DONOR SUPPORT FOR CONTRACEPTIVES AND CONDOMS FOR STI/HIV PREVENTION 2004

TABLE OF CONTENTS

LIST OF TABLES AND GRAPHS

TABLES

GRAPHS

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BMZ/KfW	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung/Kreditanstalt für Wiederaufbau
CIDA	Canadian International Development Agency
CPR	Contraceptive Prevalence Rate
DFID	Department for International Development
DKT	DKT International
EU	European Union
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device
MDG	Millennium Development Goal
MSI	Marie Stopes International
NGO	Non-Governmental Organization
ODA	Official Development Assistance
PSI	Population Services International
PoA	Programme of Action
RHCS	Reproductive Health Commodity Security
RTI	Reproductive Tract Infection
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

HIGHLIGHTS OF THE REPORT

Since 1990, the United Nations Population Fund (UNFPA) has been monitoring trends and gaps between estimated needs and actual donor support in the area of contraceptive commodities and condoms for HIV prevention.

This report, the latest in a series, provides information on donor support supplied to reproductive health programmes in developing countries in 2004. Data is presented and analyzed by region, major donor and contraceptive method.

- Total donor support in 2004 was recorded at $203 million, a 3 per cent decrease from 2003.
- The Africa region received the largest share of donor support (54 per cent). The Asia/Pacific region received 30 per cent, the Latin America and Caribbean region 12 per cent, and the Arab States and Europe region 4 per cent of total donor support.
- Bilateral donor support accounted for 43 per cent of total support, multilateral for 32 per cent, and support provided through Social Marketing Organizations and Non-Governmental Organizations (NGOs) for 25 per cent.
- About 620 million women, or their partners, are believed to have been using contraceptives in 2004. The cost of these contraceptive commodities, at standard prices[1], would have been $824 million.
- By 2015, the number of contraceptive users in developing countries is estimated to increase by 11 million or 18 per cent to 731 million.[2]
- There has been an increasing trend in donor support in nominal dollars over the last decade, from around $139 million to $203 million. When adjusted for inflation, though, the increase is far less remarkable, with support in 2004 being only 20 per cent higher than support in 1995.
- Donor Support for contraceptive commodities has not experienced the same declining trend as support for population activities as a whole.

---

[1] Prices generally paid by UNFPA for these commodities.
[2] UNFPA (2006) " Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.

INTRODUCTION

Total Population Assistance and donor support for contraceptive commodities

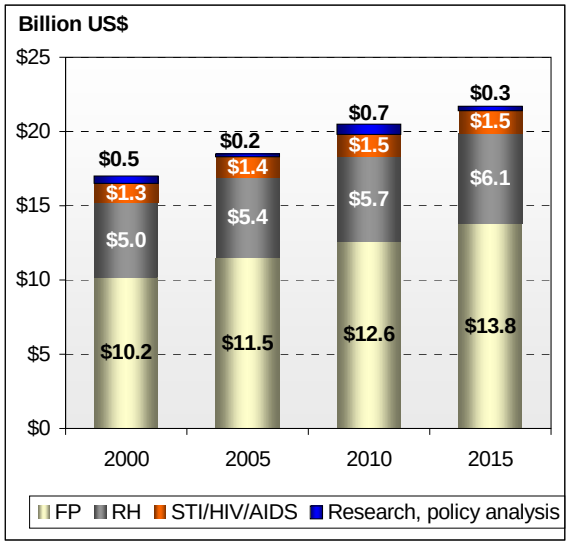
Achieving and sustaining universal access to contraceptives are key policy goals of interventions supplying contraceptive commodities. Many developing countries to this day rely on donated and subsidized commodities. While the ultimate goal is to achieve national self-sufficiency in terms of contraceptive supply, donor support for commodities is and will remain in the foreseeable future a critical factor in meeting the demand in a number of developing countries. Better reproductive health depends crucially on being able to exercise the right to decide freely and responsibly the number and spacing of children. Contraceptive commodities are essential in making this right a reality for women and couples in developing countries. In order to be sensitive to the demand for contraceptives in developing countries, a sustainable flow of funding from the donor community is an absolute necessity.

This report, which is prepared on an annual basis, provides a detailed look at the contraceptive supplies provided by donors. Based on data collected by UNFPA's Commodity Management Branch since 1990, the report presents information on the type, quantity and total cost of contraceptives donors have been supplying to reproductive to health programmes in developing countries over the years. Besides presenting a detailed analysis of this information by donor, region and method, the report also analyzes trends in donor funding over the last decade and compares the supply with estimated needs.

The ICPD Costed Population Package

In 1994, at the International Conference of Population and Development (ICPD) held in Cairo, the international community agreed on a comprehensive set of goals that required a substantial expansion of funds allocated to population assistance. Along with the goals set out in Cairo came an estimate of the costs associated with reaching these goals (Graph 1).

GRAPH 1 The Estimated Cost of the ICPD Package



Source: ICPD PoA Paragraph 13.15

The ICPD Plan of Action (PoA) defined population assistance as a package that comprised:

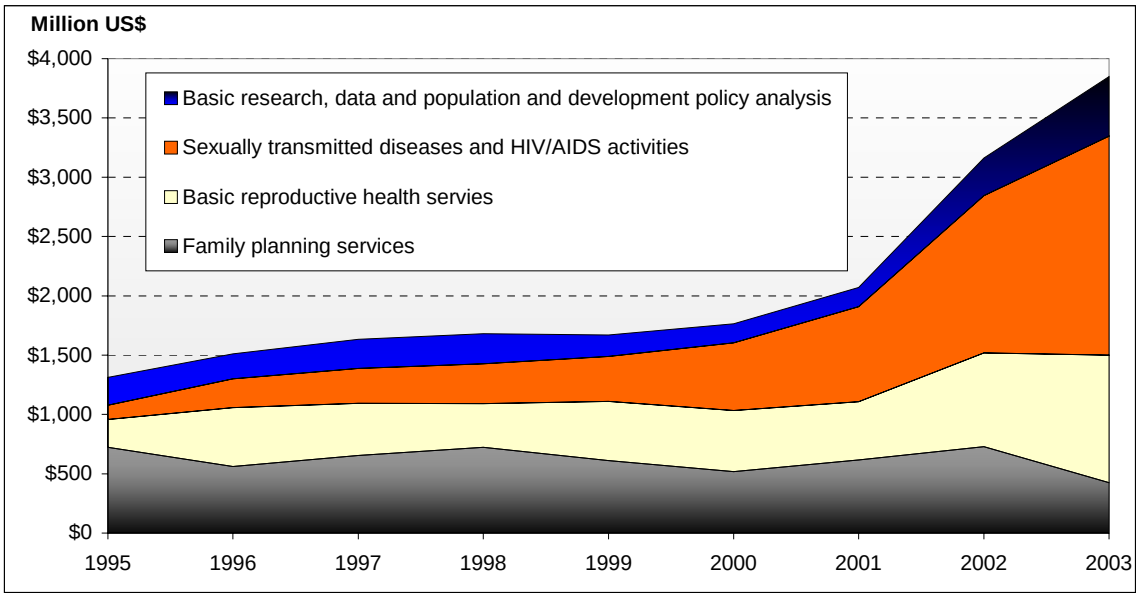
1) Family planning services;
2) Basic reproductive health services;
3) Prevention of sexually transmitted infections/HIV/AIDS and
4) Basic research, data and development policy analysis (see Annex 3 for a more detailed description).

There has been a clearly increasing trend in funding allocated to population activities as demonstrated in Graph 2. In 2003, total donor support was recorded at $3.8 billion, a 21 per cent increase compared to 2002. The increased awareness of the importance of population issues in the international donor community is also manifested by the fact that the proportion of official donor assistance (ODA) committed to population assistance has risen steadily since Cairo, reaching 5.1 per cent in the year 2003. This trend corresponds to the proposed targets

from "The Hague Declaration of Parliamentarians on ICPD Review" in 1999, which called upon the donor community to devote 4.5 to 5 per cent of ODA to this issue.

