

The Financial State of Affairs Reality and Resilience in this Moment

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Photo: Images of Empowerment



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Funding for Global Health

Funding for Family Planning

Programmatic and Systems Strengthening Costs

FP Product Procurement and Freight Costs

Women, girls and families impacted



Today, we will use these concentric circles as a roadmap to help us understand in what category different numbers sit and how they start to click together. We will get a clearer picture on the share of total donor funding for global health then click one level down to total FP expenditures covered by donor funding, and specifics on how that relates to procurement. So, we will be able move from the outer ring of these concentric circles through the inner rings to women at the middle.



Funding for Global Health

Funding for Family Planning

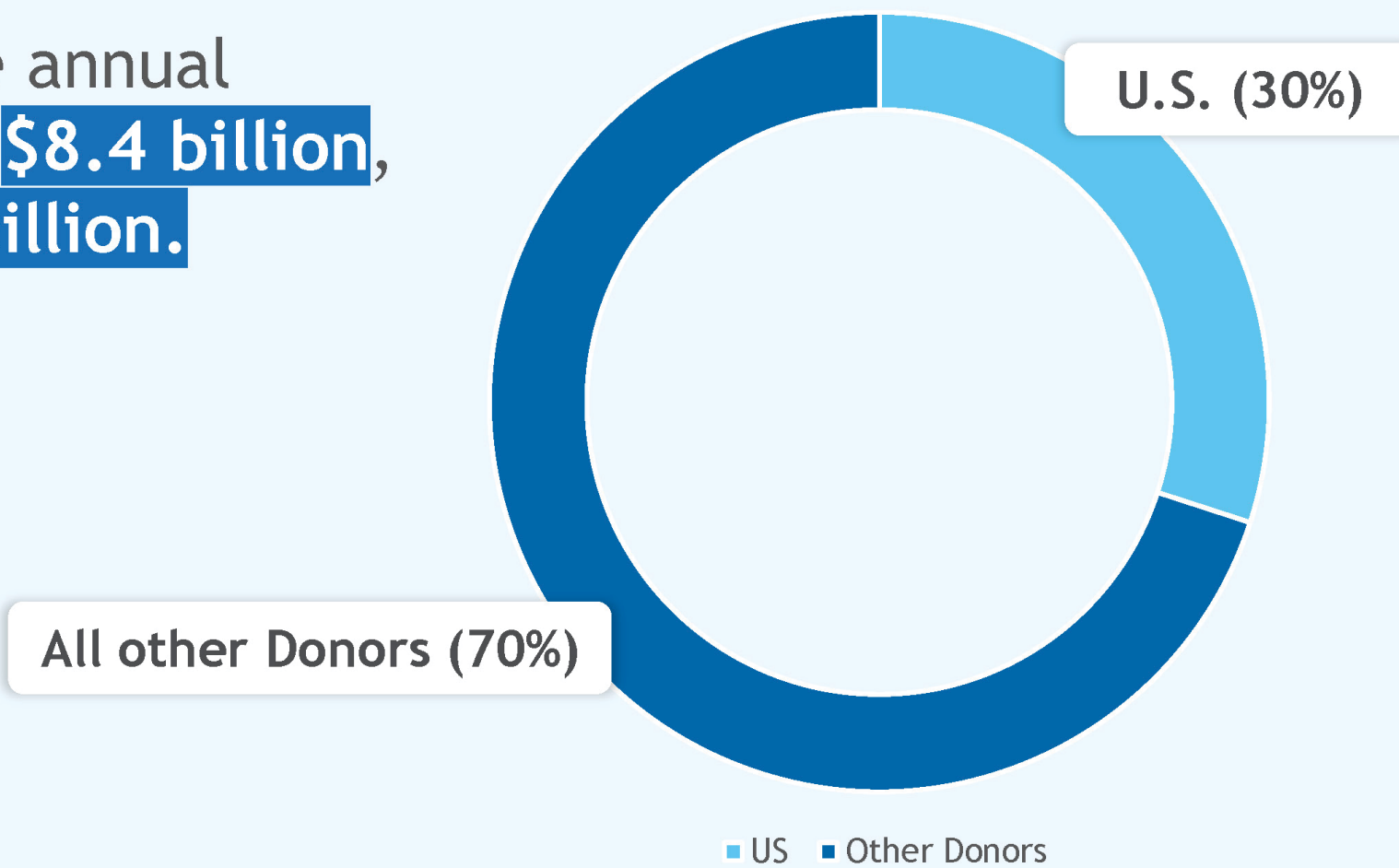
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U.S. Share of Bilateral Global Health Assistance, 2021-2023

U.S. average annual funding was **\$8.4 billion**, out of **\$28 billion**.



Notes: KFF analysis data from the OECD CRS database. Total represents an average of the annual bilateral health ODA disbursements for 2021-2023 in current USD. Funding for COVID-19 was excluded. "All Other Donors" includes DAC member countries, multilateral organizations, and some non-DAC countries reporting ODA disbursements to the OEC

In terms of funding for global health, the U.S. was consistently the largest donor in the past. Between 2021-23, KFF estimates the U.S. accounted for almost one-third of total bilateral health assistance, providing an average of \$8.4 billion per year.

The U.S. also contributes to the "all other donors" category through multilateral funding (e.g., contributions to the GF and Gavi), but this is not teased-out here.

For more information on the slide, please contact Adam Wexler at awexler@kff.org.



