

Commodity Gap Analysis 2019

Overview for lower-middle-income countries (L-MIC)

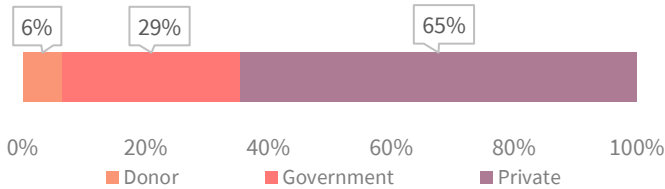
RHSC’s Contraceptive Commodity Gap Analysis (CGA) contributes vital data and analysis that inform strategies to address future supply availability. The rich findings of the report help illuminate pertinent facts about the world today, as well as changes that may happen over the coming decade. From these results, five themes emerged that are critical to addressing supply availability. This brief highlights key findings for each theme for lower-middle-income countries.

01 Prospects of stagnating donor funding

The amount currently spent on contraceptive supplies across lower-middle-income countries is

\$905 million

Current spending by sector



If spending stays at current levels while the number of women using contraception grows a funding gap will emerge . . .

\$68.3 million by 2020

\$129 million in 2025

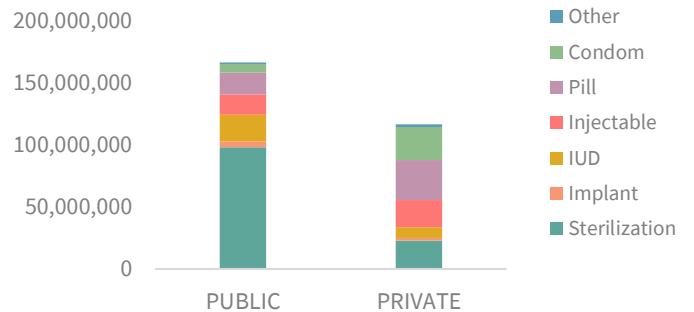
\$521 million over 5 years (2021-2025)

02 Distinct landscapes between the public and private sectors

There are a total of 283 million users of contraception in lower-middle-income countries. Overall 59% receive their method from public sector sources while 41% receive their method from private sector sources.

The graph to the right shows how these users distribute by sector and method. We often see pronounced differences in the methods women receive from public and private sector sources, suggesting that the two are not interchangeable.

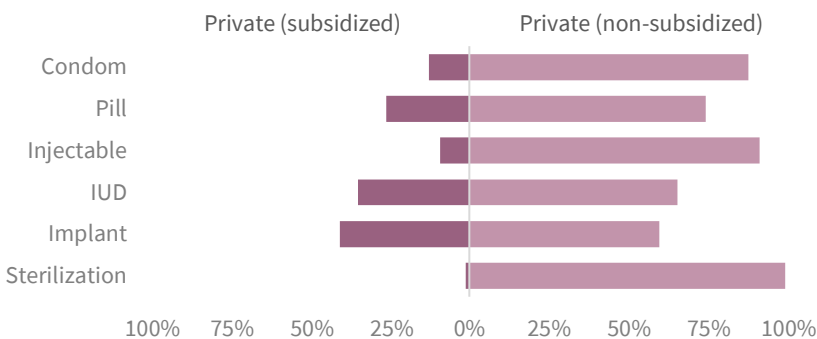
Users by method, 2018



03 The role of subsidies in the private sector

Share of users within private sector, 2018

Comparison by method

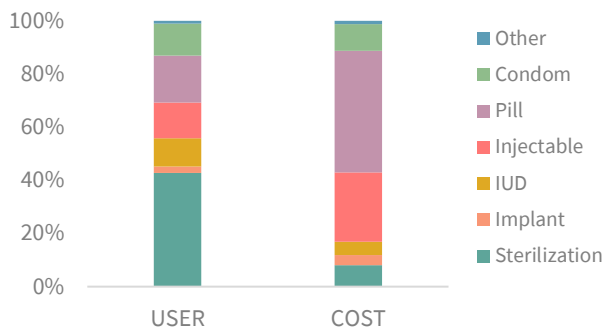


CGA 2019 breaks new ground by setting aside the distinctions between social marketing and commercial sectors, focusing instead on the supplies themselves: whether they are sold at a commercial price, or if they benefit from some sort of public sector subsidy.

Of the 116 million users of contraception in lower-middle-income countries who obtain supplies from private sector entities, 84% purchase non-subsidized supplies. The role of subsidy often varies by method as show in the graph to the left.

04 Differences in the distribution of users and costs

Method Mix of Use versus Cost, 2018



The total consumption cost of contraceptive supplies in lower-middle-income countries is currently \$939 million.

