



*UNFPA Supplies – Addressing Challenges re:  
Availability, Quality, Affordability*

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# ***UNFPA Supplies Sustainability*** **Strategy: Overview**



Country led, country driven, multi-sectoral, rights based with value for money focus reconciled with strong equity focus

Optimization and leveraging of UNFPA SUPPLIES fund; longer-term transition from catalytic funding to in-country finance; focus on 46

Flexible funds; transparent, systematic support; aligned commitments; discipline; leverage and align UNFPA resources (CO/RO/HQ)

Broad, multi-sectoral alignment and collaboration (links to: DD; FP2020 CIPs; FP in EWEK strategies; FP in GFF applications, etc.)

UNFPA Supplies phase-out where sustainability achieved; with longer-term M&E (and targeted TA, as required; UNFPA will remain present)

# ***UNFPA Supplies Country***

## **Differentiation: 3 categories**



46 target countries divided into 3 sequential categories

(a) Long-term engagement in fragile states → stabilization & resilience

(b) Transition → transparency & commitment

(c) Sustainability → FP/RHCS mainstreamed & financed in-country

Linear concept towards sustainability; flexible application

Timebound, country-specific development support, agreement among government/UNFPA/(Other development partners) (*formal?*)

# UNFPA Supplies Target countries in different categories



## A Long-term support

### 18 countries

- Guinea
- Gambia
- Congo DRC
- South Sudan
- Niger
- Chad
- Mali
- Central African Rep.
- Liberia
- Benin
- Eritrea
- Guinea-Bissau
- Mozambique
- Sierra Leone
- Togo
- Burundi
- Mauritania
- Burkina Faso

## B Laying groundwork for sustainability

### 17 countries

- Senegal
- Sudan
- Ethiopia
- Uganda
- Cote D'Ivoire
- Madagascar
- Nigeria
- Ghana
- Haiti
- Cameroon
- Djibouti
- Tanzania
- Rwanda
- Yemen
- Nepal
- Sao Tome and Principe
- Timor Leste

## C Approaching sustainability

### 11 countries

- Papua New Guinea
- Malawi
- Kenya
- Zimbabwe
- Zambia
- Congo Republic
- Myanmar
- Lesotho
- Lao PDR
- Bolivia
- Honduras

Criteria	Weights
• NI p.c.	40%
• <u>mCPR</u>	30%
• Demand satisfied	30%

# ***UNFPA Supplies Sustainability***

## **Strategy: Value Proposition**



- (1) Optimize use of UNFPA-PS and its Value for Money Quality Supplies proposition (expand CSP Initiative and further develop alignment & collaboration with USAID); Quality RHC: QA → in-country → end user
- (2) Energize supply chain management – synergies with others re. forecasting, supply, distribution, storage, last mile, etc.
- (3) Enable national environment for FP (FP in HI/UHC & essential services package; equitable access w TMA); FP barriers down/access up;
- (4) Optimize public/subsidized/private sector alignment – community engagement, PPP (provider training, vouchers, social franchising, etc.)
- (5) Alignment/strong linkages to demand-side FP efforts (*no funds*)

# UNFPA Supplies: Contribution Overview



Largest UN fund  
DEDICATED  
to family planning



**US\$ 1billion+**  
mobilized since  
inception

Principal  
PROCURER  
of donated  
contraceptives



**40% of global  
contraceptive  
procurement** for  
developing  
countries<sup>1</sup>

Key actor to  
ACHIEVE  
FP2020 goals



Supporting **1/3  
of users of  
modern  
contraceptives**  
in FP2020  
countries<sup>2</sup>

Major supporter for  
international CSOs  
providing family  
planning services



**80% contraceptives  
provided by MSI** in  
Africa supplied by  
UNFPA

Contraceptives provided from launch of UNFPA Supplies (2007-2016) had potential to avert an estimated:



**63 million**

Unintended pregnancies

**1.1 million**

Maternal and newborn deaths

**19 million**

Unsafe abortions

These contraceptives had potential to save families and countries **\$3 billion** in direct health-care costs.

