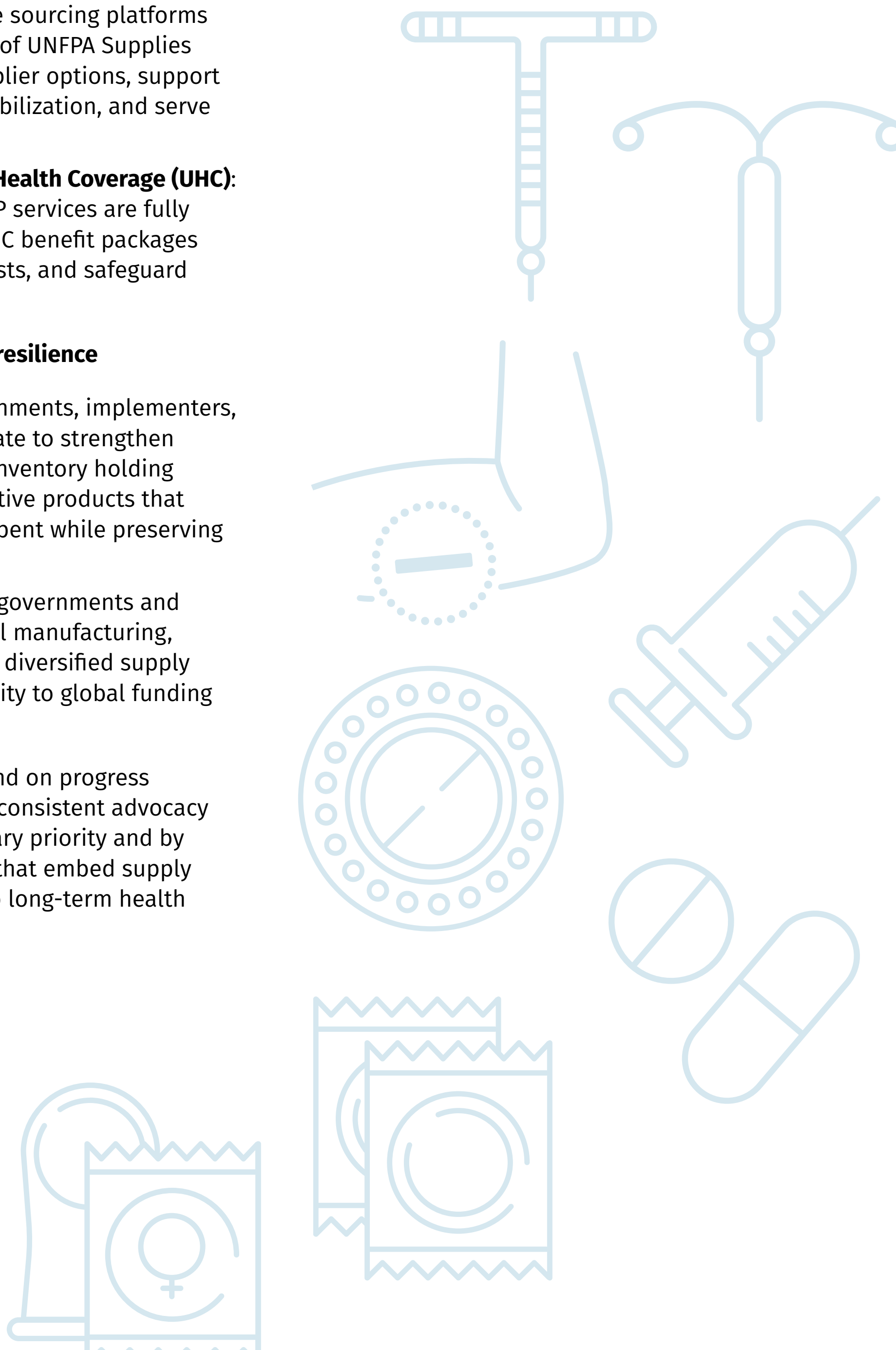
2. Expand and diversify financing mechanisms and partnerships

- **Coordinated TMA**: Governments, donors, and implementers can adopt comprehensive and coordinated TMA so that public-sector resources are prioritized for those least able to pay, while users with greater ability to pay are effectively transitioned to private or commercial channels—maximizing the impact of constrained public funding.
- **Engagement with other mechanisms**: Governments and procurers can explore other mechanisms such as procurement aggregators and alternative sourcing platforms that complement the work of UNFPA Supplies Partnership to expand supplier options, support with domestic resource mobilization, and serve private channels.
- **Integration into Universal Health Coverage (UHC)**: Governments can ensure FP services are fully integrated into national UHC benefit packages to reduce out-of-pocket costs, and safeguard continuity of access.

3. Improve efficiency and market resilience

- **Improved efficiency**: Governments, implementers, and suppliers can collaborate to strengthen supply chains and reduce inventory holding costs, and adopt cost-effective products that maximize CYPs per dollar spent while preserving user choice.
- **Market resilience**: Donors, governments and suppliers can invest in local manufacturing, stronger data systems, and diversified supply chains to reduce vulnerability to global funding and supply shocks.

Sustained procurement will depend on progress across these areas, supported by consistent advocacy to keep family planning a budgetary priority and by renewed domestic commitments that embed supply security and equitable access into long-term health financing strategies.



