The evolution of RH supply markets: a case for country leadership, global support, and accurate data for effective market management

Cammie Lee, Biruk Tesfaye, Cristina Puig
19 October 2023 | 15:00 - 15:45 | Palm Jumeirah
Available AI Translation

- Available via QR code and URL on table (audio option available via headphones)
- Adjusting Session Speaker Language

We appreciate your patience and understanding as the AI and our glossary continue to learn and make improvements.
MEET TODAY’S PANELISTS

SARAH WEBB
Senior Technical Officer, RHSC

CAMMIE LEE
Senior Program Officer, Maternal Newborn & Child Health, BMGF

BIRUK HAILU TESFAYE
Maternal & Child Health Expert, Ministry of Health, Ethiopia

CRISTINA PUIG
Coordinator, European Consortium of Emergency Contraception (ECEC)

presenting on behalf of R4D

#RHSUPPLIES2023
Government-led MNCH Commodity Market Provides Lessons Learned for Greater Resilience and Ensuring Access to RH Supplies

October 19, 2023

Biruk Hailu Tesfaye, Ethiopia Ministry of Health
Cammie Lee, Bill and Melinda Gates Foundation (presenting on work from Results for Development)
Government-led MNCH commodity markets offer lessons learned as Reproductive Health markets transition away from donor support
Results for Development, with support from the Bill and Melinda Gates Foundation, is supporting improved access to MNCH products

**Phases of work**

- Conducted **market diagnostic** to understand “which” are MNCH commodity priorities and “what” is inhibiting scale-up
- **Co-created strategies** with stakeholders at country, regional, and global levels to address identified MNCH market challenges
- **Implementing catalytic interventions:**
  1. Produce global public goods to address market information asymmetries, and
  2. Address demand, supply, and financing barriers in Ethiopia

**Scope**

We are focused on

- **14 priority MNCH products**
  - at the **global and regional-levels**
  - and in **5 focus geographies**

**Maternal Health products:** Oxytocin (inj), Misoprostol (tab), Methyldopa (tab), Magnesium sulphate (inj), Iron/ferrous sulfate + folic acid, iron/ferrous sulfate, and folic acid (cap/tab), Methyldopa (tab), Hydralazine (inj), and Metronidazole (inj).

**Neonatal and Child Health products:** Amoxicillin (all formulations), Zinc-ORS-co-pack, ORS, and Zinc, Gentamicin (inj), Chlorhexidine digluconate 7.1% (gel), Dexamethasone (inj), Ceftriaxone (inj) and Ampicillin (injection)
The market diagnostic confirmed MNCH commodity markets are government-led

In the public sector, governments lead the majority of...

**Financing**

**Procurement**

**MNCH Commodity Financing Across 5 Geographies by Source, 2016-2018**

- % Gov’t financed & allocated: 70%
- % Donor financed, Gov’t allocated: 21%
- % Donor financed & allocated: 9%

**MNCH Commodity Procurement Volumes Across 5 Geographies by Source, 2016-2018**

- Government: 78%
- Donor: 12%
- Other: 10%

1. Values were calculated using the procurement data sourced from country government procurement agencies (EPSA, FMOH, MSD, NMS, KEMSA, DMCSA), other procurement agencies (JMS, SOML), and donors between 2016-2018. Financing covered 53
While governments are leading financing and procurement of MNCH commodities, key market challenges are inhibiting access.

A few examples of these challenges include:

- Insufficient financing
- Variable pricing
- Limited access to quality-assured products

Note, these are just a subset of the full set of market challenges inhibiting access to MNCH commodities.
When comparing Global prices to country-level procurement prices for 11 SKUs in common, prices for 45% and 27% of them have lower and comparable prices respectively.

