

DONOR SUPPORT FOR CONTRACEPTIVES
AND CONDOMS FOR STI/HIV PREVENTION
2005



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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
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Development

HIGHLIGHTS OF THE REPORT

Since 1990, UNFPA has been monitoring and tracking donor support for contraceptives and condoms for STI/HIV prevention. Based on data collected by UNFPA's Commodity Management Branch, this annual report highlights country-specific information provided by donors on the type, quantity and total cost of contraceptives they supplied to developing countries during 2005. In addition to presenting a detailed analysis of the information by donor, region and method, the report also analyzes trends in donor funding over the last five years, while comparing the available supply with the estimated needs. This annually published report is intended for use in tracking contraceptive supply, advocacy and resource mobilization purposes.

- Total donor support in 2005 was recorded at \$213 million, a 5 per cent increase from 2004.
 - The Africa region received the largest share of donor support (55 per cent). The Asia/Pacific region received 32 per cent, the Latin America and Caribbean region 10 per cent, while the Arab States, Europe and Central Asia region received 4 per cent of total donor support.
 - Bilateral donor support accounted for 39 per cent of the total support, multilateral for 43 per cent, and support provided through Social Marketing Organizations and non-governmental organizations (NGOs) made up 18 per cent of the total share.
 - About 632 million women, or their partners, are believed to have been using contraceptives in 2005. The cost of these contraceptive commodities, at standard prices¹, would have been \$841 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
 - Overall, donor support for contraceptives and condoms has increased over the past five years. UNFPA alone increased its donor support significantly from \$16.7 million in 2000 to \$92 million in 2005 – a near \$75 million more in support.³
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¹ These prices are generally based on what UNFPA pays for these commodities.

² UNFPA (2006) "Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.

³ UNFPA (2001) Donor Support Report 2000, UNFPA (2006) Thematic Trust Fund Progress Report January – December 2005. Donor Support For Contraceptives and Condoms for STI/HIV Prevention 2005

I. INTRODUCTION

At the 2005 World Summit, leaders from around the world reaffirmed their commitment to universal access to reproductive health by 2015 - a critical step towards the realization of the Millennium Development Goals (MDGs).

Many developing countries to this day rely on donated and subsidized commodities. And while the ultimate goal is to achieve national self-reliance in terms of contraceptive supply, donor support for RH commodities is and will remain in the foreseeable future a critical factor in meeting the demand in those countries. Better reproductive health depends crucially on the ability of individuals to exercise the right to decide freely and responsibly the number and spacing of their children. Contraceptive commodities, along with demand creation programming, are essential in making this right a reality for women and couples in developing countries.

II. DONOR SUPPORT IN 2005

Recorded donor support for contraceptives and condoms for STI/HIV prevention to developing countries in 2005 was nearly \$213 million, \$10 million or 5 per cent more than support in the previous year.

TABLE 1 Contraceptive Commodity Support by Donor/Agency, 2000 – 2005 (in \$000)⁴

	2000	2001	2002	2003	2004	2005	Grand Total	% of Total 2005
Bilateral								
BMZ/KfW	\$35,482	\$16,387	\$20,115	\$26,912	\$8,688	\$13,142	\$120,726	6.2%
CIDA	\$4,808	\$208	\$262	\$1,692	\$0	\$0	\$6,970	0.0%
DFID	\$7,317	\$6,130	\$16,403	\$22,289	\$6,706	\$3,631	\$62,476	1.7%
Japan	\$1,657	\$340	\$184	\$245	\$149	--	\$2,575	--
USAID	\$58,093	\$67,908	\$49,628	\$69,400	\$71,226	\$65,950	\$382,205	31.0%
TOTAL	\$107,357	\$90,973	\$86,592	\$120,538	\$86,769	\$82,723	\$574,951	38.9%
Multilateral								
UNDP	--	--	--	--	--	\$177	\$177	0.1%
UNFPA	\$16,721	\$89,205	\$41,209	\$57,455	\$65,034	\$92,032	\$361,656	43.2%
TOTAL	\$16,721	\$89,205	\$41,209	\$57,455	\$65,034	\$92,208	\$361,832	43.3%
Social Marketing Organizations/NGO								
DKT	\$4,868	\$7,849	\$9,643	--	--	\$4,671	\$27,031	2.2%
IPPF	\$3,814	\$3,667	\$4,226	\$1,855	\$2,606	\$3,981	\$20,150	1.9%
MSI	--	\$3,718	\$3,835	\$1,033	\$511	\$425	\$9,522	0.2%
PSI	\$456	\$22,359	\$30,943	\$28,152	\$47,831	\$28,816	\$158,557	13.5%
TOTAL	\$9,138	\$37,593	\$48,647	\$31,040	\$50,949	\$37,894	\$215,261	17.8%
Others	\$48	\$309	--	--	--	--	357	0.0%
GRAND TOTAL	\$133,264	\$218,080	\$176,448	\$209,032	\$202,752	\$212,825	\$1,152,401	100.0%

Note: blank space (--) = information not available.

Source: UNFPA 2006

⁴ Cida used UNFPA procurement services hence their contributions are included in UNFPA's total. Information about Japan's contribution was not available for 2005. The category 'Others' includes contributions by the EU, WHO and other organizations that were not channeled through UNFPA's procurement services. The World Bank's contributions are grants or loans and are therefore shown separately in Table 2.

The following table shows contributions from the World Bank. As these contributions are loans and grants, they were not included in the above table.

TABLE 2 Loans/Grants provided by the World Bank spent on Contraceptive Commodities, 2000 – 2005 (in \$000)

	2000	2001	2002	2003	2004	2005	Grand Total
World Bank Funds	\$14,128	\$48,163	\$25,271	\$14,549	\$20,225	\$7,140	\$129,476

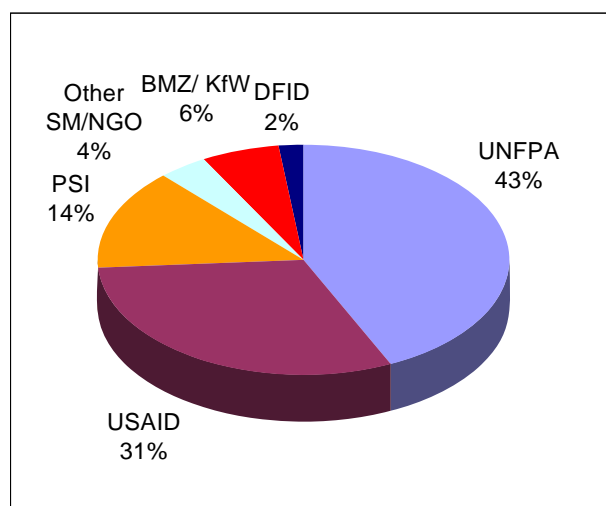
Source: The World Bank 2007

Support by Major Donors

Of the total donor support in 2005, 39 per cent was provided through bilateral funding, 43 per cent was channeled through multilaterals, including UNFPA, and 18 per cent through Social Marketing Organizations and NGOs. **Graph 1** shows the contributions by the major donors in 2005.

UNFPA was the largest individual donor, with a contribution of 43 per cent, increasing its support from approximately \$65 million in 2004 to \$92 million in 2005. USAID was the next largest donor with 31 per cent of the share of total donor support in 2005. Social Marketing Organizations and NGOs, namely Population Services International (PSI), provided 18 per cent of the support in this category.