DOMESTIC GOVERNMENT SPEND ANALYSIS

This section shares findings on domestic financing for contraceptive procurement from UNFPA's National Budget Allocation and Spend analysis. This source provides visibility into domestic financing for a subset of 54 UNFPA Supplies Partnership countries from the 85 in-scope countries for the FP Market Report.

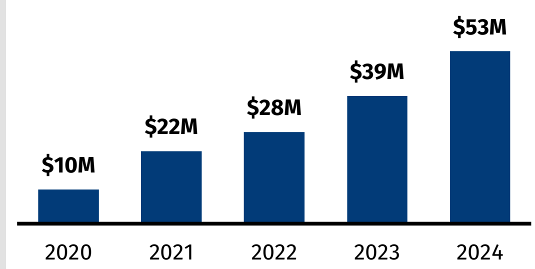
The domestic government spend analysis for 2024 draws from fewer sources than in previous years, due to shifts in data availability. Previous editions of this report leveraged three complementary datasets—USAID's Contraceptive Security (CS) Indicators Survey, UNFPA's National Budget Allocation and Spend dataset, and Track20's Family Planning Spending Assessment (FPSA)—providing a comprehensive view of contraceptive commodity spending across more than 65 countries.

Following the dismantling of the USAID, CS Indicators data are unavailable for 2024, and Track20's 2024 FPSA results were not yet released at the time of this analysis. Consequently, this year's assessment relies primarily on UNFPA's National Budget Allocation and Spend data, which cover 54 UNFPA Supplies Partnership countries.[49] Due to data sensitivities, this year's report does not present country-specific insights. However, future editions will aim to include country-level details as these sensitivities are resolved and additional data sources become available, such as Track20's FPSA data expected next year.

The UNFPA dataset relies on two main data sources:

1. **Validated data**: UNFPA validates domestic expenditure data in order to determine whether program countries have met their Compact requirements and are eligible for the Match Fund. This includes government orders placed through UNFPA's Third Party Procurement Mechanism, as well as domestic procurements made through national procurement mechanisms.
2. **Country Office Questionnaire**: This questionnaire is completed by UNFPA Country Offices annually in January, in consultation with governments and key partners. It captures information on budget allocations and expenditures for the previous year. This methodology provides valuable visibility into both planned and executed spending. However, timing differences can affect the completeness of reported expenditures. For instance, if a country finalizes its expenditure records after January, some spending may not be captured in the dataset. UNFPA relies on questionnaire data on domestic expenditure only in countries where validated data is unavailable.

EXHIBIT 11: Domestic expenditure by the 54 UNFPA supplies countries (USD)



2023-2024 YOY: +34%
2020-2024 CAGR: +50%

Sources: [1] UNFPA's National Budget Allocation and Spend dataset, retrieved November 2025

While the narrower data scope in 2024 limits year-on-year comparability and the ability to triangulate findings across multiple sources, the UNFPA dataset remains the most up-to-date and reliable source of information on government expenditure for contraceptive procurement. It provides essential insights into budget allocation trends, execution rates, and domestic resource mobilization across the 54 UNFPA Supplies countries.

Overview of domestic expenditure trends

Across the 54 UNFPA Supplies Partnership countries, governments reported spending approximately $53 million on contraceptives in 2024 (**Exhibit 11**)[50]. This marks a gradual increase from $39 million in 2023, a considerable increase from $28 million in 2022, and more than a fivefold increase from the $10 million reported in 2020. The year-on-year increase from 2023 to 2024 and the longer-term trend underscore that domestic financing for contraceptives is on a sustained upward trajectory, including recovery from COVID-19–related spending shocks.

49 List of 54 UNFPA Supplies Countries available in Appendix B.
50 Some domestic expenditure may have been procured through UNFPA's TPP mechanism and would therefore also be reflected in the UNFPA procurement section.

Moreover, countries' budget execution rates are improving. In 2024, the UNFPA supplies partnership saw 21 countries reported higher budget allocations towards contraceptives, and 23 countries successfully executed more than 80 percent of their allocated budget for procuring FP commodities. 18 countries spent 100 percent or more of their allocation, suggesting a strengthening capacity to not only mobilize funds but also to utilize them effectively.

In 2023, similar trends were observed, with 20 countries increasing their allocations for contraceptives and spending at least 80 percent of their allocated budget.

These findings indicate a trend towards higher rates of budget allocations and execution over the past two years. Comparatively, only 12 countries in 2022, and 13 countries in 2021, increased their contraceptive budgets.

Among the 54 reporting countries, government spending levels remain varied. The distribution of reported spending levels in 2024 shows that most countries remain at the lower end of the expenditure spectrum. 27 countries reported government expenditure of up to $1 million. Six countries spent between $1-2 million, three countries spent between $2-5 million, and another three countries spent between $5-10 million. Importantly, no country in-scope reported spending above $10 million in 2024, a departure from 2022/2023. This reflects a slight contraction among top spenders, even as overall expenditure has increased.

Seventeen countries reduced their spending compared to 2023. In most of these cases, the reduction meant a shift downward into a lower spending band. 23 countries increased spend, such as Madagascar, Nigeria, and Zambia which resulted in an overall increase in domestic expenditure.

These changes highlight the volatility of government expenditure and domestic financing, where shifts in fiscal space, political priorities, or donor substitution can influence annual allocations. Despite year-on-year variation in domestic government spend on contraceptives, there is evidence of sustained commitments among a subset of countries. Eighteen countries have reported government expenditure on contraceptives every year from 2020 to 2024. Twelve countries reported expenditure in only three of the last five years, while eight countries reported expenditure in at least two of the past five years.