Yet, the donor community is far from fulfilling the pledge made by world leaders at the International Conference on Financing for Development in March 2002 in Monterrey, where countries committed themselves to make concrete efforts towards increasing development assistance to 0.7 per cent of their gross national product. In the broader context of poverty alleviation the major donor countries have to increase their share if the Millennium Development Goals, and hence also the ICPD-goals, are to be achieved.

GRAPH 2 Donor expenditure for population assistance, by category of population activity



Source: Financial Flows for Population Activities in 2003, New York: UNFPA 2005 (in press)

The composition of financial resources allocated to population assistance has changed significantly since the cost estimates of ICPD were presented in 1994. The vastly increased funding in the area related to fighting the HIV/AIDS epidemic was not foreseen when the original Cairo estimates were made. Funding of family planning activities as a percentage of population assistance has seen a slow, but continuing downward trend, experiencing a decrease in funding of 36 per cent (absolute dollar amounts) over the period 1995 to 2003.

DONOR SUPPORT IN 2004

Recorded donor support for contraceptives and condoms for STI/HIV prevention to developing countries in 2004 was $203 million, $6 million or 3 per cent less than support in the previous year.

TABLE 1 Contraceptive Commodity Support by Donor/Agency, 1997-2004

	1997	1998	1999	2000	2001	2002	2003	2004	Grand Total	% of Total 2004	Avg % (1996-2004)
Bilateral											
BMZ/KfW	$13,305	$8,627	$7,976	$35,482	$16,387	$20,115	$26,912	$8,688	$175,563	4.3%	10.8%
CIDA	--	$1,036	$2,885	$4,808	$208	$262	$1,692	--	$18,140	--	1.0%
DFID	$13,149	$7,807	$13,188	$7,317	$6,130	$16,403	$22,289	$6,706	$102,193	3.3%	7.4%
Japan	$838	$36	$159	$1,657	$340	$184	$245	$149	$3,908	0.1%	0.3%
USAID	$39,383	$63,087	$45,522	$58,093	$67,908	$49,628	$69,400	$71,226	$510,728	35.1%	36.5%
TOTAL	**$66,675**	**$80,593**	**$69,730**	**$107,357**	**$90,973**	**$86,592**	**$120,538**	**$86,769**	**$810,533**	**42.8%**	**56.2%**
Multilateral											
UNFPA	$39,861	$32,201	$14,396	$16,721	$89,205	$41,209	$57,455	$65,034	$393,693	32.1%	25.6%
TOTAL	**$39,861**	**$32,201**	**$14,396**	**$16,721**	**$89,205**	**$41,209**	**$57,455**	**$65,034**	**$393,693**	**32.1%**	**25.6%**
Social Marketing Organizations/NGO											
IPPF	$11,148	$3,416	$3,016	$3,814	$3,667	$4,226	$1,855	$2,606	$39,752	1.3%	2.9%
MSI	$1,439	$61	--	--	$3,718	$3,835	$1,033	$511	$10,597	0.3%	0.7%
PSI	$6,633	$200	$264	$456	$22,359	$30,943	$28,152	$47,831	$144,077	23.6%	8.8%
TOTAL	**$19,220**	**$3,677**	**$3,280**	**$4,270**	**$29,744**	**$39,004**	**$31,040**	**$50,949**	**$194,426**	**25.1%**	**12.4%**
Others											
EU	$7,435	$644	$13,109	$48	$309	--	--		$30,760	0.0%	2.1%
Netherlands	--	$2,700	$2,584	--	--	--	--		$5,284	0.0%	0.4%
SIDA	--	--	$514	--	--	--	--		$1,264	0.0%	0.1%
UNAIDS	--	--	$218	--	--	--	--		$218	0.0%	0.0%
WHO	$2,673	$481	$1,078	--	--	--	--		$6,331	0.0%	0.4%
DKT	--	$3,759	$5,148	$4,868	$7,849	$9,643	--		$31,267	0.0%	2.1%
TOTAL	**$10,108**	**$7,584**	**$22,651**	**$4,916**	**$8,158**	**$9,643**	**--**	**--**	**$75,124**	**0.0%**	**5.9%**
GRAND TOTAL	**$135,864**	**$124,055**	**$110,057**	**$133,264**	**$218,080**	**$176,448**	**$209,032**	**$202,752**	**$1,473,776**	**100%**	**100%**

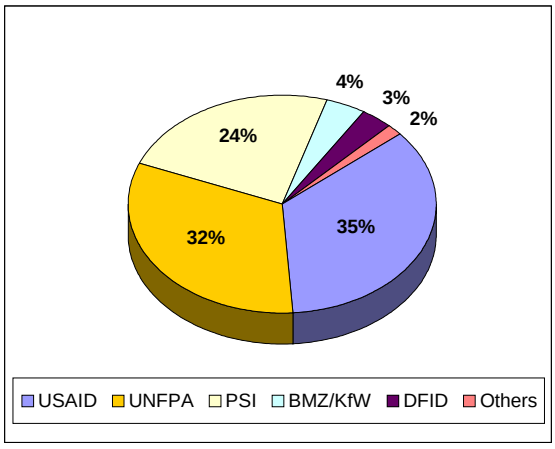
Source: UNFPA 2005
Note: blank space (--) = not procured or information was not available.

Support by Major Donors

Of the total donor support in 2004, 43 per cent were provided through bilateral funding, 32 per cent were channeled through UNFPA and 25 per cent through Social Marketing Organizations. Graph 3 shows the contributions by the major donors in 2004.

USAID continues to be the largest individual donor and contributed 35 per cent of total donor support in 2004, increasing its support by about $2 million to $71.2 million in 2004. UNFPA supplied roughly 32 per cent of the grand total, with funds coming mainly from the Scandinavian countries, the Netherlands and Canada. UNFPA funds provided in 2004 increased by almost $8 million to just above $65 million. Social Marketing Organizations and NGOs accounted for roughly 25 per cent, with Population Services International (PSI) providing 94 per cent of the support in this category ($47.8 million, a major increase from the organization's contribution of $28.1 million in 2003).

GRAPH 3 Support by Major Donors, 2004



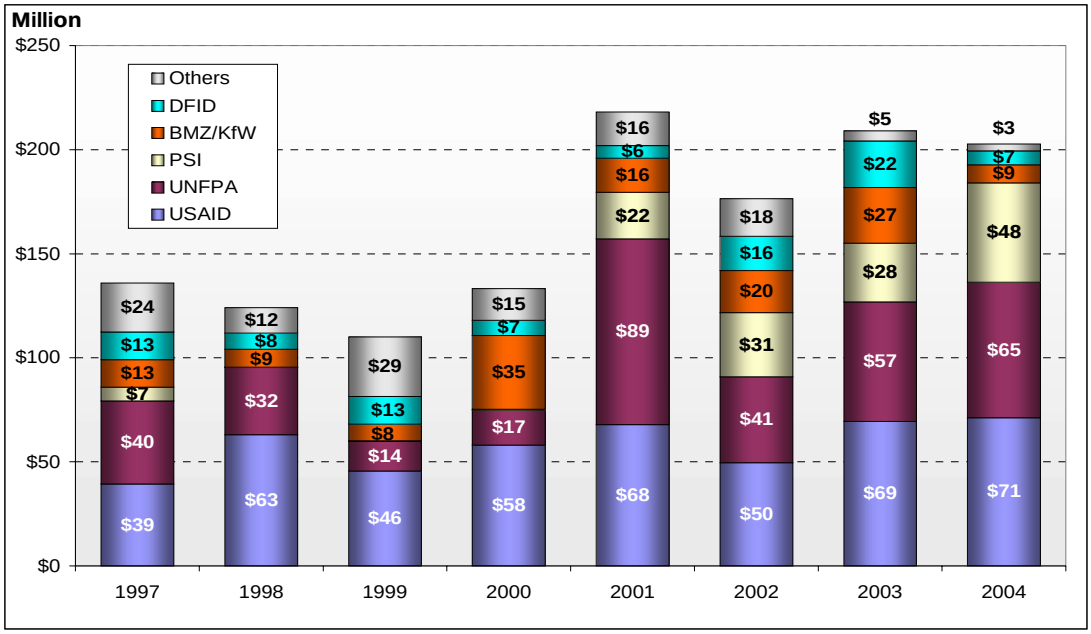
Source: UNFPA 2005

Support from DFID and BMZ/KfW declined in 2004 compared to 2003. On the whole, the share of bilateral aid of total donor support decreased from 57.7 per cent in 2003 to 42.8 per cent in 2004.