GRAPH 1 Support by Major Donors 2005 (in percentages)

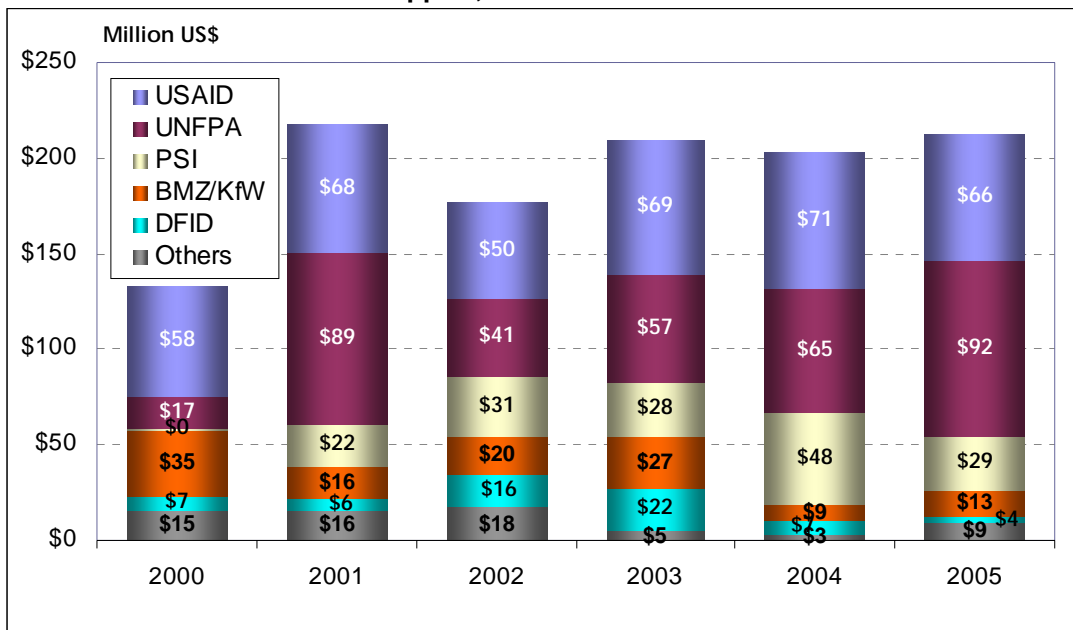


Increasingly countries also use loans and grants from the World Bank to procure contraceptives.

III. PATTERNS OF DONOR SUPPORT

Graph 2 displays donor support from major donors and agencies between the years 2000 to 2005. During this time period bilateral donors, on average, accounted for approximately 50 per cent of total donor support; multilateral donors for approximately 31 per cent, and Social Marketing Organizations and NGOs accounted for 18 per cent. Multilateral donor support peaked in 2005 as UNFPA's contribution reached \$92 million - the highest contribution by UNFPA yet. 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 for contraceptives and condoms for HIV prevention.

GRAPH 2 Patterns in Donor Support; 2000 - 2005



Source: UNFPA 2006

IV. 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 number of women 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 growth in demand for modern contraception.

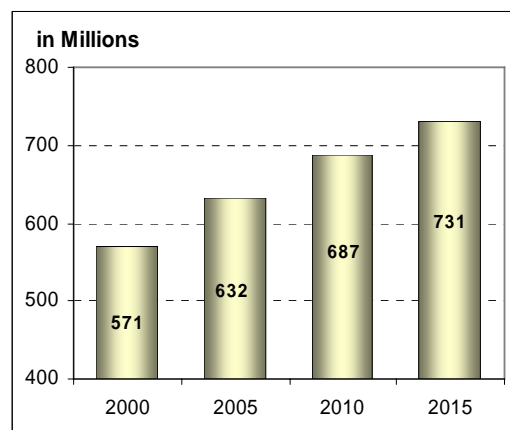
Regional Distribution

In 2005, the estimated number of users was highest in China, at 219 million. With 112 million, India had half as many users, and the other Asian and Pacific countries accounted for 101 million users. Latin America and the Caribbean had an estimated 72 million users, while Eastern Europe and countries in the Arab region totaled 43 and 48 million, respectively. In sub-Saharan Africa only 36 million were using contraceptives.

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 the contraceptive prevalence rate (CPR) by 14 per cent. Contraceptive use will barely rise in China, which already has a contraceptive prevalence rate of 83 per cent, one of the highest in the world. But contraceptive use is projected to increase by 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, where the number of users is expected to rise by 51 million between 2000 and 2015.

GRAPH 3 Estimated Numbers of contraceptive users, 2000 – 2015

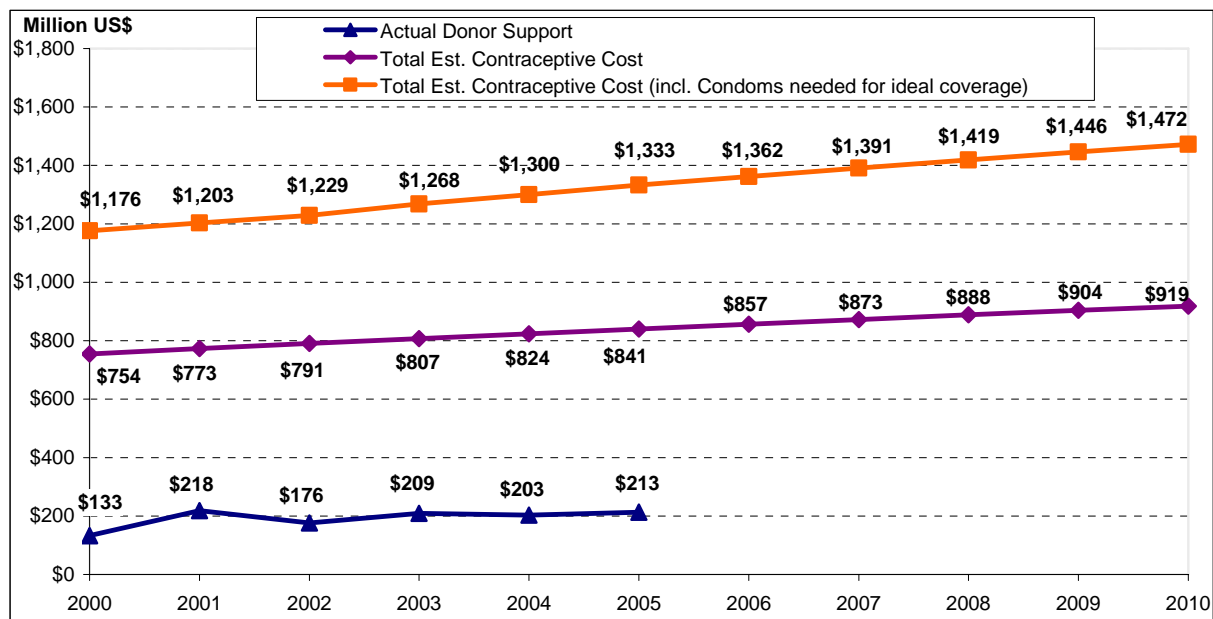


Source: UNFPA (2006) "Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.

V. COMPARISON OF NEEDS AND SUPPORT

Graph 4 displays the levels of total donor support since 2000, while contrasting with the much higher estimated requirements.⁵

GRAPH 4 Cost of Contraceptives and Condoms for STI/HIV Prevention and Trend of Reported Donor Support 2000- 2010⁶



Source: UNFPA 2006

About 632 million women, or their partners, are believed to have been using contraceptives in 2005. The cost of these contraceptive commodities, at standard prices, would have been \$841 million. When condoms for HIV prevention are included total requirements came to \$1.3 billion. As was illustrated in Table 1, donors provided \$213 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. While unmet need for family planning, the use of standard costs and the exclusion of programming costs increase the requirements shown above, other factors actually reduce them. The following provides a quick overview over the main factors that influence the requirement projections.

