

# Contraceptive Projections and the Donor Gap

## Meeting the Challenge

2009



Reproductive Health  
Supplies Coalition

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## Foreword

In 2001, the Interim Working Group on Reproductive Health Commodity Security (RHCS), a forerunner of today's Supplies Coalition, published what would arguably become one of the most powerful and effective tools for galvanizing international support on behalf of reproductive health commodity security. Titled *Contraceptive Projections and the Donor Gap*, the report envisioned an increasing shortfall in the availability of donor resources required to satisfy the growing unmet need for contraceptive supplies. It called on global donors to increase their funding by \$24 million and to sustain those increases by 5.3 percent annually. It also painted an ominous picture of the potential social and health consequences of failing to do so.

Today, the donor gap represents a ubiquitous element in the literature on supply security. The universality of the gap's message, coupled with visual simplicity of its two increasingly divergent lines, has moved governments worldwide to confront what has come to be known as the "supply challenge." In 2001, many of those governments and partners in the nongovernmental sector gathered in Istanbul to *Meet the Challenge*. They called for greater involvement by civil society, for more effective donor coordination, and for strengthened supply chain management systems. In the wake of the conference, a host of new initiatives were launched: the Supply Initiative, the RHInterchange, the Forum of Supply Donors, and (in 2004) the Reproductive Health Supplies Coalition. Those efforts have, in a relatively short period of time, yielded remarkable change - and they have brought to center stage an issue that formerly would have been more at home in the wings. Without a doubt, effective use of the supply gap message by advocates and others played a significant role in that shift.

But it was precisely that shift, coupled with a growing awareness of the complexities of the supply challenge that led to calls for an updated global gap. In 2006, the Coalition's Resource Mobilization and Awareness Working Group initiated that process, calling on Coalition members around the world to contribute to the effort, to update the data on which it was based, and to reposition the gap model as an effective advocacy tool in the years to come. This report is the product of that effort—an effort financed through the USAID | DELIVER PROJECT, but very much the beneficiary of technical support from the Futures Institute, United Nations Population Fund (UNFPA), Population Action International (PAI), and many other Coalition members.

The findings of this report present a frank portrayal of past success. But they also do not shy away from the challenges that lie ahead. The dire predictions of 2001 did not, as we now know, come to pass. Donor funding, though highly variable, did—to a large extent—keep pace with the growing demand for contraceptives. But such success, the report points out, offers little room for complacency. Increases in the number of contraceptive users—especially younger users—coupled with the growing demand for condoms for HIV/AIDS prevention means that by the year 2020, an estimated US\$424 million will be required in commodity support to satisfy all demand for contraceptives in donor-dependent countries. And even if donor funding were to remain at or near current levels, the shortfall would be almost US\$200 million annually, with a cumulative shortfall of about US\$1.4 billion over the 2008–2020 period.

Only time will tell whether the message of a global donor gap continues to resonate as it has done thus far. Today, more than ever before, the responsibility for ensuring commodity security rests with countries themselves—a trend that may very well diminish the salience of messages, such as the gap, that focus on global trends. And, of course, donor resources, as critical as they may be, remain but one of many factors that undermine commodity security at both global and country levels. Whatever the future holds, what remains clear is that we now have, with this report, a timely and up-to-date portrayal of where we stand with respect to the need for international donor support, the notable progress achieved in a relatively short period of time, and finally the tremendous challenges that lie before us.

It is a great honor and privilege for the Reproductive Health Supplies Coalition to take up the mantle as publisher of this seminal report. In doing so, we wish to thank its authors: John Stover and Eva Weissman of the Futures Institute, along with Paul Dowling of the USAID | DELIVER PROJECT and Carolyn Vogel of PAI who, at different stages, orchestrated the contributions of so many Coalition partners. We also wish to thank Howard Friedman and Jagdish Upadhyay of UNFPA, whose insights helped to refine many of the assumptions on which the analysis was based.

John Skibiak  
Director, Reproductive Health Supplies Coalition



## Acronyms

BMZ/KfW	German Federal Ministry for Economic Cooperation and Development/- KfW Development Bank
CAR	Central Asian Republics
CIDA	Canadian International Development Agency
CPR	contraceptive prevalence rate
CYP	couple-year of protection
DFID	United Kingdom's Department for International Development
DHS	Demographic and Health Surveys
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IUD	intrauterine device
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
PAI	Population Action International
PSI	Population Services International
RH	reproductive health
RHCS	Reproductive Health Commodity Security
SIDA	Swedish International Development Cooperation Agency
STIs	sexually transmitted infections
TFR	total fertility rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development



## Introduction

The goal of universal access to reproductive health services was first put forth in the Programme of Action adopted at the International Conference on Population and Development (ICPD) held in Cairo in 1994. This goal was reinforced in the fall of 2007 when the General Assembly of the United Nations added universal access to reproductive health—to be achieved by 2015—to the Millennium Development Goals (MDGs). Contraceptive prevalence and unmet need for contraception were added to the MDGs indicator framework to measure progress in the coming years. Ensuring that reproductive health commodities are available to all who need them is essential to the provision of reproductive health services and thus to the achievement of the ICPD and MDGs.

This report looks at just one component of reproductive health commodities: contraceptives. A follow-up to a report of the same title published in 2001, the report starts with an overview of current demand for contraceptives in 88 developing countries that depend on supplies from donors. Future needs for contraceptive commodities are projected for two scenarios: one assuming that all unmet need for family planning will be satisfied by 2015 as specified in the ICPD and the MDGs, and the other one based on the medium variant projections of the United Nations Population Division—projections that assume a more gradual contraceptive prevalence increase that is based on historical trends. The proportion of future needs that will require donor funding is estimated on the basis of historical funding trends. Those future needs are compared with current donor funding to highlight the “donor gap,” the expected shortfall in commodity funding unless resources for commodities are increased substantially.

### **Box 1. Funding is needed for more than just commodities**

Achieving the goals of the ICPD and the MDGs will, of course, require more than just investing in family planning commodities. This report covers only a subset of reproductive health (RH) commodities: family planning supplies and condoms for HIV prevention. It does not cover any commodities required for maternal health services, such as prenatal care, obstetric services, postpartum care, and abortion-related services, nor does it cover supplies required for the diagnosis and treatment of sexually transmitted infections (STIs), including HIV AND AIDS. Investing in the commodities required in those areas is just as crucial as investing in contraceptives and HIV condoms. Together with family planning, maternal health services and STI/HIV diagnosis and treatment have a tremendous impact on the welfare of a society, with benefits going far beyond the medical benefits (averting death and morbidity, improving child survival). Improved RH in a country also strengthens the position of women and contributes to economic growth.

In addition, commodities themselves constitute only a small portion of what is needed. To improve reproductive health and reach the goal of universal access, countries need to ensure that investments in supplies will complement large investments targeted at strengthening supply chains; service delivery systems; and information, education, and communication activities.



## Part I

### CONTRACEPTIVE PROJECTIONS AND THE DONOR GAP

Future needs for contraceptive commodities are determined by three key factors: growth in the numbers of women of reproductive age as a consequence of high fertility rates in the past, increasing demand for family planning, and changes in the family planning methods used, particularly the shift from traditional to modern methods as programs mature.

In the 88 countries included in this study, the number of women of childbearing age is expected to increase by 33 percent in the next 15 years, from 525 million in 2005 to 696 million in the year 2020. If current unmet need is to be met by 2015, the total number of users of modern methods would increase from 144 million to 252 million, an increase of 75 percent. Even under the more moderate medium variant scenario, the number of modern method users is projected to increase by 49 percent during that same period, from 144 million to 214 million. In both scenarios, around 80 percent of this increase would take place in Asia and sub-Saharan Africa.

The private sector provides an important share of family planning services in some countries, and an increasing number of national governments are funding most or all of their own contraceptive commodity requirements. The countries included in this analysis, however, rely on international donors for the majority of their contraceptive needs. To meet current growth rates, donor funding for contraceptives will need to increase by 60 percent, from about US\$230 million per year today to about US\$370 million by 2020, or by more than 80 percent to more than US\$420 million by 2020 to eliminate unmet need.<sup>1</sup>

Tremendous progress has been made in the last two decades. Annual donor contributions have almost tripled since 1990, rising from less than \$80 million a year to more than \$220 million in 2007, enabling developing countries dependent on this aid to significantly improve access to family planning services. But millions of couples still do not have access to contraceptives. Only a continued, concerted effort can ensure that we achieve the goal of enabling all families to determine the number and spacing of their children.

### Countries

The study focuses on the 88 countries in the developing world that are mostly dependent on donor-provided contraceptive commodities (see appendix A). All of the following demographic figures concern just those 88 countries. Those countries represent every region of the world and make up 37 percent of the developing world's population. Several countries with large populations, including China, India, and Brazil are excluded, as they do not require donor assistance. Other countries excluded from the study fall into two categories: countries that have never received donor support such as Libya, North Korea, Saudi Arabia, and the United Arab Emirates; and countries that no longer depend on donor-support ("graduated" countries) such as Thailand, Singapore, and South Korea. Included are the five Central Asian Republics (CAR), as well as four of the largest countries in the developing world (Bangladesh, Indonesia, Nigeria, and Pakistan).

### Demographic Pressures: More Couples of Reproductive Age

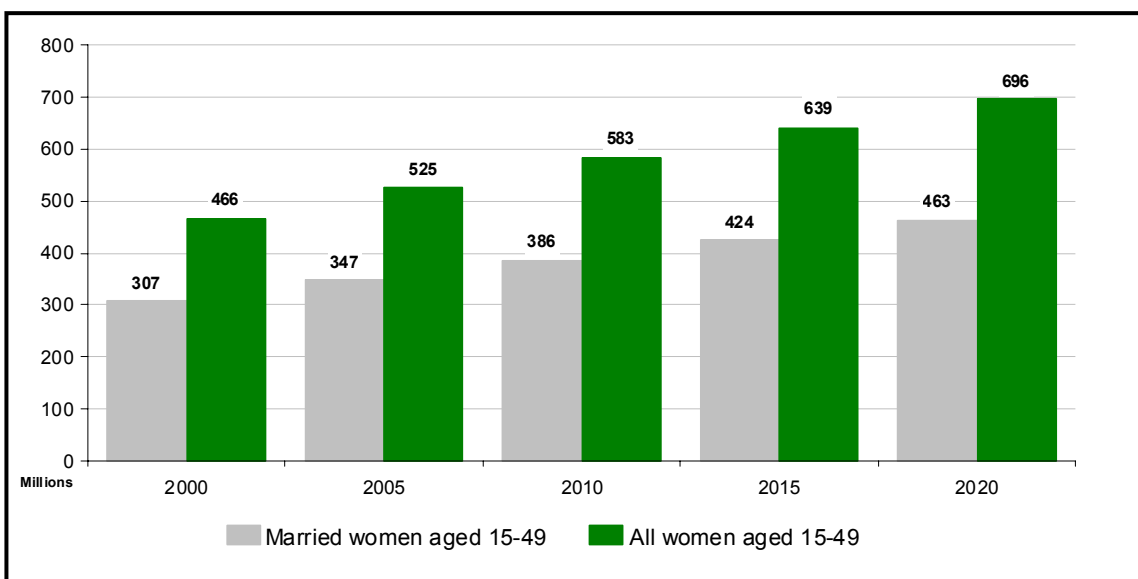
According to projections by the United Nations, the number of women of reproductive age (between 15 and 49) will grow by almost 33 percent, or 171 million between 2005 and 2020, from 525 million to 696 million (figure 1). In the same period, the number of married women age 15–49 will grow proportionally, from 347 million to 463 million.

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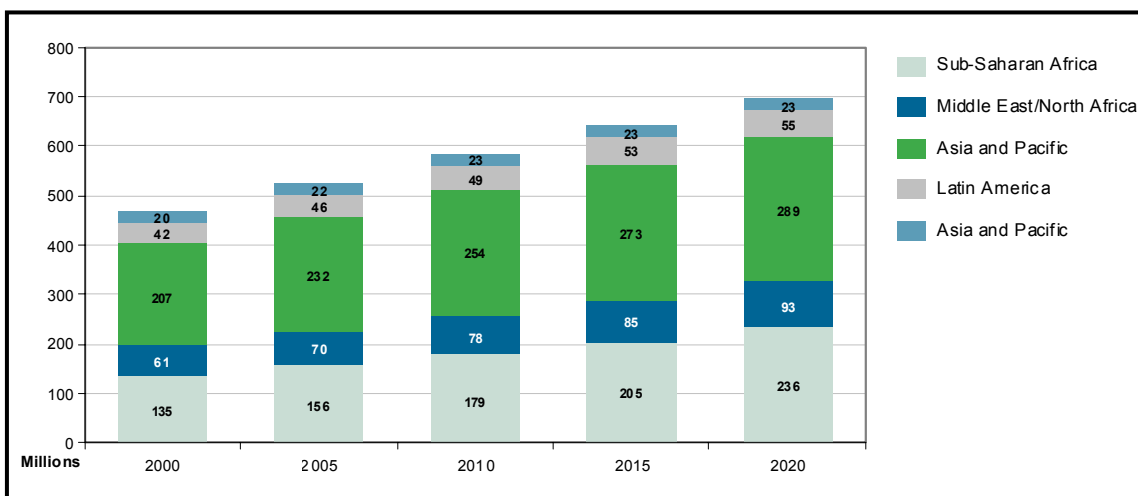
<sup>1</sup> Unmet need is estimated based on current levels; as contraceptive use increases, total demand (including unmet need) will also likely increase.