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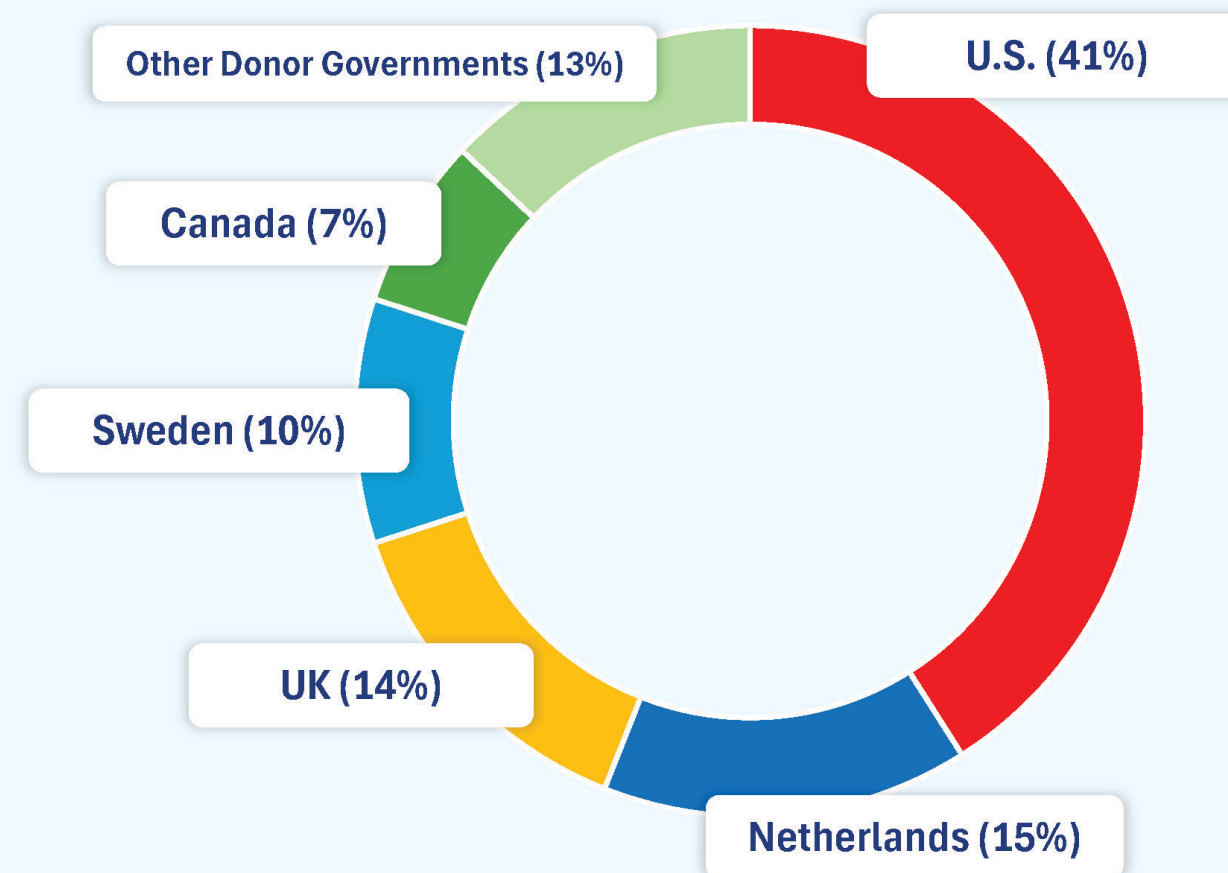
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Donor Government Funding for Family Planning (2020-2024)

Donor government funding for family planning was approximately **\$1.4 billion** per year, with the US contribution around **\$600 million**



Notes: KFF analyses of data from donor governments, UNFPA, and OECD CRS database. "Other Donor Governments" includes all other members of the OECD DAC. The "Donor Government Funding for Family Planning (2020-2024)" amounts are based on KFF analyses of data from donor governments, UNFPA, and OECD CRS database (totals for 2024 are preliminary estimates). Totals represent bilateral funding as well as an FP-adjusted share of donor government core contributions to UNFPA.

Moving from the total funding for global health, to the specifics for family planning, KFF estimates that the US government previously accounted for approximately 41% of total donor government funding for FP, or about \$600 million/year, out of \$1.4 billion spent. This contribution had been steady at \$600 million for the past decade. Current US policy shifts mean that \$600m/year is leaving the FP funding bucket. At the same time, funding from the other biggest bilateral donors is also at risk. As these governments face internal political pressure and hard economic decisions related to defense and security, they will make trade-offs and family planning may be deprioritized. All of this will have an important impact on women and families around the world.

This total does not include philanthropic contributions to FP.

For more information on the slide, please contact Adam Wexler at awexler@kff.org.