PATTERNS OF DONOR SUPPORT

Graph 4 displays donor support from major donors and agencies between the years 1997 to 2004. During this time period bilateral donors, on average, accounted for approximately 56 per cent of total donor support; multilateral donors for approximately 25 per cent, and Social Marketing Organizations and NGOs accounted for roughly 12 per cent. Multilateral donor support peaked in 2001 when UNFPA's contribution reached $89 million. However, support from UNFPA has remained in the range of 25 per cent of total support in the most recent years. The Social Marketing Organization PSI, which emerged as one of the key donors in 2001, has grown to become one of the top three sources of donor support.

GRAPH 4 Patterns in Donor Support; 1997-2004

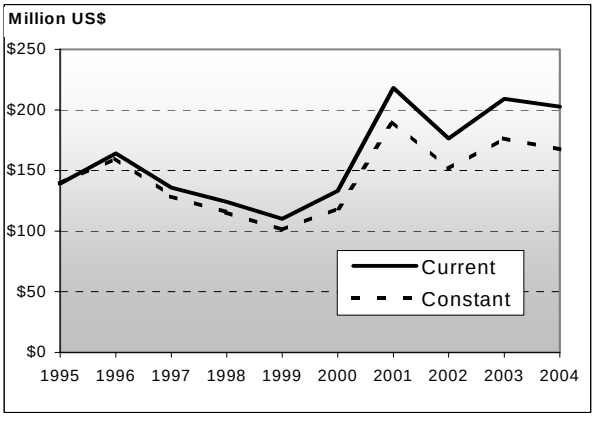


Source: UNFPA 2005

Adjustment for Inflation

The increase in donor support for contraceptive commodities and condoms for HIV/STI prevention over the last decade seems remarkable, having increased from around $135 million in 1995 to over $200 million in 2004. But when adjusted for inflation, the increase is less notable, with support in 2004 being only about 20 per cent higher in inflation-adjusted dollars than the support provided ten years ago (and virtually at the same level as the support provided in 1996).

GRAPH 5 Total Donor Support; 1995-2004, current and constant dollars



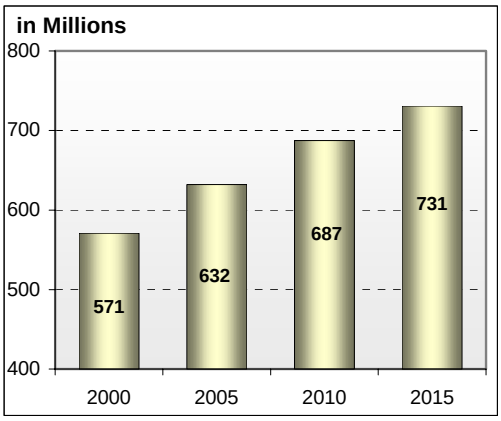
PROJECTED REQUIREMENTS AND COSTS

Contraceptive prevalence in developing countries has increased dramatically in the last four decades, rising from approximately 10 per cent in the mid-1960s to almost 60 per cent today. The United Nations Population Division projects that the population of reproductive age in developing countries will increase some 23 per cent from 2000 to 2015. The number of contraceptive users is expected to increase by 28 per cent due both to the growth in population and also as a result of an increase in the proportion of people using contraception.

Regional Distribution

In 2004, the estimated number of users was highest in China, at 217 million. With 108 million, India had half as many users, and the Asian and Pacific countries accounted for 98 million users. Latin America and the Caribbean had an estimated 71 million users, while Eastern Europe and countries in the Arab region totaled 43 and 47 million, respectively. In sub-Saharan Africa only 27 million were using contraceptives.

GRAPH 6 Estimated Numbers of contraceptive users, 2000 – 2015



UNFPA (2006) " Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.

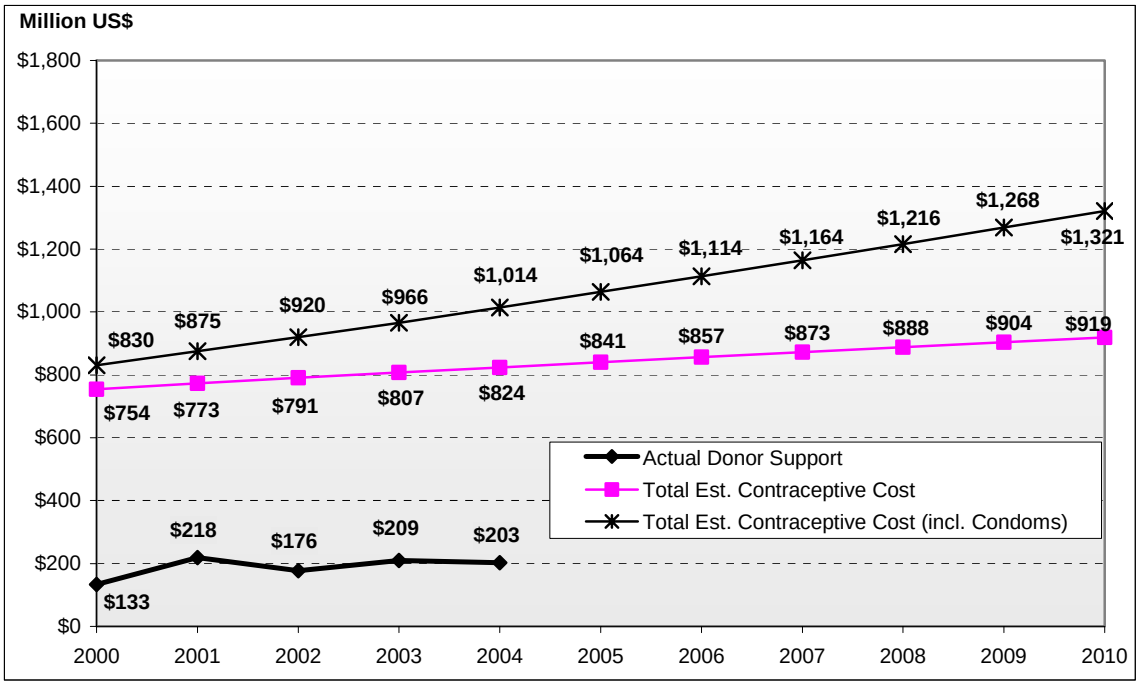
Projected Trends

Most regions are expected to see an increase in the number of contraceptive users, except for Eastern Europe, where population is projected to fall by 7 per cent and CPR by 14 per cent. Contraceptive use will barely rise in China, which has a contraceptive prevalence rate of 83 per cent, one of the highest in the world. But contraceptive use is projected to increase by a vast 118 per cent in sub-Saharan Africa from 2000 to 2015. Nevertheless, the greatest absolute number of additional contraceptive users will be added in India, which is assumed to have 51 million more users in 2015 than in 2000.

COMPARISON OF NEEDS AND SUPPORT

Graph 7 displays the levels of total donor support since 2000 and contrasts it to estimated requirements.[3]

GRAPH 7 Cost of Contraceptives and Condoms for STI/HIV Prevention and Trend of Reported Donor Support 2000-2010



Source: UNFPA. 2005.

About 620 million women, or their partners, are believed to have been using contraceptives in 2004. The cost of these contraceptive commodities, at standard prices, would have been $824 million. When condoms for HIV prevention are included total requirements came to just above $1.0 billion. As reported in Table 1, donors provided $203 million towards the total costs of these contraceptive commodities and condoms for STI/HIV prevention.

DISCUSSION

Several factors need to be kept in mind when comparing resource requirements with available funding. One is the fact that the public sector is not the only sector providing contraceptive supplies. A recent study[4] estimated that in the roughly 90 countries that depend on donor support, the public sector was responsible for slightly less than half of pill supplies and only about one third of condoms. The remainder came from the private sector, which includes commercial enterprises as well as NGOs.

