

# Sexual and Reproductive Health Services Undermined by Supply Shortfall

## The Right to Reproductive Health Services

In recent years providers of sexual and reproductive health services have made great strides in meeting the needs of countless men and women world-wide. However, a deepening crisis in the availability of affordable or donated supplies needed for family planning, safe motherhood services, safe abortion, HIV/AIDS prevention and other vital sexual and reproductive health care services threatens the health and lives of millions of people.

Adequate and reliable world-wide distribution of reproductive health (RH) supplies was a key objective of 1994's International Conference on Population and Development (ICPD), Programme of Action. 'By 2015 all primary health care and family planning facilities [should be] able to provide...the widest achievable range of safe and effective family planning and contraceptive methods.' Yet, ten years after 179 nations signed on to meet that goal it seems unlikely to be met.

Achieving the Millennium Development Goals (MDGs), which all governments agreed in 2000 is an overarching priority, requires reduced maternal and child mortality and a halt and reversal in the spread of HIV. This will not be possible unless urgent steps are taken to ensure the availability of RH supplies to all vulnerable individuals.

Currently, supplies, including condoms (male and female), oral contraceptives, Intra uterine devices (IUDs), injectables, emergency contraception, equipment for safe abortion and treatment of incomplete abortion, HIV testing kits, surgical gloves and safe delivery kits, among many others, are lacking in developing countries, where they are most urgently needed.

*"Trying to run sexual and reproductive health programmes without contraceptives and other reproductive health commodities is like trying to eradicate smallpox without vaccines. It simply cannot be done."*

**Steve Sinding, Director General of the International Planned Parenthood Federation**

## Women Suffer Most

The crisis in the availability of reproductive health supplies hits women the hardest. Complications resulting from pregnancy and childbirth are the leading causes of death and disability for women in developing countries, leading to more than 500,000 deaths every year — 1 death per minute, while 70,000 women die each year from unsafe abortions.<sup>1</sup> Almost a third of maternal deaths and illnesses related to pregnancy could be avoided if women in developing countries had

access to a range of modern, safe and effective family planning services that enable them to avoid unwanted pregnancy.<sup>2</sup>

*"I visit ..the projects twice a year and whenever I arrive at each project I hear the same questions: 'Have you brought us contraceptives? How long is the shortage going to last?'"*  
Kugeria project manager.

## A Funding Gap

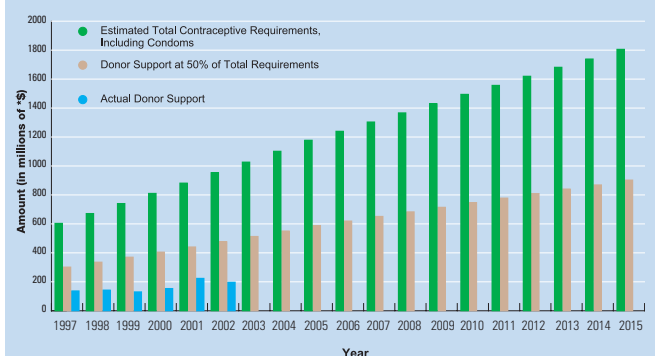
As many developing countries face huge burdens in their health and family planning systems due to population increases and HIV/AIDS, the support from Northern donors for reproductive health services and supplies is shrinking in relation to the scale of the problem. According to the United Nations Population Fund (UNFPA), the money needed to buy contraceptives and condoms is projected to rise from US\$ 954 million in 2002 to US\$ 1.8 billion in 2015. In spite of this upward trend in costs, donor government support for these supplies actually fell in 2002 to only \$197.5 million. The gap between the need for essential condom and contraceptive supplies and the funds available to purchase them is projected to reach hundreds of millions of dollars annually by 2015.<sup>3</sup>

*The consequences are devastating, as the following calculation example by UNFPA shows.<sup>4</sup>*

*For every shortfall of US\$ 1 million in contraceptive supply funding, there are*

- 360,000 unintended pregnancies,
- 150,000 additional induced abortions,
- 800 additional maternal deaths,
- 11,000 additional infant deaths.

## Trend of Actual Donor Support for Contraceptives with Estimated Requirements, 1997-2015





### Greater Demand

Product stock outs have not occurred overnight; a number of factors have contributed to the current and projected shortage of reproductive health supplies.

Ironically, the greater demand for reproductive health supplies is due to decades of successful family planning and sexual and reproductive health programmes, which have created increased knowledge and demand. More importantly, the devastating spread of HIV/AIDS, with no cure in sight, has left billions of people in need of protection.

