Commodity Gap Analysis 2019
Overview for upper-middle-income countries (U-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 upper-middle-income countries.

01 Prospects of stagnating donor funding

The amount currently spent on contraceptive supplies across upper-middle-income countries is $2.24 billion

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

- $67.5 million by 2020
- $25.2 million in 2025
- $233 million over 5 years (2021-2025)

02 Distinct landscapes between the public and private sectors

There are a total of 139 million users of contraception in upper-middle-income countries. Overall 50% receive their method from public sector sources while 50% 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.

03 The role of subsidies in the private sector

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 69.2 million users of contraception in upper-middle-income countries who obtain supplies from private sector entities, 100% purchase non-subsidized supplies. The role of subsidy often varies by method as shown in the graph to the left.
**Differences in the distribution of users and costs**

The total consumption cost of contraceptive supplies in upper-middle-income countries is currently $2.3 billion.

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.

**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 141 million users of contraception living in upper-middle-income countries. According to current trends, that number will reach 146 million by 2030, an increase of 5.11 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 upper-middle-income countries will be $2.31 billion. That figure will reach $2.18 billion by 2030, a decrease of -$125 million.

**Changes in Consumption Cost, 2020–2030**

Based on WB Income Classifications. Includes: Albania, Algeria, American Samoa, Armenia, Azerbaijan, Belarus, Belize, Bosnia & Herz, Botswana, Brazil, Bulgaria, Colombia, Costa Rica, Cuba, Dominica, Dominican Rep., Ecuador, Eq. Guinea, Fiji, Gabon, Grenada, Guatemala, Guyana, Iran, Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Macedonia, Malaysia, Maldives, Marshall Isl., Mauritius, Mexico, Montenegro, Nauru, Namibia, Paraguay, Peru, Romania, Russian Fed., Samoa, Serbia, South Africa, St. Lucia, St. Vincent & Gren., Suriname, Thailand, Tonga, Turkey, Turkmenistan, Tuvalu

Visit [www.rhsupplies.org/cga-hub](http://www.rhsupplies.org/cga-hub) to learn more and view the interactive online report.