The growth after 2005 in the number of women of reproductive age will vary substantially between regions (figure 2). The number of women in sub-Saharan Africa is projected to increase by 80 million, more than 50 percent, between 2005 and 2020 as large cohorts of youth enter their reproductive years. The growth rate in Asia (excluding China and India) is projected to be only half that of Africa (25 percent), but because of the large number of women living in this region, even this smaller increase will result in an additional 57 million women in the reproductive age category. The increase in the other regions will be more modest; the Middle East/North Africa region is projected to add 23 million women of reproductive age, Latin America 9.4 million, and the CAR 1.7 million.

**Figure 1. Number of All Women and Married Women (age 15–49)**



**Figure 2. Number of Women Aged 15-49 by Region**



### Increasing Demand for Contraceptives

The second major contributor to the dramatic increase in commodity needs in the coming years is the increasing proportion of couples using family planning to achieve their desired family size. In the countries included in this analysis, the percentage of married women using modern contraceptives—on the basis of historical trends (medium variant scenario)—is expected to increase from 33 percent in 2005 to 47 percent by 2020 (see figure 3a, line for all regions).

Increases are projected for every region, most sharply for sub-Saharan Africa (bottom line). The pace of growth is about the same for the other regions.

**Figure 3a. Contraceptive Prevalence for Modern Methods Among Married Women Age 15-49 by Region Medium Variant Scenario**

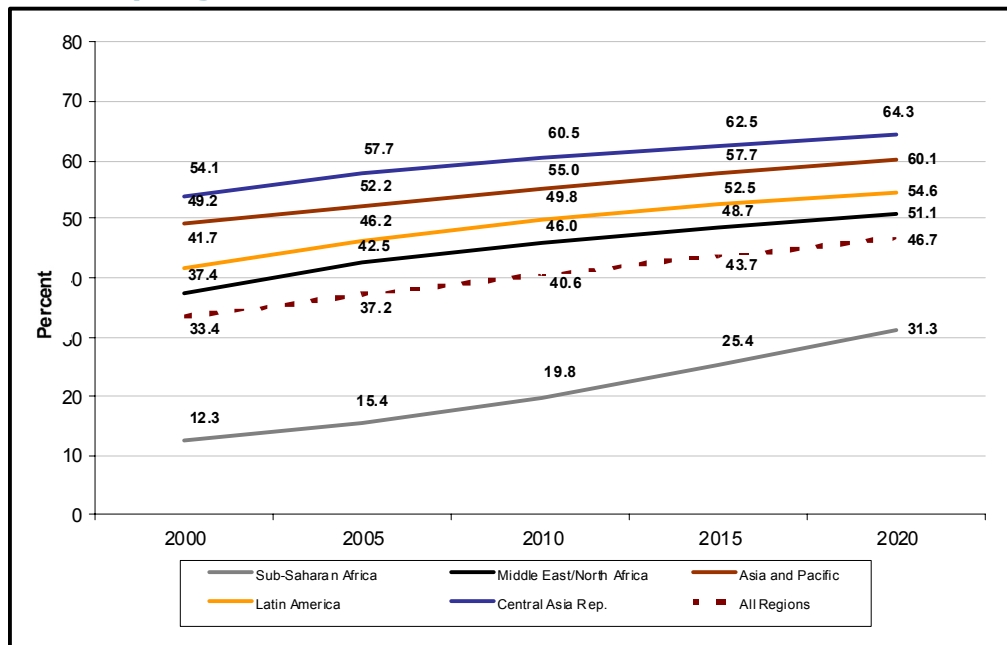
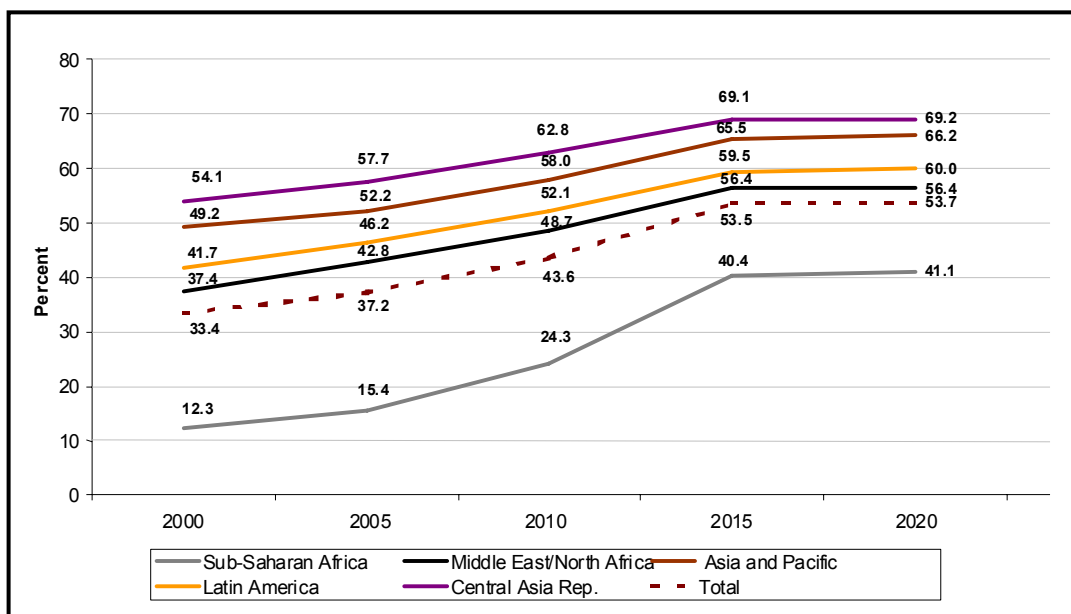


Figure 3b shows the contraceptive prevalence if all unmet need were to be satisfied by 2015. Prevalence would increase by 44 percent to reach almost 54 percent. The greatest increase would be in sub-Saharan Africa because that region has the lowest current level of contraceptive use and the highest level of unmet need (currently 26 percent of women of reproductive age in that region express a desire to space or limit births but do not have access to contraceptives). In the CAR, 58 percent of women of reproductive age are already using contraceptives; another 11 percent have an unmet need. In the other regions, contraceptive prevalence would have to increase by around 16 to 17 percent to ensure that all women who want to use contraceptives can do so.

**Figure 3b. Contraceptive Prevalence for Modern Methods Among Married Women Aged 15-49 by Region Unmet Need Scenario**

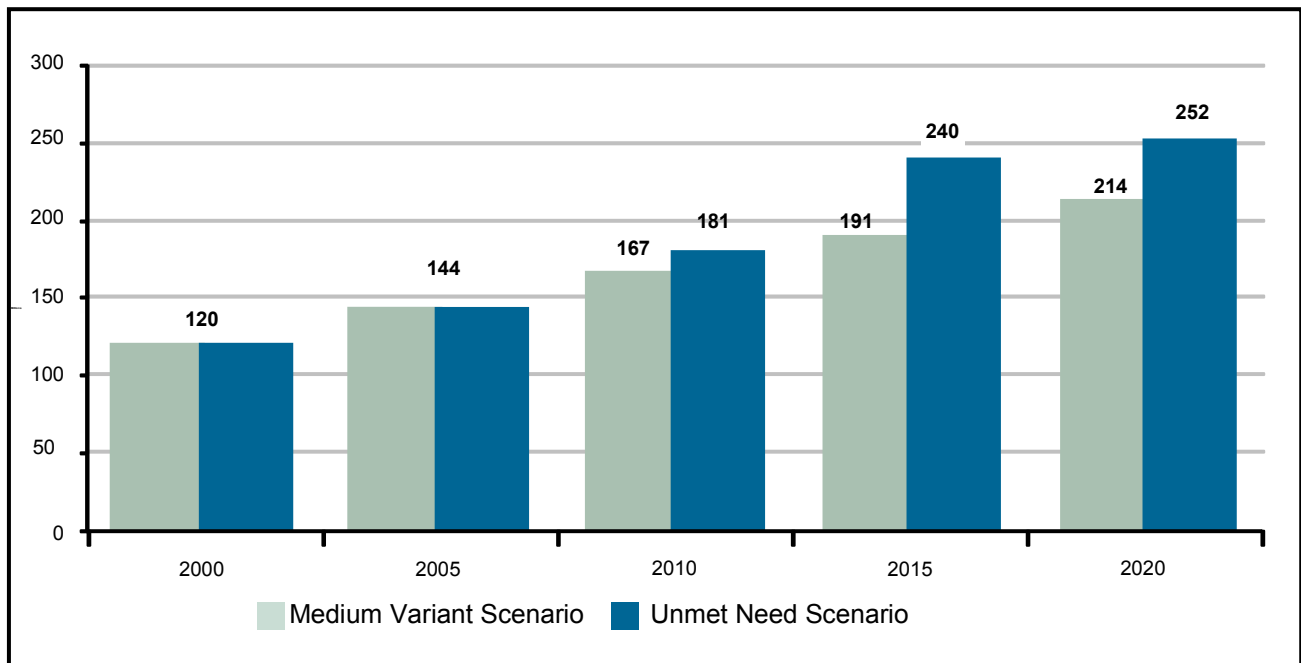


## Contraceptive Users

As figure 4 shows, to achieve the MDGs and ICPD goals by 2015 and to satisfy all donor-dependent contraceptive demand through 2020, the total number of users of modern methods would rise by 75 percent between 2005 and 2020, from 144 million users to 252 million, an increase of almost 110 million couples.

Even under the more modest assumptions of the medium variant scenario, the number of users is projected to rise by more than 49 percent to 214 million users.