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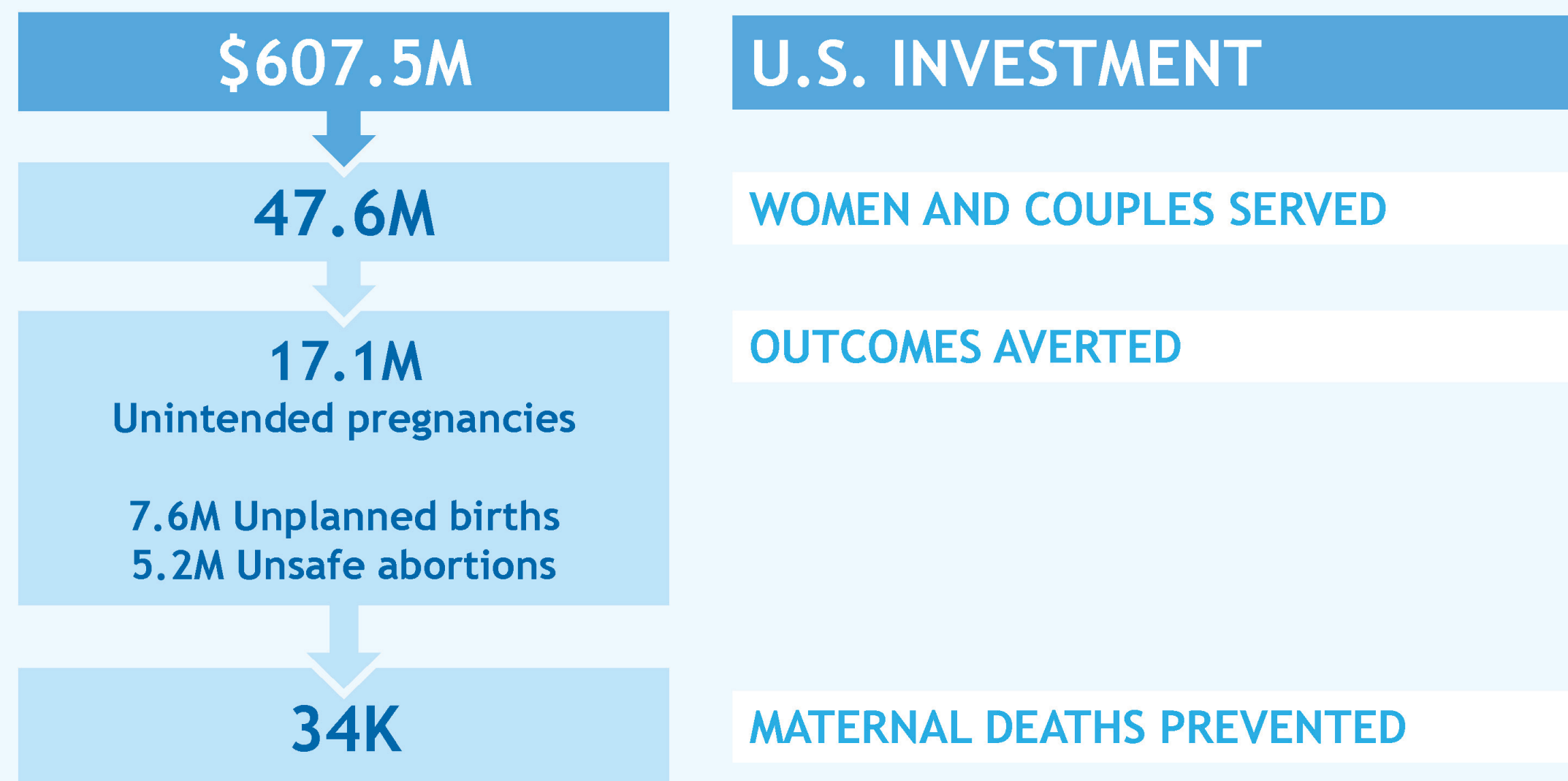
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Impact of Annual U.S. Government FP Contribution



Source: Damavandi, Sully, Friedrich-Karnik and Tignor. 2025. Just the Numbers: The Impact of US International Family Planning Assistance, 2024. <https://www.guttmacher.org/2025/02/just-numbers-impact-us-international-family-planning-assistance-2024>

Looking at the impact from a loss of US funding alone, Guttmacher recently estimated that the \$600 million served over 47 million women and couples, averting 17.1 million unintended pregnancies, 7.6 million unplanned births and 5.2 million unsafe abortions. So, without this annual contribution, 34,000 women a year could die from preventable maternal deaths each year.

For more information on the slide, please contact Elizabeth Sully at esully@guttmacher.org.



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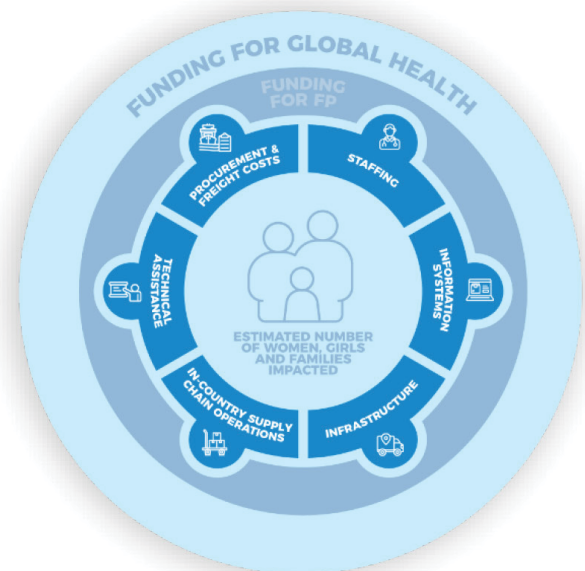
U.S. Family Planning Appropriations to Countries in FY2023

\$20-26 M	Ethiopia, Jordan, Nigeria, Uganda
\$15-20 M	Afghanistan, Bangladesh, DRC , Kenya, Mozambique, Tanzania
\$10-15 M	Angola, Benin, Burkina Faso, Burundi, Côte d'Ivoire, Egypt, Ghana, Guatemala, Haiti, Madagascar, Malawi, Mali, Nepal, Niger, Philippines, Senegal, Zambia
\$5-10 M	Guinea, India, Liberia, Mauritania, Pakistan, Rwanda, Sierra Leone, South Sudan, Togo, Yemen
<\$5 M	Cambodia, Cameroon, Chad, Timor, Zimbabwe

Source: Estimates based on appropriations data from foreignassistance.gov and additional distribution of regional funding to countries based on information from USAID. See Damavandi et al. Just the Numbers: The Impact of US International Family Planning Assistance, 2024. <https://www.guttmacher.org/2025/02/just-numbers-impact-us-international-family-planning-assistance-2024>.

As we are already seeing today from the termination of USAID and its family planning work, this impact will not be felt evenly across all countries. Those countries that were receiving more USG funding will have bigger impacts as compared to others. Guttmacher's Just the Numbers 2024 analysis for FY2023 gives a sense of some of the impact across different country buckets here.

For more information on the slide, please contact Elizabeth Sully at esully@guttmacher.org.



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U.S. Contribution to FP Programmatic and Systems Strengthening Costs



STAFFING

- Staff salaries (HCWs, pharmacists)
- Secondments to MOH



TECHNICAL ASSISTANCE

- Trainings - curriculum development, execution support
- Program design
- Strategy development
- Implementation support
- Market assessments
- Private sector engagement
- Contracting
- Pharmaceutical policy and management



INFRASTRUCTURE

- Facility improvements
- Vehicles, trucks
- Computers, laptops, etc.



