

# The evolution of RH supply markets: a case for country leadership, global support, and accurate data for effective market management

Cammie Lee, Biruk Tesfaye, Cristina Puig

19 October 2023 | 15:00 - 15:45 | Palm Jumeirah

# Available AI Translation

- Available via QR code and URL on table (audio option available via headphones)
- Adjusting Session Speaker Language

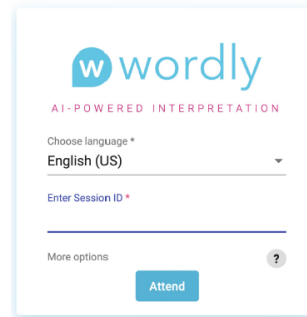
## Example Session How to Use Live Translation

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We appreciate your patience and understanding as the AI and our glossary continue to learn and make improvements.

# MEET TODAY'S PANELISTS



**MODERATOR**

**SARAH WEBB**  
Senior Technical  
Officer, RHSC



**CAMMIE LEE**  
Senior Program Officer,  
Maternal Newborn & Child  
Health, BMGF



**BIRUK HAILU TESFAYE**  
Maternal & Child Health  
Expert, Ministry of  
Health, Ethiopia



**CRISTINA PUIG**  
Coordinator, European  
Consortium of Emergency  
Contraception (ECEC)

*presenting on behalf of R4D*

# Government-led MNCH Commodity Market Provides Lessons Learned for Greater Resilience and Ensuring Access to RH Supplies

October 19, 2023

Biruk Hailu Tesfaye, Ethiopia Ministry of Health

Cammie Lee, Bill and Melinda Gates Foundation *(presenting on work from Results for Development)*

Government-led MNCH commodity  
markets offer lessons learned as  
Reproductive Health markets transition  
away from donor support



# Results for Development, with support from the Bill and Melinda Gates Foundation, is supporting improved access to MNCH products

## Phases of work



Conducted **market diagnostic** to understand “which” are MNCH commodity priorities and “what” is inhibiting scale-up



**Co-created strategies** with stakeholders at country, regional, and global levels to address identified MNCH market challenges



**Implementing catalytic interventions:**

- 1 Produce global public goods to address market information asymmetries, and
- 2 Address demand, supply, and financing barriers in Ethiopia

## Scope

We are focused on

**14 priority MNCH products**



at the



**global and regional-levels**

and in

**5 focus geographies**



Ethiopia



Nigeria (Kano)



Kenya



Tanzania



Uganda

Current phase

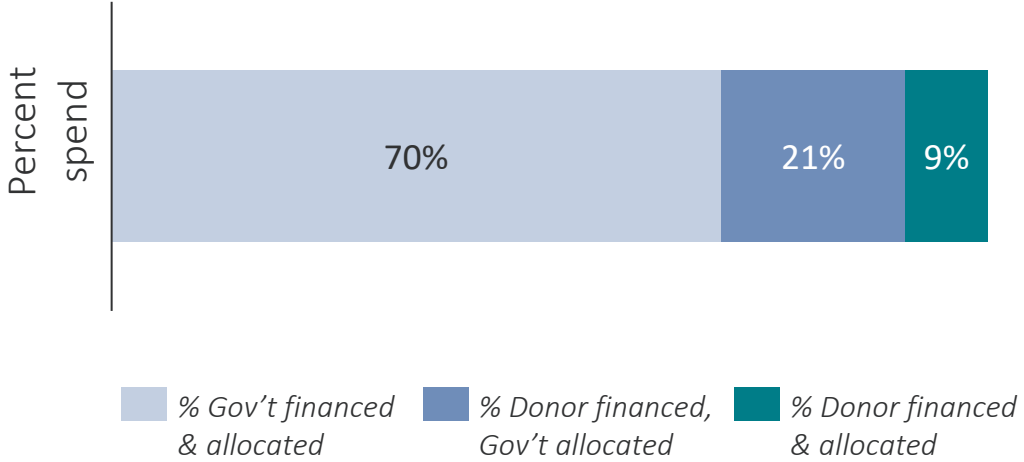


# The market diagnostic confirmed MNCH commodity markets are government-led

In the public sector, governments lead the majority of...

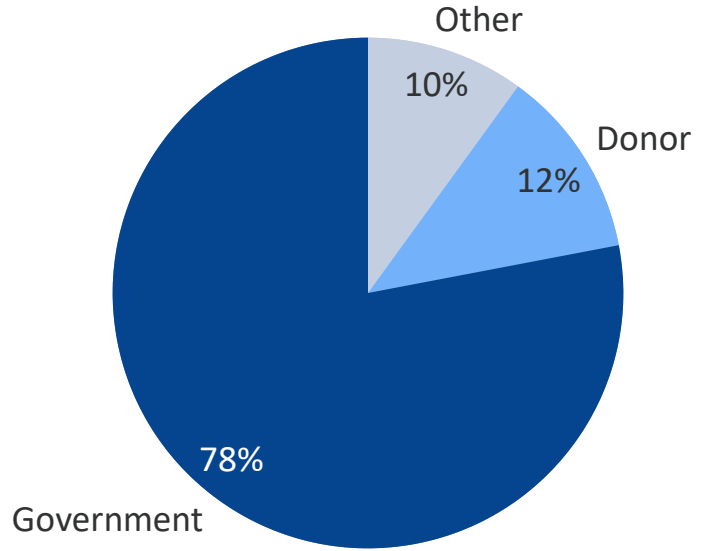
## Financing

*MNCH Commodity Financing Across 5 Geographies by Source, 2016-2018*



## Procurement

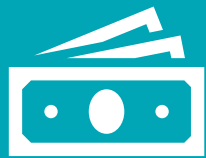
*MNCH Commodity Procurement Volumes Across 5 Geographies by Source, 2016-2018*



1. Values were calculated using the procurement data sourced from country government procurement agencies (EPSA, FMOH, MSD, NMS, KEMSA, DMCSA), other procurement agencies (JMS, SOML), and donors between 2016-2018. Financing covered 53

While governments are leading financing and procurement of MNCH commodities, key market challenges are inhibiting access.

A few examples of these challenges include:



Insufficient  
financing



Variable  
pricing



Limited access to  
quality-assured  
products



Note, these are just a subset of the full set of market challenges inhibiting access to MNCH commodities