Cross country WAP prices are comparable with Global prices

Global prices are more competitive

Unit price multiple: Global price\(^2\)/Cross-Country Weighted Average Price\(^1\)

Cross country prices are more competitive

Global prices are more competitive\(^2\)

1. Cross-country weighted average prices include prices gathered from country government procurement agencies (EPSA, FMOH, MSD, NMS, KEMSA, DMCSA), other procurement agencies (JIMS, SOML), and donors between 2016-2018. A cross country weighted average price was taken for SKUs across all in-country procurement sources between 2016-2018 and calculated as the smallest unit of measure per pack size. In Uganda, Ethiopia, and Tanzania, UNICEF or UNFPA procured 7 of the SKUs shown above for these countries, and their prices are included in the in-country prices due to complexity of separating out prices: Amoxicillin 250mg DT (Uganda, Ethiopia), Gentamycin 10mg/ml 2ml injection (Ethiopia), Gentamycin 40mg/ml 2ml injection (Ethiopia), Magnesium Sulphate 50% 10ml injection (Ethiopia, Tanzania), Misoprostol 200mcg tablet (Uganda, Tanzania), Zinc/ORS co-pack (Uganda), Oxytocin 10IU/ml 1ml injection (Uganda, Ethiopia, Tanzania).

2. Global level prices were gathered from UNICEF and UNFPA supply catalogues accessed in January 2020 and matched to country procured SKUs, including pack size. Prices were determined on a two-pass model where first SKUs with a corresponding UNICEF price were identified. If no price existed, then a UNFPA price was identified. Not all SKUs procured in countries were available on the UNICEF or UNFPA catalogue because pack sizes were different or UNICEF or UNFPA did not offer a particular SKU. In addition, the difference between global and cross-country price is probably even greater for a few SKUs than what is shown here because UNICEF and UNFPA procurements in countries were included into the in-country weighted average prices, which were used to calculate the cross-country weighted average prices for each SKU.
For government-led MNCH markets, a 2-pronged approach is required to holistically shape the market.

A healthy, country-led MNCH market facilitating widespread access to affordable, high-quality medicines.

**Identified Challenges**
- Market information asymmetries around quality and price

**Catalytic Interventions**
- Reference Price List
- Quality-Assured Supplier List

**Identified Challenges**
- Regulatory fragmentation
- Few or no registered high-quality products
- Insufficient domestic resource mobilization

**Catalytic Interventions**
- Regional registration harmonization efforts
- Business case to internal manufacturers to register
- Domestic resource mobilization and evidence-based advocacy

Based on R4D’s current MNCH work to produce global & regional public goods, and specific efforts to support Ethiopia’s Ministry of Health.
Evolution of RH Market in Ethiopia

Maternal, Child, Adolescent Health Services LEO
Ministry of Health, Ethiopia

Biruk Hailu, MOH Ethiopia
The Reproductive Health Supply market in Ethiopia has evolved significantly over the past two decades.

- Initially the market was dominated by the public sector but recently the private sector is also playing an important role.

- Increased availability of reproductive health supplies has led to an increased use of contraception.

- Health sector transformation plan (HSTP I and II) were pushing factors for the increment of both public and private markets.
Financing for family planning services in Ethiopia currently comes from three main sources: the GoE (from tax revenues and loan), External Sources (Donor Pooled Fund and bilateral donors) and households (in the form of out-of-pocket payments).

For 2022/23 fiscal year, Government of Ethiopia increased its contribution to ~USD 2 million dollar (i.e. 2x of 2020/21 allocated budget, However access to RH products continue to be a problem due to global and in-country level system and market bottlenecks.

GOE developed Strategic Initiatives for **Access to quality RH services** to all women and girls regardless of their income or location through alleviating:

- Unmet need 22% (2021) - 19.1% in 2025
- 50% of mCPR by 2025 – 1.8% increase each year
- TFR from 4.1 - 3.2
- FP 2030 commitment
MOH currently working on building resilient and sustainable financing options for all exempted services that are provided for free to patients – services including FP, MNCH, and other programs

This is a kind request for donors, implementing partners and other key interested stakeholders to coordinate with the Government of Ethiopian to support current efforts that support Government of Ethiopia to achieve 2030 Commitment:

- Build Sustainable Financing options for RH and MNCH services and products
- Working towards building strong supply chain system through strengthening local production of FP and MNCH Program products.
- Creating Competitive Market for FP and MNCH product through expanded and strategized supply base and procurement mechanisms respectively.
Trends in Emergency Contraception Markets of LMICs

Cristina Puig Borràs (ECEC)
New & Underused Reproductive Health Technologies Caucus
October 19th, 2023 (Session 17)
Outline:

1. About ECEC
2. Trends in EC markets in LMICs
3. From underused to overused?

Acronyms used:

LNG: Levonorgestrel
UPA: Ulipristal acetate
EC: Emergency contraception
ECPs: Emergency contraception pills
ESC: European Society of Contraception and RH
ECEC: European Consortium for EC
ICEC: International Consortium for EC

Thank you to:

- DKT International
- USAID Global Health Supply Chain Program - Procurement and Supply Management
- Suzanne Gold (PSM)
Declaration of competing interests

To date, ECEC has received support from:

• HRA Pharma / Perrigo
• DKT International
• Magna Pharm

• European Society of Contraception and Reproductive Health (ESC)
• International Consortium for Emergency Contraception (ICEC)
• World Health Organization / UN Commission on Life Saving Commodities for Women and Children
• Gedeon Richter
1. About ECEC

Founded in 2011/12, initially as a branch of ICEC

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered – Available Over the Counter</td>
</tr>
<tr>
<td>Registered</td>
</tr>
<tr>
<td>Registered – Available Directly from Pharmacies</td>
</tr>
<tr>
<td>No Dedicated Product Registration</td>
</tr>
</tbody>
</table>
Mission:

- **Expand knowledge** about and **access** to emergency contraception (EC) in European countries
- **Promote the standardization** of EC service delivery in the European context.

**Advisory committee:**
- Sharon Cameron, UK (*)
- Kristina Gemzell, Sweden
- Anna Glasier, UK
- Caroline Moreau, France

**Host agency:**
East European Institute for Reproductive Health (EEIRH)
www-ec-ec.org

**Community of Practice (IBP):**
ECEC works from an evidence- and rights-based approach.
Strategic objectives:

**Knowledge**
Generate knowledge on EC use and access in Europe and serve as an information-sharing platform.

**Advocacy**
Disseminate research findings and promote the use of evidence-based information for policy and program development.

**Information, Education, Communication**
Develop and disseminate information, education and training materials.

**Quality of Care**
Reduce access inequalities by promoting the standardization of quality of care for EC services across the region.
The EC wheel

- EC counselling tool for pharmacists and health providers, developed in 2016 by ECEC, with support and endorsement from ESC.
- Available in English and French.
- Based on the WHO MEC 2015 and the UK Faculty of Sexual and Reproductive Healthcare recommendations for EC use.
- Provides recommendations on use of LNG and UPA ECPs, or Cu-IUD for emergency contraception.

https://www.ec-ec.org/ecmethod/
How to access the online EC wheel:

https://www.ec-ec.org/ecmethod/
Dispensing emergency contraceptive pills according to the evidence and human rights: the role of pharmacists

In most countries in Europe (and in many other countries around the world) two forms of emergency contraceptive pills are accessible: both levonorgestrel and ulipristal acetate pills are available in pharmacies without a prescription. In this situation, pharmacy teams play an important role in facilitating access for women. Yet, significant variances in dispensing practices have been identified, leading to access disparities.
Since 2022, ICEC is no longer operational (website, database, etc).

- RHSC repository of ICEC materials.
- ECEC has expanded its mission to work beyond Europe:
  - Continue providing technical assistance outside of Europe (i.e: Honduras, Japan, Peru...)
  - Developing a new global database on EC availability.
  - Conveying global partners to advance EC access.

In order to access ECs, EC products need to be available. Dedicated EC products with LNG, UPA, and mifepristone are packaged and labeled specifically for EC use. These products can only be accessed locally if they are registered and/or imported.