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 about 200 million women worldwide who would like to limit or space the number of children they are

⁵ UNFPA (2006) “Achieving the ICPD Goals: RH Commodity Requirements 2000-2015”, New York.

⁶ Definition ‘Ideal Coverage’: In order to have a significant impact on the HIV/AIDS epidemic and STI transmission, UNFPA believes it will be necessary that condoms be used in 80% of all non-marital sex acts and 30% of marital sex acts (in unions where one partner also has non-marital sexual contacts).

having but are not using contraceptives.⁷ The cost of these contraceptives alone, at standard UNFPA prices, would cost an additional \$263 million.⁸

Standard Costs

The above projections of commodity requirements were made using standard UNFPA prices. 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 directly related “system” costs, which are essential 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, that are essentially not dependent on donors for their contraceptive and condom supplies, are taken out - the need estimates are dramatically reduced. When taking China and India out of the total contraceptive need equation for 2005, the total cost decreases by approximately US \$300 million. When HIV condoms are excluded for these two countries total cost decreases by nearly US\$ 370 million.

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.

Other Providers of Contraceptives

Finally it has to be kept in mind that the public sector is not the only sector responsible for providing contraceptive supplies. According to a study on contraceptive projections and distributions, the public sector was responsible for slightly less than half of all oral pill supplies and only about one third of condoms in approximately 90 countries that depend on donor support. The remainder was provided by the private sector, including commercial enterprises as well as NGOs.

⁷ 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.

⁸ UNFPA estimates (2005)

Donor Support For Contraceptives and
Condoms for STI/HIV Prevention 2005

VI. DONOR SUPPORT BY REGION

Graph 5 shows how the funds from donor support in 2005 were distributed regionally. Africa's share of the total support was 55 per cent, Asia/Pacific's 32 per cent, Latin America's 10 per cent, while Arab/European State received 4 per cent.

Africa remained the main recipient of donor support both in absolute terms and per capita.⁹ In 2005 it received \$116 million or \$0.16 per capita, whereas the support received by other regions ranged from \$0.01 to \$0.04 per capita (see **Table 2**).

World Bank loans went to seven countries in Africa (accounting for 56% of the total \$7 million provided) and to Argentina and Bangladesh.

GRAPH 5 Donor Support, 2005, by region (in percentages)

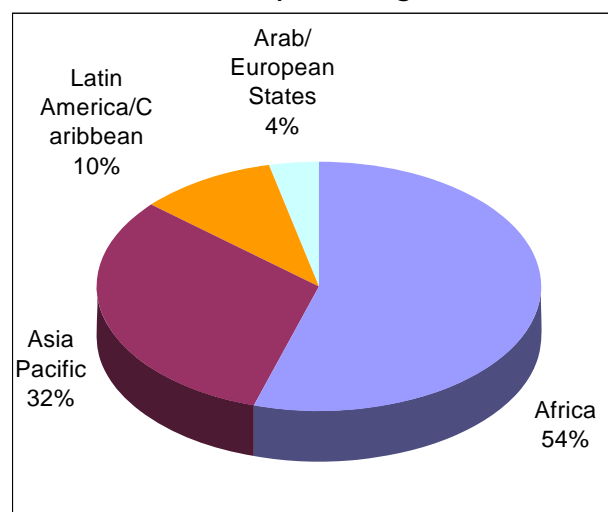


TABLE 3 Donor Support by Region, 2005

Source: UNFPA 2006

Region	Population (000s)	% of Total Population	Donor Support (US\$million)	% of Total Support	Support per Capita
Africa	705,149	16%	\$116,226,013	55%	\$0.16
Asia Pacific	2,409,421	54%	\$67,691,691	32%	\$0.03
Latin America/Caribbean	556,028	12%	\$20,956,401	10%	\$0.04
Arab/European States	796,086	18%	\$7,950,696	4%	\$0.01
Total	4,466,684	100%	\$212,824,801	100%	\$0.24

Source: UNFPA 2006

⁹ Total population for each region only considers countries that received donor support. Donor Support For Contraceptives and Condoms for STI/HIV Prevention 2005

VII. DONOR SUPPORT BY CONTRACEPTIVE METHOD

The provision of an appropriate method mix is an integral component of a comprehensive reproductive health care programme. 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, vaginal foaming tablets, both male and female condoms, and emergency contraception. Three methods - pills, injectables and male condoms – accounted for approximately 95 per cent of total support in 2005.

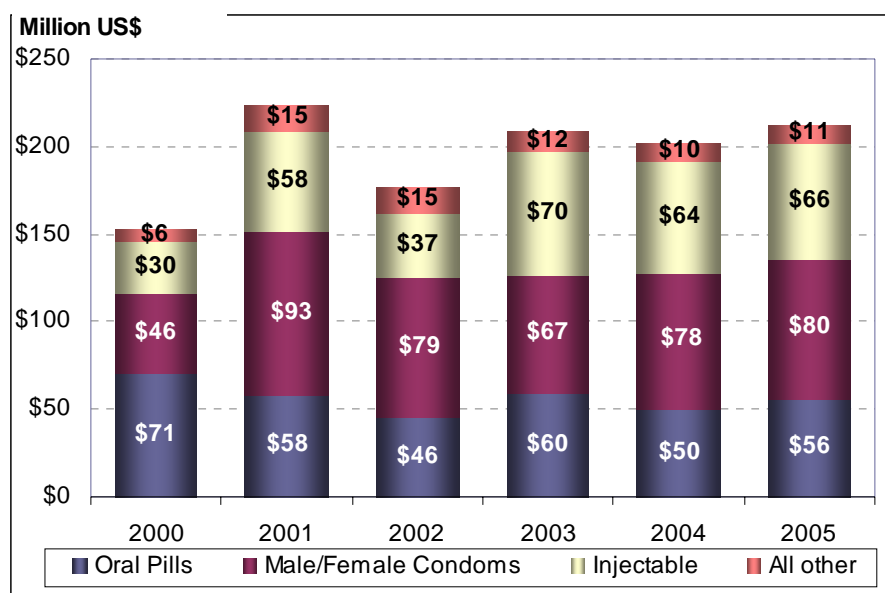
As **Table 3, Graph 6 and Table 4** illustrate¹⁰, there has been a fairly stable trend in the allocation of donor support between the different methods globally.

TABLE 4 Expenditure by Contraceptive Method, 2000- 2005 (in million US\$ and per cent of total)

Method	2000		2001		2002		2003		2004		2005	
	Million USD	% of Total	Million USD	% of Total	Million USD	% of Total	Million USD	% of Total	Million USD	% of Total	Million USD	% of Total
Oral Pills	\$71	47%	\$58	26%	\$46	26%	\$60	29%	\$50	25%	\$56	26%
Male / Female Condoms	\$46	30%	\$93	42%	\$79	45%	\$67	32%	\$78	38%	\$80	37%
Injectable	\$30	19%	\$58	26%	\$37	21%	\$70	34%	\$64	31%	\$66	31%
All other	\$6	4%	\$15	7%	\$15	8%	\$12	6%	\$10	5%	\$11	5%
TOTAL	\$153		\$224		\$176		\$209		\$202		\$213	

Source: UNFPA 2006

GRAPH 6 Expenditure by Contraceptive Method*, 2000 - 2005



Source: UNFPA 2006

* The 'All other' category includes: IUD, implant, diaphragm, emergency contraception, vaginal foaming tablets, foam, and jelly.