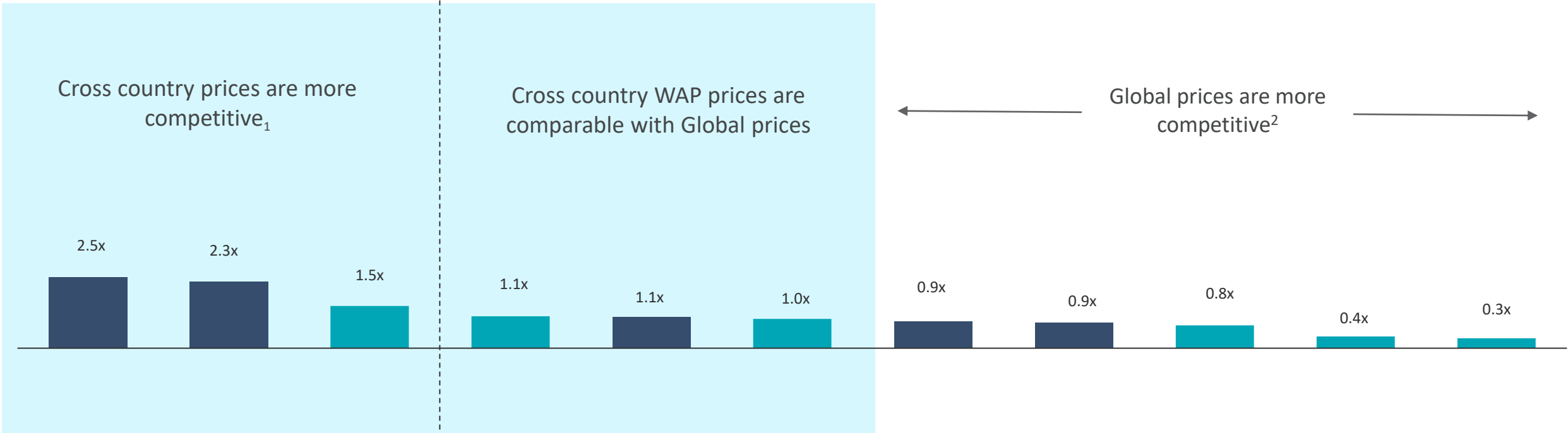


# When comparing Global prices to country-level procurement prices for 11 SKUs in common, prices for 45% and 27% of them have lower and comparable prices respectively

**Global Prices Compared to Weighted Average Prices Across 5 Focus Geographies<sup>1, 2</sup>**

Unit price multiple: Global price<sup>2</sup>/  
Cross-Country Weighted Average Price<sup>1</sup>

MH-focused medicines  
NCH-focused medicines



1. Cross-country weighted average prices include prices gathered from country government procurement agencies (EPSA, FMOH, MSD, NMS, KEMSA, DMCSA), other procurement agencies (JMS, SOML), and donors between 2016-2018. A cross country weighted average price was taken for SKUs across all in-country procurement sources between 2016-2018 and calculated as the smallest unit of measure per pack size. In Uganda, Ethiopia, and Tanzania, UNICEF or UNFPA procured 7 of the SKUs shown above for these countries, and their prices are included in the in-country prices due to complexity of separating out prices: Amoxicillin 250mg DT (Uganda, Ethiopia), Gentamycin 10mg/ml 2ml injection (Ethiopia), Gentamycin 40mg/ml 2ml injection (Ethiopia), Magnesium Sulphate 50% 10ml injection (Ethiopia, Tanzania), Misoprostol 200mcg tablet (Uganda, Tanzania), Zinc/ORS co-pack (Uganda), Oxytocin 10IU/ml 1ml injection (Uganda, Ethiopia, Tanzania)

2. Global level prices were gathered from UNICEF and UNFPA supply catalogues accessed in January 2020 and matched to country procured SKUs, including pack size. Prices were determined on a two-pass model where first SKUs with a corresponding UNICEF price were identified. If no price existed, then a UNFPA price was identified. Not all SKUs procured in countries were available on the UNICEF or UNFPA catalogue because pack sizes were different or UNICEF or UNFPA did not offer a particular SKU. In addition, the difference between global and cross-country price is probably even greater for a few SKUs than what is shown here because UNICEF and UNFPA procurements in countries were included into the in-country weighted average prices, which were used to calculate the cross-country weighted average prices for each SKU



# For government-led MNCH markets, a 2-pronged approach is required to holistically shape the market

## Identified Challenges

Market information asymmetries around quality and price

## Catalytic Interventions

- ❖ Reference Price List
- ❖ Quality-Assured Supplier List



## Identified Challenges

- Regulatory fragmentation
- Few or no registered high-quality products
- Insufficient domestic resource mobilization

## Catalytic Interventions

- ❖ Regional registration harmonization efforts
- ❖ Business case to internal manufacturers to register
- ❖ Domestic resource mobilization and evidence-based advocacy

Based on R4D's current MNCH work to produce global & regional public goods, and specific efforts to support Ethiopia's Ministry of Health



# Evolution of RH Market in Ethiopia

**Maternal, Child, Adolescent Health Services LEO**  
**Ministry of Health, Ethiopia**

Biruk Hailu, MOH Ethiopia

**ጤና ሚኒስቴር - ኢትዮጵያ**  
**MINISTRY OF HEALTH-ETHIOPIA**

**የዜጎች ጤና ለሃገር ብልጽግና!**  
HEALTH FOR ALL FOR PROSPEROUS ETHIOPIA



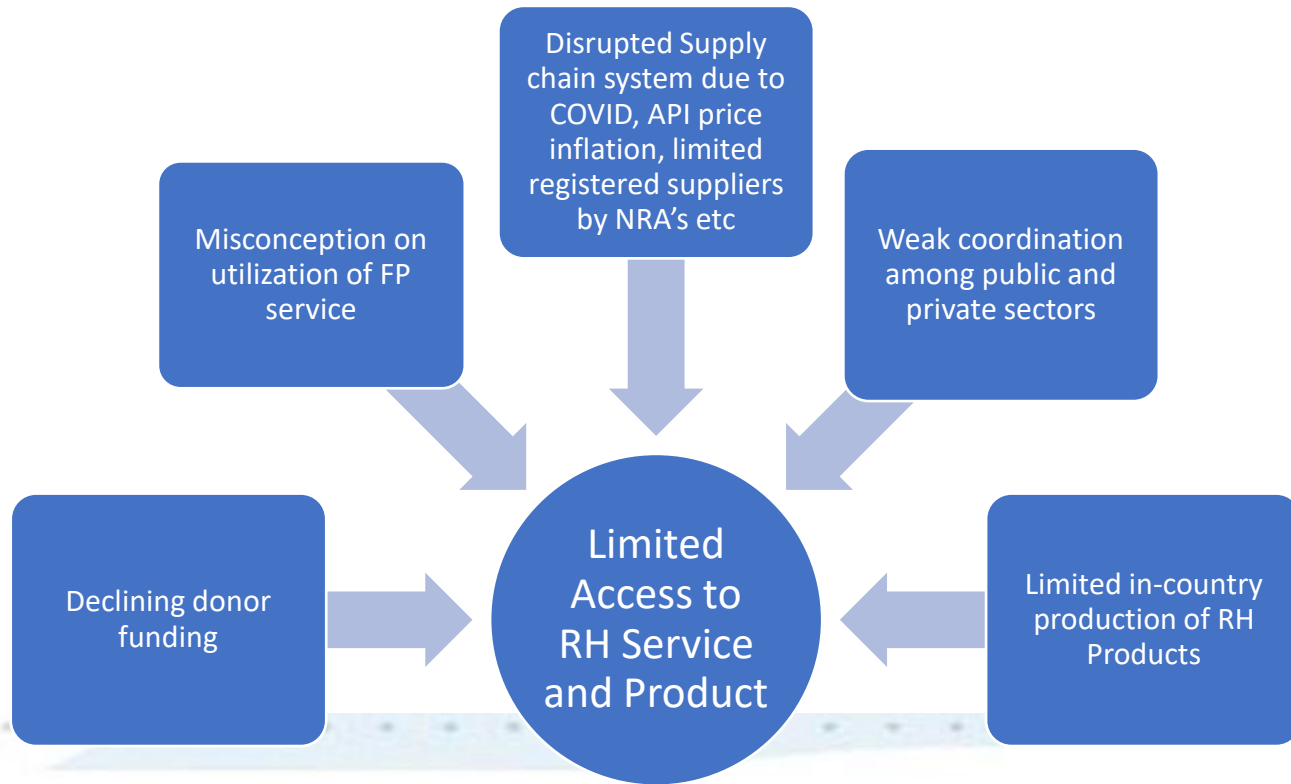
# The Reproductive Health Supply market in Ethiopia has evolved significantly over the past two decades

- Initially the market was dominated by the public sector but recently the private sector is also playing an important role.
- Increased availability of reproductive health supplies has led to an increased use of contraception.
- Health sector transformation plan (HSTP I and II) were pushing factors for the increment of both public and private markets.