This page provides information about countries where LNG, UPA and mifepristone ECs are available, registered or imported. The previous summary of ECs registration by country, published in 2014 by the International Consortium for Emergency Contraception (see here). In 2023, ECEC updated this information. This summary is based on data from:

- Gedoore Richter and HRA Pharma product registration records (January 2023)
- DKT International sales report (2022)
- DADA Consultancy B.V. personal communication
- Contraceptive Security Indicators (CSI) Survey results and technical brief on EC
- Asia Pacific Consortium for Emergency Contraception database
- European Consortium for Emergency Contraception database

We thank these organizations for kindly providing information about the registration status of their EC products worldwide. For more specific information about countries of the Asia Pacific region, visit the Asia Pacific Consortium for Emergency Contraception website. For more information about the United States of America, visit the American Society for Emergency Contraception. Data on EC trends in selected Africa, Asia and Latin American countries from the CS reports, is available here. For more information about specific European countries, visit the section country information on our website.

Please note that different brands of one same type of EC product can be registered with different status in the same country. One brand of LNG ECs may be registered as OTC and another one as BTC in the same country.

**AVAILABILITY OF EC PILLS**

ECs with levonorgestrel (LNG) (either one pill of 1.5 mg or two pills of 0.75 mg formulations):

Available and/or registered as behind- or over-the-counter (BTC and OTC) in 84 countries (registered or imported):

- Argentina, Azerbaijan, Brunei, Bulgaria, Belarus, Belgium, Bosnia and Herzegovina, Burkina Faso, Bhutan, Cambodia, Canada, Chile, China, Colombia, Congo, Côte d'Ivoire, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Ecuador, Estonia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Guinea (Conacry), Iceland, India, Indonesia, Ireland, Italy, Ivory Coast, Kazakhstan, Kuwait, Kyrgyzstan, Laos, Latvia, Lithuania, Luxembourg, Macedonia, Madagascar, Mali, Malta, Mauritius, Mongolia, Montenegro, Namibia, Netherlands, New Zealand, Niger, Norway, Pakistan, Paraguay, Peru, Portugal, Romania, Russian Federation, Serbia, Singapore, Slovak Republic, Slovenia, South Africa (Lesotho, Swaziland), Spain, Sri Lanka, Suriname, Sweden, Switzerland, Tajikistan, Togo, Turkmenistan, United Kingdom, Uruguay, United States of America, Uzbekistan, Venezuela, Vietnam

Available and/or registered as prescription products (Rx) in 37 countries: (In some countries they may be usually sold without prescription)

- Bolivia, Brazil, Colombia, Curacao, Dominican Rep., Ecuador, El Salvador, Egypt (Arab Rep. of), Guatemala, Hong Kong, Hungary, Indonesia, Jamaica, Kenya, Khazakstan, Korea (Rep.), Korea (Dem. People's), Kyrgyzstan, Laos, Latvia, Lithuania, Luxembourg, Madagascar, Madagascar, Mali, Malta, Mauritius, Mongolia, Montenegro, Mozambique, Namibia, Nepal, Netherlands, New Zealand, Niger, Norway, Pakistan, Paraguay, Peru, Portugal, Romania, Russian Federation, Serbia, Singapore, Slovak Republic, Slovenia, South Africa (Lesotho, Swaziland), Spain, Sri Lanka, Suriname, Sweden, Switzerland, Tajikistan, Togo, Turkmenistan, United Kingdom, Uruguay, United States of America, Uzbekistan, Venezuela, Vietnam
2. Trends in Emergency Contraception Markets of LMICs

Emergency Contraception Pills Sales in Low- and Middle-Income Countries: Data from Social Marketing Programs

Introduction

Emergency Contraception (EC) is widely used in low- and middle-income countries (LMICs) for women who have had an unintended pregnancy. EC can be used to prevent pregnancy after unprotected sexual intercourse. The World Health Organization (WHO) recommends that all countries provide EC services to women who request them. This includes methods such as the morning after pill and the emergency contraceptive injection. The use of EC has increased in recent years, especially in LMICs.