Domestic spend per woman of reproductive age: examining domestic spend on FP commodities per woman of reproductive age (WRA) provides a complementary lens to assess how far national family planning budgets extend relative to population needs. It is important to recognize that each country's context differs, and the proportion of WRA seeking to use modern contraceptives may vary across countries.

Notably, the trends in per-capita spend do not always align with trends in total government expenditure. Several countries rank among the top spenders in absolute terms but fall into the lowest -range per-WRA spending brackets, respectively, due to their large populations of women of reproductive age. For example, among the three countries that spent between $5-10 million in 2024, two fell into the lowest range per-WRA spending bracket (up to $0.2 per WRA). This highlights how even substantial national allocations can translate into relatively low per-woman spend in populous countries. Conversely, several smaller countries achieved higher spend per WRA despite lower total absolute spend.

Looking forward

The increasing importance of domestic financing is evident. With USAID's dismantling disrupting one of the largest sources of external funding, and potentially limited donor resources available to fully compensate for this loss, continued progress toward contraceptive security will depend on strengthened domestic financing commitments.

While progress since 2020 has been encouraging, further gains will depend on governments embedding family planning into core budgetary priorities, improving predictability of allocations, and ensuring efficient execution of funds. Countries that can institutionalize these practices will be best positioned to maintain reliable contraceptive availability, reduce dependence on external donors, and strengthen reproductive health outcomes. Ethiopia's trajectory, for example, demonstrates how political commitment and strategic co-financing through the FP Multi-Donor Compact (2023/24-2025/26) can mobilize domestic resources, reinforce national ownership, and cushion the impact of donor funding cuts.[51]

Additionally, enhancing visibility into domestic financing for contraceptives remains critical, as current data is limited to only 54 countries, is not available at the method spend level, and, due to data sensitivities, cannot be shared at the country level. Strengthening data systems to capture both overall and method-specific expenditures, as well as key programmatic drivers, is also vital for improving Last-Mile Assurance (LMA) and minimizing leakage that contributes to overspending and weakens long-term sustainability. Greater transparency will enable governments and partners to design more resilient and effective financing strategies without compromising method mix or quality.

51 Family Planning Market Memo: Country Impacts and Response. Link: https://www.clintonhealthaccess.org/wp-content/uploads/2025/11/FP-Market-Memo-Nov-2025-1.pdf

HIGHLIGHTS FROM DISCUSSIONS WITH KEY STAKEHOLDERS

A number of suppliers, donors, and RH partners were consulted to discuss the trends observed in this report. Their commentary helps build a deeper and more qualitative understanding of market trends.

Stakeholder discussions this year were shaped by heightened concern over the future outlook of the family planning market. Although 2024 reflected a relatively strong year for procurement and shipments, manufacturers and partners emphasized that these results mask significant uncertainty ahead. USAID's dismantling has already removed one of the largest sources of commodity and programmatic funding, and ODA budget cuts are expected to further widen gaps. As a result, conversations shifted away from celebrating near-term gains to grappling with what comes next, with many stakeholders underscoring the urgent need for diversified financing and stronger private sector engagement to safeguard supply security and ensure continued access to life-saving contraceptive products for women and girls.

Discussions with stakeholders reinforced the view that countries must respond by seizing this moment to build more resilient FP programs. Two critical pathways identified were: (1) increasing domestic financing and diversifying funding sources; and (2) strengthening the commercial sector to complement public-sector procurement and ensure broader, sustainable access.

Strengthening Domestic Financing and Diversifying Funding Sources

Stakeholders consistently emphasized that the most urgent priority in light of USAID's dismantling and broader donor retrenchment is strengthening domestic financing for contraceptive procurement. While global partners can help buffer short-term disruptions, sustainable family planning programs will ultimately depend on governments embedding contraceptive commodities into core health budgets.

Several stakeholders pointed to positive momentum in recent years. Countries such as Ethiopia, Nigeria, Madagascar, and Uganda have made notable progress in allocating and executing domestic budgets for family planning, demonstrating that political will and sustained advocacy can translate into real financing gains. The UNFPA Supplies Partnership and its Match Fund were highlighted as useful mechanisms that incentivize governments to mobilize and report domestic contributions. However, gaps remain in predictability, execution, and transparency. In many contexts, allocations are approved but not disbursed, or are prone to annual volatility linked to shifting fiscal priorities.

Looking forward, stakeholders agreed on three critical priorities for strengthening domestic financing: Institutionalization of budget lines, improved execution of budgets and accountability, and visibility and strong data systems for better reporting.

Finally, stakeholders stressed that while domestic financing is the backbone of sustainability, diversified funding sources are equally critical. Beyond multi-year donor commitments, public-private partnerships and insurance mechanisms could create additional, more resilient financing streams. Expanding private sector engagement, whether through tiered pricing models, employer-based health schemes, or integration into broader universal health coverage initiatives, was viewed as essential to closing gaps that donor funding alone can no longer fill.

Commercial sector considerations

Stakeholders underscored the growing importance of the private sector in the FP landscape, particularly in light of tightening donor funding and increasing pressure on public procurement systems. While the scale of private sector engagement varies considerably across manufacturers covered in this report, there is a shared recognition amongst them that commercial channels will play an increasingly important role in ensuring access, sustainability, and method choice.

