CONTRACEPTIVE SECURITY

FACTCARD 3

Securing contraceptives for economic development

In sub-Saharan Africa, 24 per cent of married women have an unmet need for contraception.

Understanding demand and supply for contraception

Key action points

- Donors and national governments must increase and diversify funding for contraceptives.
- Family planning information should be provided as part of a comprehensive sexual and reproductive health package, including access to comprehensive sexuality education.
- Policy and legislative barriers, which prevent young people from accessing contraceptive services, should be lifted.
- National essential medicines lists should contain a range of short-term and long-acting methods of contraception.

IPPF

Contraceptive security and supply and demand

The need or demand for contraceptives, and meeting the demand or the supply of contraceptives, are dependent on each other. As women's demand for contraception increases, the need for governments, donors, manufacturers and other stakeholders to supply the demand becomes increasingly critical. There are currently 215 million women whose demand for modern methods of contraception is not being met. These 215 million women account for 82 per cent of all unintended pregnancies, which often pose threats to the health and well-being of individual women and their families. Meeting this existing demand – and supplying these women with contraceptives – would save the lives of 251,000.[1]

Demand

Demand for modern contraceptives is driven by several factors: the number of women of reproductive age, the number of contraceptive users, changing method mix (more use of modern methods), increasing knowledge and awareness of family planning, and the attitudes of society about family size. Currently, all these factors are increasing, and at a much faster pace than ever before.[2]

Everyone has the right to space and limit their children. Demand creation – increasing awareness of modern family planning methods, how to access them, and their contribution to improved health and development outcomes – is critical, and should be part of a government's commitment to contraceptive security.

Academics have reviewed trends and demand for contraception in 88 low- and middle-income countries that rely on donors for contraception. They found that the number of women of reproductive age is likely to increase by one-third in the next 15 years, reaching nearly 696 million by 2020.[3] The percentage of women using modern contraception is also increasing significantly in most developing countries. Even in sub-Saharan Africa, use of modern contraception is on a consistent upward trend,[4] but 33 per cent of women, including married and never married women, still have an unmet need for contraception.[5]

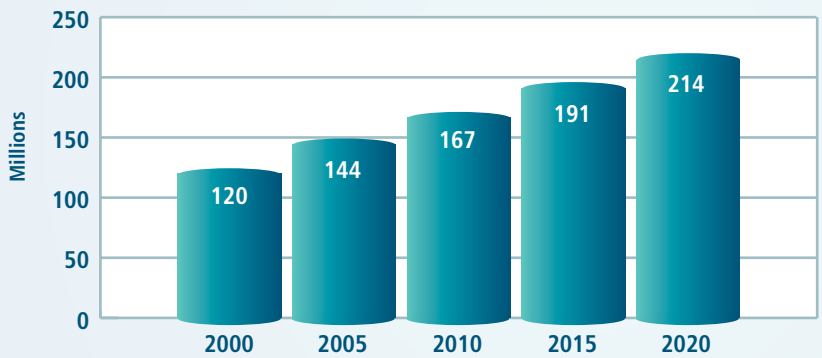
If demand for contraception were met, the number of women using modern contraception would increase by 50 to 75 per cent.[6]

Projected number of contraceptive users

A significant part of increased demand is due to a large cohort of young people – 1.8 billion people, aged 10–24, who have already entered their reproductive years. Young people are marrying later, but age of first sex has not changed significantly, with the result that more young people are sexually active outside marriage.[7] They want fewer children than their parents, but will only be able to realize their choices if they have access to comprehensive sexuality education programmes, youth-friendly services and contraception.[8]

Demand for modern methods of contraception is closely linked with urban residence, education, the media and household wealth, so countries should expect that as they develop, and advance towards other international development goals, demand for contraception will also increase. This means that investments in contraception must be scaled up appropriately, as should investments in interventions to ensure that supply can meet growing demand.