Financing for family planning services in Ethiopia currently comes from three main sources: the GoE (from tax revenues and loan) , External Sources ( Donor Pooled Fund and bilateral donors) and households (in the form of out-of-pocket payments)

For 2022/23 fiscal year, Government of Ethiopia increased its contribution to ~USD 2million dollar (i.e 2x of 2020/21 allocated budget, However access to RH products continue to be a problem due to global and in-country level system and market bottlenecks



GOE developed Strategic Initiatives for **Access to quality RH services** to all women and girls regardless of their income or location through alleviating:

- Unmet need 22%(2021) - 19.1% in 2025
- 50% of mCPR by 2025 – 1.8% increase each year
- TFR from 4.1 - 3.2
- FP 2030 commitment



# MOH currently working on building resilient and sustainable financing options for all exempted services that are provided for free to patients – services including FP, MNCH, and other programs

This is a kind request for donors, implementing partners and other key interested stakeholder to coordinate with the Government of Ethiopian to support current efforts that support Government of Ethiopia to achieve 2030 Commitment:

- Build Sustainable Financing options for RH and MNCH services and products
- Working towards building strong supply chain system through strengthening local production of FP and MNCH Program products.
- Creating Competitive Market for FP and MNCH product through expanded and strategized supply base and procurement mechanisms respectively.

ጤና ሚኒስቴር - ኢትዮጵያ  
MINISTRY OF HEALTH-ETHIOPIA

የዜጎች ጤና ለሃገር ብልጽግና!  
HEALTH FOR EVERYONE FOR PROSPEROUS NATION



# Trends in Emergency Contraception Markets of LMICs

Cristina Puig Borràs (ECEC)

New & Underused Reproductive Health Technologies Caucus

October 19<sup>th</sup>, 2023 (Session 17)

# Outline:

1. About ECEC
2. Trends in EC markets in LMICs
3. From underused to overused?

## Thank you to:

- DKT International
- USAID Global Health Supply Chain Program - Procurement and Supply Management
- Suzanne Gold (PSM)

## Acronyms used:

LNG:	Levonorgestrel
UPA:	Ulipristal acetate
EC:	Emergency contraception
ECPs:	Emergency contraception pills
ESC:	European Society of Contraception and RH
ECEC:	European Consortium for EC
ICEC:	International Consortium for EC



# Declaration of competing interests

To date, ECEC has received support from:

- HRA Pharma / Perrigo
- DKT International
- Magna Pharm
  
- European Society of Contraception and Reproductive Health (ESC)
- International Consortium for Emergency Contraception (ICEC)
- World Health Organization / UN Commission on Life Saving Commodities for Women and Children
- Gedeon Richter

# 1. About ECEC





Founded in 2011/12, initially as a branch of ICEC



International Consortium for  
Emergency Contraception



**ECEC**  
european  
consortium  
for emergency  
contraception

	Registered – Available Over the Counter
	Registered
	Registered – Available Directly from Pharmacies
	No Dedicated Product Registration



**ECEC**  
european  
consortium  
for emergency  
contraception

## Mission:

- **Expand knowledge** about and **access** to emergency contraception (EC) in European countries
- Promote the **standardization of EC service delivery** in the European context.

## Advisory committee:

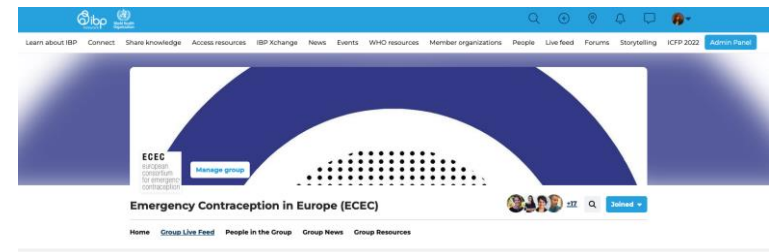
- Sharon Cameron, UK (\*)
- Kristina Gemzell, Sweden
- Anna Glasier, UK
- Caroline Moreau, France

## Host agency:

East European Institute for  
Reproductive Health (EEIRH)

[www-ec-ec.org](http://www-ec-ec.org)

## Community of Practice (IBP):

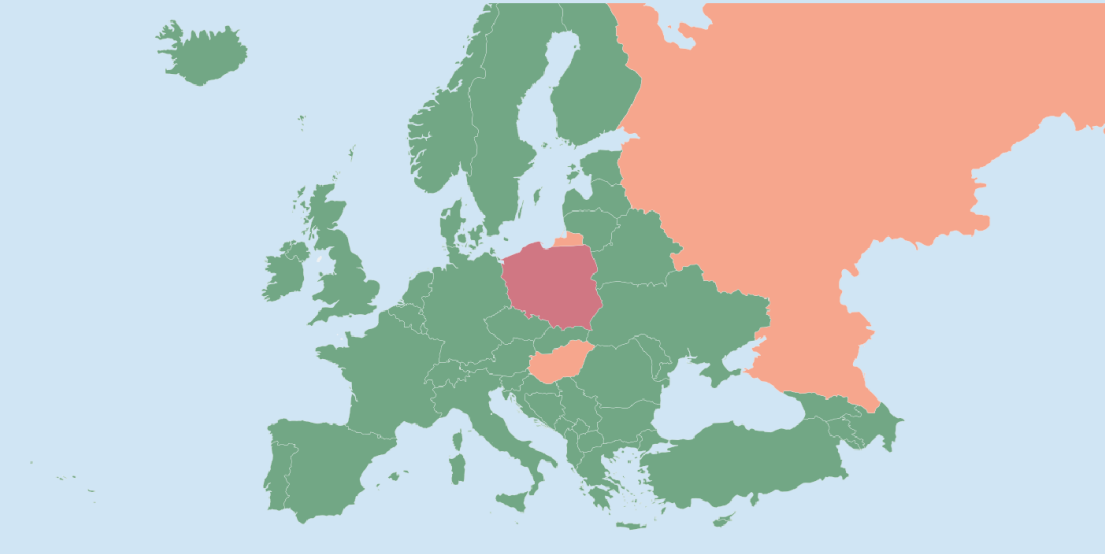


## Contraception Atlas - March 2020

Availability of emergency contraception without prescription



■ Yes (legal) ■ Yes (illegal) ■ No



# ACCESS TO EMERGENCY CONTRACEPTION (EC) METHODS AND INFORMATION IS A HUMAN RIGHT

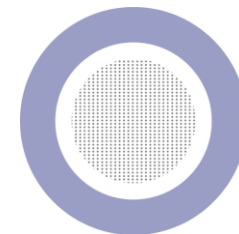
EC information and services based in human rights values:

- ✓ do not discriminate against anyone
- ✓ are available
- ✓ are accessible and affordable
- ✓ are person-centred and acceptable to all
- ✓ are of the highest quality
- ✓ facilitate informed decision-making
- ✓ guarantee privacy and confidentiality.