¹⁰ Unit costs and information from donors are 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.

TABLE 5 Expenditure by Contraceptive Method, 2000-2005 using World Bank financing (in million US\$ and per cent of total)

	2000		2001		2002		2003		2004		2005	
	Mio	% of	Mio	% of	Mio	% of	Mio	% of	Mio	% of	Mio	% of
	USD	Total	USD	Total	USD	Total	USD	Total	USD	Total	USD	Total
Oral Pills	\$4.8	34%	\$2.9	6%	\$1.0	4%	\$3.7	26%	\$1.5	7%	-	0%
Male/Female Condom	\$3.2	23%	\$14.8	31%	\$23.8	94%	\$2.9	20%	\$13.1	65%	\$4.6	64%
Injectable	\$3.9	28%	\$23.1	48%	-	0%	\$0.5	4%	\$1.3	7%	\$1.2	17%
All other	\$2.2	16%	\$7.3	15%	\$0.4	2%	\$7.3	51%	\$4.4	22%	\$1.4	19%
TOTAL	\$14.1		\$48.1		\$25.2		\$14.4		\$20.3		\$7.2	

Source: The World Bank, 2007

As illustrated in **Table 5** the majority (64%) of World Bank funding was used to procure condoms . in the context of the multi-sectoral HIV/AIDS project to expand and scale-up on the HIV prevention programmes in countries. In most cases, due to the availability of many suppliers, international competitive bidding was used to procure these condoms.

Table 6 displays the total cost of contraceptive methods according to their regional distribution in 2005. The Africa region received most of the condoms, injectables, and implants. Oral pills and IUDs were most widely distributed throughout the Asia Pacific region.

TABLE 6 Contraceptive Methods by Region, 2005

Region	Male and Female Condoms	Oral Pills	Injectable	IUD	Implant	ECP/ VFT/ Foam/ Jelly/ Other	Diaphragm
Africa	\$51,751,722	\$17,899,356	\$40,769,307	\$532,275	\$4,616,302	\$654,818	\$2,234
Asia Pacific	\$17,743,123	\$29,414,100	\$16,548,389	\$2,631,344	\$804,770	\$549,966	-
Latin America/Caribbean	\$8,482,834	\$4,093,632	\$7,654,320	\$335,210	\$127,860	\$258,351	\$4,193
Arab/European States	\$1,827,987	\$4,777,300	\$738,827	\$366,030	-	\$240,552	-
Grand Total	\$79,805,666	\$56,184,389	\$65,710,844	\$3,864,859	\$5,548,931	\$1,703,686	\$6,428

Source: UNFPA 2006

VIII. COUNTRIES RECEIVING THE MOST CONTRACEPTIVE COMMODITY SUPPORT

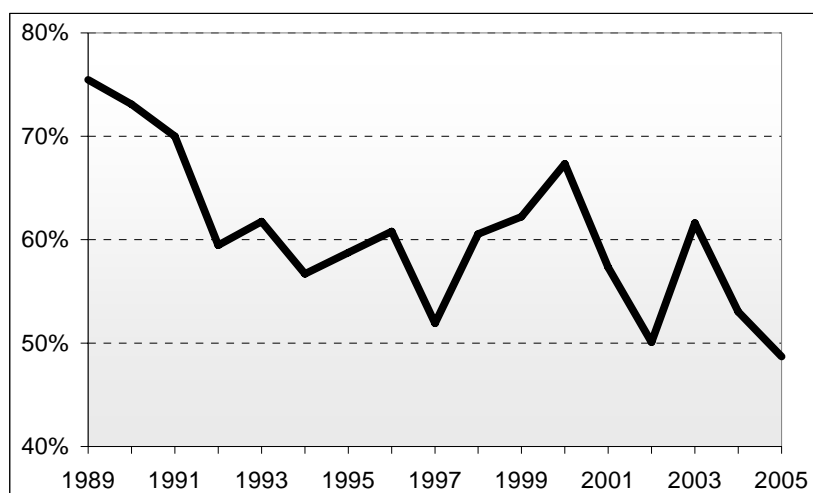
TABLE 7 Top ten recipient countries 2000-2005

	2000	2001	2002	2003	2004	2005	Total 2005	% of Total 2005
1	Bangladesh	Bangladesh	Bangladesh	Bangladesh	Bangladesh	Ethiopia	\$18,507,349	8.7%
2	Ethiopia	Ethiopia	Nigeria	Zimbabwe	Pakistan	Nigeria	\$16,303,986	7.7%
3	Philippines	Nigeria	Kenya	Pakistan	Nigeria	Bangladesh	\$12,482,518	5.9%
4	Pakistan	Philippines	Philippines	Nigeria	Nepal	Kenya	\$10,825,661	5.1%
5	Indonesia	Pakistan	Ethiopia	Egypt	Uganda	Egypt	\$8,381,656	3.9%
6	Ghana	Zimbabwe	Brazil	Ethiopia	DRC	Pakistan	\$7,990,207	3.8%
7	Uganda	Egypt	Pakistan	Malawi	Zimbabwe	Zimbabwe	\$7,597,287	3.6%
8	Nepal	Ghana	Ghana	Philippines	Ghana	Tanzania	\$7,417,823	3.5%
9	Peru	Peru	Egypt	Nepal	Ethiopia	Vietnam	\$7,246,514	3.4%
10	India	Uganda	Sri Lanka	Viet Nam	Bolivia	Uganda	\$6,884,581	3.2%
Total for top ten countries 2005							\$103,637,581	48.7%
Grand Total for Donor Support 2005							\$212,824,802	100.0%

Source: UNFPA 2006

As illustrated above in **Table 7**, the top ten recipients of donor support in 2005, collectively received \$103.6 million of total donor support for contraceptives and condoms in 2005 – amounting to nearly 49 per cent of total support. Ethiopia received the most donor support, while Bangladesh was third, coming in after Nigeria which stood at \$16 million. Both Kenya and Tanzania newly joined the top ten recipient list in 2005.

GRAPH 7 Top Ten Recipients share of Total Donor Support, 1989 – 2005



Source: UNFPA 2006

Graph 7 shows the share of total donor support received by the top ten recipients during the period 1989 – 2005. In 1989, 75 per cent of all support went to the top ten countries, while in 2005 the top ten countries received less than 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 2005, the total number of countries who received donor support has grown to 146.