There is significant variation in the share of contraceptive sales going through commercial channels in LMICs for different manufacturers. For some manufacturers, nearly all shipments remain public-sector driven, while others reported a larger portion of their volumes going through commercial outlets. However, across manufacturers, common barriers were highlighted, which include:

- Competition from low-cost, or non-WHO-Prequalified/WLA-approved products in price-sensitive markets.
- Leakage of subsidized products from the public to private sector, eroding commercial viability.

- Limited demand and low awareness of methods such as the hormonal IUD, compounded by free public-sector availability of products due to leakages.
- High costs for regulatory approval, raw materials, and marketing in LMICs, with limited funding for promotional activities.
- Weak distribution and retail networks in many countries, constraining suppliers' ability to expand access.

Despite these barriers, manufacturers see room for the commercial sector to play a larger role as donor funding contracts. Several manufacturers noted that USAID's funding cuts could accelerate demand shifts toward private channels as public systems face constraints. Manufacturers anticipate that demand for LARCs, especially IUDs and implants, could grow in private outlets, given rising awareness and relatively higher resilience to stock disruptions compared to shorter-acting methods. However, a key challenge for commercial actors is offsetting the risk and cost of capital required to hold these higher-priced, slower-turnover products in stock compared to short-acting methods. Public-private partnerships and TMA were highlighted as critical pathways for integrating commercial suppliers alongside governments, donors, and social marketing organizations.

Manufacturers emphasized the need for better visibility into commercial sector dynamics to inform business planning. Priority information needs include: market size and growth trends, consumer willingness to pay, competitor and pricing analysis, distribution networks, and clearer insights into country-level regulatory requirements. Several manufacturers also stressed the value of understanding which countries are most affected by donor funding reductions and how governments plan to finance FP commodities moving forward.

Looking forward, stakeholders agreed that commercial sector engagement will be increasingly important for reducing unmet need and sustaining contraceptive access in LMICs. While challenges of affordability, competition, and infrastructure remain, manufacturers see opportunities to expand access through pharmacies, retail outlets, and private providers, particularly as new methods introduced in the public sector (such as the hormonal IUD) build awareness and create demand spillovers. Unlocking this potential will require deliberate action: strengthening supply chains, reducing product leakages from the public to the private sector, increasing demand generation and healthcare professional trainings in the private sector, and focusing on TMA more holistically in the future.

CONCLUDING REMARKS

The global FP community has come together with renewed determination in the face of shrinking donor support and widening funding gaps. From governments stepping up with higher domestic allocations, to suppliers adapting to shifting markets, to donors and partners finding new ways to collaborate, stakeholders have shown that coordinated action can help plug critical gaps in the short-term and sustain progress. This collective resolve is a source of optimism that, even in a constrained funding environment, family planning programs can remain resilient.

The way forward will require continued persistence, innovation, and collaboration. Governments must continue to prioritize family planning in national budgets; donors must maintain predictable, multi-year support; and the private sector must be integrated more deliberately into total market approaches. Above all, the community must keep working together to close gaps, strengthen systems, and ensure continued access of FP commodities to women and girls.

Photos: Melinda Stanley

ABOUT PARTICIPATING SUPPLIERS

In alphabetical order

Bayer

Bayer is a global enterprise with core competencies in the life science fields of healthcare and agriculture. Bayer designs its products and services to help tackle some of the world's biggest challenges, and to serve the most essential human needs of health and nutrition. Its contraceptive product portfolio includes contraceptive implants (Jadelle), hormonal IUD (Mirena), oral contraceptives (Microgynon ED and Microlut) and injectables (Noristerat and Norigynon).

Cipla

Cipla is a leading global pharmaceutical company based in India. It is a manufacturer with over 2000 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. With focus on Women's Healthcare products, Cipla also has misoprostol tablets in its portfolio and is supplied globally. The company focuses on developing high quality, affordable medicines across various therapeutic areas, and improving access to essential medicines worldwide.

Corporate Channels

Corporate Channels India Pvt. Ltd. (CCIPL) is a manufacturer of female contraceptive devices based in India, since 1993. CCIPL's contraceptive product portfolio includes several IUDs (EVE'S Copper T380A, TCu380A Ultra Loadezy, PPIUD, Cu 375, and Cu375SL) that provide long-acting reversible contraception, and Tubal Rings[52] that provide permanent contraception for women. CCIPL's Copper T 380A IUD has been prequalified by WHO/UNFPA for global supply.

CR Zizhu

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

Cupid

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

Female Health Company

The Female Health Company (FHC) is the global public health division of Clear Future, Inc., providing manufacturing, distribution, and educational support of the FC2 Female Condom—an internal barrier method approved by the U.S. FDA and prequalified by WHO. FC2 provides dual protection against sexually transmitted infections, including HIV, and unintended pregnancy. Having been distributed in 150 countries, FC2 is a vital tool in global family planning and HIV prevention initiatives.

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.

Injeflex

Injeflex Ind. Com. Prod. Disp. Med. Ltda is a medical device company based in Sao Paulo, Brazil that manufactures and markets non-hormonal contraceptive devices. Injeflex has WHO prequalified status since 2004.