INFORMATION SYSTEMS (design, implementation, maintenance costs)

- eLMIS
- HMIS
- DHS
- Warehouse management systems/ERPs
- Census data/surveillance data
- M&E systems
- Forecasting and supply planning applications



IN-COUNTRY SUPPLY CHAIN OPERATIONS

- Warehousing and inventory management
- Distribution
- Customs clearance
- Fleet maintenance or outsourcing management (3PL)
- Performance management
- Forecasting and supply planning



PRODUCT PROCUREMENT AND FREIGHT

- Product and packaging cost
- Freight costs from manufacturer to central medical store

Now that we understand what the US has historically contributed to FP and its importance, how can we understand the breakdown of that \$600 million in terms of different cost elements, including programmatic and health system strengthening costs? This breakdown is important to get closer to actually understanding and quantifying country impact. It is also crucial to prioritizing how we respond to the current situation and look to a future where these different costs are covered.

This is where it starts to get much harder to quantify specific elements of family planning costs covered by the USG, as it is often shared across programs. We are now talking about the 3rd inner circle with areas such as in-country staffing, technical assistance, infrastructure, information systems, supply chain operations and procurement.



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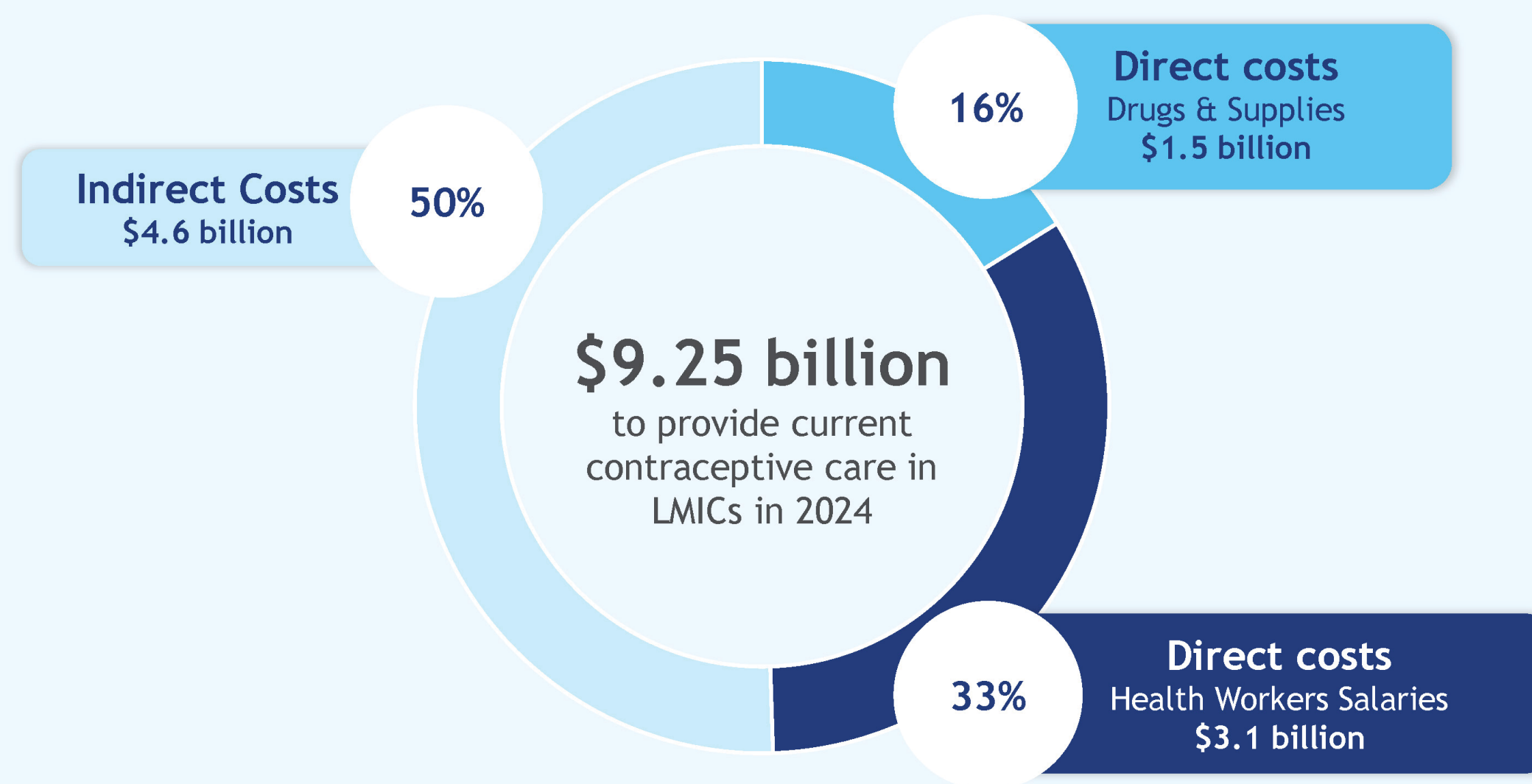
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Understanding Known Direct Costs versus Indirect Costs like Programmatic Costs



Source: Adding It Up 2024, Guttmacher Institute.

As a starting point, we can get a sense of the percentages of buckets in which these types of costs fall. From work done by Guttmacher in Adding It Up, we do get a sense that product, drugs and supplies are about 16% of the wider universe of costs, with direct costs on health workers salaries at about 33% and then the rest of the costs fitting into more indirect costs at around 50%. The group of people working on the data we are sharing today is currently working on a methodology to better express and understand these costs, but it continues to be challenging.

For more information on the slide, please contact Elizabeth Sully at esully@guttmacher.org.