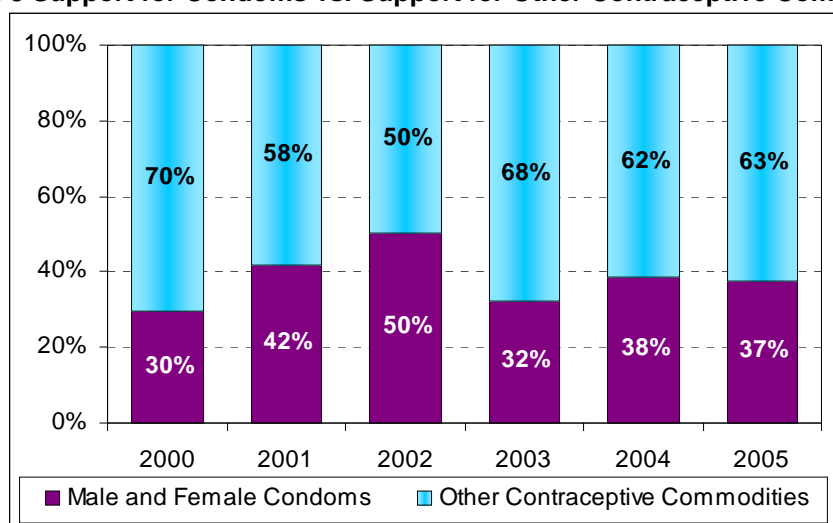
IX. DONOR SUPPORT FOR MALE AND FEMALE CONDOMS

An estimated 4.1 million new HIV infections occurred in 2005.¹¹ Many more persons were infected with other sexually transmitted infections (STIs), which can lead to serious illness, infertility, neonatal problems and cancer. Male and female condoms, when used consistently and correctly, are the only currently known technology to prevent STIs including HIV. 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 as recognized at the International Conference on Population and Development (ICPD) 1994 and the UNGASS Political Declaration on HIV/AIDS, adopted unanimously by UN Member States on 2 June 2006.

Male and female condoms are the only methods that provide couples simultaneous protection against unintended pregnancies and sexually transmitted infections including HIV. In addition, the female condom is currently the only technology that gives women and girls an option that *they* “control” to protect themselves from HIV, other STIs and unintended pregnancy men actively oppose the use of male condoms.

Graph 8 shows that the share of donor support devoted to condoms has remained relatively stable over the last years.

GRAPH 8 Support for Condoms vs. Support for Other Contraceptive Commodities



Source: UNFPA 2006

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. Usually condoms for family planning make up only between 1% and 5% of the total contraceptive method mix. Notable exceptions are countries like Japan, where condoms are the method of choice for 62% of family planning users, Sweden (41%), Spain (30%) and several countries in Latin America. Another notable exception is the group of young and unmarried people in certain

¹¹ 2006 Report on the Global AIDS epidemic UNAIDS
Donor Support For Contraceptives and
Condoms for STI/HIV Prevention 2005

countries. DHS data shows that among this group, condoms account for a far larger share of the total contraceptive method mix. For instance, in Cameroon, 60% of all unmarried, sexually active women between the ages of 15 and 24 choose condoms as their preferred method to avoid unwanted pregnancies and in many countries, this percentage lies around 20%.

DONOR SUPPORT FOR MALE CONDOMS

According to UNFPA the estimated number of condoms used for family planning in 2005, provided for from all sources including public, private sector and social marketing, was 4.4 billion. An estimated 6.0 billion condoms were used for HIV prevention, bringing the total to 10.4 billion. UNFPA estimates that in order to have a significant impact on the HIV/AIDS epidemic, 13.1 billion condoms would have been needed for HIV prevention alone. The gap between the estimated number, the condoms that were used and would have been needed for the prevention of HIV in 2005 was 7.1 billion condoms, which translates into \$249 million in terms of cost.¹²

In addition, UNFPA estimates that:

- Of the 17.5 billion condoms needed in 2005 (13.1 billion for HIV prevention and 4.4 billion for family planning) the donor community provided 1.8 billion condoms. This represents 10% of the need.
- The combined support for male condoms for family planning and STI/HIV prevention was nearly \$80 million in 2005, an increase of \$6 million to 2004, but almost \$13 million below what the funding was in 2001.
- Between 2000-2005, donors have been providing on average around 2 billion condoms annually (ranging from an all-time high of 2.5 billion in 2001 to around 1.8 billion in 2005).
- As **Table 8 illustrates**, between 2000 and 2005 condoms accounted on average for approximately 40% of total donor support for contraceptives and condoms.

TABLE 8 Total Donor Supply of Male Condoms, 2000-2005

	2000	2001	2002	2003	2004	2005
Total Expenditure (000 US\$)	\$46,000	\$91,200	\$76,713	\$64,850	\$71,659	\$73,731
Total Number of Condoms provided (000)	950,862	2,730,551	2,559,713	1,784,904	2,104,211	1,848,380
Male Condom % of total Donor Support	35%	42%	43%	31%	35%	35%

Source: UNFPA 2006

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 **Table 9** indicates, the number of public-sector supported condoms per man still remains low in all regions of the world.

¹² UNFPA (2006) "Achieving the ICPD Goals: RH Commodity Requirements 2000-2015", New York.

TABLE 9 Donor Supply of Male Condoms by Region 2005

Region	Men 15-49	No. of Condoms supplied	Condoms per Man 2005
Africa	163,892,838	906,064,907	5.5
Asia Pacific	1,487,304,855	545,890,217	0.6
Arab/European States	112,729,280	72,854,844	0.4
Latin America/Caribbean	133,397,359	316,632,363	2.2
Total	1,897,324,332	1,841,442,331	1.2

Source: UNFPA 2006

Note: Number of men 15-49 includes only countries that received donor support for condoms in 2005.

DONOR SUPPORT FOR FEMALE CONDOMS

The female condom is increasingly being 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.

Although proven to be effective in serving the dual purpose of prevention, the product has not achieved its full potential yet due to inadequate promotional activities, insufficient supply, and, probably first and foremost, its high cost compared with male condoms (£0.40 i.e. US\$0.80 for a polyurethane female condom versus \$0.03 for a male latex condom).

The Female Health Company recently developed a new version of the female condom which is nearly identical to its predecessor, but is made of synthetic latex in a considerably less expensive (25.6% less than FC1 price for volumes lower than 10 million) manufacturing process. After technical consultation at WHO in January 2006 to review the new female condoms dossier, the experts concluded that FC2 was compatible with the FC1 and recommended that UNFPA consider procuring it for public sector programmes.

Distribution in 2005

In 2005, the Female Health Company sold approximately 13.5 million condoms, bringing the total number of female condoms distributed globally since 1997 to 76 million. The number of female condoms distributed has risen steadily each year, from just above 1.3 million to over 13 million in the last few years and there is a growing interest from donors to support this method in the developing world.

TABLE 10 Number of female condoms in public and private sectors by region, 2000-2005

	2000	2001	2002	2003	2004	2005	Total
Africa	992,000	3,725,910	4,452,140	6,678,400	6,852,517	8,627,000	31,327,967
Asia	51,000	99,700	91,600	259,000	231,000	133,360	865,660
Australasia	500	1,000	20,000	120,000	300,000	320,000	761,500
Europe	478,500	579,000	558,000	987,000	1,731,104	1,336,400	5,670,004
North America	1,716,000	2,361,000	2,380,000	2,458,000	2,307,220	2,232,050	13,454,270
Central America	7,300	57,600	207,600	144,000	232,000	230,000	878,500
South America	2,390,000	1,384,640	3,992,000	2,000,000	152,000	627,530	10,546,170
Total	5,635,300	8,208,850	11,701,340	12,646,400	11,805,841	13,506,340	63,504,071