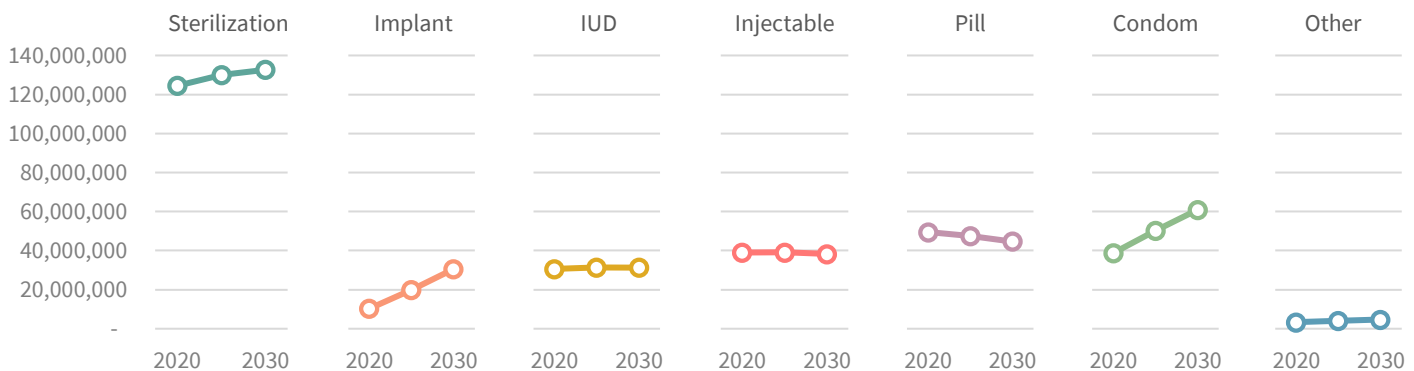
Because consumption cost is not simply a function of use, there are often stark differences in the method mix of users and the method mix of costs as shown in the graph to the left. This is due to a number of factors, including differences in the number of units per year of each method a user must consume; differences in costs between methods; and differences in cost for each method from country to country.

05 Significant yet uneven growth in the decade ahead

CGA 2019 does not attempt to predict future changes, but rather show where things would be if current trends persist.

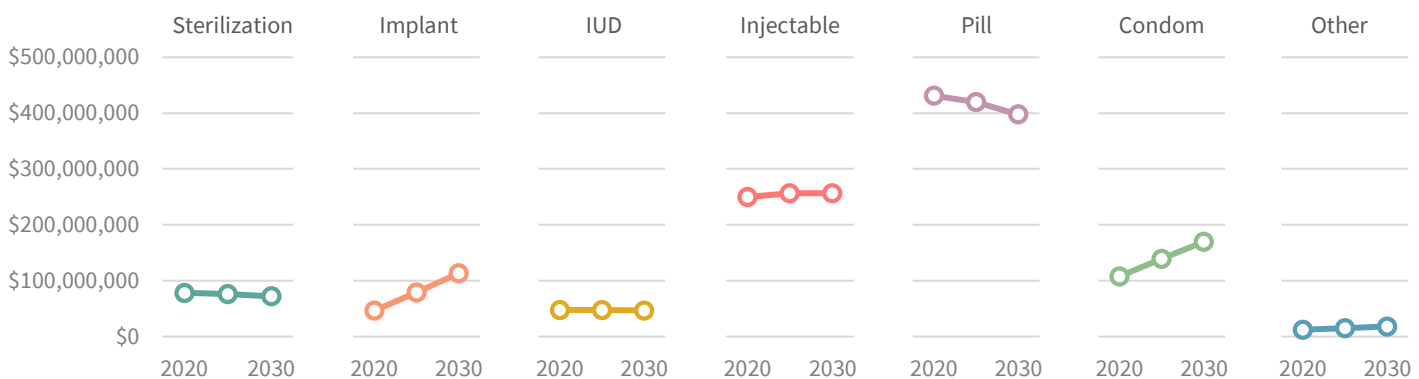
By the year 2020, there will be 296 million users of contraception living in lower-middle-income countries. According to current trends, that number will reach 343 million by 2030, an increase of 47.2 million users.

Changes in Users, 2020-2030



As the total number of users changes, so too will the costs. In 2020, the cost of supplies in lower-middle-income countries will be \$973 million. That figure will reach \$1.07 billion by 2030, an increase of \$101 million.

Changes in Consumption Cost, 2020-2030



Based on WB Income Classifications. Includes: Angola, Bangladesh, Bhutan, Bolivia, Cabo Verde, Cambodia, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Georgia, Ghana, Honduras, India, Indonesia, Kenya, Kiribati, Kosovo, Kyrgyzstan, Lao PDR, Lesotho, Mauritania, Micronesia, Moldova, Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Palestine, Papua N. Guinea, Philippines, São Tomé & Prin., Solomon Isl., Sri Lanka, Sudan, Swaziland, Timor-Leste, Tunisia, Ukraine, Uzbekistan, Vanuatu, Vietnam, Zambia