Background

Emergency contraception is available in most LMICs, but access varies widely. In some countries, EC is provided through public sector programs, while in others, it is available through the private sector. The availability of EC is an important indicator of a country's commitment to reproductive health.

What is Emergency Contraception?

Emergency contraception (EC) is a method that can be used after unprotected sexual intercourse to prevent pregnancy. It is most effective when used within the first 72 hours of unprotected sex. EC can be taken as a pill, an injection, or an insert. EC is available in most LMICs, but access varies widely.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.

Emergency Contraception Market Trends

The Emergency Contraception Indicator Survey (ECIS) is a survey conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project. The survey measures the availability of EC in 52 countries in 2018 and 2019. The survey provides data on the availability of EC in LMICs, including the private sector.

What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods, and it is the only proven method of reversing an ongoing pregnancy. EC methods are effective when used within a certain time frame, usually up to 72 hours after unprotected sex. EC methods are generally safe and effective for women of all ages and can be used to avoid unintended pregnancies.
"Despite more than a decade of concerted international and country level efforts to ensure that women have access to emergency contraception, **accessibility remains limited.** Data indicate that the **large majority of women in low-income countries are unaware** that emergency contraception exists as an option. The majority of social marketing family planning programs do **not include an emergency contraception product**, and approximately half of low-resource countries surveyed do **not offer emergency contraception through national healthcare systems.**"

What do we know now?

a) EC sales from social marketing programs have increased by 300% since 2012

Units of emergency contraception pills (ECPs) and oral contraceptive pills (OCPs) packs, sold from 2012 to 2022:

<table>
<thead>
<tr>
<th>Year</th>
<th>ECP sales (units)</th>
<th>Percentage change</th>
<th>OCP sales (units)</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8,910,663</td>
<td>-</td>
<td>199,490,301</td>
<td>-</td>
</tr>
<tr>
<td>2013</td>
<td>11,519,695</td>
<td>29%</td>
<td>206,595,373</td>
<td>4%</td>
</tr>
<tr>
<td>2014</td>
<td>8,080,234</td>
<td>-30%</td>
<td>199,928,412</td>
<td>-3%</td>
</tr>
<tr>
<td>2015</td>
<td>9,909,276</td>
<td>23%</td>
<td>181,022,855</td>
<td>-9%</td>
</tr>
<tr>
<td>2016</td>
<td>12,313,146</td>
<td>24%</td>
<td>203,074,982</td>
<td>12%</td>
</tr>
<tr>
<td>2017</td>
<td>17,361,364</td>
<td>41%</td>
<td>219,109,418</td>
<td>8%</td>
</tr>
<tr>
<td>2018</td>
<td>17,725,577</td>
<td>2%</td>
<td>204,621,849</td>
<td>-7%</td>
</tr>
<tr>
<td>2019</td>
<td>22,942,885</td>
<td>29%</td>
<td>189,793,768</td>
<td>-7%</td>
</tr>
<tr>
<td>2020</td>
<td>25,050,655</td>
<td>9%</td>
<td>201,191,988</td>
<td>6%</td>
</tr>
<tr>
<td>2021</td>
<td>30,642,191</td>
<td>22%</td>
<td>209,606,713</td>
<td>4%</td>
</tr>
<tr>
<td>2022</td>
<td>37,615,541</td>
<td>23%</td>
<td>202,304,902</td>
<td>-3%</td>
</tr>
<tr>
<td>Average percentage change:</td>
<td>15.7%</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012 – 2022 percentage change:</td>
<td>322.1%</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ECPs and OCPs sales (2012 to 2022)

For more details:
https://www.dktinternational.org/contraceptive-social-marketing-statistics/
USAID Global Health Supply Chain Program