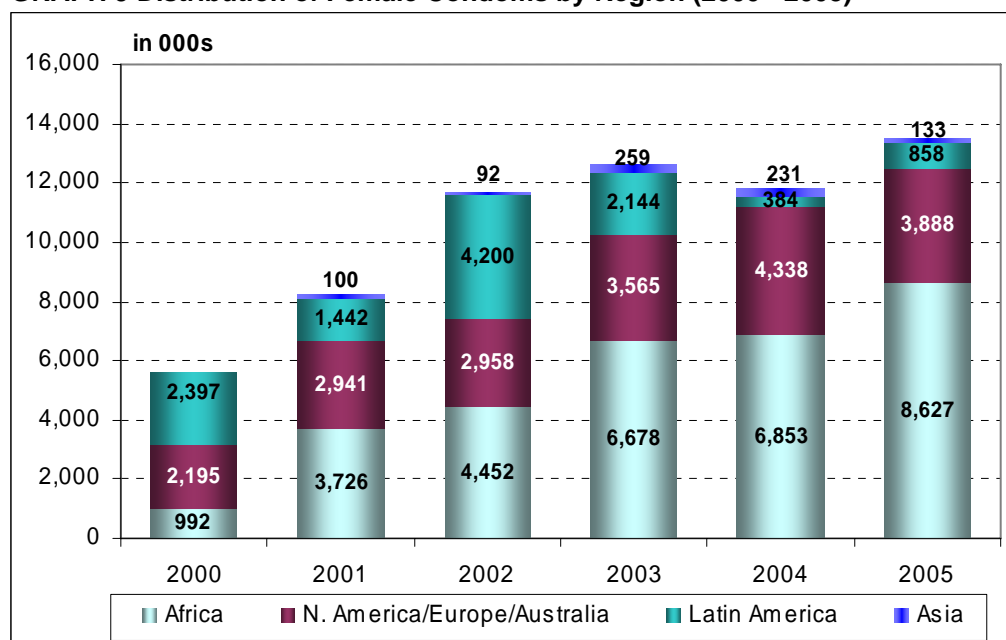
Source: Female Health Company 2005

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 2005, the region received 8.6 million female condoms – an increase of nearly 1.8 million female condoms since 2004.

In Asia, on the other hand, female condoms still remain virtually unknown. For a region of over 800 million women of reproductive age, the number of female condoms dropped from 231,000 in 2004 to 133,360 in 2005. And much like previous years, the developed regions – Australasia, Europe and North America – accounted for nearly a third of the distributed female condoms. Female condoms still make up a very small share of the total condom market. Compared to an estimated 10-12 billion male condoms that are produced every year, female condoms still account for only about 0.1% of the total condom supply in the world.

GRAPH 9 Distribution of Female Condoms by Region (2000 - 2005)



Source: UNFPA 2006

ANNEX 1

Male Condoms Provided by Donors by Country, 2000 – 2005

Country	2000	2001	2002	2003	2004	2005	Men 15-59 2005	Condoms per Man in 2005	Avg. No of Condoms per Man (2000-05)
Africa									
Angola	3,448,850	8,935,581	14,243,725	56,327,803	34,241,400	400,000	3,883,783	0.1	5.4
Benin	10,188,000	27,063,922	44,380,661	14,114,125	35,593,666	15,314,400	2,199,936	7.0	12.3
Botswana	--	659,500	--	3,569,494	132,827	5,367,000	495,602	10.8	3.3
Burkina Faso	13,609,005	31,912,400	20,959,535	22,649,080	31,262,527	46,163,232	3,222,276	14.3	9.4
Burundi	1,617,792	4,243,581	4,472,269	8,559,980	--	4,440,000	1,859,876	2.4	2.4
Cameroon	19,677,500	41,189,425	66,693,342	38,022,860	46,047,890	27,121,584	4,313,002	6.3	9.8
Cape Verde	--	7,488,000	--	--	4,986,145	2,777,800	132,927	20.9	21.1
Central African Republic	742,800	15,736,366	4,065,852	57,600	9,100,267	13,493,664	1,000,915	13.5	7.4
Chad	2,117,306	--	3,875,830	5,930,890	5,006,064	4,070,328	2,312,483	1.8	1.6
Comoros	118,800	1,107,120	455,760	504,000	1,009,884	1,075,104	214,920	5.0	3.5
Congo	6,402,760	61,803,590	5,733,792	9,803,808	5,423,508	72,591,189	958,117	75.8	29.9
Côte d'Ivoire	10,684,800	30,878,089	117,867,336	43,938,960	28,410,992	94,174,788	4,930,720	19.1	11.4
Congo, Dem. Republic	13,015,000	--	74,757,190	40,320	149,647,092	909,970	13,840,072	0.1	3.0
Equatorial Guinea	28,800	34,560	51,840	40,320	34,560	537,552	123,460	4.4	1.0
Eritrea	2,521,200	17,801,160	7,250,998	4,866,000	7,366,320	2,481,720	1,097,798	2.3	7.3
Ethiopia	99,686,000	218,760,159	201,150,489	92,516,328	50,619,000	148,050,041	19,520,466	7.6	7.5
Gabon	60,904	59,904	100,800	97,920	277,920	144,000	369,730	0.4	0.3
Gambia	2,940,000	66,240	2,940,656	100,800	889,378	7,200	403,659	0.0	3.2
Ghana	16,070,300	37,146,000	70,754,000	--	90,348,560	43,886,160	6,177,669	7.1	7.4
Guinea	12,000	17,802,067	7,017,521	3,991,908	28,558,676	31,719,000	2,448,858	13.0	6.3
Guinea-Bissau	172,800	1,474,240	9,673,837	130,680	405,444	702,288	372,273	1.9	6.1
Kenya	--	59,188,950	345,428,213	23,352,000	101,172,374	24,404,033	9,119,546	2.7	10.9
Lesotho	126,000	3,372,856	6,325,050	16,854,682	10,220,400	21,997	430,231	0.1	14.6
Liberia	1,392,000	2,280,000	5,000,400	--	15,574,480	5,002,080	808,157	6.2	6.1
Madagascar	7,628,952	10,501,039	17,556,089	32,893,725	18,419,705	24,909,648	4,736,256	5.3	4.2
Malawi	10,440,000	14,220,533	50,186,888	88,018,148	21,968,588	6,860,352	3,044,263	2.3	11.0
Mali	--	9,764,884	8,975,358	14,939,436	11,478,468	9,481,800	3,168,613	3.0	3.1
Mauritania	--	2,849,904	1,732,200	--	--	1,512,000	780,860	1.9	1.4
Mauritius	144,864	216,000	--	113,040	--	532,800	411,535	1.3	0.4
Mozambique	7,420,000	22,870,111	20,823,803	44,942,160	40,567,289	17,562,272	4,769,849	3.7	5.7
Namibia	1,690,335	22,413,298	2,565,471	16,843,000	18,278,960	2,502,400	533,463	4.7	21.2
Niger	1,384,752	11,764,720	40,320	6,978,383	--	1,238,400	3,415,452	0.4	1.2
Nigeria	68,832	208,167,301	521,679,850	159,154,001	205,701,780	23,207,640	33,810,929	0.7	5.9
Rwanda	3,775,666	12,585,633	18,033,224	28,855,651	2,931,000	11,210,808	2,272,028	4.9	6.1
Sao Tome and Principe	267,840	314,496	544,896	161,280	82,944	417,600	42,235	9.9	7.7
Senegal	6,960,000	8,624,200	7,152,000	5,058,000	10,761,000	14,259,000	2,976,861	4.8	3.2
Seychelles	204,000	360,000	247,680	396,000	342,432	145,152	n/a	--	--
Sierra Leone	40,320	4,320	7,133,616	12,690,744	523,728	4,502,448	1,406,945	3.2	3.2
South Africa	41,520,000	34,150,750	13,433,864	22,493,942	16,809,612	420,022	14,165,774	0.0	1.6
Swaziland	978,300	12,072,000	244,800	265,816	8,260,000	763,200	260,352	2.9	15.0
Togo	5,054,000	12,817,948	12,932,660	37,200,272	11,857,250	9,183,240	1,565,369	5.9	10.2
Uganda	77,882,269	71,645,367	46,517,093	61,159,728	77,858,000	94,217,000	6,584,251	14.3	11.8
Tanzania, United Repub	1,680,000	67,617,385	63,830,042	42,200,064	28,041,691	80,012,400	10,002,274	8.0	5.0
Zambia	40,098,400	50,488,042	66,822,505	28,645,948	63,015,582	11,795,736	2,911,262	4.1	15.8
Zimbabwe	12,000	140,026,884	27,337,099	105,053,521	147,937,750	46,475,860	3,522,330	13.2	22.9
TOTAL	411,883,147	1,302,478,525	1,900,988,554	1,053,532,417	1,341,165,153	906,064,907	180,617,377	5.0	6.8