Medicines360

Medicines360 is a women's health innovation organization with a mission to be a catalyst for change, transforming novel ideas into life-changing products that improve the lives of all women. Medicines360's portfolio consists of a hormonal IUD marketed as Avibela in low- and lower-middle-income countries and Liletta in the U.S.

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

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, MARVELON, CERAZETTE, MERCILON, 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 Tunggal

PT Tunggal Idaman Abdi (PT Tunggal) is a pharmaceutical company based in Jakarta, Indonesia, with a focus on reproductive healthcare. Its contraceptive product portfolio includes a monthly injectable, a three monthly injectable, a combined oral contraceptive, and an emergency oral contraceptive. Today, PT Tunggal exports to over 75 countries and in August 2021, its three monthly injectable Triclofem received WHO prequalified status.

Renata

Renata Limited (formerly Pfizer Laboratories Ltd.) is one of the leading and fastest-growing pharmaceutical and animal health companies in Bangladesh. The company manufactures and markets a wide range of human pharmaceuticals, nutritional products, and animal health products. Its contraceptive product portfolio includes combined oral contraceptives, progestin-only oral contraceptives, and emergency oral contraceptive pills.

Senador Laboratories Private Limited

Senador Laboratories, part of Chemo and Insud Pharma. Our mission is to enhance global health by delivering accessible, effective, safe, and high-quality medicines through our diverse business units. We remain committed to provide high-quality hormonal products that support and positively impact women's health.[53]

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 Corporation of India

SMB Corporation of India 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.

53 While the report identifies Senador Laboratories as the data contributing supplier, the volumes attributed to Senador also incorporate historical volumes from Mylan (until November 2020) and Viatris (November 2020–October 2023), which owned and operated this FP/SRH business prior to Senador Labs.

APPENDICES

Appendix A

85 in-scope countries: market volumes by method and country, 2020-2024

Please refer to the FP Market Report dashboard to download this data: https://fp-report.com/dashboard.html

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. 2022 onwards, the FP Market Report encompasses the broader set of all low- and lower-middle income countries based on the World Bank country income classification. The 2025 FP Market Report captures data for 85 in-scope countries. The classification represents the evolved global partnership and measurement structure for the FP community that was announced by FP2030 in 2021. In the 2025 FP Market Report, shipment data covering global procurer sales (USAID and UNFPA), MOH tender volumes, as well as SMO purchases have been collected from 18 participating manufacturers across seven family planning product categories.
- **U.S. Agency for International Development (USAID) Overview of Contraceptive and Condom Shipments Report**: USAID has supplied contraceptives and condoms for family planning and reproductive health programs since the mid-1960s. The Overview of Contraceptive and Condom Shipments report was an annual publication summarizing USAID-sponsored shipments by value and unit. Due to the dismantling of USAID and lack of a progress report for FY2024, for this year's Family Planning Market Report UNFPA & USAID Procurement Value Analysis, we have used RH Viz data across all years to ensure a like-for-like comparison, rather than using the historical USAID Reports for prior years and RH Viz only for 2024.
- **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 LMICs for over 40 years. For the purposes of this year's Family Planning Market Report's UNFPA & USAID Procurement Value Analysis, CHAI worked with UNFPA SCMU to determine the value of the contraceptive procurement conducted by UNFPA program procurement and Third Party Procurement from 2020 to 2024 for the 85 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)**: The RH Viz database provides visibility into contraceptive shipments volumes via a series of public-facing dashboards. RH Viz combines historical shipment data (from 2008 to 2016) with live procurer shipment data from the Global FP VAN (from 2017 onwards). Data provided from the Global FP VAN (in RH Viz) currently reflects shipments from and reported by USAID and UNFPA. Within this report, RH Viz is used both as a comparison point for supplier data coverage and as the primary source for male condom data and female condom data for 2023–2024. The report transitioned to RH Viz as the source for female condom volumes given its more comprehensive coverage of this method in recent years. In addition, RH Viz data were used to estimate USAID's spend on contraceptives from 2020-2024, as USAID did not publish its Overview of Contraceptive and Condom Shipments report for FY2024 following the dismantling of the USAID.

- **UNFPA Domestic Government Spend Data**:

  List of 54 in-scope countries* for domestic financing analysis:

Afghanistan	Djibouti	Madagascar	Sierra Leone
Angola	Eritrea	Malawi	Somalia
Benin	Ethiopia	Mali	South Sudan
Bolivia	Gambia	Mauritania	Sudan
Burkina Faso	Ghana	Mozambique	Tajikistan
Burundi	Guinea	Myanmar	Tanzania
Cambodia	Guinea-Bissau	Nepal	Timor-Leste
Cameroon	Haiti	Niger	Togo
Central African Republic	Honduras	Nigeria	Uganda
Chad	Kenya	Pakistan	Yemen
Comoros	Kyrgyz Republic	Papua New Guinea	Zambia
Congo	Lao PDR	Rwanda	Zimbabwe
Côte d'Ivoire	Lesotho	Sao Tome and Principe	
Democratic Republic of the Congo	Liberia	Senegal	

*The UNFPA Supplies Partnership also supports Pacific Island Countries and Territories: The Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu

Appendix C – Estimating the value of the public-sector market in 85 in-scope countries

The value of the public-sector market across 85 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
Emergency Contraceptives	Doses

Historical Supplier-Reported Data

This year's market report includes historical supplier-reported shipment data from 17 manufacturers – Bayer, Cipla, Corporate Channels, Cupid, Female Health Company, Incepta, Injeflex, Medicines360, Organon & Co., Pfizer, Pregna, PT Tunggal, Renata, Senador Laboratories[1], Shanghai Dahua, SMB Corporation of India, and Techno Drugs. The report has a total of 18 participating manufacturers; however, CR Zizhu does not have any relevant shipments to report in the in-scope countries between 2020 and 2024 but has reported relevant FP shipments in earlier years. Collectively, the total volumes cover global procurer sales (USAID and UNFPA), MOH tenders and SMO purchases across seven family planning product categories.