**Is this how access to EC looks in your community?**



## ECEC works from an evidence- and rights-based approach.



# Strategic objectives:



## **Knowledge**

Generate knowledge on EC use and access in Europe and serve as an information-sharing platform



## **Advocacy**

Disseminate research findings and promote the use of evidence-based information for policy and program development



## **Information, Education, Communication**

Develop and disseminate information, education and training materials

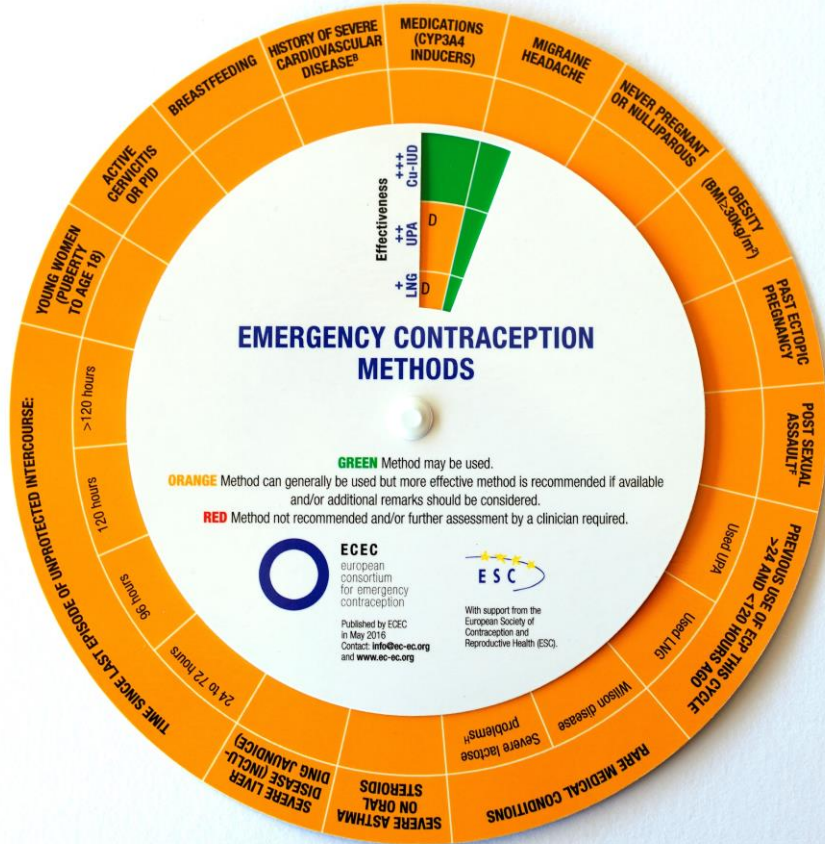


## **Quality of Care**

Reduce access inequalities by promoting the standardization of quality of care for EC services across the region



# The EC wheel

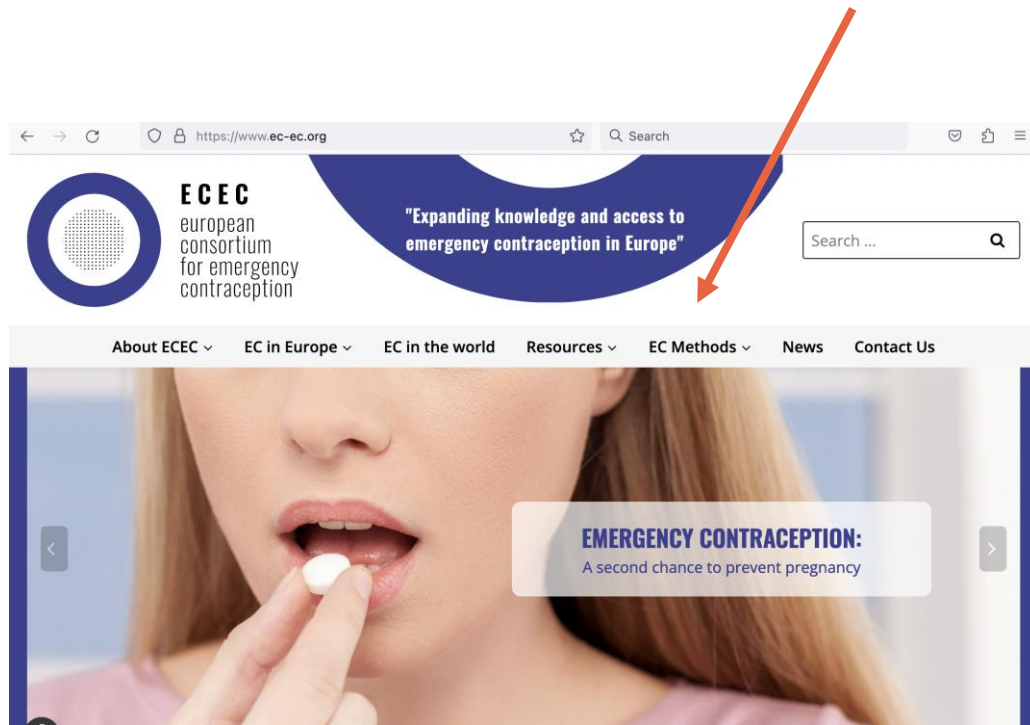


- EC counselling tool for pharmacists and health providers, developed in 2016 by ECEC, with support and endorsement from ESC.
- Available in English and French.
- Digital version created by WHO in 2017.
- Based on the WHO MEC 2015 and the UK Faculty of Sexual and Reproductive Healthcare recommendations for EC use.
- Provides recommendations on use of LNG and UPA ECPs, or Cu-IUD for emergency contraception.



How to access the online EC wheel:

<https://www.ec-ec.org/ecmethod/>



September 2023

# Dispensing emergency contraceptive pills according to the evidence and human rights: the role of pharmacists

A CONSENSUS STATEMENT ENDORSED BY:

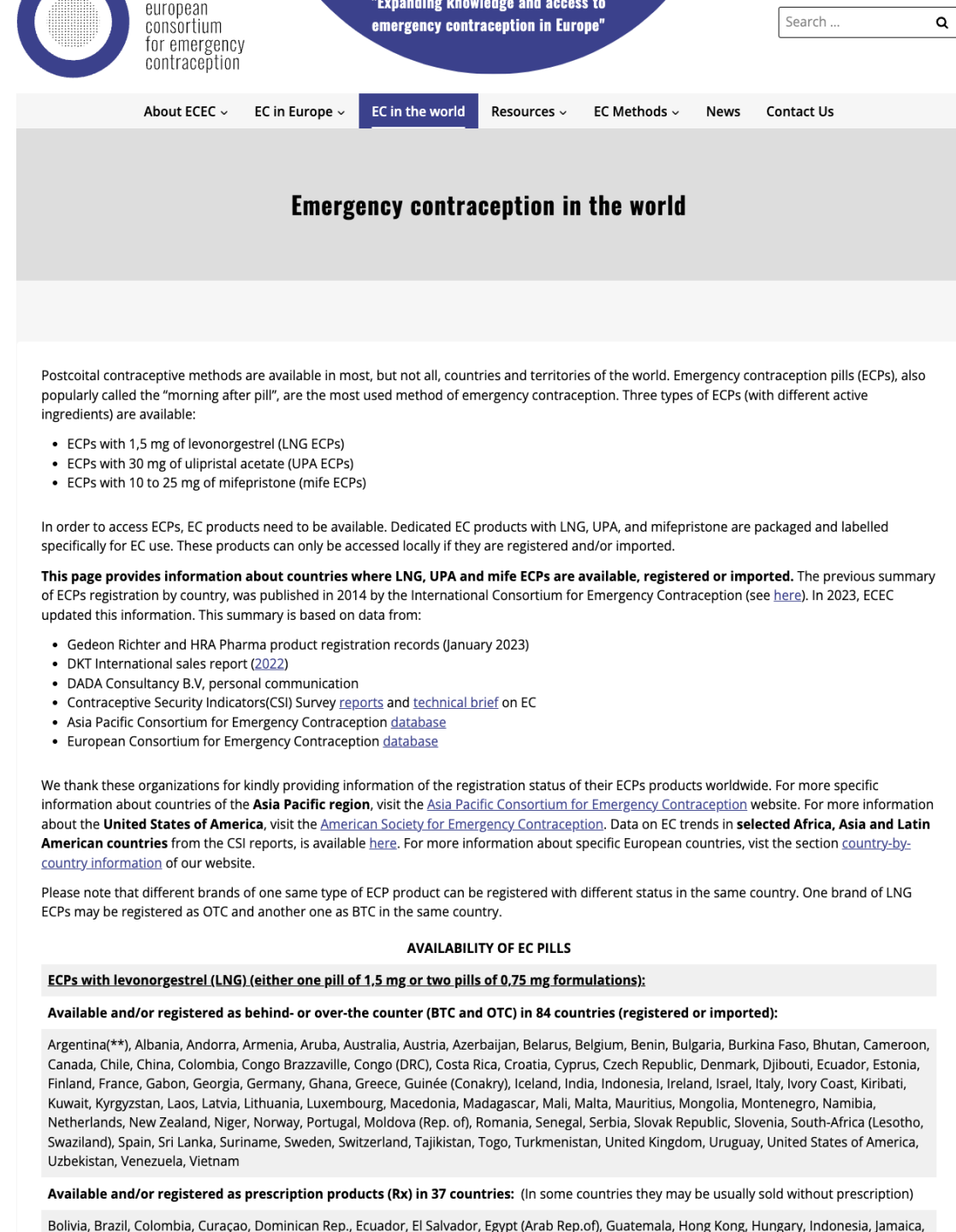


In most countries in Europe (and in many other countries around the world) two forms of emergency contraceptive pills are accessible: both levonorgestrel and ulipristal acetate pills are available in pharmacies without a prescription<sup>1</sup>. In this situation, pharmacy teams play an important role in facilitating access for women. Yet, significant variances in dispensing practices have been identified, leading to access disparities.<sup>2</sup>



## The closing of ICEC

- Since 2022, ICEC is no longer operational (website, database, etc).
- RHSC repository of ICEC materials.
- ECEC has expanded its mission to work beyond Europe:
  - Continue providing technical assistance outside of Europe (i.e: Honduras, Japan, Peru...)
  - Developing a new global database on EC availability.
  - Conveying global partners to advance EC access.



The screenshot shows the website of the European Consortium for Emergency Contraception (ECEC). The page title is "Emergency contraception in the world". The navigation menu includes "About ECEC", "EC in Europe", "EC in the world" (selected), "Resources", "EC Methods", "News", and "Contact Us".

Postcoital contraceptive methods are available in most, but not all, countries and territories of the world. Emergency contraception pills (ECPs), also popularly called the "morning after pill", are the most used method of emergency contraception. Three types of ECPs (with different active ingredients) are available:

- ECPs with 1,5 mg of levonorgestrel (LNG ECPs)
- ECPs with 30 mg of ulipristal acetate (UPA ECPs)
- ECPs with 10 to 25 mg of mifepristone (mife ECPs)

In order to access ECPs, EC products need to be available. Dedicated EC products with LNG, UPA, and mifepristone are packaged and labelled specifically for EC use. These products can only be accessed locally if they are registered and/or imported.

**This page provides information about countries where LNG, UPA and mife ECPs are available, registered or imported.** The previous summary of ECPs registration by country, was published in 2014 by the International Consortium for Emergency Contraception (see [here](#)). In 2023, ECEC updated this information. This summary is based on data from:

- Gedeon Richter and HRA Pharma product registration records (January 2023)
- DKT International sales report (2022)
- DADA Consultancy B.V, personal communication
- Contraceptive Security Indicators(CSI) Survey [reports](#) and [technical brief](#) on EC
- Asia Pacific Consortium for Emergency Contraception [database](#)
- European Consortium for Emergency Contraception [database](#)

We thank these organizations for kindly providing information of the registration status of their ECPs products worldwide. For more specific information about countries of the **Asia Pacific region**, visit the [Asia Pacific Consortium for Emergency Contraception](#) website. For more information about the **United States of America**, visit the [American Society for Emergency Contraception](#). Data on EC trends in **selected Africa, Asia and Latin American countries** from the CSI reports, is available [here](#). For more information about specific European countries, visit the section [country-by-country information](#) of our website.

Please note that different brands of one same type of ECP product can be registered with different status in the same country. One brand of LNG ECPs may be registered as OTC and another one as BTC in the same country.

#### AVAILABILITY OF EC PILLS

**ECPs with levonorgestrel (LNG) (either one pill of 1.5 mg or two pills of 0.75 mg formulations):**



**Available and/or registered as behind- or over-the counter (BTC and OTC) in 84 countries (registered or imported):**

Argentina(\*\*), Albania, Andorra, Armenia, Aruba, Australia, Austria, Azerbaijan, Belarus, Belgium, Benin, Bulgaria, Burkina Faso, Bhutan, Cameroon, Canada, Chile, China, Colombia, Congo Brazzaville, Congo (DRC), Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Djibouti, Ecuador, Estonia, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Guinée (Conakry), Iceland, India, Indonesia, Ireland, Israel, Italy, Ivory Coast, Kiribati, Kuwait, Kyrgyzstan, Laos, Latvia, Lithuania, Luxembourg, Macedonia, Madagascar, Mali, Malta, Mauritius, Mongolia, Montenegro, Namibia, Netherlands, New Zealand, Niger, Norway, Portugal, Moldova (Rep. of), Romania, Senegal, Serbia, Slovak Republic, Slovenia, South-Africa (Lesotho, Swaziland), Spain, Sri Lanka, Suriname, Sweden, Switzerland, Tajikistan, Togo, Turkmenistan, United Kingdom, Uruguay, United States of America, Uzbekistan, Venezuela, Vietnam

**Available and/or registered as prescription products (Rx) in 37 countries:** (In some countries they may be usually sold without prescription)

Bolivia, Brazil, Colombia, Curaçao, Dominican Rep., Ecuador, El Salvador, Egypt (Arab Rep.of), Guatemala, Hong Kong, Hungary, Indonesia, Jamaica,

# 2. Trends in Emergency Contraception Markets of LMICs

## Emergency Contraception Pills Sales in Low- and Middle-Income Countries: Data from Social Marketing Programs

- Introduction**

Sales data of Contraception Social Marketing programs in low- and middle-income countries is published annually by DKT International. The European Consortium for Emergency Contraception (ECEC) works to increase knowledge of and access to emergency contraception globally. This brief describes the trends observed from emergency contraceptive pills sales reported in DKTs [Contraceptive Social Marketing Statistics report](#) from 2012 to 2022.
- Background**

Data about use of emergency contraception (EC) in low- and middle-income countries (LMICs) is scarce. However, recent reports suggest that the availability of emergency contraception pills (ECPs) in these countries has increased significantly in the past decade and that ECPs provision continues to largely be through the private sector.<sup>1</sup> In addition, public sector procurement trends observed for ECPs also show that EC volumes grew overall between 2017-21, experiencing only a small decline from 2020 to 2021. This was primarily due to COVID-19 and funding challenges (a decline that was also observed for the overall public-sector contraceptive market).<sup>2</sup> Multiyear sales data from social marketing programs offer a proxy of general trends in ECPs use and can help understand better the role and weight of emergency contraception in LMICs markets.