Country	2000	2001	2002	2003	2004	2005	Men 15-59 2005	Condoms per Man in 2005	Avg. No of Condoms per Man (2000-05)
Asia & Pacific									
Australian Indigenous Peoples	--	--	--	--	17,280	--	n/a	--	--
Afghanistan	--	--	962,400	2,448,000	3,981,412	175,000	7,594,232	0.0	0.2
Bangladesh	120,721,259	328,730,393	173,995,960	44,545,008	41,279,880	38,004,000	42,834,554	0.9	3.2
Bhutan	3,024,000	--	2,160,000	1,152,000	2,416,350	2,160,000	599,652	3.6	3.3
Cambodia	18,072,108	15,850,300	48,125,410	38,963,300	61,200,884	31,140,000	3,861,806	8.1	9.8
China	31,427,176	--	--	--	--	--	458,520,024	0.0	0.0
Cook Islands	--	5,760	288	--	7,200	432	n/a	--	--
Korea, Dem. People's R	--	--	144,000	216,000	622,000	590,480	7,265,035	0.1	0.0
Fiji	30,000	2,408,880	2,452,896	746,784	144,000	2,130,080	267,762	8.0	5.1
China, Hong Kong SAR	--	--	56,160	--	--	338,201	2,283,646	0.1	0.0
India	58,137,523	96,787,192	54,272,857	--	43,030,858	114,040,801	342,265,849	0.3	0.2
Indonesia	39,227,169	43,847,150	52,153,026	44,243,594	--	--	70,759,371	0.0	0.4
Iran, Islamic Republic	--	3,459,000	28,800,000	15,120,000	--	--	22,813,030	0.0	0.4
Kiribati	86,640	34,800	11,520	--	31,680	10,368	n/a	--	--
Lao People's Democrati	1,530,912	5,134,933	9,861,510	12,133,002	9,000,000	9,019,375	1,588,336	5.7	5.2
Malaysia	10,797,696	--	--	--	--	--	7,805,299	0.0	0.3
Maldives	--	201,600	--	108,000	94,500	--	91,244	0.0	0.8
Marshall Islands	--	--	--	--	--	--	n/a	--	--
Micronesia, Fed. States	--	--	--	--	--	--	31,039	0.0	0.0
Mongolia	3,875,040	4,711,698	4,181,760	3,574,944	2,075,675	5,184,000	844,827	6.1	5.0
Myanmar	2,811,904	28,849,800	18,179,502	46,304,236	50,462,025	14,176,033	15,775,161	0.9	1.8
Nepal	17,236,080	17,500,000	54,854,094	47,107,921	118,553,448	28,282,447	7,321,595	3.9	6.8
New Zealand	--	144,000	--	--	--	--	1,227,341	0.0	0.0
Pakistan	51,680,562	285,115,011	278,162,541	232,899,804	251,736,530	86,959,728	45,689,453	1.9	4.7
Papua New Guinea	12,000	--	12,096	1,440	--	28,800	1,688,532	0.0	0.0
Philippines	14,014,176	107,874,645	50,488,886	31,857,919	207,360	770,400	24,580,386	0.0	1.5
Korea, Republic	--	15,867,120	14,400,000	14,400,000	--	70,007,000	16,466,574	4.3	1.2
Solomon Islands	73,000	57,620	43,776	28,800	17,568	28,800	135,178	0.2	0.3
Sri Lanka	4,644,000	5,627,000	12,834,000	1,440,000	3,656,016	3,581,280	6,974,492	0.5	0.8
Thailand	--	--	--	--	1,640,120	14,632,000	20,757,416	0.7	0.1
Timor-Leste	--	432,000	--	--	--	281,232	269,954	1.0	0.5
Tokelau	--	--	--	--	--	--	n/a	--	--
Tonga	82,320	--	11,088	--	--	--	28,721	0.0	0.6
Tuvalu	4,320	6,000	26,352	--	15,408	5,760	n/a	--	--
Vanuatu	--	129,600	1,491,840	5,760	--	--	58,464	0.0	5.0
Vietnam	36,224,632	107,052,098	16,557,600	37,745,000	--	124,344,000	26,453,765	4.7	2.2
Samoa	30,000	576,000	29,952	--	8,928	--	51,556	0.0	2.2
TOTAL	413,742,517	1,070,402,600	824,269,514	575,041,512	590,199,122	545,890,217	1,136,904,294	0.5	0.6