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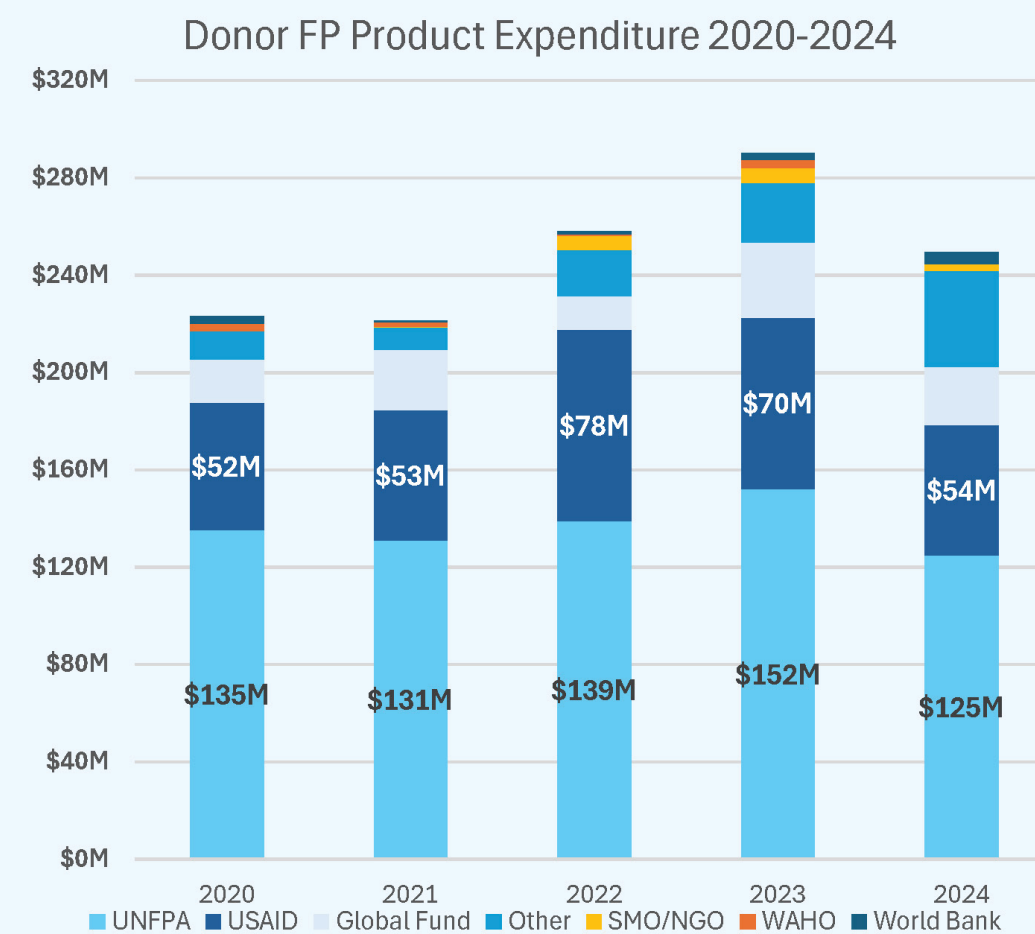
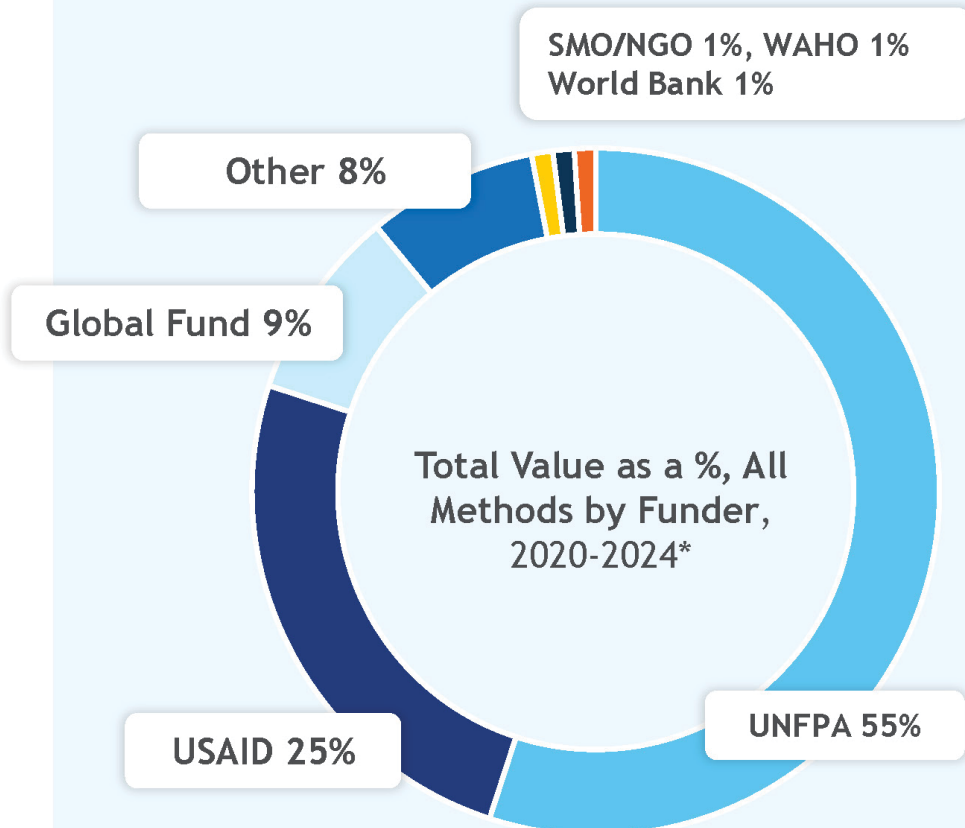
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U.S. Contribution to FP Product Procurement, 2020-2024

Average U.S. annual procurement funding is **\$62M**; **\$74M** if assuming 20% additional cost for freight.



Source: RHViz data downloaded on September 25, 2025 <https://www.rhsupplies.org/activities-resources/tools/rh-viz/tool/>
 Note: Shipments are captured in the year of estimated delivery or receipt. Therefore, figures may not align with the year that funding was approved or spent. UNFPA as funder = UNFPA Supplies plus UNFPA C.O. Co-financing agreement. These numbers exclude Personal Lubricants, but are inclusive of all condom procurements, including those procured with both FP and HIV/AIDS funding. Excluded Government-funded orders as the data set for government-funded orders is incomplete.

Moving from the gaps in knowledge just outlined, luckily, we do know the procurement and freight costs. As part of its mandate, the RHSC focuses on the flow of RH supplies into low-resource countries and has been asked by the community over the last 20 years to help understand and quantify who is procuring FP products, what they are procuring and how those products are fulfilling country needs. The public facing dashboards from the Global FP Visibility and Analytics Network, or VAN, allow us to quantify the US contribution to average annual procurement funding spent by donors. RHSC estimates that the US government used to represent about 25% of the total, or about \$62 million dollars per year, on average, out of around \$250 million per year. If we add the usual 20% for freight costs on top, that is a total of about \$74 million/year spent by the US on procurement.