### What is Emergency Contraception?

EC, also known as postcoital contraception, refers to contraceptive methods that can be used to prevent pregnancy after unprotected sexual intercourse. Methods of emergency contraception include copper-bearing intrauterine devices (Cu-IUD) and ECPs, popularly called "the morning after pill".

ECPs are included in the World Health Organization (WHO) model list of essential medicines. Offering ECPs is critical given that it is the only contraceptive that can be used after unprotected intercourse; that is, if pre-coital contraception methods were not used or were forgotten, if a problem was experienced with a barrier method, failure to abstain from coital sex on fertile days, or in case of sexual assault. ECPs work by delaying ovulation, are safe for women of all ages and can be very effective in preventing pregnancy.<sup>3</sup>

ECPs with levonorgestrel (LNG) have been marketed for over 25 years. The WHO recommends making ECPs available without a prescription.<sup>4</sup> Today LNG ECPs can be found in at least 143 countries. In some of these countries they are still prescription products, but in most LNG ECPs are registered as *pharmacy or over the counter products*.<sup>5</sup>

©2023 Emergency Contraception Trends from the Contraceptive Security Indicators Survey. Available at: <https://www.usaid.gov/press-releases/2023/06/16/emergency-contraception-trends> (Accessed: 16 June 2023).  
©2023 FAMILY PLANNING SUPPLY CHAIN PROGRAM. Available at: <https://www.usaid.gov/press-releases/2023/06/16/emergency-contraception-trends> (Accessed: 16 June 2023).  
Emergency Contraception (2021) World Health Organization. Available at: <https://www.who.int/publications/m/item/emergency-contraception> (Accessed: 16 June 2023).  
WHO guideline on self-care interventions for health and well-being, 2021 (revision 2022) World Health Organization. Available at: <https://www.who.int/publications/m/item/2021-guideline-on-self-care-interventions-for-health-and-well-being-2021-revision-2022> (Accessed: 16 June 2023).  
Emergency contraception in the world (2023) European Consortium for Emergency Contraception. Available at: <https://www.ec-ec.org/emergency-contraception-in-the-world/> (Accessed: 16 June 2023).



## Emergency Contraception Trends from the Contraceptive Security Indicators Survey

**Contraceptive Security Indicators Survey**



The biennial Contraceptive Security (CS) Indicators Survey, conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project, has collected data on national CS policies across a total of 63 countries since 2010, and in 42 countries in 2021. This brief highlights trends and recent findings from survey data specific to emergency contraceptive pills (ECPs) drawn from the following survey sections: commodities, policy, supply chain, and private sector.

### What is Emergency Contraception?

Emergency contraception (EC) refers to the contraceptive methods that women can use to prevent pregnancy after unprotected sexual intercourse. EC is a critical component of contraceptive methods mix, as it is the only contraception that can be used after unprotected intercourse, when pre-coital contraception methods were not used or were forgotten, a barrier method failed, or in cases of sexual assault.

More information on emergency contraception can be found at the website of the European Consortium for Emergency Contraception: [www.ec-ec.org](http://www.ec-ec.org).

### COUNTRIES THAT REPORTED IN THE 2021 CS INDICATORS SURVEY



Angola, Bangladesh, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Democratic Republic of the Congo, El Salvador, Ethiopia, Ghana, Guatemala, Guinea, Haiti, Honduras, Kenya, Kyrgyz Republic, Lao PDR, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Pakistan, Peru, Philippines, Rwanda, Senegal, Sierra Leone, South Sudan, Sri Lanka, Tanzania, Togo, Uganda, Yemen, Zambia, Zimbabwe.

<sup>1</sup> In addition to these 42 reporting countries, a limited number of countries are not shown, pending data sharing approval. Data for these countries has been anonymized and contributes to aggregate "all country" results (therefore, numerators and denominators reflect the anonymity included data from those countries).



# Looking back....

International Journal of Gynecology and Obstetrics xxx (2013) xxx-xxx

Contents lists available at SciVerse ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

REVIEW ARTICLE

A review of global access to emergency contraception

Elizabeth Westley <sup>a,\*</sup>, Nathalie Kapp <sup>b</sup>, Tia Palermo <sup>c</sup>, Jennifer Bleck <sup>d</sup>

<sup>a</sup> Family Care International, NY, USA  
<sup>b</sup> World Health Organization, Geneva, Switzerland  
<sup>c</sup> Stony Brook University, NY, USA  
<sup>d</sup> University of South Florida, FL, USA

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ABSTRACT

*Background:* Emergency contraception has been known for several decades, and dedicated products have been on the market for close to 20 years. Yet it is unclear whether women, particularly in low-resource countries, have access to this important second-chance method of contraception. *Objectives:* To review relevant policies, regulations, and other factors related to access to emergency contraception worldwide. *Search strategy:* A wide range of gray literature was reviewed, several specific studies were commissioned, and a number of online databases were searched. *Main results:* Several positive policies and regulations are in place: emergency contraception products are registered in the majority of countries around the world, listed in many countries' essential medicines lists, included in widely used guidance, and supported by most donors. Yet analysis of demographic data shows that the majority of women in low-income countries have never heard of emergency contraception, and surveys find that many providers have negative attitudes toward providing emergency contraception. *Conclusions:* Despite more than a decade of concerted international and country-level efforts to ensure that women have access to emergency contraception, accessibility remains limited.  
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"Despite more than a decade of concerted international and country level efforts to ensure that women have access to emergency contraception, **accessibility remains limited**. Data indicate that the **large majority of women in low-income countries are unaware** that emergency contraception exists as an option. **The majority of social marketing family planning programs do not include an emergency contraception product**, and approximately half of low-resource countries surveyed do **not offer emergency contraception through national healthcare systems.**"

[https://www.rhsupplies.org/uploads/tx\\_rhscpublications/Westley-Kapp-et-al.-Review-of-global-access-to-EC-IJGO-2013.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/Westley-Kapp-et-al.-Review-of-global-access-to-EC-IJGO-2013.pdf)

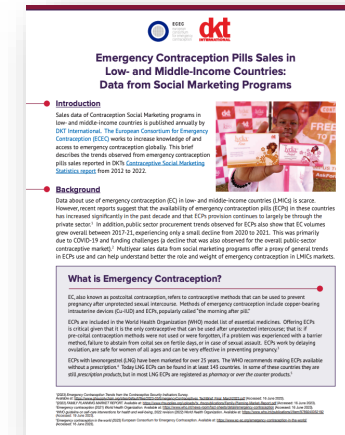
(2013)