UNFPA External Procurement Support Reports; <sup>2</sup> CHAI Market Analysis 2015 – (excludes sterilization)

# UNFPA Supplies: 2016 Goal level progress



Goal: Increased contraceptive use especially by poor and marginalized women and girls									
	Indicators	Milestones							
		Baseline	2014		2015		2016		Scorecard
		2013	Planned	Actual	Planned	Actual	Planned	Actual	
1	Average Family Planning unmet need (46 target countries)	28.9	24.3	28.5	23.6	28.6	22.1	28%	NA*
2	Average mCPR (46 target countries)	20.4	21.7	21.2	23.2	22.0	24.7	22.7%	NA*
3	Average demand for family planning satisfied with modern methods (46 target countries)	43.1	47.1	44.5	49.6	45.7	52.7	46.8%	NA*
4	Contraceptive method mix (including information on method mix score and method skewness)	8.8	9.0		9.1	6.9	9.2	8.0	
5	Number of additional modern contraceptive users (46 target countries)	3.2 million (46 UNFPA Supplies countries) 8.4 million (69 FP2020 countries)	21.2		34.5		52	14.2 million in UNFPA Supplies countries (46% of overall 30.6 million)	



# ***UNFPA Supplies in 2016:***

## **Availability overview**



- mCPR ↑ average 0.7 % point (all women); unmet need ↓ average 0.8% point (married & in union)
- On average ≥85% SDPs offering ≥ 3 modern methods (similar rural-urban)
- 50% SDPs no stock-outs (no stock-outs in 44% primary level SDPs; vs 59% at secondary and tertiary levels)
- ≥ 3 three life-saving MH medicines available at 60.8% of SDPs on average in 2016 (in 19 countries surveyed); and up to 86.6% at tertiary level
- In humanitarian situations, UNFPA Supplies reached 1.3 million women and girls in 24 countries with reproductive health kits
- In 2016, 38 countries had capacity to lead forecasting of contraceptives, 35 had capacity to lead procurement of contraceptives, (& 34 both)
- 16 countries had active budget line for contraceptives (2 more than 2015); total expenditure ↓ \$25.4 million in 2015 to \$21.6 million in 2016



# ***UNFPA Supplies in 2016:***

## **Quality overview**



- WHO prequalified Hormonal Contraceptives as of end 2016: 10 combined oral contraceptives; 4 progestin-only pills; 6 emergency contraceptives; 2 implants (both innovator); 2 injectables (innovator);
- Hormonal contraceptives in UNFPA Procurement catalogue (*PQ&SRA*):  
Combined oral: 13 (11 generics); EC: 8 (8 generics); Progestogen-only pill: 4 (2 generics); Injectable: 4 (0 generics); Implants: 4 (1 generic)
- UNFPA (through PSB) total RH commodities procured in 2016: \$146m of which Contraceptives: \$93.7m; Medical devices(PSB & local): \$34.9m; Pharmaceuticals: \$17.6m.

# ***UNFPA Supplies in 2016:***

## **Affordability overview**



- Prices reduced for c. 94% of contraceptives procured in 2016 (long-term agreements, volume guarantee mechanisms);
- Purchased contraceptives in 2016 worth \$57.6 million; providing c. 22.4 million couple years of protection. (↓ re '15)
- Quality assured generic contraceptives: In 3 years (2014-16), UNFPA saved >\$1.5 million by increasing use of generic hormonal contraceptives
- 2016 implementation rate 92 per cent; expanded donor base including more private sector entities. Total 2016 payments of \$125 million 15% lower than in 2015.

# ***UNFPA Supplies: Challenges re, Availability, Quality & Affordability***



- On-going challenge to secure required funding; estimated UNFPA Supplies \$700m shortfall (2017-20) to meet FP2020 goal

Availability: scope for slippage if funding levels not maintained; focus on neediest; challenge to support transition to domestic funding in more advanced countries (away from donations?)

Affordability: need to improve SC visibility (funding); scope to transition to commercial markets (certain methods?)

Quality: Since 2011, generic manufacturers big investments to achieve PQ, but slow uptake of QA generic RH products;

- In-country registration a challenge; Importance of quality RH medicines not always prioritized (pharmacovigilance issues)