Participating suppliers have cumulatively shipped 68 million implants, 417 million injectables, 40 million copper IUDs, 0.5 million hormonal IUDs, 1,007 million orals (combined & progestin only), and 68 million emergency contraceptives from 2020 to 2024.

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 on to the 85 in-scope countries as confirmed with the suppliers. As a result, these volumes were included in the total shipments to the 85 in-scope countries after it was confirmed with suppliers that these specific out-of-scope country volumes were associated with institutional 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 85 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 2020 to 2024 for historical supplier-reported shipment volumes to the 85 in-scope countries and procurer warehouses is greater than RH Viz in every method except Female Condom, therefore, RH Viz data was used for Female Condom 2023 onwards. (Exhibit C.4)

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			●		
Injeflex				●	
Medicines360				●	
Organon & Co.		●			●
Pfizer			●		
Pregna				●	
Pt Tunggal			●		
Renata			●		●
Senador Laboratories			●		●

1 While the report identifies Senador Laboratories as the data contributing supplier, the volumes attributed to Senador also incorporate historical volumes from Mylan (until November 2020) and Viatris (November 2020–October 2023), which owned and operated this FP/SRH business prior to Senador Labs.

Manufacturer	Condoms - Female	Implants	Injectables	IUDs - Copper & Hormonal	Orals
Shanghai Dahua		●			
SMB Corporation of India				●	
Techno Drugs		●	●		●

EXHIBIT C.3: Supplier-reported shipment volumes to 85 in-scope countries by method, 2020-2024

Method	2020	2021	2022	2023	2024	Cumulative 2020-2024
Condoms – Female	18M	13M	12M	-	-	43M
Implants	13M	13M	13M	13M	15M	68M
Injectables	85M	58M	80M	86M	109M	417M
IUDs - copper	6M	5M	7M	10M	11M	40M
IUDs - hormonal	0.01M	0.12M	0.11M	0.14M	0.12M	1M
Orals - Combined & Progestin Only	284M	258M	147M	182M	137M	1007M
Orals - Emergency	14M	13M	8M	17M	16M	68M

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, 2020-2024

Method	2020	2021	2022	2023	2024	Cumulative 2020-2024
Condoms – Female	108%	105%	94%	–	–	102%
Implants	141%	129%	107%	107%	118%	119%
Injectables	136%	102%	112%	100%	165%	122%
IUDs - Copper & Hormonal	336%	349%	508%	136%	401%	268%
Orals - Combined & Progestin Only	256%	333%	196%	209%	204%	241%
Orals - Emergency	580%	394%	272%	561%	618%	478%

Sources: [1] Historical Supplier-Reported Shipment Data; [2] RH Viz Shipment Data, retrieved August 2025

Male Condom Market & Additional Female Condom Shipments

RH Viz shipment data for male condoms was used to capture a more comprehensive view of the public-sector family planning market for the 85 in-scope countries. The report used RH Viz shipment data from 2020 to 2024 and included all male condom shipment volumes to the 85 in-scope countries as well as volumes associated with procurer warehouses in out-of-scope countries. From 2023, the report also started to leverage shipment volumes for female condoms from RH Viz as RH Viz provides more comprehensive coverage of volumes for female condoms compared to supplier shared shipment volumes. The same approach used for male condoms was applied to the 2023 and 2024 female condom shipment data. The supplier-reported volumes for female condoms, implants, injectables, IUDs, and orals, together with RH Viz shipment volumes for male condoms and 2023 and 2024 shipment volumes for female condoms, represent the estimated public-sector market in 85 in-scope countries from 2020 to 2024.

EXHIBIT C.5: RH Viz male & female condoms shipment volumes, 2020-2024					
Method	**2020**	**2021**	**2022**	**2023**	**2024**
Condoms – Male	1.04B	1.28B	1.33B	1.66B	1.27B
Condoms - Female	-	-	-	14M	16M

Sources: [1] RH Viz Shipment Data, retrieved August 2025

Total Public-Sector Market in 85 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.[2] CYP factors calculate the estimated protection provided by different contraceptive methods. Because methods may have different CYPs associated with different sub-types of that method (e.g., there are different CYP factors for three- and five-year implants) the corresponding CYP of the method sub-type is used. The following exhibit shows the conversion factors used to translate volumes to CYPs

EXHIBIT C.6: Volumes to CYPs shipped conversion factors, 2020-2024	
Method	**Couple-Years of Protection (CYP) Factor**
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
Emergency Contraceptives	20

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

Value of the Total Public-Sector Market in 85 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.[3] The 2023/2024 UNFPA Contraceptive Price Indicator has not been published. Thus, we use the assumption that the unit cost in 2023 and 2024 is the same as 2022 prices. 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 2020-2021 as well. Finally, the Implant Access Program price of $8.50 was applied to implant volumes in 2020. From 2021, the average implant price on the UNFPA Contraceptive Price Indicator varied from $8.50, accordingly, UNFPA's listed price was used in market value calculations for 2021 to 2024.