Country	2000	2001	2002	2003	2004	2005	Men 15-59 2005	Condoms per Man in 2005	Avg. No of Condoms per Man (2000-05)
Arab States, Europe and Central Asia									
Albania	1,508,326	--	2,557,542	3,214,704	438,900	--	942,755	0.0	1.4
Algeria	--	2,592,000	5,760,000	--	--	500,000	10,626,278	0.0	0.2
Armenia	--	--	504,000	293,760	1,968,682	718,020	897,047	0.8	0.7
Azerbaijan	--	273,600	2,188,800	42,000	--	--	2,634,592	0.0	0.2
Belarus	18,000	3,000,000	--	--	--	--	3,166,377	0.0	0.2
Bosnia and Herzegovina	--	583,500	1,195,200	--	--	--	1,245,774	0.0	0.2
Bulgaria	--	--	4,996,800	--	--	5,040,000	2,458,017	2.1	0.7
Cyprus	--	--	--	--	--	--	257,234	0.0	0.0
Czech Republic	--	--	--	--	10,675	--	3,363,338	0.0	0.0
Djibouti	86,400	408,960	115,200	100,800	324,858	686,016	213,511	3.2	1.4
Egypt	6,150,000	8,310,000	--	--	--	--	22,023,089	0.0	0.1
Estonia	--	--	--	--	--	999,216	407,241	2.5	0.4
Georgia	--	3,171,127	--	580,896	2,960,000	622,080	1,352,870	0.5	0.9
Hungary	--	--	--	--	--	--	3,191,209	0.0	0.0
Iraq	--	1,010,730	288,000	--	--	--	7,960,168	0.0	0.0
Jordan	942,000	2,220,000	1,104,000	7,398,000	7,458,250	4,806,000	1,729,732	2.8	2.4
Kazakhstan	936,000	907,225	15,879,033	21,969	10,896,081	511,720	4,729,074	0.1	1.1
Kosovo	--	10,747,403	1,872,570	106,848	--	1,000,800	n/a	--	--
Kyrgyzstan	--	4,651,200	1,656,000	1,740,000	1,227,000	9,747,880	1,586,158	6.1	2.1
Latvia	--	--	--	--	--	2,052,576	705,205	2.9	0.5
Lebanon	90,000	102,000	--	576,000	508,788	--	1,061,240	0.0	0.2
Lithuania	--	--	--	--	952,000	1,268,848	1,048,969	1.2	0.4
Macedonia, TFYR	--	--	--	--	--	--	668,072	0.0	0.0
Moldova, Republic	--	--	86,400	--	--	1,439,392	1,393,509	1.0	0.2
Morocco	1,896,000	748,800	3,645,600	4,002,000	--	--	9,737,734	0.0	0.2
Oman	--	195,552	--	--	382,725	--	933,529	0.0	0.1
Occupied Palestinian Te	60,000	166,800	218,304	--	--	--	951,371	0.0	0.1
Poland	--	--	--	--	--	--	12,890,163	0.0	0.0
Romania	84,672	99,330	20,344,026	19,710,000	8,969,818	2,135,600	7,091,923	0.3	1.2
Russian Federation	93,200	296,069	7,524,685	--	3,506,544	15,200	46,944,991	0.0	0.0
Slovakia	--	--	--	--	2,304	--	1,814,681	0.0	0.0
Somalia	48,000	150,000	748,800	--	--	--	2,101,460	0.0	0.1
Sudan	314,920	3,519,200	648,000	129,600	2,175,000	11,016,000	10,036,367	1.1	0.3
Syrian Arab Republic	1,440,000	2,473,000	3,024,000	2,448,000	1,810,000	4,636,000	5,588,710	0.8	0.5
Tajikistan	3,000	432,000	1,296,000	1,683,000	2,482,250	9,444,904	1,785,930	5.3	1.5
Tunisia	--	237,600	1,166,400	--	--	33,120	3,332,333	0.0	0.1
Turkey	4,872,960	2,808,144	--	144,000	--	--	23,347,407	0.0	0.1
Turkmenistan	--	1,896,050	3,009,600	--	--	2,238,280	1,479,811	1.5	0.9
Ukraine	896,968	720,000	--	1,771,200	--	4,968,000	14,300,142	0.3	0.1
Uzbekistan	792,000	29,435,900	8,016,000	1,421,895	423,000	6,487,720	8,022,921	0.8	1.1
Yemen	28,800	2,767,719	712,000	648,000	7,216,440	2,487,472	5,307,750	0.5	0.5
TOTAL	20,261,246	83,923,909	88,556,960	46,032,672	53,713,315	72,854,844	229,328,682	0.3	0.3

Country	2000	2001	2002	2003	2004	2005	Men 15-59 2005	Condoms per Man in 2005	Avg. No of Condoms per Man (2000-05)
Latin America/Caribbean									
Anguilla	--	--	--	--	--	--	n/a	--	--
Antigua and Barbuda	--	--	5,760	5,760	504,000	--	n/a	--	--
Argentina	--	--	4,039,200	--	293,190	--	11,476,266	0.0	0.1
Aruba	48,960	74,880	--	21,600	--	86,400	n/a	--	--
Bahamas	5,760	339,696	--	135,360	200,016	68,256	97,401	0.7	1.3
Barbados	16,992	40,320	28,800	11,520	--	--	90,732	0.0	0.2
Belize	--	8,600	331,200	129,272	162,384	183,600	77,887	2.4	1.8
Bolivia	1,842,000	7,856,444	11,688,177	9,903,000	7,002,000	5,001,000	2,512,289	2.0	3.1
British Virgin Islands	--	--	--	--	--	--	n/a	--	--
Brazil	56,320,561	42,586,594	622,034,250	--	--	150,000,048	58,057,572	2.6	2.6
Curaçao	--	11,520	--	--	--	7,200	n/a	--	--
Chile	1,000	28,800	424,800	--	201,456	232,560	5,171,242	0.0	0.0
Colombia	--	504,000	496,800	151,200	3,812,500	9,780,032	13,779,126	0.7	0.2
Costa Rica	--	11,633	--	585,940	1,250,316	230,400	1,399,373	0.2	0.3
Cuba	432,000	1,873,700	4,779,429	8,870,400	9,806,112	19,762,560	3,722,844	5.3	2.0
Dominica	66,240	80,640	80,640	101,808	115,344	69,120	n/a	--	--
Dominican Republic	--	1,695,792	626,400	6,973,056	24,170,998	13,352,616	2,734,000	4.9	2.9
Ecuador	--	4,584,000	3,546,000	2,100,000	--	--	3,932,275	0.0	0.5
El Salvador	1,524,000	5,670,920	2,856,000	1,656,000	6,459,000	8,709,648	1,957,911	4.4	2.4
Grenada	--	23,040	--	--	11,952	3,000	n/a	--	--
Guatemala	7,074,000	10,257,145	18,561,267	8,997,053	7,652,804	21,432,000	3,015,777	7.1	4.3
Guyana	--	--	504,000	2,001,300	84,528	--	229,345	0.0	1.9
Haiti	10,800,000	75,532,936	22,839,252	59,857,200	5,712,000	25,497,000	2,350,189	10.8	15.3
Honduras	4,794,000	17,880,179	4,879,238	3,023,300	1,846,800	11,721,600	2,004,565	5.8	4.0
Jamaica	29,100	4,536,000	11,520	1,723,200	2,008,571	195,000	758,163	0.3	1.9
Mexico	6,440	1,036,800	37,274,112	--	2,739,600	17,740,643	31,647,537	0.6	0.3
Montserrat	--	--	--	--	--	--	n/a	--	--
Nicaragua	2,070,000	5,217,911	7,602,720	3,578,432	2,454,347	4,962,024	1,532,709	3.2	3.0
Panama	478,080	504,000	351,360	479,940	132,480	205,920	991,292	0.2	0.4
Paraguay	1,830,000	908,065	3,889,223	3,389,109	7,957,220	2,162,000	1,766,554	1.2	2.0
Peru	14,010,000	18,821,800	13,840,704	1,191,000	34,127,958	20,823,912	8,454,210	2.5	2.1
St. Kitts and Nevis	--	17,280	1,008	696,000	30,720	--	n/a	--	--
Saint Lucia	23,040	11,520	28,800	--	12,096	12,960	48,684	0.3	0.3
St. Vincent and the Grenadines	1,440	864	4,320	--	98,496	22,752	n/a	--	--
Suriname	--	--	100,800	2,090,160	--	47,088	136,179	0.3	2.8
Trinidad and Tobago	63,360	--	504,000	153,000	6,624	810,000	437,356	1.9	0.6
Turks and Caicos Islands	--	--	--	--	--	--	n/a	--	--
Uruguay	109,440	447,840	69,120	2,687,040	201,888	2,916,144	1,002,604	2.9	1.1
Venezuela	--	443,520	112,320	107,712	77,904	596,880	8,224,418	0.1	0.0
TOTAL	101,546,413	201,006,439	761,511,220	120,619,362	119,133,304	316,632,363	167,608,500	1.9	1.7
*Others						6,923,000			
						14,400			
GRAND TOTAL	947,433,323	2,657,811,473	3,575,326,248	1,795,225,963	2,104,210,894	1,848,379,731	1,714,458,853	1.1	1.3

Source: UNFPA 2006

* 6,923,000 condoms were sent to various countries throughout Central America as part of a PSI and KfW collaboration called America Regional

*14,400 condoms were sent to the Netherlands to be incorporated into RH kits, and distributed to locations in developing countries