In the next 10 to 15 years, the largest-ever generation of young people (aged 15-24) will enter their reproductive years. This demographic shift, combined with increased awareness of modern methods of family planning, will increase the number of contraceptive users by 40 percent.<sup>5</sup>

### Weak Points at Both Ends

The dearth of condoms and contraceptives is caused also by weak logistics systems, compounded with a lack of commitment in many developing countries. Shipments of contraceptives and condoms

might reach the capital cities of developing countries but not necessarily the rural areas where they are most needed. Condoms in particular need careful storage and protection from sunlight and heat, whilst oral contraceptives and other products must be distributed before their expiration date.

In contrast, by creating a favourable environment for the import and distribution of RH supplies, governments can positively influence contraceptive security. In Brazil, for example, the government removed tariffs and retail taxes from condoms. By doing so, the price of a condom has dropped considerably, and sales have increased.<sup>6</sup>

On the donor side, there are also weaknesses. Although the procurement and supply of contraceptives and condoms is only undertaken by a handful of multilateral and bilateral donors, until recently there has been no global mechanism through which they share their data and information on procurement and shipment. Adoption and use of the new RHInterchange should help address this (see separate fact sheet). Erratic and declining funding along with poor co-ordination hinder consistent access to the quality products needed for reproductive health and family planning,

### In relation to the worldwide shortage of reproductive health supplies, the Supply Initiative offers the following recommendations:

1. Governments should elevate access to RH supplies as a key progress benchmark/indicator in the development and evaluation of:
  - Action plans towards achievement of the Millennium Development Goals — to reduce maternal and child mortality and to halt and reverse the spread of HIV;
  - Sector Wide Approaches (SWAs), Poverty Reduction Strategy Papers (PRSPs) and EU Country Strategy Papers (CSPs).
  - Governments should also consider the placement of an RH specialist or advocate on the teams responsible for the development and evaluation of these plans.
2. As part of their efforts to achieve the above goals and targets, and in recognition of the particular crisis affecting RH supplies and the potential for the issue to 'slip through the cracks' of broader funding approaches, donor governments should put in place a system to track the level of spending on RH supplies, including within broad funding mechanisms, such as PRSPs, EU CSPs and Global Fund programmes.
3. Developing country governments should further prioritise the adequate provision of RH supplies by a) creating national budget lines for RH supplies (including delivery) and b) ensuring the inclusion of RH supplies in essential drug lists.
4. There should be an overall funding increase from donors in 2005 to \$589 million for all contraceptive supplies (including condoms for HIV prevention). Funding in subsequent years should at least continue to meet 50 percent of total contraceptive needs, based on estimated requirements for each year. This assumes that:
  - Current RH supplies donors should provide at least 40.9 per cent - the recent historical average of donor's contributions - towards total estimated requirements for contraceptive supplies (excluding condoms for HIV prevention);
  - Donor governments fulfil the UNAIDS' recommendation that one half to two thirds of condoms for HIV prevention should be provided by the international community;
  - Donor governments not currently giving to RH supplies reconsider their priorities and do so effective as of 2005.
  - Where possible, funding cycles should be lengthened, so as to facilitate stability of supplies through longer term planning.
5. Enhanced co-ordination amongst and between donor and developing country governments is required to ensure that procurement information is shared and funding cycles are better synchronised. As an example, donors can take action together through participation in the RHInterchange.
6. Developing country governments should develop a comprehensive contraceptive strategy and set up a co-ordinating committee for contraceptive supplies as this has been found to improve national co-ordination in a number of countries.
7. To ensure the long term stability of RH supplies, funding should be directed not simply to increase purchases of RH supplies but also to build in-country capacity to more effectively manage the increasingly complex financing of RH supplies, as well as forecasting, procurement and delivery systems.
8. Governments should more effectively target free and subsidised supplies to those least able to pay and encourage the involvement of the private, commercial and NGO sectors in helping to ease the supply shortage.

1 Population Action International (PAI). 2003. *How Family Planning Protects the Health of Women and Children*. Washington, DC: PAI.

2 Middleberg, M. 2002. "Family Planning: Great Success, Greater Needs." *EngenderHealth Update* Available from [http://www.engenderhealth.org/pubs/ehnews/wt02/wt\\_02\\_4.html](http://www.engenderhealth.org/pubs/ehnews/wt02/wt_02_4.html); Internet; last accessed 27 July 2004.

3 United Nations Population Fund (UNFPA). 2004. *Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2002*. New York: UNFPA.

4 UNFPA. 2001. *UNFPA Reproductive Health Commodity Security: Partnerships for Change - A Global Call to Action*. New York: UNFPA.

5 UNFPA. 2002. *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention, 2000-2015*. New York: UNFPA.

6 Supply Initiative. 2003. "New Law on Condoms in Brazil." *SupplyNews* 1 (June): 2.