Key findings for

Latin America & Caribbean LMI countries (24)

Commodity Gap Analysis 2018

Reproductive Health SUPPLIES COALITION

The global family planning community is on the cusp of a crisis: a widening funding gap threatens to interrupt access to contraceptive supplies for millions of women, and donor funding for supplies is increasingly precarious. RHSC's Contraceptive Commodity Gap Analysis (CGA) contributes vital data and analysis to inform strategies to close the gap and secure future supply availability. The CGA 2018 report estimates funding gaps by comparing the amount currently spent on supplies to the cost of the total volume of supplies consumed by all users of contraception in 135 low- and middle-income countries. These estimates are projected forward for three years (2018-2020), and patterns of spending, consumption, and cost in the public and private sectors are identified and compared.

The full CGA 2018 report, fact sheets, an interactive dashboard, and downloadable data files are available at: https://www.rhsupplies.org/activities-resources/commodity-gap-analysis/

Current spending on contraceptive supplies

$ 1.09 bn	Total spent annually on contraceptive supplies in the public sector (spending by donors and governments using non-donor funds) and the private sector (spending by individuals to purchase supplies from a private sector source)

Total number of users of contraception, volume of supplies consumed

80.1 mn	Number of users of contraception in 2017
82.3 mn	Projected number of users in 2020 - this is an increase of 2.2 million over three years (2018-2020)
$ 1.07 bn	Cost of the volume of supplies consumed by all users in 2017
$ 1.03 bn	Projected cost of the volume consumed in 2020 - this is a decrease of $45.9 million over three years (2018-2020)

Cost of supplies consumed - cumulative over three years (2018-2020)

$ 3.12 bn	Cumulative cost of the supplies consumed by all users over three years (2018-2020)
$ 45.6 mn	Cumulative cost of supplies for donors if they maintain their current share of spending
$ 128 mn	Cumulative cost of supplies for governments if they maintain their current share of spending
$ 2.95 bn	Cumulative cost of supplies for individuals obtaining supplies in the private sector if they maintain their current share of spending

Number of users of each contraceptive method, volume of supplies consumed, and cost of supplies

Sterilization	27.2 mn	Sterilization users in 2017	28.7 mn	Projected users in 2020
	8.46 mn	Kits used (cumulative 2018-2020)	$57.3 mn	Kits cost (cumulative 2018-2020)
Implant	1.6 mn	Implant users in 2017	1.66 mn	Projected users in 2020
	1.59 mn	Implants inserted (cumulative 2018-2020)	$69.2 mn	Implants cost (cumulative 2018-2020)
IUD	4.85 mn	IUD users in 2017	3.84 mn	Projected users in 2020
	2.88 mn	IUDs inserted (cumulative 2018-2020)	$22.2 mn	IUDs cost (cumulative 2018-2020)
Injectable	8.73 mn	Injectable users in 2017	9.07 mn	Projected users in 2020
	115 mn	Doses consumed (cumulative 2018-2020)	$271 mn	Doses cost (cumulative 2018-2020)
Pill	18.9 mn	Pill users in 2017	17.7 mn	Projected users in 2020
	760 mn	Cycles consumed (cumulative 2018-2020)	$2.53 bn	Cycles cost (cumulative 2018-2020)
Condom	18.5 mn	Condom users in 2017	21 mn	Projected users in 2020
	4.67 bn	Condoms consumed (cumulative 2018-2020)	$170 mn	Condoms cost (cumulative 2018-2020)

Scope: Belize, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Lucia, St. Vincent & Grenadines, Suriname (excludes Venezuela)