Unmet Need

The above projections of family planning users do not take into account the large number of women with so-called "unmet need" for family planning. According to UNFPA estimates there are currently worldwide about 200 million women who would like to limit or space the number

[3] UNFPA (2006) " Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.
[4] Ross J. and Bulatao R. (2001) "Contraceptive Projections and the Donor Gap" Meeting the Challenge Series, Rosslyn, VA: John Snow, Inc., 2001

of children they are having but are not currently using contraceptives.[5] The cost of the contraceptives alone for these women, at standard UNFPA prices, would cost an additional $263 million.[6]

Standard Costs

The above projections of commodity requirements were made using standard UNFPA prices. One needs to assume that these prices are at the very low end of the cost spectrum, which means that the actual costs might be substantially higher.

Programming Costs

In this context it is also important to remember that supplying contraceptives by themselves is not sufficient. Ensuring that women and couples actually have access and can use the contraceptives entails substantial programming costs. These essential, directly related, "system" costs, for quality service delivery in developing countries, are estimated to amount to a minimum additional cost of four times the cost of the commodities themselves.

Varying Degrees of Donor Dependency

There are also factors that effectively reduce the presented "needs". The numbers shown in the graph were calculated for all developing countries regardless of their actual dependency on donor assistance. When countries such as India and China which are essentially self-sufficient when it comes to contraceptive and condom supplies, are taken out, the needs are dramatically reduced.

Sterilization

Another factor that needs to be taken into account is the fact that a large proportion of contraceptive users in developing countries rely on sterilization as their contraceptive method. As this report does not track commodities used for sterilization, current donor support should be compared only to commodity needs for the other methods.

Combined, the last two factors would reduce the "needs" as shown in Graph 7 from $800 million to about $450 in the year 2004.

[5] As defined by Demographic Health Surveys (DHS), 'Unmet need', is the measure of the discrepancy between the number of women in surveys who respond that they would like to limit or space childbirth but are not currently using contraception.

[6] UNFPA estimates (2005)

DONOR SUPPORT BY REGION

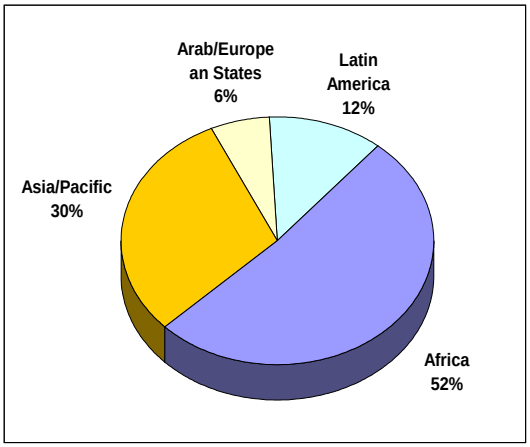
Africa remained the main recipient of donor support both in absolute terms and per capita.[7] In 2004 it received $105 million or $0.14 per capita, whereas the support received by other regions ranged from $0.02 to $0.07 per capita (see Table 2). Africa's share of the total support was 54 per cent, Asia/Pacific's 30 per cent, Latin America's 12 per cent, while Arab/European State received 4 per cent.

TABLE 2 Donor Support by Region, 2004

Region	Population (000)	% of Total Population	Donor Support (US$ million)	% of Total Support	Support per Capita
Africa	745,369	23%	$105.0	54%	$0.14
Asia Pacific	2,110,311	56%	$61.3	30%	$0.03
Latin America/Caribbean	363,938	10%	$24.2	12%	$0.07
Arab/European States	556,946	12%	$12.3	4%	$0.02
TOTAL	**3,776,564**	**100%**	**$202.8**	**100%**	**$0.05**

Source: UNFPA. 2005.

GRAPH 8 Donor Support, 2004, by region (in percentages)



Source: UNFPA. 2005.

[7] Total population for each region only considers countries that received donor support.

DONOR SUPPORT BY METHOD

The provision of an appropriate method mix is an integral component of a comprehensive reproductive health care programme. Individuals have different needs and preferences when it comes to family planning, which makes access to a variety of contraceptive options extremely important. Different methods of contraception can meet the different needs and circumstances of users. When individuals' specific needs are being met, family planning efforts are likely to be more consistent and effective.

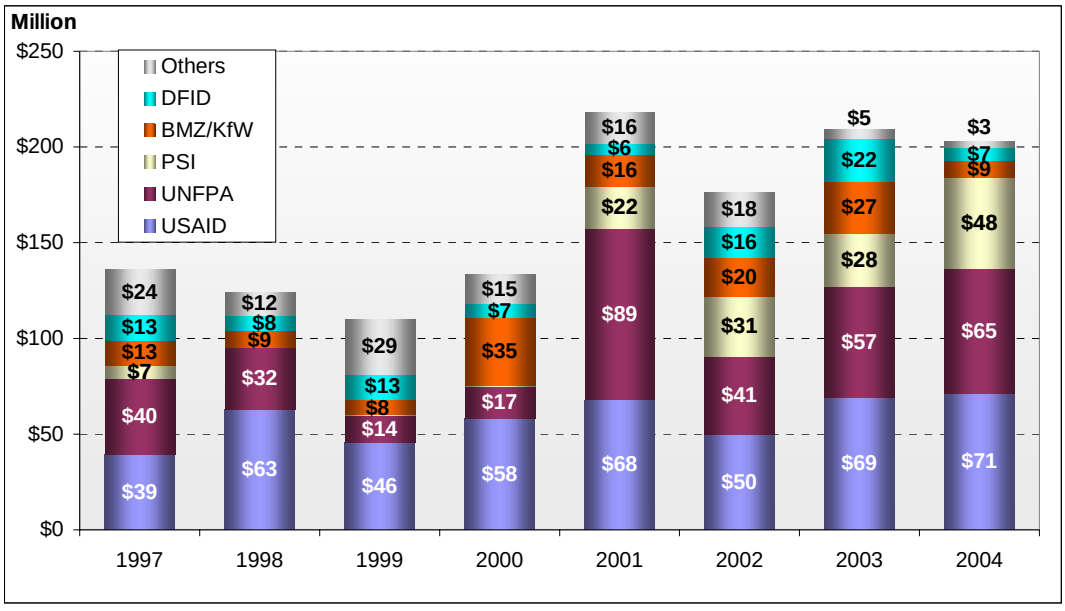
Contraceptive commodities for family planning include oral contraceptive pills, IUDs, implants, injectables, diaphragms, spermicidal products, emergency contraception, vaginal foaming tablets and both male and female condoms. Although donors are supporting most of these methods, three methods - pills, injectables and male condoms – accounted for approximately 92 per cent of total support in 2004. As Graph 9 shows, this has been a fairly stable trend in the allocation of donor support between the different methods.

TABLE 3 Expenditures and Quantity by Method, 2001-2004[8] (in 000s)

	2000		2001		2002		2003		2004	
Method	Quantity	Exp.	Quantity	Exp.	Quantity	Exp.	Quantity	Exp.	Quantity	Exp.
Male Condom	950,832	$46,000	2,730,551	$91,200	2,559,713	$76,713	1,784,904	$64,850	2,104,211	$71,659
Oral Pills	417,768	$71,000	260,659	$58,100	199,970	$45,710	270,721	$59,673	260,715	$50,360
Injectables	37,180	$29,500	65,640	$57,700	42,611	$36,500	82,914	$70,172	70,811	$63,734
IUD	3,328	$2,900	7,087	$6,600	5,945	$6,400	6,304	$5,723	6,642	$4,962
Female Condom	--	--	3,950	$2,000	6,770	$2,725	4,729	$2,470	8,971	$6,196
Diaphragm	2	$13	1	$8	--	--	360	$24	--	--
Implant	260	$2,800	272	$5,100	232	$5,900	155	$4,018	175	$4,217
ECP/VFT/Foam/Jelly	--	--	--	--	--	--	--	--	13,572	$1,626
TOTAL	**NA**	**$152,213**	**NA**	**$220,708**	**NA**	**$173,948**	**NA**	**$206,930**	**NA**	**$202,752**

Source: UNFPA. 2005.