For more information on the slide, please contact the Reproductive Health Supplies Coalition at jwhite@rhsupplies.org.



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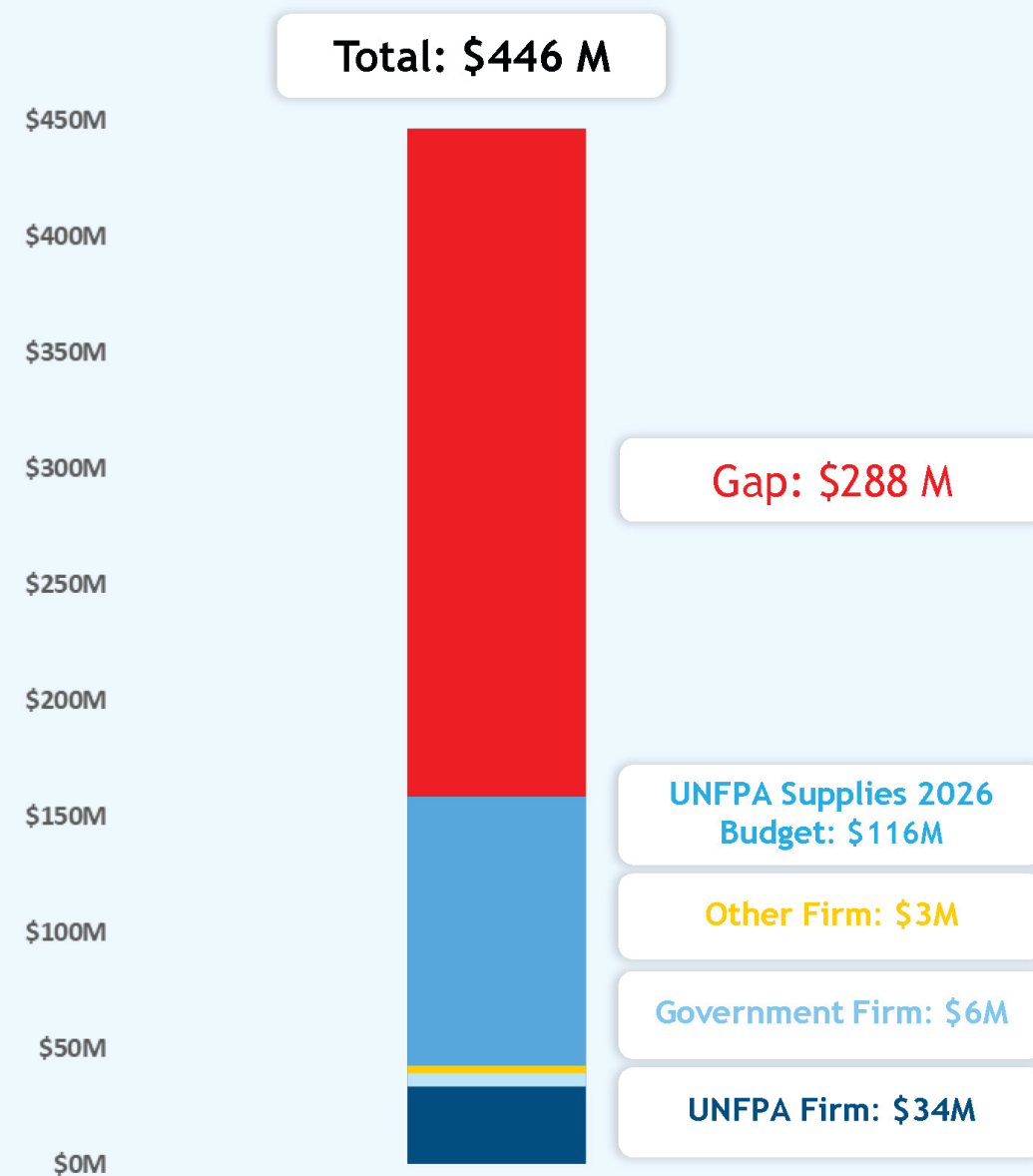
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2026 Unfunded FP Procurement Needs Estimated at \$288M

January - December 2026 | 48 UNFPA Supplies Partnership Countries



2026 figures represent known funding, using the following assumptions:

~\$6M in remaining 2025 UNFPA Supplies funding is included in the \$34M in firm UNFPA procurements in 2026.

- 2026 UNFPA Supplies Partnership approved budget is \$116.2M.
- Tentative funding from other funding sources is not captured.

Firm funding is captured by procurer and not by funding source.

- UNFPA as procurer covers UNFPA Supplies as well as other UNFPA funding and Third Party Procurements.
- Government as procurer covers orders placed using government funds as well as donor funds.

Source: Global Family Planning Visibility and Analytics Network (VAN) procurement funding gap analysis, September 2025; includes 20% estimate for freight and other procurement-related costs.

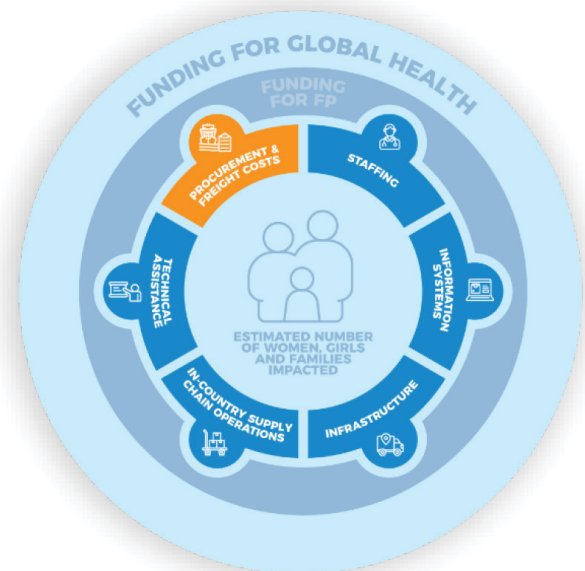
Without the \$62 million/year in US government procurement, the question is: how does 2026 look in terms of country product need versus funding? What is the gap?