**Figure 4. Projected Number of Contraceptive Users, Modern Methods, All Women**

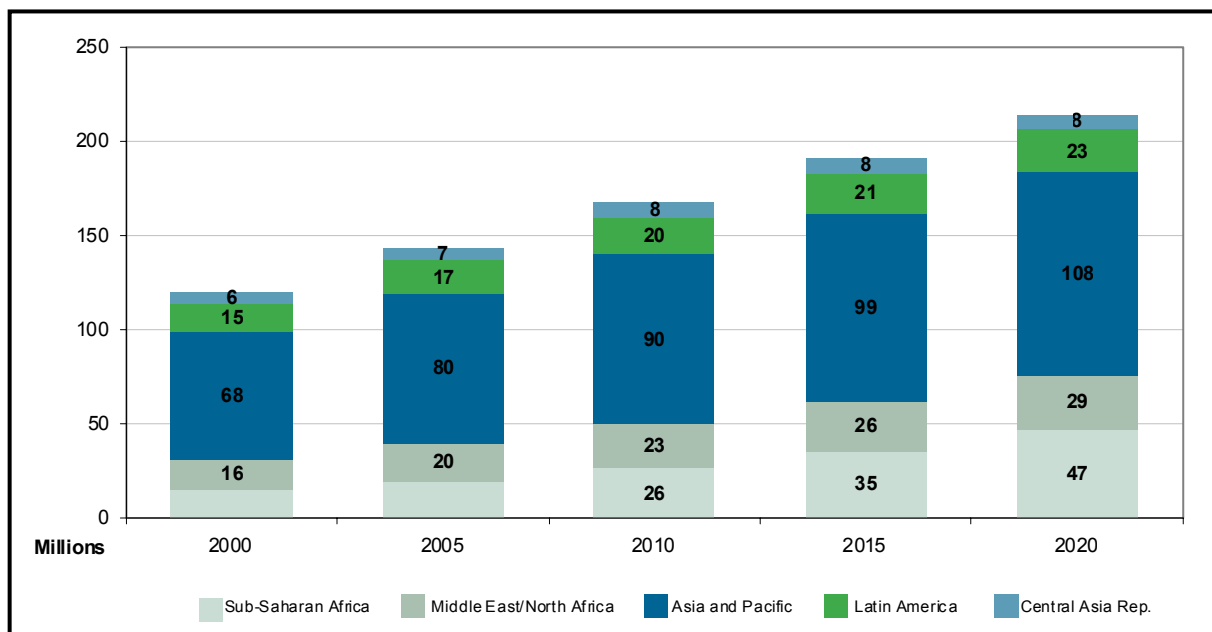


### Medium Variant Scenario

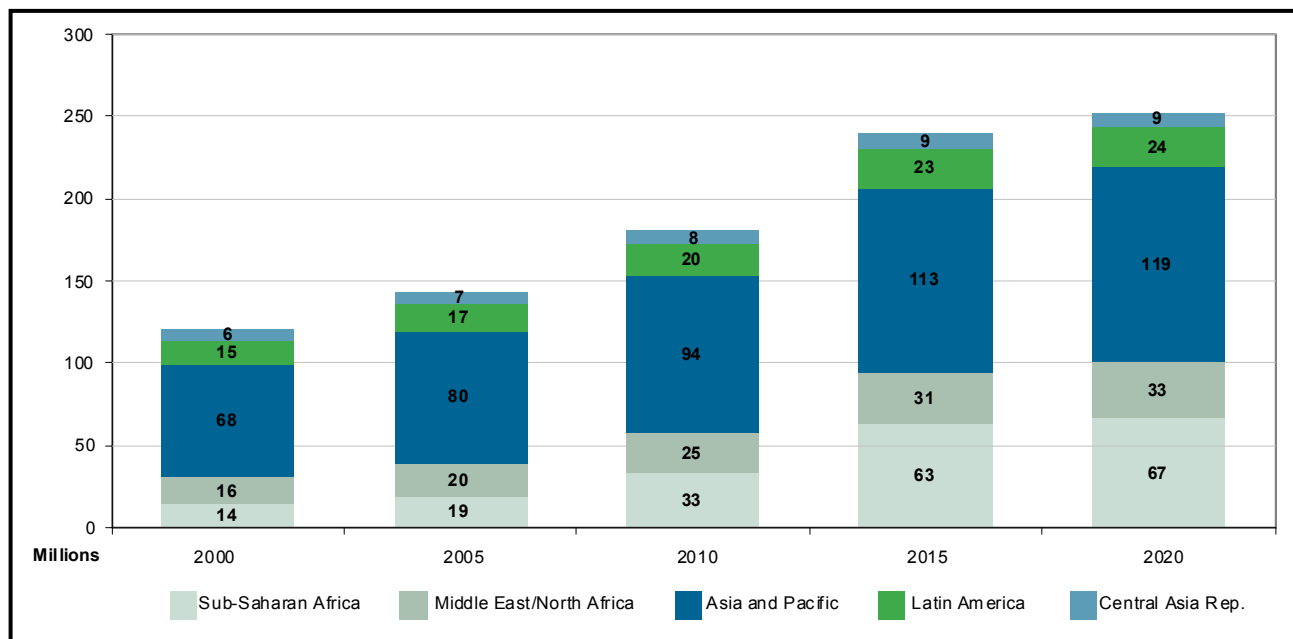
As indicated in figures 5a and 5b, the largest current number of contraceptive users will be found in Asia (even excluding India and China). If unmet need is to be met by 2015, this region will see an additional 39 million users by 2020. The largest relative and absolute increases would come from sub-Saharan Africa, which will experience the strongest growth in the population of reproductive age and which has the highest levels of unmet need in the world. Achieving the MDGs and ICPD goals there would lead to a 3.5-fold increase in the number of family planning users, from 19 million in 2005 to 67 million in 2020. Even under the more moderate assumptions of the medium variant projections, the number of users is still expected to increase 2.5 fold to 47 million users.



**Figure 5a. Projected Number of Contraceptive Users, Modern Methods, All Women, by Region--Medium Variant Scenario**



**Figure 5b. Projected Number of Contraceptive Users, Modern Methods, All Women, By Region--Unmet Need Scenario**



## Method Mix

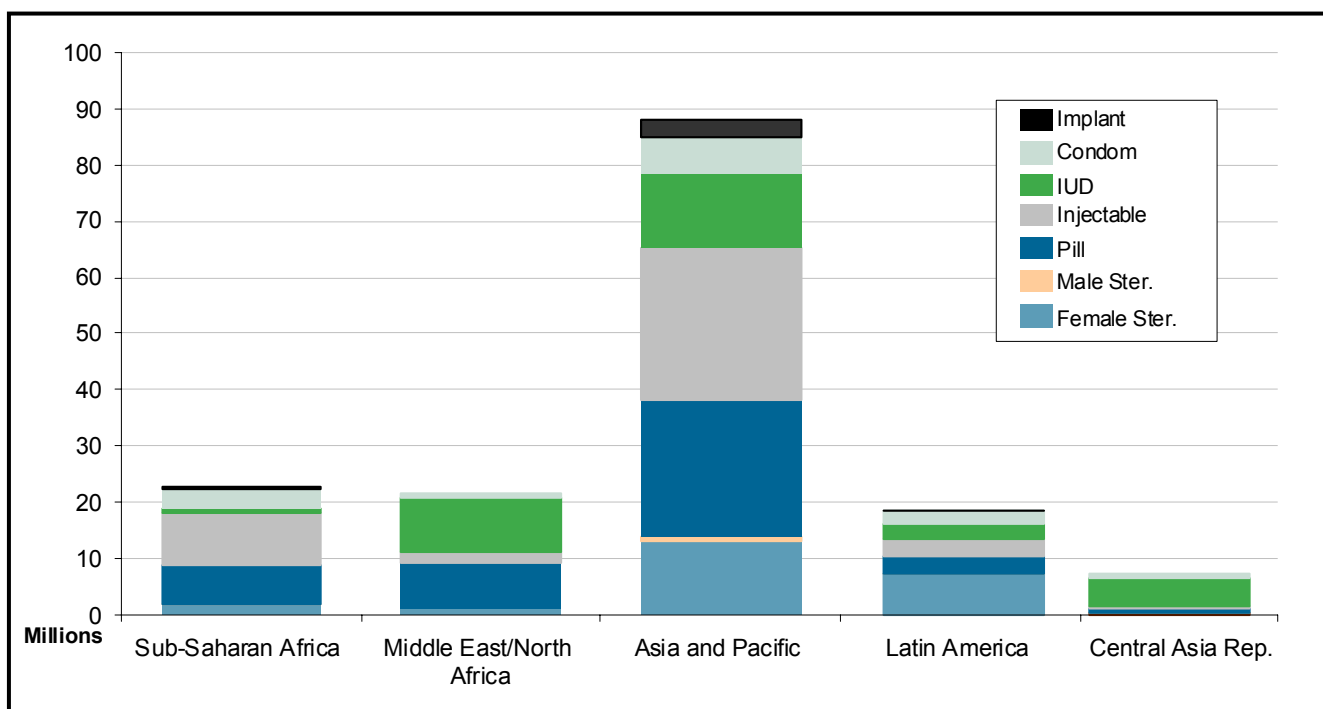
In 2008, in the countries studied, it was determined that about 159 million people use modern contraceptive methods. Of these, the most popular method is the pill, with 43 million users (27 percent of all users); the injectable is the second most popular method, almost 42 million or 26 percent of the total users. Intrauterine devices (IUDs) and female sterilization are not far behind, with 32 and 24 million users, respectively (20 percent and 15 percent). Condoms for family planning are used by 8 percent. Implants and male sterilization play smaller roles, accounting for 2 percent and 1 percent of total users, respectively.

Condoms are also used to prevent HIV and other sexually transmitted infections. In the countries included in the 2008 analysis, this is added to the 1.2 billion condoms used primarily for family planning.

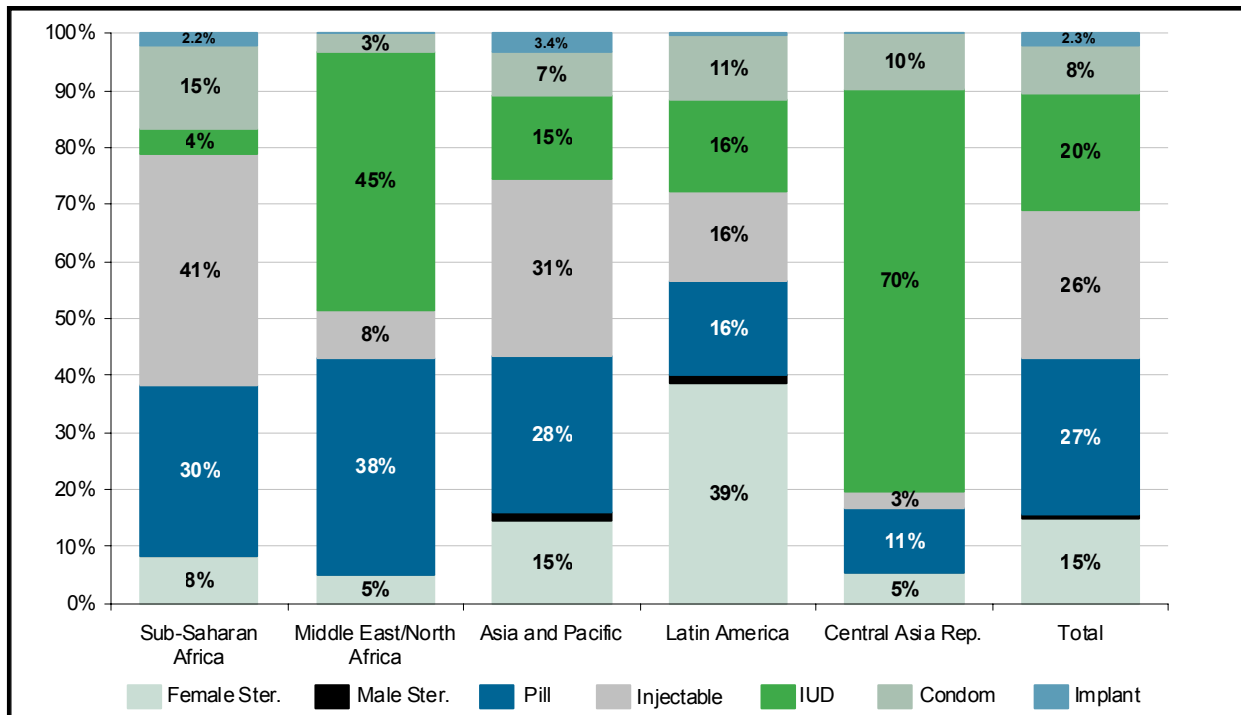
There are large regional variations in method mix (figures 6a and 6b). Sterilization predominates in Latin America. Close to 40 percent of all users in that region rely on this method; however, the IUD is the preferred method in the CAR and the Middle East/North African region (with shares of total use of 70 percent and 46 percent, respectively). The pill accounts for about one-third of the users in Africa, the Middle East, and Asia, but it is less popular in the other regions. Injectable contraception is now the most popular method in sub-Saharan Africa and Asia (41 percent and 31 percent, respectively). The method mix in Asia (excluding China and India) is relatively well balanced, with a wide variety of methods offered and used; whereas, the distribution in Latin America and the Middle East is more skewed toward one or two methods (in Latin America, sterilization is the predominant method; in the Middle East, the IUD and pill account for almost 85 percent of all use).

As contraceptive prevalence increases, the method mix tends to shift, usually toward an increased share of the long-term methods of sterilization and the IUD. In this study, patterns observed in about 200 national surveys taken since 1980 were used to project changing method mix over the years. At low levels of prevalence, traditional methods are often the most popular. The pill and injectables are usually the most often used modern methods. As prevalence increases, traditional method use decreases substantially, and long-term methods begin to dominate. Female sterilization is the most popular method in most countries with high levels of contraceptive use; in Muslim countries, the IUD dominates.

**Figure 6a. Number of Users for Modern Contraceptive Methods by Region for the Year 2008**



**Figure 6b. Modern Contraceptive Method Mix by Region for the Year 2008**



## Donor Support for Commodity Supply

To get an estimate of what percentage of total requirements is funded by donors, funding patterns since 2000 were analyzed. Donor funds were disaggregated by region and contraceptive method. (Because there are no separate records of what donors spent in support of sterilization, the analysis focused on the five main resupply methods for which detailed records exist: pills, IUDs, injectables, implants, and condoms.)

The analysis found that in the African region, more than 80 percent of contraceptive supplies are provided by donors. In the other regions, much smaller portions of contraceptives were provided by donors, with the majority of contraceptives either supplied by the private sector and financed through out-of-pocket spending by consumers or other private or public funds, or supplied by national governments through domestic budgets. In the Middle East/North Africa and Asia/Pacific regions, as well as in the Central Asian Republics, donor funding accounted for 20 to 25 percent of total commodities supplied. In Latin America and the Caribbean, the donor-provided share was about one-third.

## Projections of Commodity Needs

Commodity needs are projected according to population data, contraceptive prevalence trends, anticipated changes in the contraceptive method mix, proportion of supplies funded by donors, and average annual supply costs per method. The projected costs of contraceptive commodities are based on costs reported by USAID and UNFPA and are assumed to remain constant in these projections (appendix C).

The projections are based on the latest demographic and reproductive health data. The numbers of women of reproductive age by country are from the projections by the United Nations Population Division (2006 Series). Contraceptive prevalence is estimated by country and year for two scenarios: —the first one (assuming all unmet need will be satisfied by 2015) assumes contraceptive prevalence for each country in 2015 to be equal to the current level of prevalence, plus the current level of unmet need. Contraceptive prevalence after that is assumed to stay constant.

For the second scenario, contraceptive prevalence was estimated on the basis of the time series of total fertility rates (TFRs) that is the medium variant of the projections prepared by the United Nations Population Division. Because unmarried women in many countries make up an appreciable percentage of total users, calculations were made for both married and unmarried women. Country-specific method mix data were used to project the shares of different methods, which change as prevalence rises as explained above. The number of users of the different methods was then calculated by simply multiplying the number of women by the projected contraceptive prevalence and the projected method shares.

The number of required commodities was calculated differently for short- and long-term methods. For short-term methods, the required number of commodities is calculated by multiplying the number of users by the number of units (condoms, pill cycles, injections) required to provide a couple with contraceptive protection against pregnancy for one year, also known as one couple-year of protection (CYP).