GRAPH 9 Donor Support by Commodity, 1997 - 2004



Source: UNFPA. 2005.

[8] Unit costs and information from donors is sometimes incomplete. The unit cost by method has either been calculated based on the unit cost given or by dividing the total cost, or expenditure, of the method(s) provided by the total quantity. The quantity of each method listed in Table 3, is on a per unit basis, thus meaning that they are counted per piece, cycle, vial, tablet or set as appropriate.

COUNTRIES RECEIVING THE MOST CONTRACEPTIVE COMMODITY SUPPORT

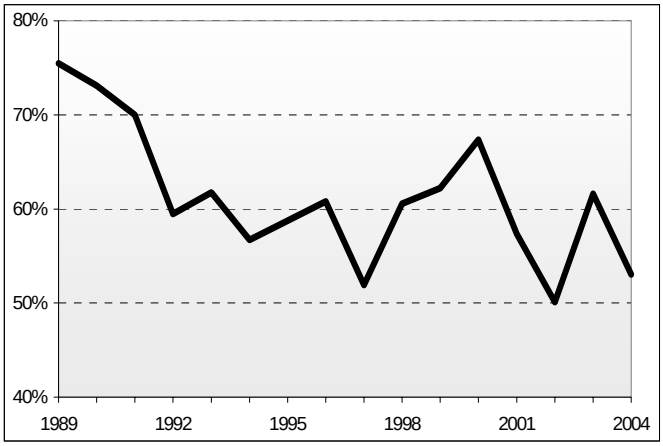
The top ten countries, in terms of donor support in 2004, collectively received $107.5 million, some 53 per cent of total support. Bangladesh, like in every single one of the last ten years, emerged again as the clear front-runner, receiving a total of $20.2 million or almost 19 per cent of the total amount provided by donors. Pakistan, Nigeria, Nepal, Uganda, and the Democratic Republic of Congo followed, receiving support in the range of $10 - $13 million each.

Six countries of the top ten recipients in 2004 are from sub-Saharan Africa, three are from the Asia/Pacific region, and one from Latin America.

TABLE 4 Top Ten Recipient Countries in 2004

	Country	Donor Support (in Million US$)	% of total
1	Bangladesh	$20.2	18.8%
2	Pakistan	$13.5	12.6%
3	Nigeria	$12.2	11.4%
4	Nepal	$10.5	9.7%
5	Uganda	$10.2	9.5%
6	Congo, Dem Republic	$10.1	9.4%
7	Zimbabw e	$9.1	8.5%
8	Ghana	$7.9	7.3%
9	Ethiopia	$7.4	6.8%
10	Bolivia	$6.5	6.0%
Total		**$107.5**	**100%**

GRAPH 1 Top Ten Recipients share of Total Donor Support, 1989 – 2004



Source: UNFPA. 2005.

Graph 10 shows the share of total donor support received by the top ten recipients during the period 1989 – 2004. In 1989, 75 per cent of all support went to the top ten countries, while in 2004 the top ten countries received only just above 50 per cent of total support provided, indicating a larger diversification of the allocations of donor support. In 1989 a total of 70 countries received donor support for contraceptive commodities or condoms for STI/HIV prevention. In 2004 this number doubled to 141.

DONOR SUPPORT FOR MALE AND FEMALE CONDOMS

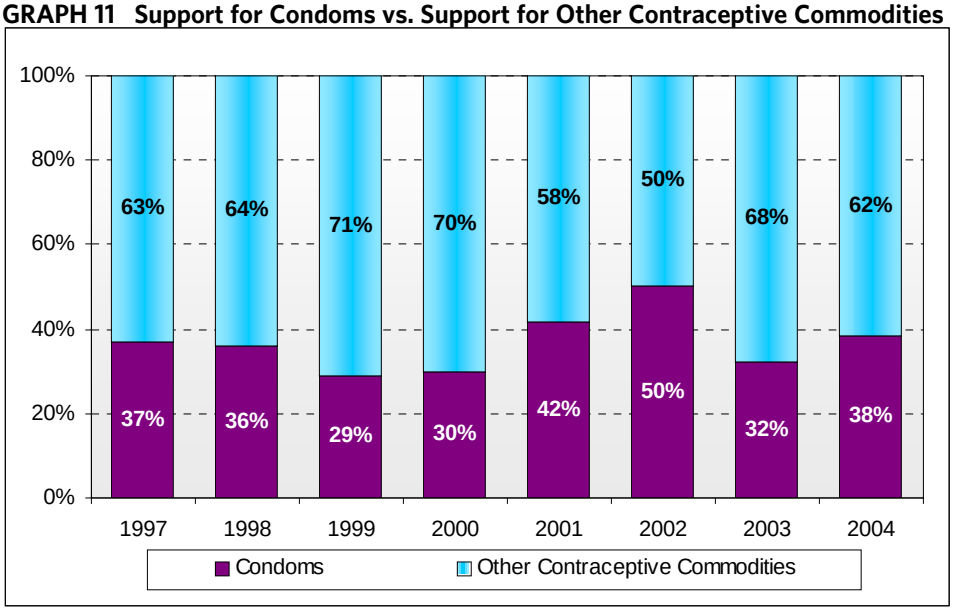
An estimated 5 million new HIV infections occurred in 2004, an average of 14,000 per day.[9] Many more persons were infected with other sexually transmitted infections (STIs), which can lead to serious illness, infertility, neonatal problems and cancer. Most STIs, and their high toll of death and disability, could be prevented with the use of condoms. Indeed, male and female condoms are central to efforts to halt the spread of HIV by 2015, as called for in the Millennium Development Goals. Condoms are unique because they provide 'dual protection' as they simultaneously prevent pregnancy and reduce the risk of infection. Dual protection is especially important to women, who face the risk of unwanted pregnancy as well as infection when they have unprotected sex.

"Condoms are the most effective prevention tools at our disposal and we must ensure that they are available and used consistently and correctly. At the same time, we must increase access to female-controlled methods of prevention. Making sure that women have life-saving tools, such as female condoms…could change the course of the epidemic."

Thoraya Ahmed Obaid
UNFPA Executive Director
On World AIDS Day
1 December 2004

Graph 11 shows that the share of donor support devoted to condoms has remained relatively stable over the last years, usually accounting for about one third of total support.

GRAPH 11 Support for Condoms vs. Support for Other Contraceptive Commodities



Source: UNFPA. 2005.

Information whether the condoms provided were used as a method of family planning or for STI/HIV prevention is difficult to ascertain. However, the proportion of people using condoms as their primary method of contraception is relatively small and in most countries lies in the single digits. It can be assumed that a large number of the condoms provided by donors are being used for HIV/STI prevention.

[9] UNFPA (2004), State of World Population 2004

DONOR SUPPORT FOR MALE CONDOMS

The combined support for male condoms for family planning and STI/HIV prevention was $72 million in 2004, an increase of $7 million or 16 per cent compared to 2003, but almost $20 million below what the funding was in 2001.

TABLE 5 Total Donor Supply of Male Condoms, 2000-2004

	2000	2001	2002	2003	2004
Total Expenditure (000 US$)	$46,000	$91,200	$76,713	$64,850	$71,659
Total Number of Condoms Provided (000)	950,832	2,730,551	2,559,713	1,784,904	2,104,211
Male Condom % of Total Donor Support	29.8%	40.7%	43.5%	31.0%	35.3%

Source: UNFPA. 2005.

Donor support for male condoms is often provided in two-year cycles, which makes it difficult to compare individual years. Overall, one would expect an increase in donor support for condoms especially in view of the increasing attention that condoms are receiving in the context of HIV prevention. However, as depicted in Table 5, seems not to be the case.

TABLE 6 Donor Supply of Male Condoms by Region 2004

Region	HIV Prevalence	Men (15-49) (000)	No. of Condoms Supplied (000)	Condoms per Man
Sub-Saharan Africa	8.4%	159,577	1,341,165	8.4
Asia Pacific	0.4%	966,554	590,199	0.6
Latin America/Caribbean	0.6%	144,711	119,133	0.8
Arab/European States	0.4%	193,688	53,713	0.3
TOTAL	**1.4%**	**1,464,530**	**2,104,210**	**1.4**

Source: UNFPA. 2005.
Note: Number of men of reproductive age data includes only countries that received donor support for condoms.