Thanks to the VAN data and partnerships, RHSC is able to estimate the quantity and value of shipments country governments and NGOs need to maintain their desired family planning stock levels in the public sector. The analysis presented here is updated from March 2025 with a point-in-time analysis conducted in September 2025. Results cover the period from January-December 2026.

29 of the 48 countries were analyzed using the standard VAN methodology, as they are VAN member countries and share the needed data. For these, the estimates aim to cover the national public sector needs as quantified by the Ministry of Health, taking into account stock levels and pending orders and shipments. For the remaining 19 countries, 18 countries were analyzed using needs estimated from Avenir Health and information on firm orders and shipments from the VAN. DRC was analyzed using a special approach done outside of the VAN, given available data.

UNFPA Supplies Partnership funding for 2026 was recently confirmed to be \$116 M. While we do not yet know how those funds will be allocated across countries and product procurement, we can estimate that with that funding plus other firm commitments known as of September 2025, the gap between the expressed procurement need and expected procurement funding for the 48 countries is \$288 M in 2026, or 65% of the total need. This is represented in red.

For more information on the slide, please contact the Reproductive Health Supplies Coalition at jwhite@rhsupplies.org.



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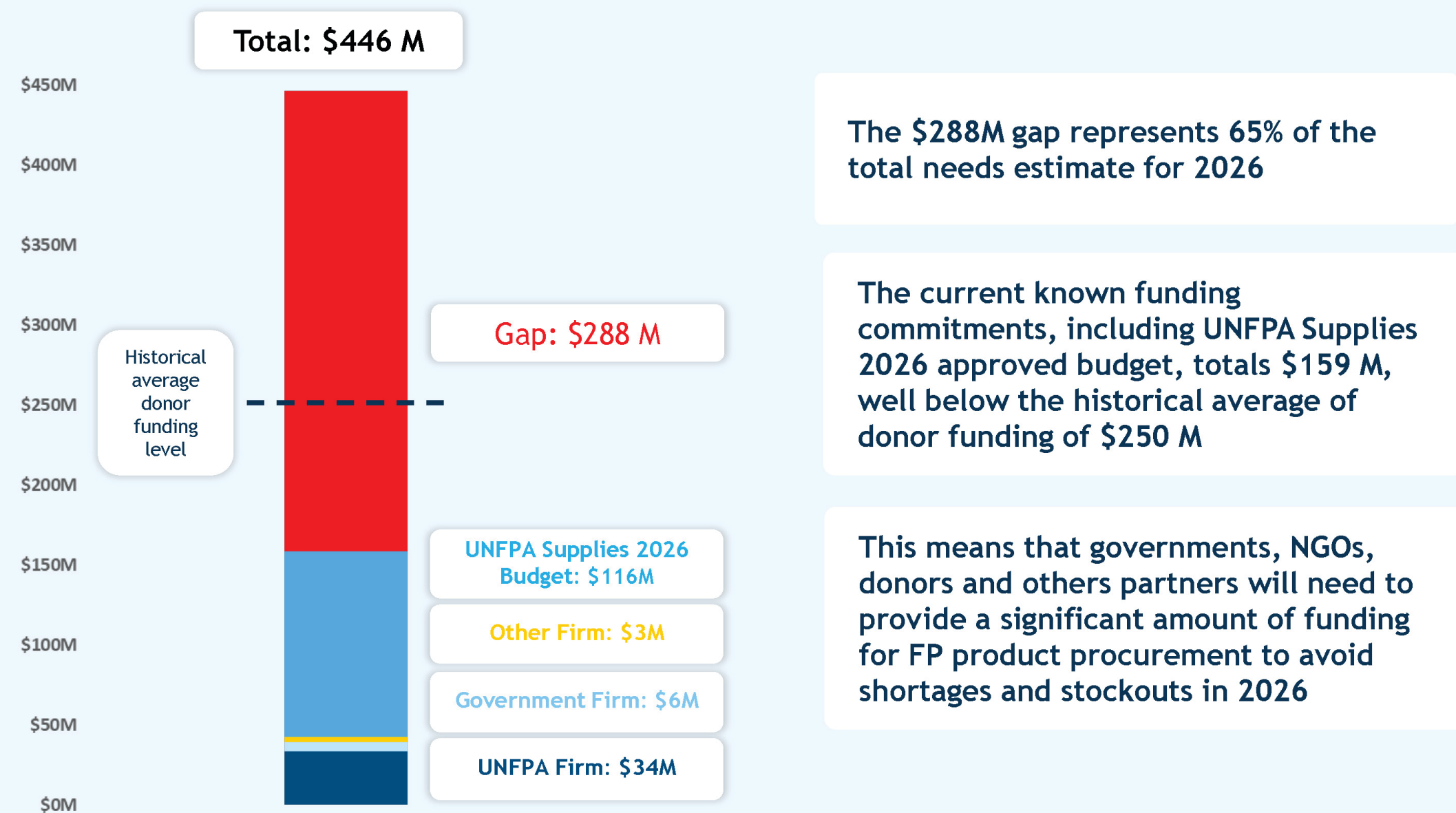
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The current 2026 funding outlook requires significant additional funding to avoid critical gaps in contraceptives