For long-term methods, which provide several years of contraceptive benefit, the required number of commodities is equal to the number of new adopters of the method, estimated as the number of users divided by the average duration of use. Costs were obtained by multiplying the numbers of commodities required by their unit costs.

A more detailed description of the methodology and assumptions used can be found in appendix B.

Tables in appendices D and E show the data by region, both numbers of users and commodities, for donor-provided commodities and those financed by other sources, separately and combined.

## HIV and AIDS Condom Projections

Estimates of the need for condoms for disease prevention are from the Global Resource Needs Estimates for HIV AND AIDS prepared by the United Nations Programme on HIV/AIDS (UNAIDS).<sup>2</sup> Condom use is estimated by country for different population groups including sex workers and clients, men who have sex with men, men and women engaging in casual sex, and married couples. For each population group, current condom use rates are based on survey data or regional averages for countries without data. Historic rates of increasing coverage are projected to continue into the future.

## Final Commodity Projections

Table 1 shows projections of the number of contraceptives required over the period of 2005–2020 for each of the six methods provided by the public sector in the 88 countries studied.<sup>3</sup> Data for the long-term methods (sterilization and IUDs) reflect the supplies required at the time that those methods are adopted, because most commodity costs are incurred at that time. In the unmet need scenario, the number of sterilizations for both men and women would be expected to increase by 73 percent over the next 15 years, increasing from 2.0 million new acceptors in 2005 to 3.5 million in 2020. The number of women adopting the IUD would increase by 71 percent over the same period, from 3.7 to 6.2 million. The number of pill cycles and injectables required would increase by 94 percent and 111 percent, respectively. The demand for condoms is projected to increase by 109 percent to 4.2 billion condoms in 2020 (this number includes both condoms used for family planning and those used for HIV/AIDS prevention).

Over the next 15 years, donors would be expected to supply in excess of 50 billion condoms. It should be noted that the commodity needs shown in table 1 are for donor-supported contraceptives

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<sup>2</sup> Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care, and Support (Geneva: UNAIDS, September 2007).

<sup>3</sup> The estimate for the public sector percentage of sterilizations was based on data from DHS surveys.

only in the 88 countries included in this study. The global production needs will be much greater because table 1 does not include self-supporting countries such as China and India. See Box 2 below for more information on condom estimations.

**Table 1. Projected Subsidized Contraceptive Supply Needs in Donor-Relevant Countries, 2005–2020**

	Unmet Need Scenario				Medium Variant Scenario		
	Estimated Yearly Need in 2005 (piece/procedure) (Millions)	Projected Yearly Need in 2020 (piece/procedure) (Millions)	Increase in Annual Need, 2005–2020 (percent)	Cumulative Supplies Needed 2005–2020 (piece/procedure) (Millions)	Projected Yearly Need in 2020 (piece/procedure) (Millions)	Increase in Annual Need, 2005–2020 (percent)	Cumulative Supplies Needed, 2005–2020 (piece/procedure) (Millions)
<b>Sterilization</b>	2.3	3.5	52%	38	3.5	52%	38
<b>IUD</b>	4.1	6.3	53%	69	6.3	53%	69
<b>Pill</b>	210	350	67%	3,880	350	67%	3,880
<b>Injectable</b>	63	114	82%	1,240	114	82%	1,240
<b>Condom*</b>	2,340	4,220	80%	45,930	4,220	80%	45,930
<b>Implant</b>	0.26	0.62	138%	6	0.62	138%	6

**Condom requirements include both those for family planning and those for preventing HIV and other sexually transmitted diseases.**

### Box 2. Condom requirements

Condom requirements are estimated separately for those used primarily for family planning and those used primarily for prevention of HIV and other sexually transmitted infections. UNAIDS has estimated that the total number of condoms required to cover all risky sex acts would be nearly 13 billion in 2015, and that actual use could rise to as high as 10 billion condoms in 2015 if condoms were universally available and strongly promoted.<sup>4</sup>

Total need for family planning condoms in low- and middle-income countries has been estimated at almost 5 billion in 2015.<sup>5</sup> The total for both purposes would be nearly 18 billion in 2015. In this analysis, we focus only on donor-supported condom use. Because some large countries such as Brazil, China, India, and South Africa do not depend on donors for their condom supply, the requirement for donor support is much less: about 4.4 billion in 2015, of which 2.4 billion are for HIV prevention and 2.0 billion are for family planning.

<sup>4</sup> Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care, and Support (Geneva: UNAIDS, September 2007).

<sup>5</sup> J. (Ross, J. Stover, and D. Adelaja, Profiles for Family Planning and Reproductive Health Programs: 116 Countries, 2nd Edition. (Glastonbury, CT: Futures Group, 2005).



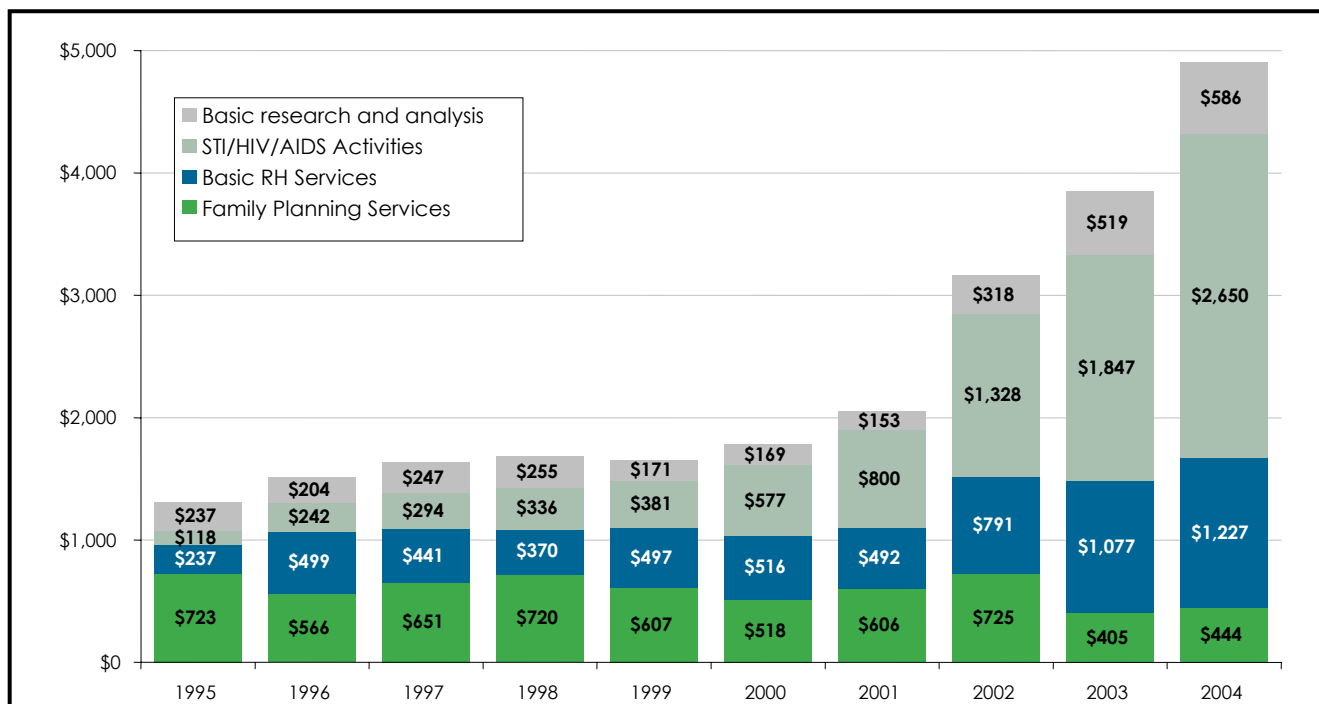
## Part II

### Donor Prospects

Since the International Conference on Population and Development (ICPD) in 1994, donor assistance in population and reproductive health has increased fivefold, from about US\$1 billion to just under US\$5 billion. Resources for family planning, however, have actually declined by nearly 40 percent from \$723 million in 1995 to just \$444 million in 2004 (see figure 7.)

Compared to HIV/AIDS and basic reproductive health, the decrease is even more dramatic. Although more than 55 percent of total resources went to family planning in 1995, the share in 2004 has shrunk to just 9 percent. HIV, which in 1994 received under 10 percent of total funds, received more than half (54 percent) in 2005.

**Figure 7. Donor Expenditures for Population Assurances**



Source: UNFPA.

The situation is somewhat better for family planning commodities. The UNFPA's annual "Donor Support Report for Contraceptives and Condoms," published since the late 1990s, provides a detailed overview of commodity funding (table 2). After growing rapidly in the mid-1990s, annual donor contributions peaked in 1996 at \$172 million, probably under the influence of the ICPD in 1994. The following years saw funds tumbling, remaining for several years in the \$140 to \$150 million range. Then, 2001 marked a turnaround when substantial increases in support by Canada (Canadian International Development Agency, or CIDA), the Netherlands, and the United Kingdom (Department for International Development, or DFID), which were channeled through UNFPA, brought total support in that year to \$224 million. Also beginning in 2001, significant donor funds were channeled through Population Services International (PSI). Since 2003, total funds have fluctuated just above \$200 million per year.

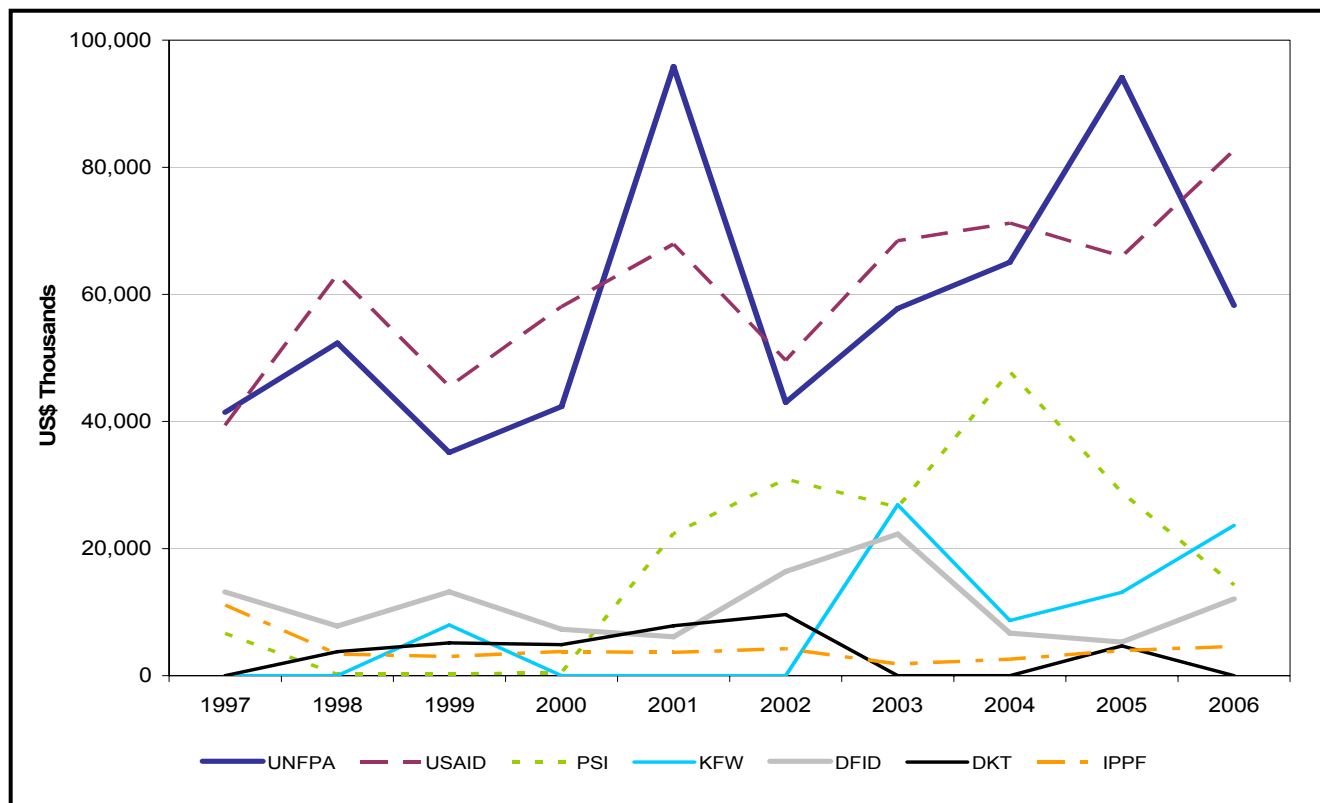
**Table 2. Estimated Contraceptive Commodity Support by Donor/Agency in US\$ Thousands**

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	TOTAL	%
CIDA		2,885									2,885	0.2%
DFID	7,807	13,188	7,317	6,130	16,403	22,289	6,706	4,645	12,074	22,510	119,069	6.4%
DKT	3,759	5,148	4,868	7,849	9,643			4,671			35,938	1.9%
EU	644										644	0.0%
IPPF	3,517	3,016	3,825	3,667	4,226	1,839	2,606	3,981	4,631	2,869	34,177	1.8%
JAPAN	36	159	1,657				149	317	473		2,791	0.1%
KFW	8,627	7,976	35,482	16,387	20,115	26,912	8,688	13,142	23,628	24,582	185,539	10.0%
MSI	61			3,718	3,835	1,100	511	425		1,065	10,715	0.6%
PSI	200	264	456	22,359	30,943	26,512	47,831	28,816	14,237	13,427	185,045	9.9%
UNFPA	52,441	35,175	42,365	95,851	42,998	58,104	67,301	82,570	74,368	63,892	615,065	33.0%
USAID	63,087	45,522	58,665	67,908	49,628	69,400	71,226	65,434	82,685	91,883	665,438	35.7%
WHO	367	1,078									1,445	0.1%
Other								177		2,476	2,653	0.1%
<b>Grand Total</b>	<b>140,546</b>	<b>114,411</b>	<b>154,635</b>	<b>223,869</b>	<b>177,791</b>	<b>206,156</b>	<b>205,018</b>	<b>204,178</b>	<b>212,096</b>	<b>222,704</b>	<b>1,861,404</b>	<b>100.0%</b>

*Other includes: Centers for Disease Control (CDC), Dutch Government, Global Fund, Hewlett Foundation, PPSAC/OCEAC, Swedish International Development Coordination Agency (SIDA).*

The lion's share of the funding over the past decade (figure 8) was provided by the United States Agency for International Development (USAID) and UNFPA, which together contributed almost 70 percent of total funding. (UNFPA funding includes procurements on behalf of the World Bank, the European Union, and CIDA.) Significant contributions came also from the German Federal Ministry for Economic Cooperation and Development/KfW Development Bank (BMZ/KfW) and the Department for International Development of the United Kingdom (DFID), with 10.0 percent and 6.4 percent of total donor support respectively. PSI, which emerged as a major player in 2001, contributed 9.9 percent of total funds, the vast majority of which are provided by other donors.