Contraceptive Security Indicators Survey

42 Countries

<table>
<thead>
<tr>
<th>Angola</th>
<th>El Salvador</th>
<th>Lao PDR</th>
<th>Nepal</th>
<th>Nigeria</th>
<th>Tanzania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Ethiopia</td>
<td>Liberia</td>
<td>Niger</td>
<td>Pakistan</td>
<td>Togo</td>
</tr>
<tr>
<td>Benin</td>
<td>Ghana</td>
<td>Madagascar</td>
<td>Malawi</td>
<td>Peru</td>
<td>Uganda</td>
</tr>
<tr>
<td>Botswana</td>
<td>Guatemala</td>
<td>Mali</td>
<td>Mauritania</td>
<td>Philippines</td>
<td>Yemen</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Guinea</td>
<td>Mozambique</td>
<td>Nepal</td>
<td>Rwanda</td>
<td>Zambia</td>
</tr>
<tr>
<td>Burundi</td>
<td>Haiti</td>
<td>Niger</td>
<td>South Sudan</td>
<td>Senegal</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Honduras</td>
<td>Sri Lanka</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cape Verde</td>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>Kyrgyz Republic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b) Since 2010, ECPs have been one of the fastest growing methods offered in the public sector.

In 2010, only 46% of reporting countries offered ECPs in the public sector. By 2021, this number had grown to 78% of countries.

However, in the public sector, ECPs are mostly restricted to distribution at health facilities and by higher level health providers.
What do we know now?

c) In the private sector, ECPs continue to be one of the most commonly offered family planning methods across countries.

FP methods offered in the private sector (% of countries)

In 2021, 93% of reporting countries offered ECPs in the private sector, a level that has been consistent for the past decade.
What do we know now?

d) ECPs are less likely to be quality-assured than other FP methods

% of countries with FP methods with no Stringent Regulatory Authorities-approved or WHO-prequalified products registered for distribution

In 2021, 20% of surveyed countries reported that no Stringent Regulatory Authority (SRA) or WHO-prequalified ECPs were registered for distribution.
What do we know now?

e) Countries are more likely to stock out of ECPs at central medical stores than they are to stock out of other FP products.

Only 29% of countries reported on ECP stockout rates at central level. Among those, many countries faced high rates of stockout.

ECP stockout rates seem to be higher at service delivery points.
3. From underused to overused?

Misuse of emergency contraceptive pills on the rise...Among young ladies, students

The Pharmaceutical Society of Ghana has raised concerns over the misuse of Emergency Contraceptive Pills (ECP), particularly among young women, who are increasingly resorting to them as a regular method of contraception rather than for emergency situations of unprotected sex.

Rev. Dr. Dennis Sona Avelty, the Executive Secretary of the society, expressed these worries in an interview with the Daily Graphic.

He emphasized the pressing need for enhanced education to help those misusing ECP understand the potential long-term consequences of their actions.

Dr. Avelty clarified that although there was currently no documented evidence of the long-term side effects of ECP misuse, it was crucial to acknowledge that using the medication persistently and repeatedly for purposes other than intended could have unforeseen side effects.
Repeated use of ECPs

- Repeat use of both LNG and UPA ECPs (not concomitant) has been studied and findings suggest it is safe and efficacious.
- Can result in increased side-effects, such as menstrual irregularities, but it poses no known health risks.
- It is acceptable for women (not only for young women).
- Shows increased awareness of postcoital contraceptive choices.
- It is happening; it is a fact!

Providing up-to-date information on how to safely and effectively use ECPs, every time a woman is at risk of pregnancy, is key. It is time to destigmatize the repeated use of ECPs.
• Join the ECEC/ICEC community of practice to continue this discussion.

• Visit our website for more info: www.ec-ec.org

• Please share your campaings and strategies to improve access to EC with our community. We have a lot to learn from each other.

Thank you!

Contact: cpuig@eeirh.org
FACILITATED DISCUSSION

MODERATOR

SARAH WEBB
Senior Technical Officer, RHSC

CAMMIE LEE
Senior Program Officer, Maternal Newborn & Child Health, BMGF

BIRUK HAILU TESFAYE
Maternal & Child Health Expert, Ministry of Health, Ethiopia

CRISTINA PUIG
Coordinator, European Consortium of Emergency Contraception (ECEC)

presenting on behalf of R4D

#RHSUPPLIES2023
THANK YOU!