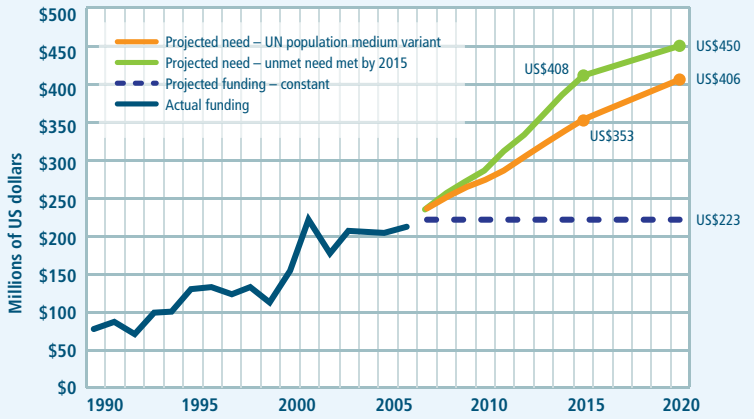
Figure 1: Projected number of contraceptive users, modern methods, all women (medium variant of UN population projection)[9]



Supply

If demand for contraception is created, the world has an obligation to supply the demand. This requires a number of interventions to ensure that there is a supply of a range of affordable contraceptives accessible to all who need and want them. If the world fails to supply this demand, women pay the price of unintended pregnancy and abortions, which can sometimes be unsafe. All this undermines confidence in the health system, and means there needs to be adequate funding, from donors and national governments. Supply chain systems have to function correctly and be able to supply contraceptives that have been pre-qualified (contraceptives that have received an approval of quality and safety) and registered for use in a country. Clients must be able to access a range of contraceptive methods through a variety of service delivery channels – including the public, private and non-governmental organization sectors.

Figure 2: Historical trends in donor financing for commodities (1990–2007) and projected need (2008–20)



Comparison of contraceptive needs and donor support

Contraceptives are funded from one of three sources: donors, national governments or by the end user. (End users pay out of their own pocket.) Donor funding for contraceptives has fluctuated over the years. As Figure 2 indicates, an estimated US$450 million of donor funding is required by 2020 to satisfy current demand and unmet need in a sample of 88 countries. If donor funding remains at current levels, the cumulative shortfall over the 2008–20 period would be around US$1.9 billion. As demand increases, and the number of women of reproductive age increases, these figures are set to escalate, and the gap between the amount of available funding and funding needed to meet women's needs will grow wider. Figure 2 illustrates that if we are to meet unmet need for family planning by 2015,*[10] an additional US$227 million for contraceptives is required from donors, if donor funding were to remain at current levels and if donors did not increase or decrease their contribution to the overall cost of meeting the unmet need for family planning. To meet the projected need (UN population medium variant), over US$314 million would be required from national governments and out-of-pocket expenditure from clients, many of whom can ill afford this.[11] The cost of not making this investment is far greater. If the current needs for contraceptives were to be met, 251,000 women's lives would be saved, including 38,000 women who would die from complications relating to an unsafe abortion.[12]

While the support of developing country governments themselves is the lynchpin to contraceptive security – and domestic funding is essential – the reality is that many countries will rely on donors for years to come.

Affordable, high quality products

A critical component of supply is ensuring access to a range of affordable, high quality products. Most procurers insist that products have been pre-qualified by the World Health Organization, or a stringent drug regulatory authority such as the Food and Drugs Administration. This means a product has been rigorously tested to ensure that it is safe and effective, and acts as a globally recognized stamp of quality. Procurers are often guided by which products are included in national essential medicines lists. It is critical to ensure that these lists contain a broad range of short-term and long-acting methods, to ensure that all are prioritized for procurement.

