



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/>

Total number of users of contraception, volume of supplies consumed, and cost of supplies

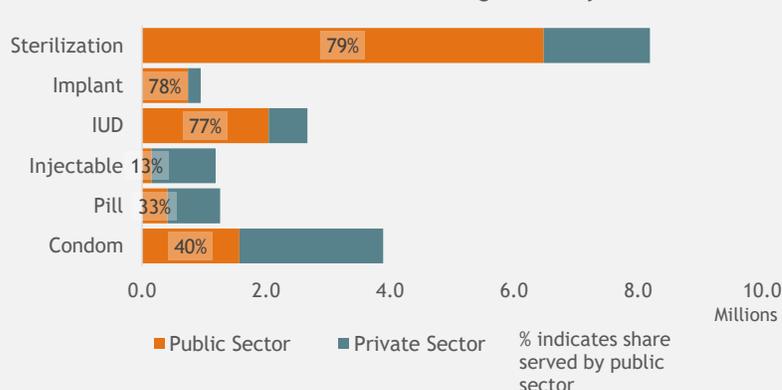
18.2 mn	Number of users of contraception in 2017
18.8 mn	Projected number of users in 2020 - this is an increase of 548 thousand over three years (2018-2020)
\$ 143 mn	Cost of the volume of supplies consumed by all users in 2017
\$ 132 mn	Projected cost of the volume consumed in 2020 - this is a decrease of \$11.1 million over three years (2018-2020)
\$ 408 mn	Cumulative cost of the supplies consumed by all users over three years (2018-2020)

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

Method	2017 Users	2017 Kits/Consumption	2020 Projected Users	2020 Projected Kits/Consumption
Sterilization	8.19 mn	2.65 mn	9.15 mn	\$17.9 mn
		Kits used (cumulative 2018-2020)		Kits cost (cumulative 2018-2020)
Implant	946 k	969 k	958 k	\$54.6 mn
		Implants inserted (cumulative 2018-2020)		Implants cost (cumulative 2018-2020)
IUD	2.67 mn	1.53 mn	2.15 mn	\$2.18 mn
		IUDs inserted (cumulative 2018-2020)		IUDs cost (cumulative 2018-2020)
Injectable	1.19 mn	15.6 mn	968 k	\$43.1 mn
		Doses consumed (cumulative 2018-2020)		Doses cost (cumulative 2018-2020)
Pill	1.26 mn	48.9 mn	1.12 mn	\$250 mn
		Cycles consumed (cumulative 2018-2020)		Cycles cost (cumulative 2018-2020)
Condom	3.89 mn	899 mn	4.34 mn	\$38.7 mn
		Condoms consumed (cumulative 2018-2020)		Condoms cost (cumulative 2018-2020)

The role of the public and private sectors

Number of users of each method segmented by sector 2017



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 and private sectors each have distinctive method landscapes. Each sector is positioned to deliver some methods more effectively than others.

These estimates help inform important discussions about the allocation of the resources. For example, if the public sector were unable to serve additional users of contraception it would seem that every additional user would have to obtain their supplies from a private sector source. But does the private sector have the capacity to serve additional users of contraception who would otherwise seek supplies and services from the public sector, and would these women be able to obtain the methods they prefer?

Note: public/private split by method is based on data from the 1987 DHS