The \$288M gap represents 65% of the total needs estimate for 2026

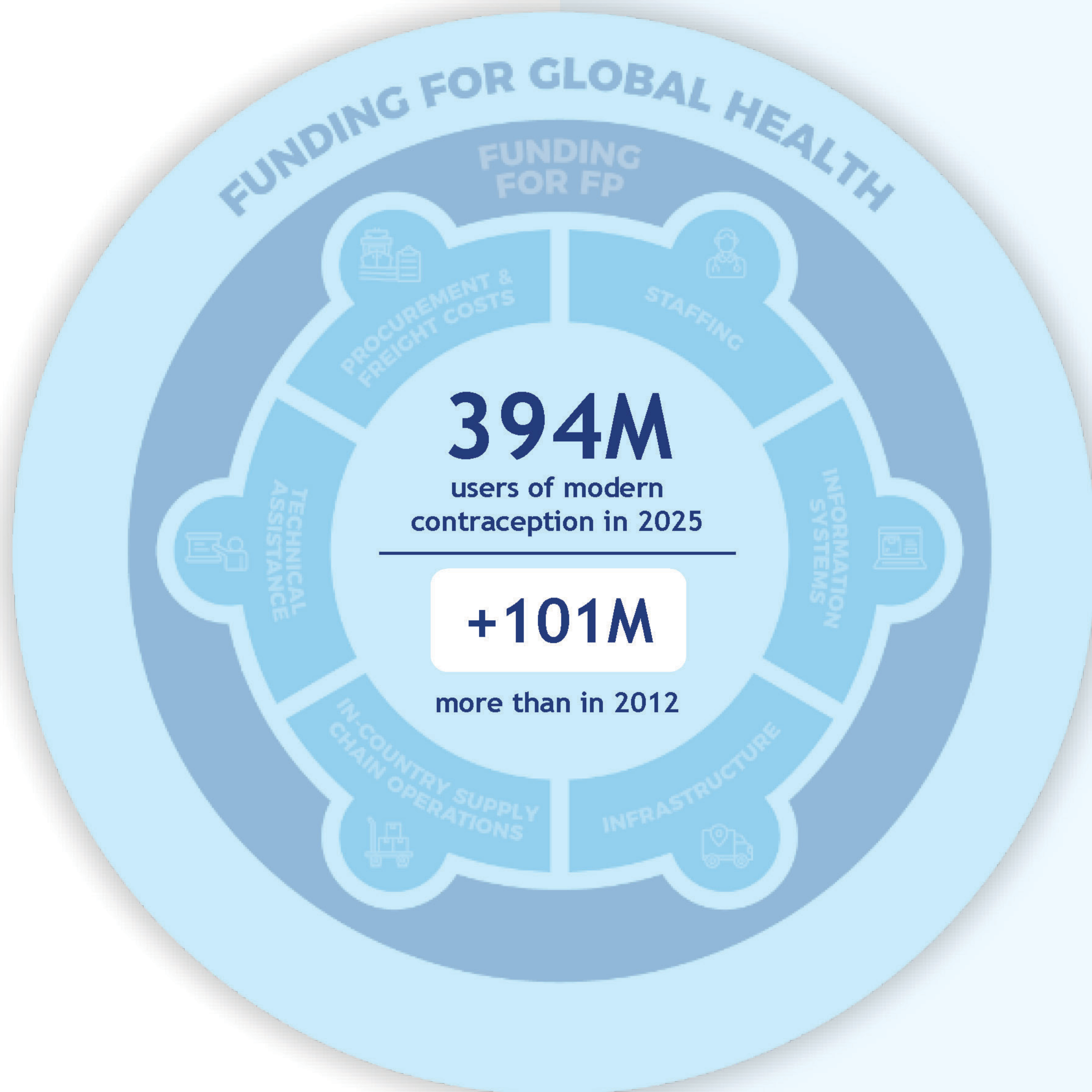
The current known funding commitments, including UNFPA Supplies 2026 approved budget, totals \$159 M, well below the historical average of donor funding of \$250 M

This means that governments, NGOs, donors and others partners will need to provide a significant amount of funding for FP product procurement to avoid shortages and stockouts in 2026

What does the gap mean and how does it compare to the past? On this slide, we saw that the historical funding spent by donors has averaged out around \$250 million/year over the last 5 years. This means the estimated 2026 gap is more than the average annual donor procurement. The need is two times what has historically been covered and means there is an important risk for shortages and stockouts in country, which is what we are already starting to see.

For more information on the slide above, please contact the Reproductive Health Supplies Coalition at jwhite@rhsupplies.org.

Source: Global Family Planning Visibility and Analytics Network (VAN) procurement funding gap analysis, September 2025; includes 20% estimate for freight and other procurement-related costs.



What do we need to do to better understand these impacts moving forward?



Keep women and family planning at the forefront



Coordinate to align methodologies for the data story, where appropriate



Continue efforts to identify a country-focused methodology to fill the gaps in numbers

All of this means that governments and investors will have some important decisions to make in terms of figuring out how to make ends meet in a world without US government contributions and declining bilateral funding. There will be competing priorities across health areas, and there will be competing priorities within FP itself. Do governments and investors lean into supporting products or programs, or a bit of both? We have heard the rallying cry of “no product, no program” over the years, and it is also true, “no program, no product.” Difficult decisions will have to be made to understand the whole system and how these parts work together. It will be crucial to understand with more precision what is happening at the country level and what governments want to prioritize to make precise decisions that help make every dollar go as far as it can.

Bottom line: data and insight will be critical, and we will all need to work together to coordinate and collaborate to stretch every dollar.

So, what do we need to do to better understand these impacts moving forward:

- First, it will be critical to make sure the numbers are regularly translated into the impact on women and families. Our work is really about women and their families, as you see at the center of the circles. After all, in 2025 it was estimated by FP2030 that there are over 394 million users of modern contraception in low and lower-middle income countries – that is 101 million more women using a modern method than there were in 2012. 15% of the existing 1 billion WRA still want to avoid pregnancy, but aren’t using a modern method. Hundreds of million of women are counting on us to continue to reach them. We must keep these women and their families at the forefront of our work.
- The group that put together the slides here is committed to continue to coordinate to align data sets, timeframes, scope for a more cohesive and impactful story.
- We will also continue to work together on a methodology that will allow us to start to estimate the gaps in numbers related to programmatic and systems strengthening, as well as the much wider cost picture overall.

All of this will be so that we can speak with one, unified and strong voice. Clear about the risk to women around the world. Clear about the priority. And clear about important action that must be taken.

For more information, please contact Jason Bremner at jbremner@fp2030.org and Shiza Farid at sfarid@fp2030.org.