**Figure 8. Patterns in Contraceptive Supply, 1997–2007, in US\$ Thousands**

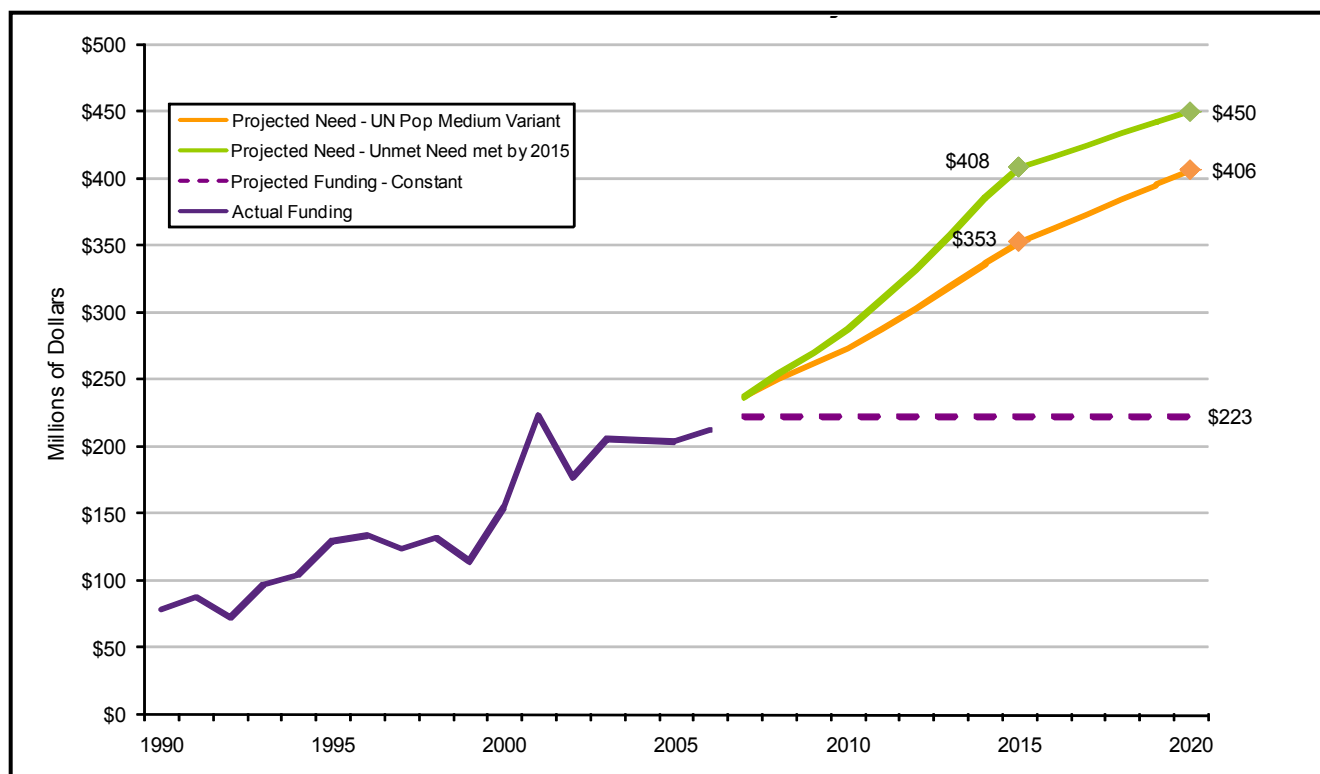




The allocation of donor contributions among the different contraceptives has remained relatively constant over the past decade, with 90 percent of total support going to condoms, pills, and injectables. On average, about one-third of the funds went to condoms. The pill, which in the early 1990s had been the dominant method receiving 45 percent of total funding, has since lost ground to the injectable, whose share has grown in the same period from just above 10 percent in the early 1990s to about 30 percent recently. The pill now accounts for 27 percent of the total. Appendices F1a and F1b detail donor support for the different commodities in both dollar amounts and percentage share.

In order to compare donor funding with future needs, the commodity projections in appendices D4 and E4 have been converted to their cost equivalents (i.e., the cost per method, as explained in appendix C). Two projections of need are shown: one that is based on meeting unmet need by 2015, and one that is based on the UN Population Division’s medium variant projection of the total fertility rate (TFR). Donor funding is assumed to stay at current levels.

**Figure 9. Historical Trends in Donor Financing for Commodities, 1990–2007, and Projected Need, 2008–2020**



### Past Funding

In the past, donor funding for commodities has fluctuated substantially from year to year. The trend shows an increase from \$79 million in 1990 to nearly \$223 million in 2007 (figure 9). The average rate of increase has been 6.3 percent per year in current dollars but has fluctuated between large increases in some years and decreases in others. Donor financing grew at only 4.2 percent annually from 1990 to 1999, then jumped to \$224 million by 2001 before dropping back to \$205 to \$210 million from 2003 to 2006.

### Going Forward

As figure 9 shows, in the year 2020, an estimated \$450 million would be required in commodity support in order to satisfy all demand (prevalence plus current unmet need) for donor support

contraceptives. If donor funding were to remain at or around current levels, the funding would fall short by \$227 million. The cumulative shortfall over the 2008–2020 period would be around \$1.9 billion. Even under the more moderate medium variant scenario, donor funding would fall \$183 million below the required amount in the year 2020 (a cumulative shortfall of more than \$1.4 billion).

Note that figure 9 shows only the requirements for donor funding for commodities. The total requirements, including domestic and out-of-pocket funds, would be much higher. In 2015, the total requirements would be nearly \$720 million in those 88 countries, as opposed to \$406 million in donor financing under the UN Population Division Medium Projection.

***To meet estimated commodities needs, donor funding will thus have to increase by \$220 million to \$450 million by 2020 to meet unmet need or by \$145 million to \$306 million to match the medium variant of the UN Population Division projection. The annual growth rate in donor funding required to meet unmet need by 2015 is 7.0 percent, slightly higher than the historical rate of increase. If this goal is achieved, the required growth in funding after 2015 would drop to only 2 percent per year.***

If the world community wants to achieve the MDGs and ICPD goals by 2015, it is urgent that donors recognize the importance of sustained growth in funding for commodities. Those funding needs represent only a portion of the total financing required to achieve improved reproductive health, but they are a crucial component that cannot be overlooked.

# APPENDIX A

## LIST OF 88 DONOR-RELEVANT COUNTRIES

### Asia (15)

Afghanistan  
Bangladesh  
Bhutan  
Cambodia  
Indonesia  
Laos  
Malaysia  
Mongolia  
Myanmar  
Nepal  
Pakistan  
Papua New Guinea  
Philippines  
Sri Lanka  
Vietnam

### Latin America (17)

Bolivia  
Colombia  
Costa Rica  
Cuba  
Dominican Republic  
Ecuador  
El Salvador  
Guatemala  
Guyana  
Haiti  
Honduras  
Jamaica  
Nicaragua  
Panama  
Paraguay  
Peru  
Trinidad and Tobago

### Middle East/North Africa (11)

Algeria  
Egypt  
Iraq  
Jordan  
Lebanon  
Morocco  
Somalia  
Sudan  
Syria  
Tunisia  
Yemen

### Sub-Saharan Africa (39)

Angola  
Benin  
Botswana  
Burkina Faso  
Burundi  
Cameroon  
Central African Republic  
Chad  
Congo  
Côte d'Ivoire  
Democratic Republic of the Congo  
Eritrea  
Ethiopia  
Gabon  
Gambia  
Ghana  
Guinea

Guinea-Bissau

Kenya  
Lesotho  
Liberia  
Madagascar  
Malawi  
Mali  
Mauritania  
Mauritius  
Mozambique  
Namibia  
Niger  
Nigeria  
Rwanda  
Senegal  
Sierra Leone  
Swaziland  
Tanzania  
Togo  
Uganda  
Zambia  
Zimbabwe

### Central Europe (1)

Romania

### Central Asian Republics (5)

Kazakhstan  
Kyrgyzstan  
Tajikistan  
Turkmenistan  
Uzbekistan



## APPENDIX B

This appendix explains the procedures used to generate the projections shown in the text. The sequence of steps went from the prevalence of contraceptive use, to the numbers of users, to the commodities required, and finally to the costs of the commodities, all by method. These projections were done separately for the public and private sectors, and the public sector costs were then contrasted with the projections of needed donor contributions.

### Data sources included:

- A. The large body of national surveys conducted since 1980 was used,<sup>6</sup> together with estimates from the UNICEF MICS surveys and from other sources listed herein. For the most recent estimates for contraceptive use by method, the primary source was the UN Population Division's "World Contraceptive Use 2007" wall chart.<sup>7</sup>
- B. The UN Population Division's 2006 series included estimates and projections<sup>8</sup> for numbers of women age 15–49 and total fertility rates (TFRs). UN sources were also used to create a schedule of the percentage of women age 15–49 who are married or in union (numerators of married women taken from the "Wall Chart" mentioned earlier and denominators of all women taken from the UN estimates). For a few countries that were omitted from the Wall Chart, the default value of 64 percent married was used. The percentage of married was held constant during all future years.
- C. Commodity prices were based on the prices UNFPA and USAID are paying for large-scale purchases of pills, injectables, condoms, implants, and IUDs.

### The major procedural steps for the calculations follow.

**Step 1.** For country selections, the initial selection was the list of all 152 developing countries in the UN World Population Prospects 2006 series, and many calculations were performed for all of those countries. However, a final selection narrowed the list to 88 countries that are donor relevant, as explained in the text.

**Step 2.** Survey data for contraceptive use by method were assembled from the body of national surveys since 1980 and the latest estimates in the UN Wall Chart.

**Step 3.** Prevalence of total use (contraceptive prevalence rate, or CPR) was projected into the future by converting the UN time series of TFRs to CPRs, using the equation,  $CPR = 91.7 - (11.75 \times TFR)$ . This equation is based on the empirical relation of CPRs to TFRs across all available surveys. The resulting CPR trajectory for each country was adjusted, however, to make it agree at the outset with the latest survey estimate by applying the ratio between the survey CPR and the TFR-generated CPR of the same date to each future CPR estimate. This method worked for most of the final 88 countries; for the few that lacked any survey, the TFR-generated trajectory was kept intact.

**Step 4.** Data included CPRs for all women. Because many unmarried women in numerous countries use contraception, it was important to have CPR estimates for all women as well as for

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<sup>6</sup> Listed for developing countries since 1980 in J. Ross, J. Stover, and D. Adelaja, *Profiles for Family Planning and Reproductive Health Programs: 116 Countries*, 2nd ed. (Glastonbury, CT: The Futures Group, 2005).

<sup>7</sup> UN Population Division, December 2007.

<sup>8</sup> UN Population Division, *World Population Prospects: The 2006 Revision*, vol. 1 (New York: United Nations, 2007).

married women. The series of demographic and health surveys (DHS)<sup>9</sup> contains CPR estimates for both groups for many countries, permitting a ratio between the two CPRs that was later applied to produce the numbers of users among all women. For countries lacking CPR data for all women, researchers assumed that all contraceptive use was restricted to married or in-union women, because it turned out that this practice was essentially true for the particular countries that did not include unmarried women in their surveys.