Overall, in 2004 the donor community supplied the developing world with less than 2 condoms per man of reproductive age. In sub-Saharan Africa, the region most affected by HIV/AIDS, donors provided 8 condoms per man of reproductive age. The data shown only represents condoms that were provided by donors. In most countries, condoms in addition are supplied by the government, the commercial sector, social marketing and Non-Governmental Organizations, which means that the above numbers do not capture all the condoms available to men in these countries.

See Annex 1 for more detailed, country-specific information on the total number of donor--provided male condoms and the number of condoms supplied per man of reproductive age.

DONOR SUPPORT FOR FEMALE CONDOMS

The female condom, which has been available since 1997, is increasingly recognized as an important method for family planning and, probably even more importantly, for HIV/AIDS prevention. The feminization of HIV/AIDS means that today's women, and in particular young married women, are at the greatest risk of being infected. The female condom is currently the only method available that women can initiate, and in some ways control, that provides protection from both unwanted pregnancy and sexually transmitted infections.

The Female Condom

Developed by the Female Health Company, the polyurethane female condom (FC1) was introduced into national STI and HIV prevention and family planning programmes in the late 1990s. Although shown to be effective in serving the dual purpose of preventing pregnancies as well as protecting against STIs and HIV, the product never achieved its full potential due to inadequate promotional activities, insufficient supply, and, probably first and foremost, it's high cost compared with male condoms ($0.57 for a female condom versus $0.03 for a male condom).

The Female Health Company recently developed a new version of the female condom which has similar physical characteristics but is made of synthetic latex in a considerably less expensive manufacturing process. The new device (FC2) has been submitted for evaluation by the WHO. If approved, the product could be included in UNFPA's condom procurement programme and would be expected to replace the polyurethane device.

Distribution of Female Condoms in 2004

In 2004, the Female Health Company sold close to 12 million condoms, bringing the total number of female condoms distributed globally since 1997 to 61 million. While about one third of these condoms go to women in high-income countries in North America and Europe, there is a growing interest from donors to support this method in the developing world. The number of female condoms distributed has risen steadily each year, from just above 1.3 million to about 12 million in the last two years. The decline in the number of female condoms sold in 2004 as compared to the previous year was mainly the result of shipment delays to Brazil, the main purchaser of female condoms in the Latin American region, which reduced the amount of female condoms distributed in 2004. Preliminary data show that the overall trend is back up for the year 2005.

TABLE 7 Number of female condoms in public and private sectors by region, 1998-2004

	1997	1998	1999	2000	2001	2002	2003	2004	TOTAL
Africa	814,000	3,536,500	2,906,420	992,000	3,725,910	4,452,140	6,678,400	6,852,517	29,143,887
Asia Pacific	15,000	14,000	76,500	51,000	99,700	91,600	259,000	231,000	822,800
Australasia	31,150	1,000	4,000	500	1,000	20,000	120,000	300,000	446,500
Europe	150,000	113,000	333,000	478,500	579,000	558,000	987,000	1,731,104	4,779,604
North America	318,000	1,384,000	1,892,000	1,716,000	2,361,000	2,380,000	2,458,000	2,307,220	14,498,220
Central America	18,000	44,000	80,280	7,300	57,600	207,600	144,000	232,000	772,780
South America	6,000	603,000	308,000	2,390,000	1,384,640	3,992,000	2,000,000	152,000	10,829,640
TOTAL	**1,352,150**	**5,695,500**	**5,600,200**	**5,635,300**	**8,208,850**	**11,701,340**	**12,646,400**	**11,805,841**	**61,293,431**

Source: Female Health Company 2005.

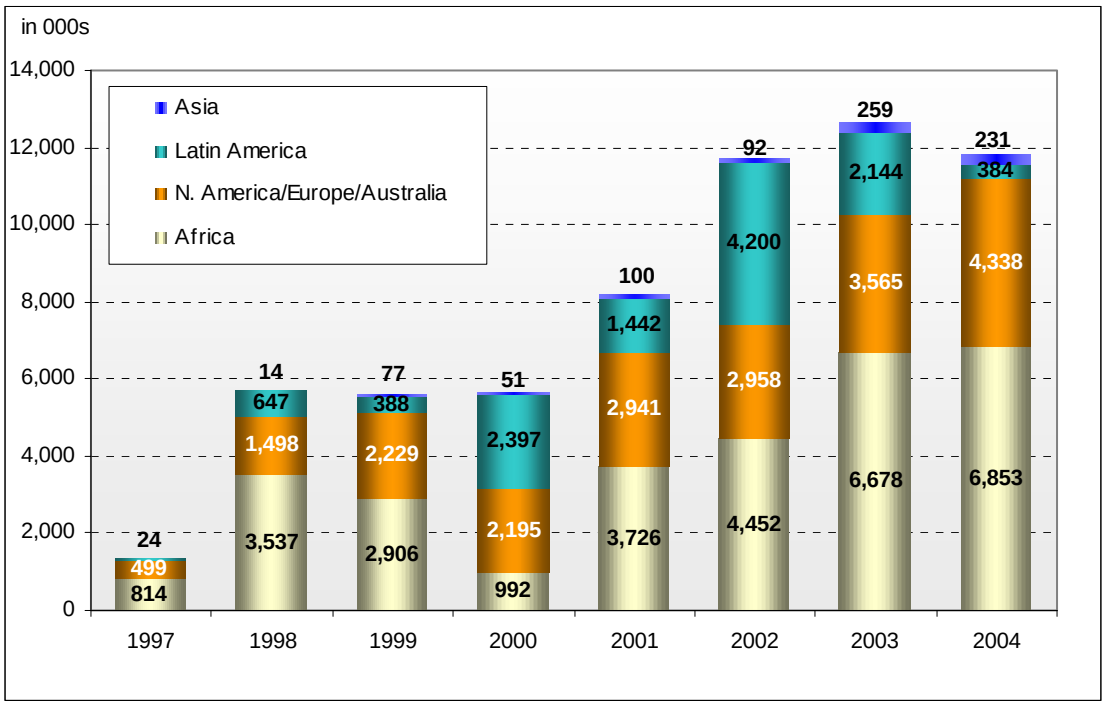
Regional Distribution

Support for female condoms has grown particularly in Africa, which is the region by far the most affected by the HIV epidemic. In 2004, the region received 6.9 million female condoms, which amounts to approximately one female condom per 20 women of reproductive age per year.

In Asia, on the other hand, female condoms remain virtually unknown. 231,000 female condoms went to the over 800 million women of reproductive age who live in this region.

The developed regions – Australasia, Europe and North America – accounted for approximately a third of the distributed female condoms.

GRAPH 12 Distribution of Female Condoms by Region (1997-2004)



Source: UNFPA. 2005.