Women often face economic barriers to accessing contraceptives. All too often, donor and national government funding is not enough to meet the demand. This means that households often bear the cost of purchasing contraceptives, a cost they often cannot afford. In Ghana, for example, it is estimated that women spend US$2 million of their own money on contraceptives annually; in 2007, the government only invested US$1 million.[13] Until country leaders and donors prioritize contraceptive security – and, in doing so, reconcile supply and demand for contraception – the consequences of unmet need will multiply exponentially and we will fail to achieve the Millennium Development Goals.

* The 'unmet need' scenario assumes that all unmet need for family planning will be satisfied by 2015, as specified in Millennium Development Goal 5.

References

1 Guttmacher Institute and UNFPA (2009) *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher. Updated figures at: Guttmacher Institute (2010) *Facts on Investing in Family Planning and Maternal and Newborn Health*. Fact sheet. New York: Guttmacher.

2 World Health Organization (2011) Millennium Development Goals: progress towards the health-related Millennium Development Goals. Available at: <www.who.int/mediacentre/factsheets/fs290/en/index.html> Accessed 11 June 2011.

3 Stover J, Ross J and Weissman E (2009) *Contraceptive Projections and the Donor Gap: Meeting the Challenge*. USAID | DELIVER Project and the Futures Institute.

4 Khan S, Mishra V, Arnold F and Abderrahim N (2007) *Contraceptive Trends in Developing Countries*. DHS Comparative Reports No. 16. Calverton, MD: Macro International Inc.

5 Guttmacher Institute (2007) *New Evidence to Address Unmet Need for Contraception*. Presentation, July 2007. New York: Guttmacher.

6 Stover J. Op. cit.

7 National Research Council (2006) *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington, DC: National Academies Press.

8 Bankole A, Ahmed F, Neema S, Ouedraogo C and Konyani S (2007) Knowledge of correct condom use and consistency of use among adolescents in Sub-Saharan Africa. *Africa Journal of Reproductive Health*. 11 (3), pp.197–220.

9 Stover J. Op. cit.

10 Stover J. Op. cit.

11 Stover J. Op. cit.

12 Guttmacher Institute and UNFPA (2009) *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher. Updated figures at: Guttmacher Institute (2010) *Facts on Investing in Family Planning and Maternal and Newborn Health*. Fact sheet. New York: Guttmacher.

13 Banking on Health Project (2008) *An Estimate of Potential Costs and Benefits of Adding Family Planning Services to the National Health Insurance Scheme in Ghana, and Impact on the Private Sector*.

14 USAID (nd) *Measuring Family Planning Logistics System Performance in Developing Countries*. Logistics Brief. Arlington, VA: USAID.

15 Westoff CF (2006) *New Estimates of Unmet Need and the Demand for Family Planning*. DHS Comparative Reports No. 14. Calverton, MD: Macro International Inc.

Glossary

Contraceptive security has been achieved when individuals can choose, obtain and use quality contraceptives whenever they need them.[14] Commodity security for a variety of reproductive health supplies is critical to achieve development goals.

Unmet need for family planning refers to women who want to avoid a pregnancy but are not using an effective method of family planning.[15] Statistics around unmet need for family planning generally include only married women, aged 15–49, as data collection on demand for family planning among unmarried women is weak.

Demand for contraceptives is defined as current use of contraception plus unmet need.

Comprehensive sexuality education refers to an education that seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.

"Sometimes women with seven or eight children come to me and cry. They say they wish they had known about family planning before, so they could have spaced their children. Women who work a lot don't want to be pregnant the whole time."

Female community-based reproductive health agent, Owina market, Uganda

UKaid from the Department for International Development

IPPF

IPPF 4 Newhams Row, London SE1 3UZ, United Kingdom
Tel: +44 20 7939 8200 • Fax: +44 20 7939 8300
Email: info@ippf.org • www.ippf.org

UK Registered Charity No. 229476

IPPF would like to thank the USAID | DELIVER Project, Task Order 4, for their contributions to this factcard.

Photo by IPPF/Peter Caton/Bangladesh
Edited and designed by www.portfoliopublishing.com
Published November 2011