**Step 5.** Data also included projections by method. Those data on contraceptive method mix are available from DHS and other national surveys. We do not expect method mix to remain constant over time as CPR increases. We used data from all DHS to estimate a set of regression equations estimating the proportion of all use that is captured by each method as a function of total contraceptive prevalence. The relationship is nonlinear, so the equations use both CPR and CPR-squared as independent variables. We prepared two sets of equations—one for Muslim countries and one for all other countries—to reflect the fact that sterilization is used less often in Muslim countries than elsewhere. The coefficients of the equations for estimating method mix are shown in table 3.

**Table 3. Coefficients for Estimating Each Method's Prevalence from Total Prevalence**

	Prevalence	Prevalence Squared	Constant
<b>Non-Muslim</b>			
Pill	0.001699	-0.000031	0.202379
IUD	-0.000597	0.000034	0.052770
Injection	0.000021	-0.000026	0.185536
Vaginals	-0.000205	0.000001	0.016995
Condom	-0.001138	0.000027	0.061812
Female Steril.	0.007907	-0.000056	0.008369
Male Steril.	-0.000687	0.000011	0.021987
Traditional	-0.007016	0.000041	0.450292
<b>Muslim</b>			
Pill	0.004878	-0.000076	0.219724
IUD	0.008687	-0.000055	-0.027092
Injection	-0.001470	0.000014	0.092316
Vaginals	-0.000960	0.000013	0.026012
Condom	-0.000380	0.000004	0.068474
Female Steril.	0.000768	-0.000009	0.084576
Male Steril.	0.001006	-0.000016	0.002058
Traditional	-0.012505	0.000125	0.533527

**Step 6.** Information covered conversion from prevalence to users. The percentage of those using each method in each year was converted to the number of users by simple multiplication, using the UN projections for numbers of all women age 15–49. The same was done to obtain married users by reference to the schedule of proportions married.

<sup>9</sup> Taken from the "StatCompiler" of Macro International, accessed on the web, February 19, 2008.

**Step 7.** Numbers of commodities required were obtained by multiplying users of each method by the following in terms of supplies needed per user per year<sup>10</sup>:

<b>Pill</b>	15 cycles
<b>Injectable</b>	4 injections
<b>Condoms</b>	120 pieces
<b>Implants</b>	One set of implants accounts for 3.5 years of use (2.5 in the Middle East/North Africa region)
<b>IUD</b>	One IUD accounts for 3.5 years of use (2 years in the African region)
<b>Male and female sterilization</b>	One sterilization accounts for 9 years of protection

**Source:** J. Stover, J. Bertrand, and J. D. Shelton, "Empirically Based Conversion Factors for Calculating Couple-Years of Protection," *Evaluation Review* 24, No. 1 (February 2000): 3–46.

**Step 8.** Condom requirements were of two types: for family planning and for HIV prevention. Estimates of the use of condoms for family planning are based on national surveys that ask men and women what methods they are using for family planning. Estimates of condom use for disease prevention are based on surveys that ask men and women about condom use at their last sexual encounter. DHS data provide this information for married couples and for those with multiple partners. Special behavioral surveillance surveys provide information on condom use among sex workers and their clients and among men who have sex with men.

**Step 9.** An additional projection was done based on unmet need. The net change for satisfying unmet need is measured by increases in prevalence (CPR), because downward trends in unmet need itself are compromised by changes in desired family size. We, therefore, took as a reference target the prevalence level in 2015 that would result from assuming that current unmet need could be satisfied by 2015. This means simply adding current unmet need to current prevalence ("demand"). All countries had data on prevalence, but only some had information on unmet need; such countries were assigned the unweighted average for unmet need among known countries in their own region. The movement of the CPR into the future toward this target generated an alternative projection for costs. After 2015, it was assumed that countries would stay at the 2015 CPR level. The growth in commodity requirements thereafter is thus solely based on population growth.

**Step 10:** Also included was the donor funding share. The percentage of all family planning supplies that are provided by donors was estimated on the basis of historical donor funding patterns.

**Step 11:** In the final analysis (figure 9), total requirements as calculated on the basis of the five supply methods and 88 donor-dependent countries analyzed were increased by 7.5 percent<sup>11</sup> to account for donor funding provided to countries outside the 88 countries, as well as for methods not included in the detailed analysis (such as female condoms and vaginal tablets).

<sup>10</sup> Costs were obtained by multiplying the commodity projections with the unit costs. See appendix C for commodity prices used.

<sup>11</sup> This percentage is based on an analysis of historical donor funding that showed that in the past, on average, 7.5 percent of funding went to countries such as India, Mexico, and South Africa that were not included in this analysis, because the amount of donor-donated commodities makes up a extremely small portion of overall funding for family planning in those countries.





## APPENDIX C

<b>Appendix C Contraceptive Commodity Costs (US\$)</b>	
	<b>Unit Cost</b>
Condoms	\$0.025
Pill	\$0.212
Injectable	\$0.866
IUD	\$0.368
Female Condom	\$0.767
Implant <sup>12</sup>	\$24.088
Vaginal Tablet	\$0.005
Female Sterilization	\$9.090
Male Sterilization	\$4.950

**Costs for implants are assumed to change from \$23 for Norplant around 2000 to \$20 for Jadelle in 2007 and \$5 for Sino-implant in 2010.**

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<sup>12</sup> Cost represents unit costs paid by USAID and UNFPA in 2006. Unit costs were weighted according to the quantities procured by the two agencies. An upward adjustment of 15 percent was applied to account for transportation and wastage costs (not included in the unit costs cited above).



# APPENDIX D

## Unmet Need Scenario

Appendix D1								
Users Relying on Donor-Financed Commodities								
Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)								
	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	FP Condom	Implants	Total
<b>2005 Asia and Pacific</b>	9,635	976	6,531	4,933	4,024	3,259	100	29,459
Latin America	5,189	163	653	1,850	863	577	59	9,353
Middle East / North Africa	698	4	585	922	5,285	150	11	7,655
Sub-Saharan Africa	1,144	12	4,114	5,704	787	2,578	406	14,745
Central Asia Rep.	374	7	176	89	1,347	226	0	2,219
<b>Total</b>	<b>17,040</b>	<b>1,163</b>	<b>12,058</b>	<b>13,497</b>	<b>12,306</b>	<b>6,790</b>	<b>577</b>	<b>63,432</b>
<b>2010 Asia and Pacific</b>	12,064	1,122	7,693	5,551	4,704	4,122	115	35,372
Latin America	5,994	186	756	2,200	979	669	70	10,856
Middle East / North Africa	870	7	715	1,114	6,343	190	19	9,258
Sub-Saharan Africa	1,816	23	6,403	9,243	1,288	4,030	641	23,444
Central Asia Rep.	429	8	195	107	1,546	247	0	2,532
<b>Total</b>	<b>21,173</b>	<b>1,346</b>	<b>15,762</b>	<b>18,215</b>	<b>14,860</b>	<b>9,259</b>	<b>846</b>	<b>81,462</b>
<b>2015 Asia and Pacific</b>	15,024	1,404	9,088	6,324	5,460	5,122	131	42,553
Latin America	6,897	212	875	2,581	1,106	777	84	12,533
Middle East / North Africa	1,128	12	890	1,368	7,608	249	40	11,296
Sub-Saharan Africa	3,214	47	11,021	16,521	2,340	6,746	1,123	41,011
Central Asia Rep.	518	7	235	126	1,707	282	0	2,876
<b>Total</b>	<b>26,782</b>	<b>1,683</b>	<b>22,109</b>	<b>26,921</b>	<b>18,220</b>	<b>13,176</b>	<b>1,377</b>	<b>110,269</b>
<b>2020 Asia and Pacific</b>	15,906	1,499	9,602	6,482	6,174	5,360	141	45,164
Latin America	7,269	226	921	2,626	1,137	819	89	13,086
Middle East / North Africa	1,327	17	849	1,522	8,520	293	105	12,632
Sub-Saharan Africa	3,966	66	12,605	18,686	2,876	7,607	1,281	47,087
Central Asia Rep.	813	3	387	170	1,176	320	0	2,868
<b>Total</b>	<b>29,281</b>	<b>1,809</b>	<b>24,363</b>	<b>29,485</b>	<b>19,883</b>	<b>14,400</b>	<b>1,616</b>	<b>120,837</b>

**Appendix D2**  
**Users, Not Relying on Donor-Financed Commodities**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female	Male	Pill	Injectables	IUD	FP		Total
	Sterilization	Sterilization				Condom	Implants	
<b>2005 Asia and Pacific</b>	2,002	107	16,045	21,290	8,097	2,505	2,744	52,790
Latin America	1,517	74	2,184	850	1,967	1,322	25	7,939
Middle East / North Africa	331	2	7,030	754	3,863	479	0	12,458
Sub-Saharan Africa	388	25	1,578	1,933	8	198	4	4,135
Central Asia Rep.	1	6	627	126	3,577	495	5	4,837
<b>Total</b>	<b>4,239</b>	<b>214</b>	<b>27,465</b>	<b>24,953</b>	<b>17,512</b>	<b>4,999</b>	<b>2,778</b>	<b>82,159</b>
<b>2010 Asia and Pacific</b>	2,532	119	18,900	23,959	9,464	3,169	3,135	61,277
Latin America	1,749	87	2,528	1,012	2,233	1,534	29	9,172
Middle East / North Africa	418	3	8,605	911	4,636	606	0	15,179
Sub-Saharan Africa	608	45	2,456	3,133	13	309	6	6,570
Central Asia Rep.	1	6	698	150	4,106	540	9	5,510
<b>Total</b>	<b>5,307</b>	<b>260</b>	<b>33,187</b>	<b>29,164</b>	<b>20,452</b>	<b>6,158</b>	<b>3,180</b>	<b>97,708</b>
<b>2015 Asia and Pacific</b>	3,127	154	22,327	27,294	10,984	3,938	3,566	71,390
Latin America	2,025	103	2,927	1,187	2,522	1,780	35	10,579
Middle East / North Africa	544	5	10,699	1,119	5,561	795	0	18,723
Sub-Saharan Africa	1,042	91	4,228	5,600	24	517	11	11,514
Central Asia Rep.	1	6	840	178	4,533	616	23	6,197
<b>Total</b>	<b>6,740</b>	<b>359</b>	<b>41,021</b>	<b>35,377</b>	<b>23,624</b>	<b>7,647</b>	<b>3,635</b>	<b>118,403</b>
<b>2020 Asia and Pacific</b>	3,295	169	23,590	27,973	12,422	4,121	3,854	75,423
Latin America	2,113	113	3,078	1,207	2,592	1,878	37	11,018
Middle East / North Africa	668	7	10,212	1,244	6,228	934	1	19,295
Sub-Saharan Africa	1,294	125	4,836	6,334	29	583	13	13,214
Central Asia Rep.	1	2	1,381	239	3,122	700	141	5,586
<b>Total</b>	<b>7,371</b>	<b>416</b>	<b>43,097</b>	<b>36,998</b>	<b>24,393</b>	<b>8,217</b>	<b>4,046</b>	<b>124,536</b>

**Appendix D3**  
**Users, Total**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female	Male	Pill	Injectables	IUD	FP		Total
	Sterilization	Sterilization				Condom	Implants	
<b>2005 Asia and Pacific</b>	11,637	1,084	22,576	26,223	12,121	5,765	2,844	82,249
Latin America	6,706	237	2,838	2,700	2,830	1,899	84	17,293
Middle East / North Africa	1,029	6	7,615	1,675	9,148	629	11	20,113
Sub-Saharan Africa	1,532	38	5,692	7,637	795	2,776	410	18,880
Central Asia Rep.	374	13	803	215	4,924	721	5	7,056
<b>Total</b>	<b>21,278</b>	<b>1,377</b>	<b>39,523</b>	<b>38,450</b>	<b>29,818</b>	<b>11,789</b>	<b>3,356</b>	<b>145,591</b>
<b>2010 Asia and Pacific</b>	14,595	1,241	26,593	29,510	14,168	7,292	3,249	96,649
Latin America	7,743	274	3,284	3,212	3,212	2,203	100	20,027
Middle East / North Africa	1,288	10	9,320	2,024	10,979	797	20	24,437
Sub-Saharan Africa	2,424	67	8,859	12,376	1,301	4,340	648	30,015
Central Asia Rep.	430	14	893	257	5,652	786	9	8,042
<b>Total</b>	<b>26,480</b>	<b>1,606</b>	<b>48,949</b>	<b>47,379</b>	<b>35,312</b>	<b>15,417</b>	<b>4,026</b>	<b>179,170</b>
<b>2015 Asia and Pacific</b>	18,152	1,558	31,415	33,618	16,444	9,060	3,696	113,943
Latin America	8,922	315	3,802	3,768	3,627	2,557	120	23,112
Middle East / North Africa	1,672	17	11,588	2,487	13,169	1,045	40	30,018
Sub-Saharan Africa	4,256	139	15,249	22,121	2,363	7,263	1,134	52,525
Central Asia Rep.	519	13	1,075	304	6,241	898	23	9,073
<b>Total</b>	<b>33,522</b>	<b>2,042</b>	<b>63,129</b>	<b>62,298</b>	<b>41,844</b>	<b>20,823</b>	<b>5,012</b>	<b>228,672</b>
<b>2020 Asia and Pacific</b>	19,201	1,668	33,191	34,455	18,596	9,481	3,995	120,587
Latin America	9,382	339	3,999	3,833	3,729	2,697	126	24,104
Middle East / North Africa	1,995	24	11,062	2,766	14,748	1,227	106	31,927
Sub-Saharan Africa	5,260	191	17,441	25,020	2,905	8,191	1,294	60,301
Central Asia Rep.	814	5	1,767	409	4,298	1,020	141	8,454
<b>Total</b>	<b>36,651</b>	<b>2,226</b>	<b>67,460</b>	<b>66,483</b>	<b>44,276</b>	<b>22,616</b>	<b>5,661</b>	<b>245,373</b>