ANNEX 1

Male Condoms Provided by Donors by Country, 2001-2004

Country	2001	2002	2003	2004	Men 15-49 (000)	Condoms per Man in 2004	Avg. No of Condoms per Man (2001-04)
Asia & Pacific							
Australian Indigenous	--	--	--	17,280	n/a	n/a	n/a
Afghanistan	--	962,400	2,448,000	3,981,412	6,540	0.6	0.3
Bangladesh	328,730,393	173,995,960	44,545,008	41,279,880	37,531	1.1	3.9
Bhutan	--	2,160,000	1,152,000	2,416,350	517	4.7	2.8
Cambodia	15,850,300	48,125,410	38,963,300	61,200,884	3,386	18.1	12.1
China	--	--	--	--	382,239	0.0	0.0
Cook Islands	5,760	288	--	7,200	n/a	n/a	n/a
Korea, Dem. People's I	--	144,000	216,000	622,000	6,221	0.1	0.0
Fiji	2,408,880	2,452,896	746,784	144,000	232	0.6	6.2
China, Hong Kong SAI	--	56,160	--	--	n/a	n/a	n/a
India	96,787,192	54,272,857	--	43,030,858	294,626	0.1	0.2
Indonesia	43,847,150	52,153,026	44,243,594	--	61,692	0.0	0.6
Iran, Islamic Republic	3,459,000	28,800,000	15,120,000	--	20,162	0.0	0.6
Kiribati	34,800	11,520	--	31,680	n/a	n/a	n/a
Lao People's Democra	5,134,933	9,861,510	12,133,002	9,000,000	1,395	6.5	6.5
Malaysia	--	--	--	--	6,651	0.0	0.0
Maldives	201,600	--	108,000	94,500	80	1.2	1.3
Marshall Islands	--	--	--	--	n/a	n/a	n/a
Micronesia, Fed. State	--	--	--	--	27	0.0	0.0
Mongolia	4,711,698	4,181,760	3,574,944	2,075,675	759	2.7	4.8
Myanmar	28,849,800	18,179,502	46,304,236	50,462,025	13,650	3.7	2.6
Nepal	17,500,000	54,854,094	47,107,921	118,553,448	6,376	18.6	9.3
New Zealand	144,000	--	--	--	975	0.0	0.0
Pakistan	285,115,011	278,162,541	232,899,804	251,736,530	39,698	6.3	6.6
Papua New Guinea	--	12,096	1,440	--	1,485	0.0	0.0
Philippines	107,874,645	50,488,886	31,857,919	207,360	21,427	0.0	2.2
Korea, Republic	15,867,120	14,400,000	14,400,000	--	13,882	0.0	0.8
Samoa	--	--	--	--	46	0.0	0.0
Solomon Islands	57,620	43,776	28,800	17,568	n/a	n/a	n/a
Sri Lanka	5,627,000	12,834,000	1,440,000	3,656,016	5,879	0.6	1.0
Thailand	--	--	--	1,640,120	17,446	0.1	0.0
Timor-Leste	432,000	--	--	--	227	0.0	0.5
Tokelau	--	--	--	--	n/a	n/a	n/a
Tonga	--	11,088	--	--	25	0.0	0.1
Tuvalu	6,000	26,352	--	15,408	n/a	n/a	n/a
Vanuatu	129,600	1,491,840	5,760	--	51	0.0	8.0
Vietnam	107,052,098	16,557,600	37,745,000	--	23,282	0.0	1.7
Samoa	576,000	29,952	--	8,928	46	0.2	3.3
TOTAL	**1,070,402,600**	**824,269,514**	**575,041,512**	**590,199,122**	**966,554**	**0.6**	**0.8**

Country	2001	2002	2003	2004	Men 15-49 (000)	Condoms per Man in 2004	Avg. No of Condoms per Man (2001-04)
Latin America/Caribbean							
Anguilla	--	--	--	--	n/a	n/a	n/a
Antigua and Barbuda	--	5,760	5,760	504,000	n/a	n/a	n/a
Argentina	--	4,039,200	--	293,190	9,573	0.0	0.1
Aruba	74,880	--	21,600	--	n/a	n/a	n/a
Bahamas	339,696	--	135,360	200,016	84	2.4	2.0
Barbados	40,320	28,800	11,520	--	76	0.0	0.3
Belize	8,600	331,200	129,272	162,384	69	2.4	2.3
Bolivia	7,856,444	11,688,177	9,903,000	7,002,000	2,182	3.2	4.2
British Virgin Islands	--	--	--	--	n/a	n/a	n/a
Brazil	42,586,594	622,034,250	--	--	50,095	0.0	3.3
Curacao	11,520	--	--	--	n/a	n/a	n/a
Chile	28,800	424,800	--	201,456	4,359	0.0	0.0
Colombia	504,000	496,800	151,200	3,812,500	11,897	0.3	0.1
Costa Rica	11,633	--	585,940	1,250,316	1,204	1.0	0.4
Cuba	1,873,700	4,779,429	8,870,400	9,806,112	3,112	3.2	2.0
Dominica	80,640	80,640	101,808	115,344	n/a	n/a	n/a
Dominican Republic	1,695,792	626,400	6,973,056	24,170,998	2,406	10.0	3.5
Ecuador	4,584,000	3,546,000	2,100,000	--	3,412	0.0	0.7
El Salvador	5,670,920	2,856,000	1,656,000	6,459,000	1,715	3.8	2.4
Grenada	23,040	--	--	11,952	n/a	n/a	n/a
Guatemala	10,257,145	18,561,267	8,997,053	7,652,804	2,625	2.9	4.3
Guyana	--	504,000	2,001,300	84,528	205	0.4	3.2
Haiti	75,532,936	22,839,252	59,857,200	5,712,000	2,094	2.7	19.6
Honduras	17,880,179	4,879,238	3,023,300	1,846,800	1,771	1.0	3.9
Jamaica	4,536,000	11,520	1,723,200	2,008,571	660	3.0	3.1
Mexico	1,036,800	37,274,112	--	2,739,600	27,648	0.1	0.4
Montserrat	--	--	--	--	n/a	n/a	n/a
Nicaragua	5,217,911	7,602,720	3,578,432	2,454,347	1,360	1.8	3.5
Panama	504,000	351,360	479,940	132,480	852	0.2	0.4
Paraguay	908,065	3,889,223	3,389,109	7,957,220	1,537	5.2	2.6
Peru	18,821,800	13,840,704	1,191,000	34,127,958	7,329	4.7	2.3
St. Kitts and Nevis	17,280	1,008	696,000	30,720	n/a	n/a	n/a
Saint Lucia	11,520	28,800	--	12,096	42	0.3	0.3
St.Vincent and the Gre	864	4,320	--	98,496	33	3.0	0.8
Suriname	--	100,800	2,090,160	--	120	0.0	4.6
Trinidad and Tobago	--	504,000	153,000	6,624	374	0.0	0.4
Turks and Caicos Islar	--	--	--	--	n/a	n/a	n/a
Uruguay	447,840	69,120	2,687,040	201,888	832	0.2	1.0
Venezuela	443,520	112,320	107,712	77,904	7,046	0.0	0.0
TOTAL	**201,006,439**	**761,511,220**	**120,619,362**	**119,133,304**	**144,711**	**0.8**	**2.1**

Country	2001	2002	2003	2004	Men 15-49 (000)	Condoms per Man in 2004	Avg. No of Condoms per Man (2001-04)
Arab States, Europe and Central Asia							
Albania	--	2,557,542	3,214,704	438,900	787	0.6	2.0
Algeria	2,592,000	5,760,000	--	--	9,386	0.0	0.2
Armenia	--	504,000	293,760	1,968,682	764	2.6	0.9
Azerbaijan	273,600	2,188,800	42,000	--	2,320	0.0	0.3
Belarus	3,000,000	--	--	--	2,642	0.0	0.3
Bosnia and Herzegovi	583,500	1,195,200	--	--	1,011	0.0	0.4
Bulgaria	--	4,996,800	--	--	1,940	0.0	0.6
Cyprus	--	--	--	--	207	0.0	0.0
Czech Republic	--	--	--	10,675	2,611	0.0	0.0
Djibouti	408,960	115,200	100,800	324,858	188	1.7	1.3
Egypt	8,310,000	--	--	--	18,893	0.0	0.1
Georgia	3,171,127	--	580,896	2,960,000	1,133	2.6	1.5
Hungary	--	--	--	--	2,525	0.0	0.0
Iraq	1,010,730	288,000	--	--	7,045	0.0	0.0
Jordan	2,220,000	1,104,000	7,398,000	7,458,250	1,546	4.8	2.9
Kazakhstan	907,225	15,879,033	21,969	10,896,081	4,091	2.7	1.7
Kosovo (Serbia and M	10,747,403	1,872,570	106,848	--	n/a	n/a	n/a
Kyrgyzstan	4,651,200	1,656,000	1,740,000	1,227,000	1,395	0.9	1.7
Latvia	--	--	--	--	581	0.0	0.0
Lebanon	102,000	--	576,000	508,788	920	0.6	0.3
Lithuania	--	--	--	952,000	876	1.1	0.3
Macedonia, TFYR	--	--	--	--	549	0.0	0.0
Moldova, Republic	--	86,400	--	--	1,164	0.0	0.0
Morocco	748,800	3,645,600	4,002,000	--	8,569	0.0	0.2
Oman	195,552	--	--	382,725	855	0.4	0.2
Occupied Palestinian T	166,800	218,304	--	--	n/a	n/a	n/a
Poland	--	--	--	--	10,350	0.0	0.0
Romania	99,330	20,344,026	19,710,000	8,969,818	5,788	1.5	2.1
Russian Federation	296,069	7,524,685	--	3,506,544	38,779	0.1	0.1
Slovak Republic	--	--	--	2,304	1,476	0.0	0.0
Somalia	150,000	748,800	--	--	1,849	0.0	0.1
Sudan	3,519,200	648,000	129,600	2,175,000	8,809	0.2	0.2
Syrian Arab Republic	2,473,000	3,024,000	2,448,000	1,810,000	4,974	0.4	0.5
Tajikistan	432,000	1,296,000	1,683,000	2,482,250	1,613	1.5	0.9
Tunisia	237,600	1,166,400	--	--	2,899	0.0	0.1
Turkey	2,808,144	--	144,000	--	20,229	0.0	0.0
Turkmenistan	1,896,050	3,009,600	--	--	1,309	0.0	0.9
Ukraine	720,000	--	1,771,200	--	11,825	0.0	0.1
Uzbekistan	29,435,900	8,016,000	1,421,895	423,000	7,115	0.1	1.4
Yemen	2,767,719	712,000	648,000	7,216,440	4,679	1.5	0.6
TOTAL	**83,923,909**	**88,556,960**	**46,032,672**	**53,713,315**	**193,688**	**0.3**	**0.4**