2 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.data4impactproject.org/prh/family-planning/fp/couple-years-of-protection-cyp/

3 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

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 (USD)

Method	Price Range		2020	2021	2022-2024
	Minimum	Maximum	Unit Price	Unit Price	Unit Price
Condoms – Female	$0.43	$0.49	$0.43	$0.44	$0.49
Condoms – Male	$0.02	$0.03	$0.02	$0.02	$0.03
Implants	$8.26	$8.68	$8.26	$8.68	$8.62
Injectables	$0.79	$0.81	$0.81	$0.81	$0.79
IUDs – Copper	$0.37	$0.43	$0.37	$0.43	$0.42
IUDs – Hormonal	$10.84	$10.84	$10.84	$10.84	$10.84
Orals – Combined	$0.21	$0.23	$0.23	$0.21	$0.23
Orals – Progestin Only	$0.28	$0.32	$0.30	$0.28	$0.32
Emergency Contraceptives	$0.23	$0.26	$0.26	$0.25	$0.23

Notes: [1] For 2020-2024, the 2021 publicly available price for hormonal IUDs is used; [2] Otherwise, the price range and unit prices in each year are based on UNFPA's Contraceptive Price Indicator. [3] The 2023 or 2024 UNFPA Contraceptive Price Indicator has not been published; therefore, we assume that the unit costs in 2023 and 2024 are the same as the unit costs indicated in the 2022 UNFPA CPI. UNFPA is in the process of negotiating agreements with manufacturers and new prices are expected to be available in 2026 once those agreements are finalized.
Sources: [1] UNFPA Contraceptive Price Indicator, 2020 to 2022.

Appendix D – Estimating total global procurer spend volumes in 85 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 RHViz and UNFPA to understand contraceptive procurement value by the major global procurers including USAID and UNFPA. 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. 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, which may not be fully covered by the suppliers participating in this report.

Bangladesh

	2020	2021	2022	2023	2024	YOY Change 2023-24	CAGR 2020-24
CYPs procured (M)	13	13	5	3	3	4%	-26%
Market Value ($M)	39	41	16	10	10	0%	-24%
Volumes (M)	237	240	69	88	78	-11%	-20%

Procurement by the Bangladesh Ministry of Health and Family Welfare (MOHFW) remained at low levels in 2024, with three million CYPs procured, which is the same as in 2023 and substantially below 2020–2021 levels of 13 million CYPs per year. Market value and overall volumes also remained subdued, with a zero percent change in value and an 11 percent decline in total volumes compared to 2023.

This sustained low procurement follows the sharp drop observed since 2022 and indicates a continued period of limited public-sector procurement activity. As a result, Bangladesh's share of total FP market value has remained considerably below pre-2022 levels, consistent with findings from supplier shipment data (**Exhibit 8**).

The decline in total volumes in 2024 compared to 2023 was primarily driven by lower procurement of oral contraceptive pills (notably from M/S Renata Ltd., Popular Pharmaceuticals Ltd., and Techno Drugs), no implants or ECP procurement, and a reduction in condoms from Khulna Essential Latex Plant. These declines were partially offset by higher condom procurement from Essential Drugs Co. Ltd. (rising from 37 million in 2023 to 55 million in 2024) and the resumption of DMPA-IM procurement (7 million units) from Techno Drugs Ltd., which had been absent in 2022 and 2023.

Procurement contracts in 2024 were again dominated by local and regional suppliers, including Essential Drugs Co. Ltd., Khulna Essential Latex Plant, Techno Drugs Ltd., Renata Ltd., and Popular Pharmaceuticals Ltd.

While procurement remained relatively low, public-sector consumption, which had held broadly stable through 2023 (likely supported by drawdown of buffer stocks from earlier years) appears to have declined in 2024. Procurement fell across oral pills, injectables, and condoms, while remaining roughly unchanged for IUDs and implants compared to the 2020–2023 procurement.

Several factors may have contributed to this contraction in 2024, including declining policy and budgetary investment, shifts in service delivery and programmatic focus, sociocultural barriers, and persistent disparities in women's autonomy and access to care. Together, these dynamics likely contributed to both reduced procurement and lower utilization within the public system.

This pattern aligns with stagnation in modern contraceptive prevalence, which has changed only marginally from roughly 42 percent in 2017–18 to 45 percent in 2023–2024. The continued shift toward private-sector sourcing may further explain the decline in public-sector volumes: the proportion of women obtaining contraceptives from private sources rose from 49 percent in 2017–18 to 57 percent in 2022, according to the latest Bangladesh Demographic and Health Survey.

This analysis relies on data from the Government of Bangladesh's Ministry of Health and Family Welfare (MOHFW) for 2020, 2021, 2022, 2023 and 2024.