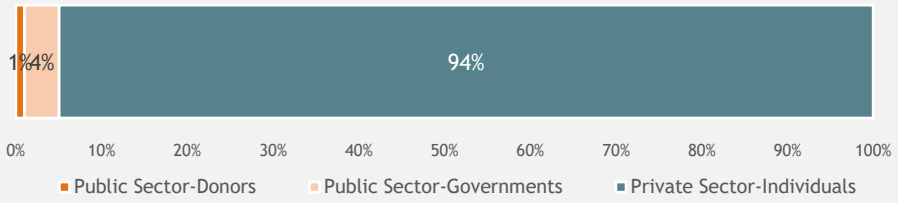
Updated August 2018

Public and Private Sector Analysis

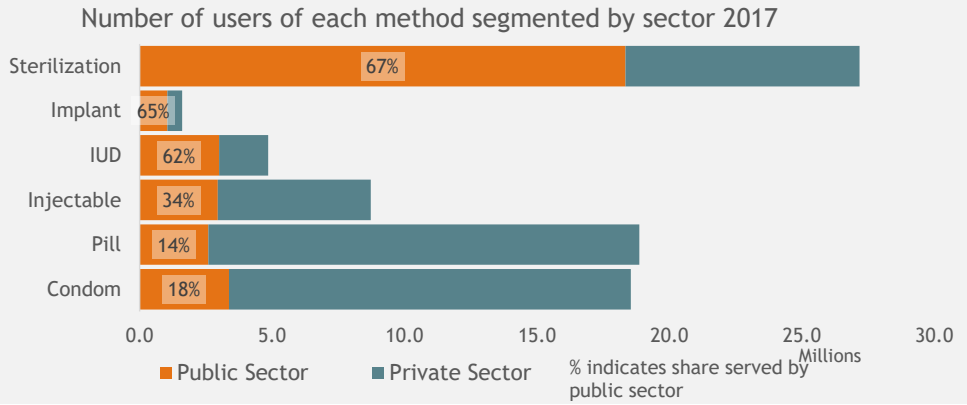
Insufficient public sector funding could force women to choose between paying out-of-pocket for supplies sold by the private sector, or going without. Since supplies generally cost more when sold by private sector businesses, a shortfall in public sector funding could disproportionately affect those women least able to pay.

How much does each sector contribute to current spending on supplies

Of the $1.09 billion currently spent on supplies…
-> Donors spent $15.9 million, or 1%
-> Governments spent $44.7 million, or 4%
-> Individuals who purchased from the private sector spent $1.03 billion, or 94%



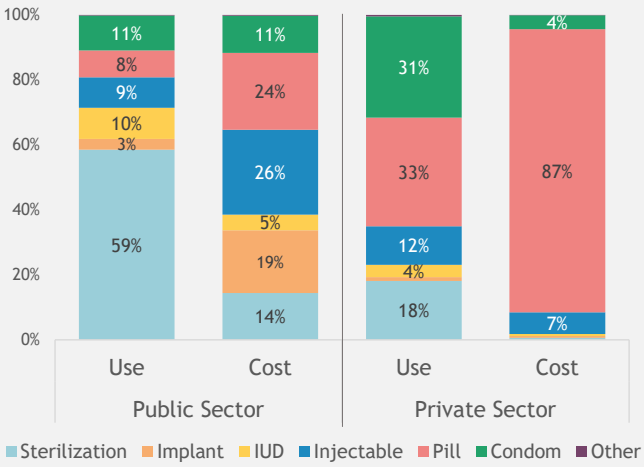
How many users of each method obtain their supplies from the public vs the private sector?



The graph to the left shows the number of users of each contraceptive method represented as a horizontal bar. Each bar is divided into the number of users who obtained their supplies from the public sector (orange) and those who purchased supplies from the private sector (blue).

The public sector tends to provide the majority of long-acting and permanent methods (e.g. sterilization, implants, and IUDs); the private sector provides most of the supplies of the shortest-acting methods (e.g. pills and male condoms).

What methods have the largest share of supply consumption cost in each sector?



Method mix that shows the relative shares of the users of each contraceptive method ("method mix by use") looks quite different from method mix that shows the relative shares of the cost of the volume of supplies consumed by the users of each method ("method mix by cost"). These differences are even more pronounced when you compare method mix by use and cost in each sector.

In this graph, the set of bars on the left represents the public sector; the other set represents the private sector. Within each set, the left bar shows method mix by use, and the right bar shows method mix by cost.

In general the method with the greatest share of users is not the method with the greatest share of the supplies consumption cost. This is because the supplies of some methods are more costly, and are required more frequently, than supplies of other methods. There are also disparities in the method mix by cost between the two sectors, largely because of the different prices in

Can users of public sector supplies shift to purchasing their supplies in the private sector?

In this graph the bar represents all users of contraception. The segments below the line represent the users who live in extreme poverty, and the segments above it represent those who do not. Each group of users is divided into those who obtain their supplies from a public sector (blue) or private sector (orange) source.

Market segmentation models often make the case for shifting those with the ability to pay to the private sector, thereby creating greater opportunities within the public sector to serve those who cannot. The ability to pay, however, may not be a sufficient criterion for understanding the relationship between the sectors. Other factors, such as whether the private sector has the capacity to serve the users of methods that it typically does not provide, should be considered.