Country	2001	2002	2003	2004	Men 15-49 (000)	Condoms per Man in 2004	Avg. No of Condoms per Man (2001-04)
Africa							
Angola	8,935,581	14,243,725	56,327,803	34,241,400	3,441	10.0	8.3
Benin	27,063,922	44,380,661	14,114,125	35,593,666	1,924	18.5	15.7
Botswana	659,500	--	3,569,494	132,827	450	0.3	2.4
Burkina Faso	31,912,400	20,959,535	22,649,080	31,262,527	2,849	11.0	9.4
Burundi	4,243,581	4,472,269	8,559,980	--	1,622	0.0	2.7
Cameroon	41,189,425	66,693,342	38,022,860	46,047,890	3,805	12.1	12.6
Cape Verde	7,488,000	--	--	4,986,145	121	41.2	25.8
Central African Repub	15,736,366	4,065,852	57,600	9,100,267	888	10.2	8.2
Chad	--	3,875,830	5,930,890	5,006,064	2,035	2.5	1.8
Comoros	1,107,120	455,760	504,000	1,009,884	191	5.3	4.0
Congo	61,803,590	5,733,792	9,803,808	5,423,508	850	6.4	24.4
Côte d'Ivoire	30,878,089	117,867,336	43,938,960	28,410,992	4,312	6.6	12.8
Congo, Dem. Republic	--	74,757,190	40,320	149,647,092	12,262	12.2	4.6
Equatorial Guinea	34,560	51,840	40,320	34,560	108	0.3	0.4
Eritrea	17,801,160	7,250,998	4,866,000	7,366,320	966	7.6	9.6
Ethiopia	218,760,159	201,150,489	92,516,328	50,619,000	17,164	2.9	8.2
Gabon	59,904	100,800	97,920	277,920	324	0.9	0.4
Gambia	66,240	2,940,656	100,800	889,378	348	2.6	2.9
Ghana	37,146,000	70,754,000	--	90,348,560	5,406	16.7	9.2
Guinea	17,802,067	7,017,521	3,991,908	28,558,676	2,136	13.4	6.7
Guinea-Bissau	1,474,240	9,673,837	130,680	405,444	327	1.2	8.9
Kenya	59,188,950	345,428,213	23,352,000	101,172,374	8,171	12.4	16.2
Lesotho	3,372,856	6,325,050	16,854,682	10,220,400	386	26.5	23.8
Liberia	2,280,000	5,000,400		15,574,480	730	21.3	7.8
Madagascar	10,501,039	17,556,089	32,893,725	18,419,705	4,160	4.4	4.8
Malawi	14,220,533	50,186,888	88,018,148	21,968,588	2,702	8.1	16.1
Mali	9,764,884	8,975,358	14,939,436	11,478,468	2,834	4.1	4.0
Mauritania	2,849,904	1,732,200		--	686	0.0	1.7
Mauritius	216,000	--	113,040	--	348	0.0	0.2
Mozambique	22,870,111	20,823,803	44,942,160	40,567,289	4,207	9.6	7.7
Namibia	22,413,298	2,565,471	16,843,000	18,278,960	474	38.5	31.7
Niger	11,764,720	40,320	6,978,383	--	3,029	0.0	1.6
Nigeria	208,167,301	521,679,850	159,154,001	205,701,780	29,823	6.9	9.2
Rwanda	12,585,633	18,033,224	28,855,651	2,931,000	2,033	1.4	7.7
Sao Tome & Principe	314,496	544,896	161,280	82,944	38	2.2	7.2
Senegal	8,624,200	7,152,000	5,058,000	10,761,000	2,643	4.1	3.0
Seychelles	360,000	247,680	396,000	342,432	n/a	n/a	n/a
Sierra Leone	4,320	7,133,616	12,690,744	523,728	1,209	0.4	4.2
South Africa	34,150,750	13,433,864	22,493,942	16,809,612	12,457	1.3	1.7
Swaziland	12,072,000	244,800	265,816	8,260,000	234	35.4	22.3
Togo	12,817,948	12,932,660	37,200,272	11,857,250	1,379	8.6	13.6
Uganda	71,645,367	46,517,093	61,159,728	77,858,000	5,858	13.3	11.0
Tanzania	67,617,385	63,830,042	42,200,064	28,041,691	8,846	3.2	5.7
Zambia	50,488,042	66,822,505	28,645,948	63,015,582	2,614	24.1	20.0
Zimbabwe	140,026,884	27,337,099	105,053,521	147,937,750	3,187	46.4	33.0
TOTAL	**1,302,478,525**	**1,900,988,554**	**1,053,532,417**	**1,341,165,153**	**159,577**	**8.4**	**8.8**
GRAND TOTAL	**2,657,811,473**	**3,575,326,248**	**1,795,225,963**	**2,104,210,894**	**1,464,531**	**1.4**	**1.7**

Source: UNFPA. 2005.

ANNEX 2

Reproductive Health Commodity Security (RHCS)

Reproductive health commodity security (RHCS) is achieved when all individuals can obtain and use affordable, quality reproductive health commodities of their choice whenever they need them. UNFPA is the lead UN agency of the RHCS initiative and have proposed a global programme to enhance RHCS. The fundamentals of the global programme aim to:

[1] Facilitate increases in national domestic financing for RHCS in developing countries.

[2] Help promote strategic international support for RHCS.

[3] Secure more regular and dependable funding flows necessary to undertake the multi-year plans required to enhance capacity and facilitate development of sustainable procedures and mechanisms to achieve durable RHCS at national level.

Achieving RHCS is clearly not just a matter of meeting the immediate shortfalls of commodities, but more so an effort that aims at developing proper systems and mechanisms that ensures sustainability in terms of access to reproductive health commodities.

ANNEX 3

The ICPD Costed Population Package

Source: Programme of Action of the International Conference on Population and Development, paragraph 13.14.

- **Family planning services** – contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care.

- **Basic reproductive health services** – information and routine services for prenatal, normal and safe delivery and post-natal care; abortion (as specified in paragraph 8.25 of the ICPD Programme of Action); information, education and communication about reproductive health, including sexually transmitted infections, human sexuality and responsible parenthood, and against harmful practices; adequate counseling; diagnosis and treatment of sexually transmitted infections (STDs) and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counseling services for sexually transmitted infections, including HIV/AIDS, and for pregnancy and delivery complications.

- **Sexually transmitted infections/HIV/AIDS prevention programme** – mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behavior and expanded distribution of condoms.

- **Basic research, data and population and development policy analysis** – national capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training.