

IT'S ABOUT SUPPLIES

A 4-POINT PLAN FOR UNIVERSAL ACCESS TO CONTRACEPTIVES




This year marks the 25th anniversary of the International Conference on Population and Development (ICPD), in Cairo, where 179 governments adopted a comprehensive Programme of Action that recognizes individual human rights and dignity, including the equal rights of women and girls and universal access to sexual and reproductive health and rights, as necessary preconditions for sustainable development. From 12-14 November 2019, the global community gathers at the Nairobi Summit to advance the implementation of the Programme of Action's objectives and actions, by making political and financial commitments. As we all prepare to reassess what is needed to accelerate progress and get to zero unmet need for contraception, we must remember the importance of supplies.

The ICPD+25 Summit is happening at a time when 214 million women in low- and middle-income countries have an unmet need for modern contraception. Family planning remains one of the smartest investments for achieving the SDGs, yielding 120 dollars in health and economic benefits for every dollar spent¹. Countries and their citizens are only able to reap these substantial benefits when there is access to the needed supplies. Unfortunately, many women and girls around the world arrive at health facilities only to find empty shelves or supplies they cannot afford. Even when available centrally, products do not always reach the people who need them, and many barriers still prevent women and girls from exercising their right to health.

The Advocacy & Accountability Working Group of the Reproductive Health Supplies Coalition (RHSC) calls upon governments, parliamentarians, donors, the private sector, civil society and all stakeholders to prioritize the following actions needed to ensure contraceptive supplies are available and accessible to women and girls who need them:

CLOSE THE CONTRACEPTIVE FUNDING GAP

Published by the RHSC in July, the 2019 edition of the [Contraceptive Commodity Gap Analysis](#) predicts a contraceptive supply funding gap of \$266 million in 2025 if spending and support for contraceptive supplies remains constant and the number of women who need contraceptives continues to grow as predicted. Between 2021 and 2025, an expected cumulative funding gap of \$1.17 billion could seriously compromise the health, wellbeing and rights of women who want to prevent or delay pregnancy. As the decline in donor spending on contraceptive commodity procurement is expected to continue, alternative sources of funding are critical. Meeting the need for contraceptive supplies is affordable. According to the Lancet-Guttmacher commission, in developing regions, an estimated US\$9 per capita annually would cover the total cost of fully meeting women's needs for modern contraception.²

-  **We ask all national governments to be accountable to their family planning commitments by sustaining efforts to ensure funding allocations increase annually, and ensuring timely disbursements, to levels needed.**
-  **We ask donors to make long-term commitments to ensure access to contraceptive supplies and work with governments to ensure sustainable transition from donor funding.**
-  **We ask the private sector to make preferential pricing available to all women in need in low- and middle-income countries.**

1. Post-2015 Consensus: Population and Demography Assessment, Kohler Behrman, <https://www.copenhagenconsensus.com/publication/post-2015-consensus-population-and-demography-assessment-kohler-behrman> and FP2020 Brief "Family planning's return on investment", http://www.familyplanning2020.org/sites/default/files/Data-Hub/ROI/FP2020_ROI_OnePager_FINAL.pdf

2. The Lancet-Guttmacher commission (2018) Accelerating progress report: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2818%2930293-9>

ENSURE MODERN CONTRACEPTIVES FORM AN INTEGRAL PART OF THE BASIC PACKAGES INCLUDED IN UNIVERSAL HEALTH COVERAGE (UHC) REFORMS

Dramatic equity gaps persist in access to contraception and these must be addressed within UHC reforms. Contraceptive prevalence is generally lower among the poorest 20% of the population and highest among the richest 20%³. Out-of-pocket payments make up 82% of the total spending on contraceptive supplies in low-and-middle-income countries.⁴ As a result, access to contraceptives is inequitable, and the poorest women cannot obtain the products they need.

- ✔ **We ask all governments to include a wide range of contraceptive supplies and services, in the packages of health services and products covered in UHC reforms.**
- ✔ **We ask all UHC stakeholders to recognize and meet the need for free and subsidized contraceptive supplies for those who need it the most, such as people living in poverty, young people, people living in rural areas, refugees and displaced people, and other minority groups and historically marginalized communities.**

STRENGTHEN GLOBAL AND IN-COUNTRY SUPPLY CHAINS AND IMPROVE POLICY ENVIRONMENTS FOR SUPPLY DISTRIBUTION

Without a full range of contraceptives available, access is restricted and choice of method is limited or non-existent in many contexts. Supplies such as condoms, IUDs, injectables, pills, implants and emergency contraception must reach those who need them most, up to the last mile in all settings, including hard-to-reach and crisis-affected settings. Strengthening global and national supply chains, as well as improving policy environments for supply distribution, is key to ensure widespread availability and accessibility of contraceptives.

- ✔ **We ask governments, donors, private sector, civil society and all stakeholders to work together to improve global health systems and supply chains with the goal of ending contraceptive commodity stockouts and supply chain disruptions.**
- ✔ **We ask national and sub-national policymakers to develop and implement clear policies and protocols to improve their national supply chains and resolve stockouts, including implementing national logistics management information systems (LMIS) and training protocols for health staff at all levels to better manage the supply chain.**
- ✔ **We ask all partners to prioritize support to national governments in their efforts to build and strengthen their contraceptive commodity supply chains and improve access.**

BUILD SUPPLY CHAIN RESILIENCE DURING EMERGENCY PREPAREDNESS, RESPONSE, AND RECOVERY TO ENSURE THE AVAILABILITY AND QUALITY OF SUPPLIES TO PEOPLE AFFECTED BY CRISES

Every country is vulnerable to crises. When an emergency strikes, affected people have a right to uninterrupted access to basic, lifesaving health care, including contraceptives. Women and girls affected by crises face an increased risk of maternal mortality and morbidity, unintended pregnancy, and sexual violence. Access to contraceptive supplies in emergencies is critical to achieving universal access to reproductive health care.

- ✔ **We ask for a new united resilience effort among governments, donors, and partners in the humanitarian and development communities to build resilient supply chains that anticipate contraceptive needs in emergencies and withstand crises when they occur.**
- ✔ **We ask governments in settings at risk of crises to invest in pre-crisis preparedness measures to ensure contraceptive availability when emergencies strike, including policies and coordination mechanisms that facilitate rapid entry and distribution of contraceptives in emergencies.**

3. UNFPA, State of the World Population 2019

4. Global Contraceptive Commodity Gap Analysis 2018, Reproductive Health Supplies Coalition

We, together, can ensure universal access to contraceptives for women and girls who need them, leaving no one behind.