**Appendix D4**  
**Commodities, Provided by Donors**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005 Asia and Pacific</b>	1,073	109	98,156	19,761	1,151	730,446	29
Latin America	583	18	9,918	7,506	249	390,317	17
Middle East / North Africa	73	0	8,845	3,678	1,494	62,609	5
Sub-Saharan Africa	129	1	63,344	23,369	414	1,348,659	164
Central Asia Rep.	42	1	2,687	361	391	85,890	0
<b>Total</b>	<b>1,900</b>	<b>130</b>	<b>182,951</b>	<b>54,677</b>	<b>3,700</b>	<b>2,617,920</b>	<b>215</b>
<b>2010 Asia and Pacific</b>	1,344	125	115,472	22,174	1,347	929,912	33
Latin America	671	21	11,414	8,851	284	448,245	20
Middle East / North Africa	91	1	10,815	4,443	1,795	90,647	8
Sub-Saharan Africa	206	3	98,681	37,855	683	1,918,320	259
Central Asia Rep.	48	1	2,940	431	446	106,599	0
<b>Total</b>	<b>2,360</b>	<b>150</b>	<b>239,323</b>	<b>73,754</b>	<b>4,556</b>	<b>3,493,723</b>	<b>320</b>
<b>2015 Asia and Pacific</b>	1,674	158	135,708	25,085	1,577	1,183,316	37
Latin America	767	25	13,022	10,161	324	520,491	24
Middle East / North Africa	119	2	13,400	5,454	2,161	138,750	17
Sub-Saharan Africa	376	6	169,558	67,362	1,312	2,912,238	452
Central Asia Rep.	57	1	3,397	513	489	141,375	0
<b>Total</b>	<b>2,993</b>	<b>191</b>	<b>335,085</b>	<b>108,575</b>	<b>5,864</b>	<b>4,896,169</b>	<b>531</b>
<b>2020 Asia and Pacific</b>	1,771	169	142,441	25,752	1,787	1,241,925	41
Latin America	809	27	13,709	10,363	334	547,584	26
Middle East / North Africa	140	2	12,616	6,095	2,431	165,964	51
Sub-Saharan Africa	466	8	193,672	76,062	1,625	3,324,234	515
Central Asia Rep.	89	0	5,342	714	336	154,099	0
<b>Total</b>	<b>3,275</b>	<b>206</b>	<b>367,779</b>	<b>118,985</b>	<b>6,512</b>	<b>5,433,805</b>	<b>632</b>

**Appendix D5**  
**Commodities, Provided by Other Sources**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005 Asia and Pacific</b>	223	12	241,156	85,286	2,316	81,161	785
Latin America	170	8	33,159	3,451	568	97,448	7
Middle East / North Africa	37	0	106,380	3,007	1,092	36,609	0
Sub-Saharan Africa	44	3	24,303	7,921	4	117,868	2
Central Asia Rep.	0	1	9,598	509	1,037	19,271	2
<b>Total</b>	<b>475</b>	<b>24</b>	<b>414,596</b>	<b>100,174</b>	<b>5,019</b>	<b>352,356</b>	<b>796</b>
<b>2010 Asia and Pacific</b>	284	13	283,701	95,697	2,710	103,324	896
Latin America	196	10	38,160	4,070	647	111,910	9
Middle East / North Africa	47	0	130,074	3,633	1,312	53,004	0
Sub-Saharan Africa	70	5	37,861	12,832	7	167,654	3
Central Asia Rep.	0	1	10,502	607	1,185	23,918	3
<b>Total</b>	<b>596</b>	<b>29</b>	<b>500,297</b>	<b>116,837</b>	<b>5,861</b>	<b>459,810</b>	<b>910</b>
<b>2015 Asia and Pacific</b>	353	17	333,417	108,261	3,173	131,480	1,017
Latin America	225	12	43,534	4,672	740	129,948	10
Middle East / North Africa	60	1	161,158	4,459	1,579	81,131	0
Sub-Saharan Africa	123	11	65,054	22,833	13	254,519	5
Central Asia Rep.	0	1	12,132	721	1,299	31,720	8
<b>Total</b>	<b>762</b>	<b>41</b>	<b>615,295</b>	<b>140,947</b>	<b>6,805</b>	<b>628,797</b>	<b>1,040</b>
<b>2020 Asia and Pacific</b>	371	19	349,958	111,139	3,595	137,992	1,110
Latin America	235	13	45,833	4,764	761	136,712	11
Middle East / North Africa	74	1	151,736	4,984	1,777	97,043	1
Sub-Saharan Africa	153	15	74,305	25,782	16	290,526	5
Central Asia Rep.	0	0	19,078	1,005	891	34,575	47
<b>Total</b>	<b>833</b>	<b>48</b>	<b>640,910</b>	<b>147,674</b>	<b>7,040</b>	<b>696,848</b>	<b>1,174</b>

**Appendix D6**  
**Commodities, Total**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005 Asia and Pacific</b>	1,296	121	339,311	105,047	3,468	811,606	814
Latin America	754	27	43,078	10,958	818	487,765	25
Middle East / North Africa	110	1	115,225	6,685	2,587	99,217	5
Sub-Saharan Africa	173	4	87,647	31,291	418	1,466,526	166
Central Asia Rep.	42	1	12,285	870	1,428	105,161	1.5
<b>Total</b>	<b>2,375</b>	<b>153</b>	<b>597,546</b>	<b>154,851</b>	<b>8,719</b>	<b>2,970,277</b>	<b>1,011</b>
<b>2010 Asia and Pacific</b>	1,628	138	399,173	117,870	4,058	1,033,236	928
Latin America	867	31	49,574	12,921	931	560,155	29
Middle East / North Africa	138	1	140,889	8,075	3,107	143,651	8
Sub-Saharan Africa	276	8	136,542	50,687	690	2,085,974	262
Central Asia Rep.	48	2	13,442	1,038	1,631	130,517	2.7
<b>Total</b>	<b>2,956</b>	<b>179</b>	<b>739,621</b>	<b>190,591</b>	<b>10,417</b>	<b>3,953,533</b>	<b>1,230</b>
<b>2015 Asia and Pacific</b>	2,028	175	469,125	133,345	4,750	1,314,795	1,055
Latin America	992	37	56,556	14,833	1,064	650,438	35
Middle East / North Africa	179	2	174,558	9,914	3,740	219,881	18
Sub-Saharan Africa	499	16	234,612	90,195	1,325	3,166,757	456
Central Asia Rep.	57	2	15,529	1,234	1,789	173,096	7.6
<b>Total</b>	<b>3,755</b>	<b>232</b>	<b>950,379</b>	<b>249,522</b>	<b>12,668</b>	<b>5,524,967</b>	<b>1,571</b>
<b>2020 Asia and Pacific</b>	2,142	188	492,399	136,891	5,381	1,379,917	1,151
Latin America	1,044	40	59,542	15,127	1,095	684,296	36
Middle East / North Africa	214	3	164,352	11,079	4,207	263,007	51
Sub-Saharan Africa	619	23	267,976	101,844	1,641	3,614,759	520
Central Asia Rep.	89	1	24,420	1,719	1,227	188,674	47
<b>Total</b>	<b>4,108</b>	<b>254</b>	<b>1,008,689</b>	<b>266,659</b>	<b>13,552</b>	<b>6,130,653</b>	<b>1,806</b>





# APPENDIX E

## Medium Variant Scenario

Appendix E1								
Users Relying on Donor-Financed Commodities								
Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)								
	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	FP Condom	Implants	Total
<b>2005 Asia and Pacific</b>	9,635	976	6,531	4,933	4,024	3,260	100	29,460
Latin America	5,189	163	653	1,850	863	577	59	9,354
Middle East / North Africa	647	4	580	916	5,206	149	11	7,514
Sub-Saharan Africa	1,144	12	4,114	5,704	787	2,578	406	14,745
Central Asia Rep.	374	7	176	89	1,347	226	0	2,219
<b>Total</b>	<b>16,989</b>	<b>1,163</b>	<b>12,054</b>	<b>13,492</b>	<b>12,227</b>	<b>6,791</b>	<b>577</b>	<b>63,292</b>
<b>2010 Asia and Pacific</b>	12,026	1,120	7,686	5,542	4,691	4,118	115	35,298
Latin America	5,968	186	754	2,190	977	667	70	10,812
Middle East / North Africa	810	7	710	1,106	6,249	189	19	9,091
Sub-Saharan Africa	1,815	23	6,401	9,243	1,288	4,029	641	23,439
Central Asia Rep.	424	8	193	107	1,538	243	0	2,511
<b>Total</b>	<b>21,042</b>	<b>1,343</b>	<b>15,744</b>	<b>18,188</b>	<b>14,743</b>	<b>9,247</b>	<b>846</b>	<b>81,151</b>
<b>2015 Asia and Pacific</b>	14,910	1,396	9,067	6,297	5,423	5,108	130	42,333
Latin America	6,820	211	869	2,549	1,099	771	84	12,402
Middle East / North Africa	1,054	12	883	1,359	7,494	248	39	11,091
Sub-Saharan Africa	3,210	47	11,015	16,520	2,339	6,742	1,123	40,995
Central Asia Rep.	503	7	227	126	1,686	271	0	2,820
<b>Total</b>	<b>26,497</b>	<b>1,674</b>	<b>22,062</b>	<b>26,851</b>	<b>18,041</b>	<b>13,140</b>	<b>1,376</b>	<b>109,641</b>
<b>2020 Asia and Pacific</b>	15,790	1,491	9,583	6,460	6,138	5,346	141	44,949
Latin America	7,197	224	915	2,601	1,130	814	89	12,970
Middle East / North Africa	1,252	17	843	1,514	8,405	292	104	12,427
Sub-Saharan Africa	3,961	66	12,599	18,685	2,876	7,603	1,281	47,071
Central Asia Rep.	798	3	379	170	1,157	310	0	2,816
<b>Total</b>	<b>28,999</b>	<b>1,801</b>	<b>24,318</b>	<b>29,429</b>	<b>19,706</b>	<b>14,365</b>	<b>1,615</b>	<b>120,232</b>

**Appendix E2**  
**Users, Not Relying on Donor-Financed Commodities**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	FP Condom	Implants	Total
<b>2005 Asia and Pacific</b>	2,002	107	16,045	21,290	8,097	2,505	2,744	52,789
Latin America	1,517	74	2,184	850	1,967	1,322	25	7,939
Middle East / North Africa	329	2	6,980	749	3,805	471	0	12,337
Sub-Saharan Africa	388	25	1,578	1,933	8	198	4	4,135
Central Asia Rep.	1	6	627	126	3,577	495	5	4,836
<b>Total</b>	<b>4,237</b>	<b>214</b>	<b>27,415</b>	<b>24,948</b>	<b>17,454</b>	<b>4,990</b>	<b>2,778</b>	<b>82,036</b>
<b>2010 Asia and Pacific</b>	2,528	118	18,883	23,918	9,439	3,164	3,131	61,181
Latin America	1,740	87	2,521	1,007	2,228	1,529	29	9,142
Middle East / North Africa	416	3	8,544	905	4,567	597	0	15,032
Sub-Saharan Africa	607	45	2,456	3,133	13	309	6	6,569
Central Asia Rep.	1	6	688	150	4,083	531	9	5,468
<b>Total</b>	<b>5,292</b>	<b>259</b>	<b>33,092</b>	<b>29,112</b>	<b>20,330</b>	<b>6,130</b>	<b>3,176</b>	<b>97,392</b>
<b>2015 Asia and Pacific</b>	3,116	152	22,277	27,177	10,911	3,925	3,555	71,114
Latin America	1,999	103	2,905	1,172	2,506	1,765	35	10,485
Middle East / North Africa	540	5	10,624	1,111	5,478	783	0	18,541
Sub-Saharan Africa	1,041	91	4,226	5,600	24	517	11	11,510
Central Asia Rep.	1	6	811	177	4,477	592	23	6,087
<b>Total</b>	<b>6,697</b>	<b>357</b>	<b>40,843</b>	<b>35,236</b>	<b>23,395</b>	<b>7,582</b>	<b>3,625</b>	<b>117,736</b>
<b>2020 Asia and Pacific</b>	3,284	167	23,544	27,878	12,349	4,108	3,845	75,175
Latin America	2,088	113	3,058	1,196	2,578	1,865	37	10,934
Middle East / North Africa	664	7	10,137	1,238	6,143	922	1	19,112
Sub-Saharan Africa	1,293	125	4,834	6,334	29	583	13	13,211
Central Asia Rep.	1	2	1,353	239	3,071	677	141	5,483
<b>Total</b>	<b>7,330</b>	<b>414</b>	<b>42,925</b>	<b>36,884</b>	<b>24,170</b>	<b>8,154</b>	<b>4,037</b>	<b>123,915</b>