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

Product Name	Supplier Name	2020	2021	2022	2023	2024
CONDOM	ESSENTIAL DRUGS CO. LTD.	72,163,600	91,088,400	22,664,800	37,289,200	55,021,600
CONDOM	KHULNA ESSENTIAL LATEX PLANT (KELP)	44,388,400	36,794,400	11,202,000	13,710,800	5,000,000
CONDOM	UNFPA	-	-	4,428,000	-	-

Product Name	Supplier Name	2020	2021	2022	2023	2024
ECP (2 TAB/PACK)	M/S, RENETA LTD.	100,000	100,000	100,000	35,000	-
IMPLANT (2 ROD)	TECHNO DRUGS Ltd	-	575,000	899,885	-	-
INJECTABLES (DMPA-IM)	TECHNO DRUGS Ltd	15,250,000	14,000,000	-	-	7,000,000
INJECTABLES (DMPA-IM)	UNFPA	-	-	-	-	4,000
IUD (CT-380A)	SARBAN INTERNATIONAL LTD.	300,000	-	-	-	-
IUD (CT-380A)	Pathfinder	-	300	300	-	500
ORAL CONTRACEPTIVE PILL (SHUKHI)	M/S, RENETA LTD.	50,500,000	43,940,000	11,904,000	15,600,000	6,382,880
ORAL CONTRACEPTIVE PILL (SHUKHI)	Popular Pharmaceuticals Ltd.	12,500,000	11,230,000	5,952,000	7,300,000	500,000
ORAL CONTRACEPTIVE PILL (SHUKHI)	TECHNO DRUGS Ltd	38,000,000	32,800,000	11,904,000	13,600,000	2,000,000
ORAL PILL APON	M/S, RENETA LTD.	3,500,000	9,000,000	-	-	2,000,000

India

	FY2020-21	FY2021-22* (only partial year data reported)	FY2022- 23	FY2023-24	FY2024-25	YOY Change FY2023-24 - FY2024-25	CAGR FY2020-21 - FY2024-25
CYPs procured (M)	46	18	49	42	69	63%	8%
Market Value ($M)	41	17	32	37	61	64%	8%
Volumes (M)	739	367	572	708	1,084	53%	8%

Procurement by India's Ministry of Health and Family Welfare (MOHFW) increased substantially in FY2024–25, with 69 million CYPs procured, a 63 percent increase over FY2023–24 and the highest level observed in the last five years. Market value also rose sharply by 64 percent, from $37 million in FY 2023-24 to $61 million in FY 2024-25, while overall volumes increased by 53 percent, from 708 million to 1.1 billion units. Over the five-year period, CYPs procured grew at eight percent CAGR, reversing the downward trajectory seen in previous years.

This rebound in procurement reflects renewed investment and programmatic focus by MOHFW on contraceptive distribution. The FY2024–25 procurement basket was dominated by Copper IUDs, which accounted for 112 lakh units supplied (equivalent to an estimated 54 million CYPs, or roughly 78 percent of total CYPs procured). Male condoms (435 million pieces) and oral contraceptive pills (665 lakh cycles) followed as key short-term methods, while emergency contraceptives (139 lakh packs) and Centchroman (240 lakh strips) also recorded strong year-on-year growth.

The increase in both long-term and short-term method procurement marks a significant recovery compared to FY2023–24, when Copper IUD volumes had dropped to 69 lakh units and oral pill procurement had contracted. Short-term methods, particularly condoms and oral contraceptives, saw the largest increases in FY2024–25 (rising by 42 percent and 66 percent, respectively), suggesting a broad-based strengthening in method mix rather than reliance on a single category.

Social marketing data also show notable expansion, with condom sales increasing from 323 million pieces in FY2023–24 to 523 million pieces in FY2024–25, reflecting improved availability and distribution through non-public channels.

Despite these gains, cost efficiency (CYP per dollar spent) remains a challenge. While CYP per dollar spent in FY2024–25 is broadly consistent with the previous year, it remains below FY2023–24 levels. This is likely driven by greater emphasis on short-term methods, which yield fewer CYPs per dollar spent relative to long-acting or permanent methods.

Overall, India's FY2024–25 data indicate a robust rebound in procurement volumes and value, supported by expanded state-level distribution and replenishment cycles across contraceptive categories. However, maintaining cost-effectiveness and ensuring balanced uptake across methods will be key to sustaining these gains and achieving national FP2030 targets.

EXHIBIT E.2: Annual reports of the Ministry of Health & Family Welfare (includes fiscal years 2020-21 to 2024-25)

EXHIBIT E.2.1: Quantities supplied to states/Union Territories (publicly-available data)

CONTRACEPTIVES	FY 2020-21	FY 2021-22* (ONLY PARTIAL YEAR DATA REPORTED)	FY 2022-23*	FY 2023-24	FY 2024-25
Condoms (in million pieces)	397.1	205.0	235.4	306.0	435.0
Oral Pills (in lakh cycles)	427.6	184.4	217.2	400.0	665.0
Copper IUDs (in lakh pieces)	73.8	27.8	88.3	69.4	112.0
ECP (in lakh packs)	131.7	2.5	40.6	90.0	139.0
Centchroman Contraceptive Pill (Lakh Strips)	117.7	143.2	54.9	114.5	240.0
Injectable Contraceptive (Lakh Doses)	29.3	-	69.3	-	55.0

EXHIBIT E.2.2 Social marketing sales of contraceptives (publicly-available data)

CONTRACEPTIVES	FY 2020-21	FY 2021-22* (ONLY PARTIAL YEAR DATA REPORTED)	FY 2022-23*	FY 2023-24	FY 2024-25
Condoms (in million pieces)	244.3	126.1	283.0	322.6	522.5
Oral Pills (Social Marketing) (lakh cycles)	196.0	4.6	64.0	118.8	50.0

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