**Appendix E3**  
**Users, Total**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	FP Condom	Implants	Total
<b>2005 Asia and Pacific</b>	11,637	1,084	22,576	26,223	12,121	5,765	2,844	82,249
Latin America	6,706	237	2,838	2,700	2,830	1,899	84	17,293
Middle East / North Africa	976	6	7,561	1,665	9,011	621	11	19,851
Sub-Saharan Africa	1,532	38	5,692	7,637	795	2,776	410	18,880
Central Asia Rep.	374	13	803	215	4,924	721	5	7,056
<b>Total</b>	<b>21,226</b>	<b>1,377</b>	<b>39,469</b>	<b>38,440</b>	<b>29,681</b>	<b>11,781</b>	<b>3,356</b>	<b>145,328</b>
<b>2010 Asia and Pacific</b>	14,554	1,238	26,569	29,460	14,130	7,282	3,246	96,479
Latin America	7,708	273	3,275	3,197	3,205	2,197	100	19,954
Middle East / North Africa	1,225	10	9,255	2,011	10,816	787	19	24,123
Sub-Saharan Africa	2,422	67	8,857	12,375	1,301	4,338	648	30,008
Central Asia Rep.	425	14	880	257	5,621	773	9	7,979
<b>Total</b>	<b>26,334</b>	<b>1,602</b>	<b>48,836</b>	<b>47,300</b>	<b>35,073</b>	<b>15,377</b>	<b>4,022</b>	<b>178,543</b>
<b>2015 Asia and Pacific</b>	18,026	1,549	31,345	33,474	16,334	9,033	3,685	113,446
Latin America	8,818	314	3,773	3,722	3,605	2,536	119	22,887
Middle East / North Africa	1,595	17	11,507	2,470	12,971	1,032	40	29,632
Sub-Saharan Africa	4,251	139	15,241	22,119	2,363	7,259	1,134	52,505
Central Asia Rep.	504	13	1,039	303	6,163	862	23	8,907
<b>Total</b>	<b>33,194</b>	<b>2,031</b>	<b>62,905</b>	<b>62,087</b>	<b>41,437</b>	<b>20,722</b>	<b>5,001</b>	<b>227,377</b>
<b>2020 Asia and Pacific</b>	19,075	1,659	33,126	34,338	18,486	9,454	3,986	120,123
Latin America	9,284	337	3,972	3,797	3,708	2,679	125	23,903
Middle East / North Africa	1,916	24	10,979	2,752	14,549	1,214	105	31,539
Sub-Saharan Africa	5,254	191	17,433	25,019	2,905	8,186	1,294	60,282
Central Asia Rep.	799	5	1,732	408	4,228	986	141	8,299
<b>Total</b>	<b>36,329</b>	<b>2,215</b>	<b>67,243</b>	<b>66,314</b>	<b>43,876</b>	<b>22,519</b>	<b>5,652</b>	<b>244,147</b>

**Appendix E4**  
**Commodities, Provided by Donors**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005 Asia and Pacific</b>	1,073	109	98,156	19,761	1,151	730,446	29
Latin America	583	18	9,918	7,506	249	390,297	17
Middle East / North Africa	73	0	8,845	3,678	1,494	62,608	5
Sub-Saharan Africa	129	1	63,344	23,369	414	1,348,658	164
Central Asia Rep.	42	1	2,687	361	391	85,890	0
<b>Total</b>	<b>1,900</b>	<b>130</b>	<b>182,951</b>	<b>54,677</b>	<b>3,700</b>	<b>2,617,898</b>	<b>215</b>
<b>2010 Asia and Pacific</b>	1,268	117	112,038	21,480	1,303	888,329	32
Latin America	653	20	11,080	8,561	272	440,486	20
Middle East / North Africa	85	1	10,169	4,265	1,735	87,237	7
Sub-Saharan Africa	177	2	84,437	31,823	574	1,849,034	219
Central Asia Rep.	46	1	2,826	416	427	102,739	0
<b>Total</b>	<b>2,229</b>	<b>142</b>	<b>220,550</b>	<b>66,545</b>	<b>4,312</b>	<b>3,367,824</b>	<b>278</b>
<b>2015 Asia and Pacific</b>	1,419	131	124,003	23,229	1,421	1,036,071	35
Latin America	712	22	12,039	9,508	286	493,609	22
Middle East / North Africa	98	1	11,222	4,852	1,963	126,303	13
Sub-Saharan Africa	251	3	112,317	42,984	810	2,644,798	292
Central Asia Rep.	51	1	3,132	470	440	130,977	0
<b>Total</b>	<b>2,531</b>	<b>158</b>	<b>262,713</b>	<b>81,043</b>	<b>4,919</b>	<b>4,431,758</b>	<b>361</b>
<b>2020 Asia and Pacific</b>	1,543	142	133,731	24,668	1,621	1,114,836	38
Latin America	763	24	12,858	10,303	298	522,391	23
Middle East / North Africa	121	2	11,080	5,631	2,272	154,435	36
Sub-Saharan Africa	356	6	146,611	56,397	1,142	3,121,280	383
Central Asia Rep.	85	0	5,407	666	306	143,988	0
<b>Total</b>	<b>2,868</b>	<b>174</b>	<b>309,687</b>	<b>97,666</b>	<b>5,639</b>	<b>5,056,929</b>	<b>480</b>

**Appendix E5**  
**Commodities, Provided by Other Sources**  
**Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)**

	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005 Asia and Pacific</b>	223	12	241,156	85,286	2,316	81,161	785
Latin America	170	8	33,159	3,451	568	97,468	7
Middle East / North Africa	37	0	106,380	3,007	1,092	36,610	0
Sub-Saharan Africa	44	3	24,303	7,921	4	117,868	2
Central Asia Rep.	0	1	9,598	509	1,037	19,272	2
<b>Total</b>	<b>475</b>	<b>24</b>	<b>414,596</b>	<b>100,174</b>	<b>5,019</b>	<b>352,379</b>	<b>796</b>
<b>2010 Asia and Pacific</b>	268	12	275,263	92,702	2,622	98,703	877
Latin America	188	10	37,042	3,936	620	110,002	8
Middle East / North Africa	45	0	122,301	3,487	1,268	51,012	0
Sub-Saharan Africa	61	4	32,396	10,787	6	161,600	2
Central Asia Rep.	0	1	10,095	586	1,133	23,052	3
<b>Total</b>	<b>562</b>	<b>27</b>	<b>477,096</b>	<b>111,497</b>	<b>5,649</b>	<b>444,369</b>	<b>890</b>
<b>2015 Asia and Pacific</b>	300	14	304,658	100,250	2,858	115,119	949
Latin America	203	11	40,248	4,372	652	123,269	9
Middle East / North Africa	54	0	134,972	3,967	1,435	73,855	0
Sub-Saharan Africa	87	7	43,092	14,570	8	231,147	3
Central Asia Rep.	0	1	11,188	661	1,167	29,389	6
<b>Total</b>	<b>643</b>	<b>33</b>	<b>534,158</b>	<b>123,821</b>	<b>6,121</b>	<b>572,778</b>	<b>967</b>
<b>2020 Asia and Pacific</b>	325	16	328,559	106,463	3,260	123,871	1,025
Latin America	216	12	42,987	4,737	679	130,456	10
Middle East / North Africa	69	1	133,257	4,604	1,661	90,305	0
Sub-Saharan Africa	124	11	56,250	19,117	12	272,790	4
Central Asia Rep.	0	0	19,312	937	813	32,308	39
<b>Total</b>	<b>733</b>	<b>40</b>	<b>580,365</b>	<b>135,858</b>	<b>6,424</b>	<b>649,730</b>	<b>1,078</b>

Appendix E6 Commodities, Total Modern Contraceptive Methods 2005-2020, By Method and Region (Thousands)							
	Female Sterilization	Male Sterilization	Pill	Injectables	IUD	Total Condom	Implants
<b>2005</b> Asia and Pacific	1,296	121	339,311	105,047	3,468	811,606	814
Latin America	754	27	43,078	10,958	818	487,765	25
Middle East / North Africa	110	1	115,225	6,685	2,587	99,217	5
Sub-Saharan Africa	173	4	87,647	31,291	418	1,466,526	166
Central Asia Rep.	42	1	12,285	870	1,428	105,161	1.5
<b>Total</b>	<b>2,375</b>	<b>153</b>	<b>597,546</b>	<b>154,851</b>	<b>8,719</b>	<b>2,970,277</b>	<b>1,011</b>
<b>2010</b> Asia and Pacific	1,536	130	387,301	114,181	3,925	987,032	909
Latin America	841	30	48,121	12,497	892	550,488	28
Middle East / North Africa	130	1	132,470	7,752	3,003	138,249	7
Sub-Saharan Africa	238	6	116,833	42,610	580	2,010,634	221
Central Asia Rep.	46	2	12,921	1,002	1,560	125,791	2.6
<b>Total</b>	<b>2,791</b>	<b>169</b>	<b>697,646</b>	<b>178,042</b>	<b>9,961</b>	<b>3,812,194</b>	<b>1,168</b>
<b>2015</b> Asia and Pacific	1,719	145	428,661	123,479	4,279	1,151,190	983
Latin America	914	33	52,287	13,880	938	616,877	31
Middle East / North Africa	152	2	146,195	8,819	3,398	200,158	13
Sub-Saharan Africa	337	10	155,409	57,555	818	2,875,945	295
Central Asia Rep.	51	1	14,320	1,132	1,607	160,366	6.2
<b>Total</b>	<b>3,174</b>	<b>191</b>	<b>796,870</b>	<b>204,864</b>	<b>11,040</b>	<b>5,004,536</b>	<b>1,328</b>
<b>2020</b> Asia and Pacific	1,868	158	462,290	131,132	4,881	1,238,706	1,062
Latin America	979	36	55,845	15,040	977	652,847	33
Middle East / North Africa	190	2	144,337	10,235	3,933	244,741	37
Sub-Saharan Africa	480	17	202,861	75,514	1,154	3,394,070	386
Central Asia Rep.	85	1	24,719	1,603	1,119	176,295	39
<b>Total</b>	<b>3,601</b>	<b>214</b>	<b>890,051</b>	<b>233,524</b>	<b>12,063</b>	<b>5,706,659</b>	<b>1,558</b>

# APPENDIX F

Appendix F1A											
Donor Contributions by Method, 1998-2007 (US\$ Million)											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	TOTAL
Condom	48,701	32,813	46,075	91,041	76,708	63,160	74,332	76,012	73,425	85,278	667,545
Oral	34,511	40,525	71,068	58,053	46,809	58,250	50,747	54,022	58,231	52,386	524,602
Injectable	34,285	26,901	29,547	57,659	36,507	70,422	62,907	57,605	58,410	53,376	487,620
Implant	10,417	6,196	2,820	5,066	5,914	4,018	3,214	5,537	7,214	16,221	66,617
IUD	9,567	6,460	3,213	6,532	6,442	5,723	6,004	3,904	3,993	2,541	54,379
Other Methods	3,066	2,030	1,912	5,520	5,413	4,584	7,815	7,097	10,824	12,902	61,161
<b>TOTAL</b>	<b>140,547</b>	<b>114,926</b>	<b>154,635</b>	<b>223,870</b>	<b>177,792</b>	<b>206,156</b>	<b>205,019</b>	<b>204,178</b>	<b>212,096</b>	<b>222,704</b>	<b>1,861,923</b>

Appendix F1B											
Donor Contributions by Method, 1998-2007 Percentage											
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Average
Condom	35%	29%	30%	41%	43%	31%	36%	37%	35%	38%	35%
Oral	25%	35%	46%	26%	26%	28%	25%	26%	27%	24%	29%
Injectable	24%	23%	19%	26%	21%	34%	31%	28%	28%	24%	26%
Implant	7%	5%	2%	2%	3%	2%	2%	3%	3%	7%	4%
IUD	7%	6%	2%	3%	4%	3%	3%	2%	2%	1%	3%
Other Methods	2%	2%	1%	2%	3%	2%	4%	3%	5%	6%	3%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>





# APPENDIX G

## Comparison with 2001 Report

This report updates an analysis published in 2001 as *Meeting the Challenge: Contraceptive Projections and the Donor Gap*. There are some differences in methods and data between the two reports, but the results are very similar. This report excludes commodity costs for male and female sterilization because they are relatively small and are not usually classified by donors as commodity costs.

There are some differences in the countries included. Five countries that were included in the 2001 report but are now relatively independent of donor financing for commodities were excluded from this report: Iran, Mexico, Oman, South Africa, and Turkey. Six countries that were not in the 2001 report were included in this report because recent data show that they have received significant donor financing: Afghanistan, Cuba, Iraq, Romania, Somalia, and Syrian Arab Republic.

Financing for implants was not included in the 2001 report but is included here. The 2001 report used DHS data on source mix to determine the proportion of use that was funded by the public sector, whereas this report uses UNFPA data on donor supplies of commodity by country compared to our estimates of total commodity needs to estimate the donor share of total use. This method resulted in significantly different estimates of the donor share for some countries but a smaller change in the overall donor share.

Additional details on the differences between the two analyses are available from the authors.





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