# What do we know now?

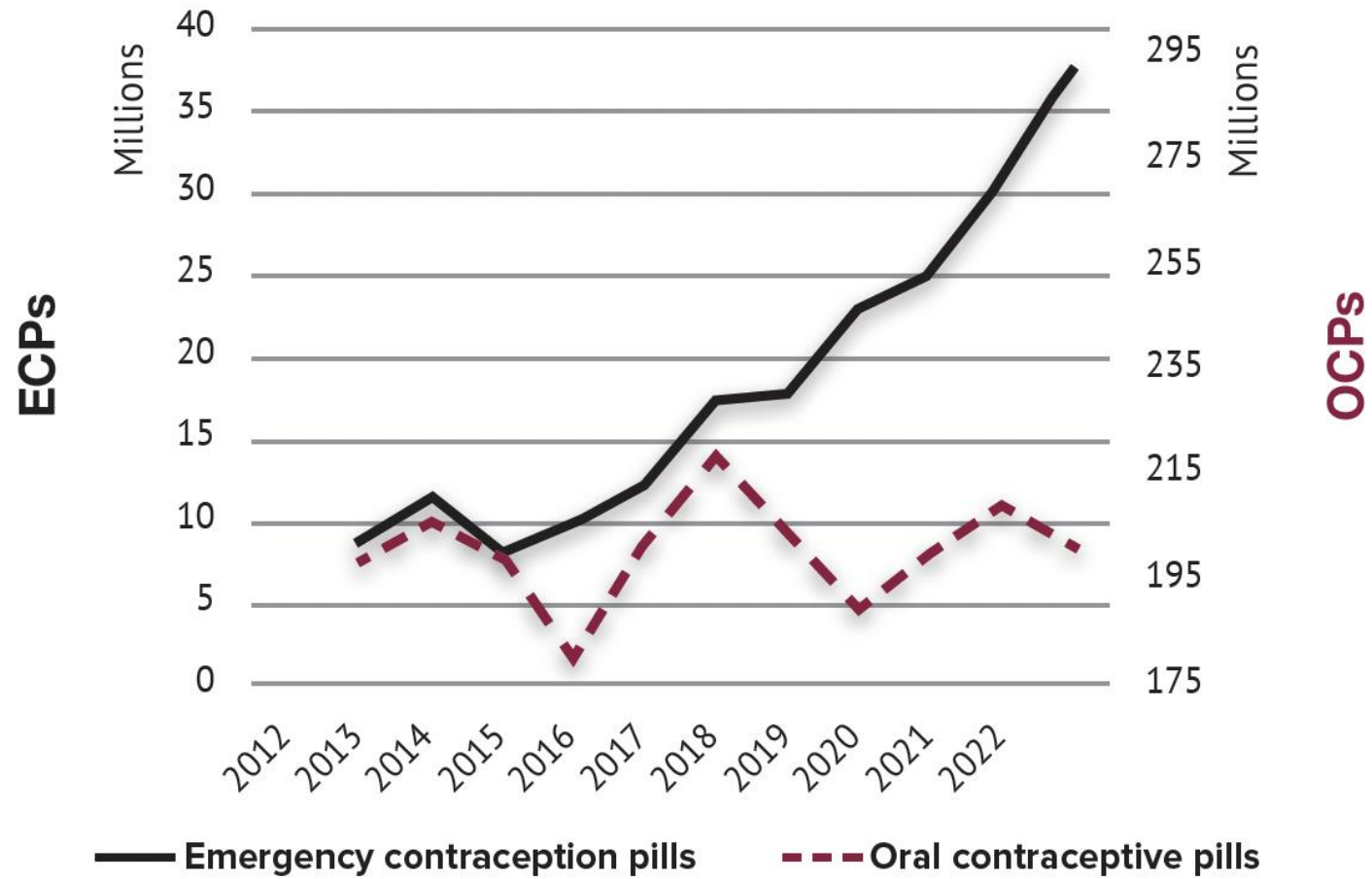
## a) EC sales from social marketing programs have increased by 300% since 2012

Units of emergency contraception pills (ECPs) and oral contraceptive pills (OCPs) packs, sold from 2012 to 2022:

Year	Emergency contraception pills (ECPs)*		Oral contraceptive pills (OCPs)**	
	ECP sales (units)	Percentage change	OCP sales (units)	Percentage change
2012	8.910.663	-	199,490,301	-
2013	11.519.695	29%	206,595,373	4%
2014	8.080.234	-30%	199,928,412	-3%
2015	9.909.276	23%	181,022,855	-9%
2016	12.313.146	24%	203,074,982	12%
2017	17.361.364	41%	219,109,418	8%
2018	17.725.577	2%	204,621,849	-7%
2019	22.942.885	29%	189,793,768	-7%
2020	25.050.655	9%	201,191,988	6%
2021	30.642.191	22%	209,606,713	4%
2022	37.615.541	23%	202,304,902	-3%
Average percentage change:		15.7%	0.4%	
2012 – 2022 percentage change:		322.1%	1.4%	



## ECPs and OCPs sales (2012 to 2022)

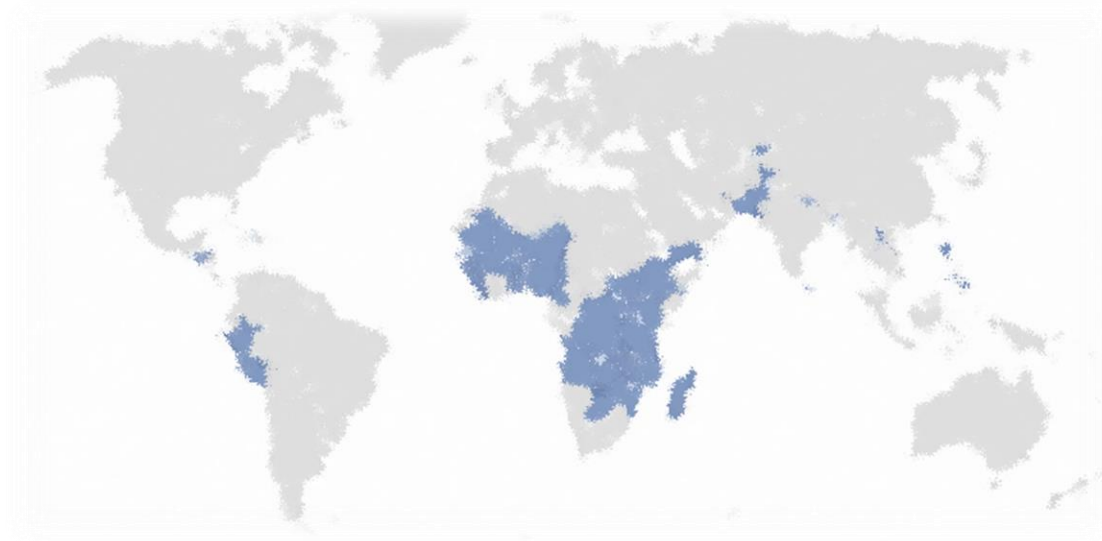


For more details:

<https://www.dktinternational.org/contraceptive-social-marketing-statistics/>

## Contraceptive Security Indicators Survey

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**42**  
Countries

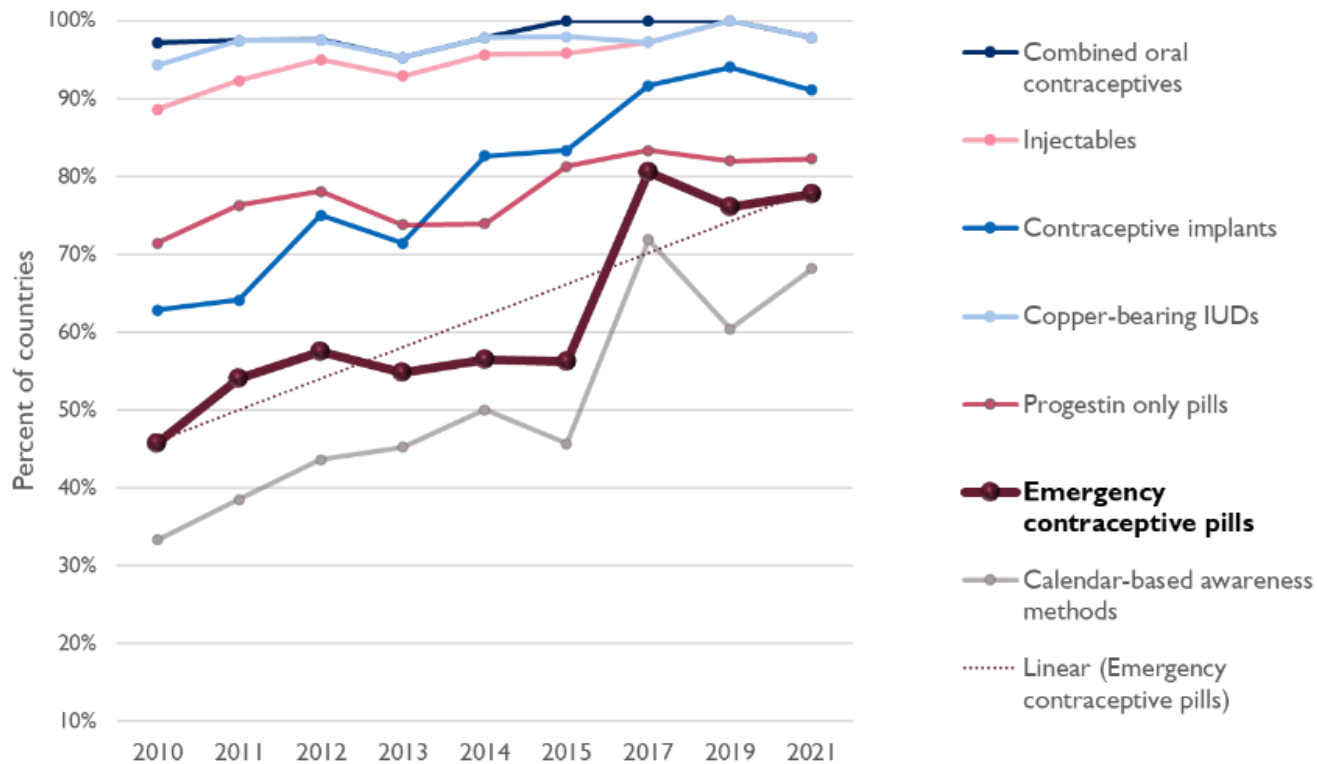
Angola	El Salvador	Lao PDR	Nigeria	Tanzania
Bangladesh	Ethiopia	Liberia	Pakistan	Togo
Benin	Ghana	Madagascar	Peru	Uganda
Botswana	Guatemala	Malawi	Philippines	Yemen
Burkina Faso	Guinea	Mali	Rwanda	Zambia
Burundi	Haiti	Mauritania	Senegal	Zimbabwe
Cameroon	Honduras	Mozambique	Sierra Leone	
Cape Verde	Kenya	Nepal	South Sudan	
DRC	Kyrgyz Republic	Niger	Sri Lanka	

# What do we know now?

b) Since 2010, ECPs have been one of the fastest growing methods offered in the public sector



FP methods offered in the public sector



In 2010, only 46% of reporting countries offered ECPs in the public sector. By 2021, this number had grown to 78% of countries.

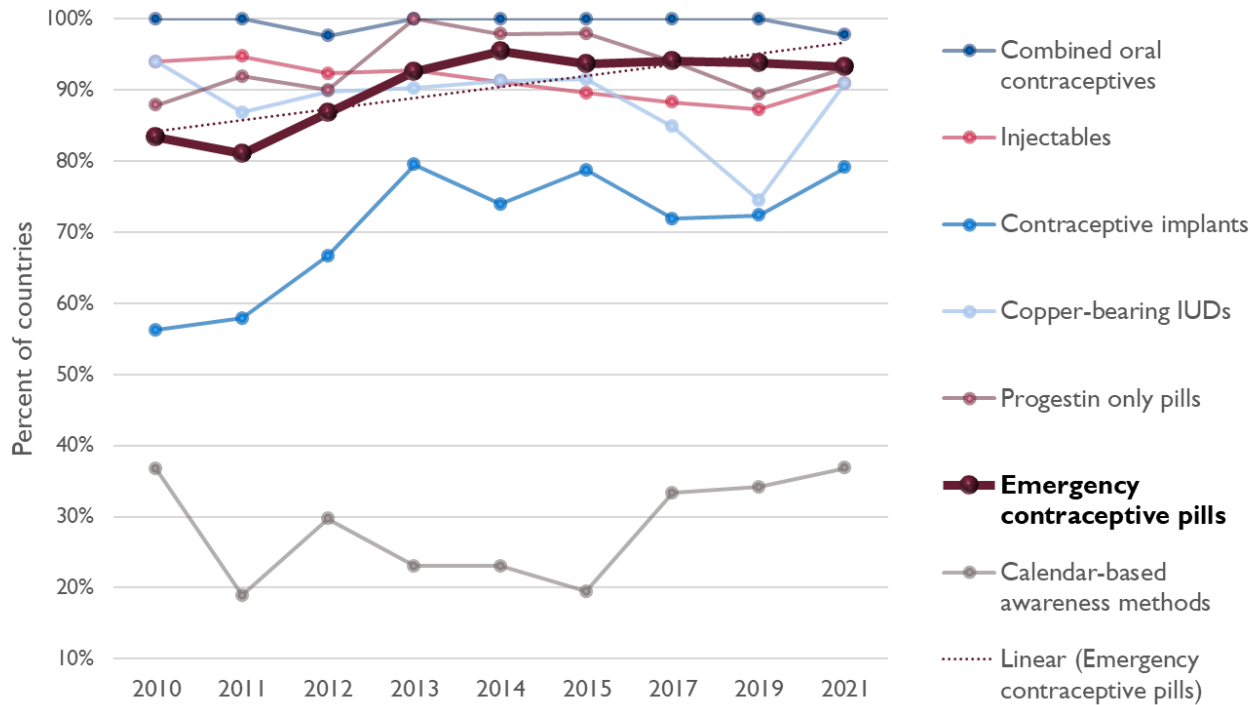
However, in the public sector, ECPs are mostly restricted to distribution at health facilities and by higher level health providers.

# What do we know now?

c) In the private sector, ECPs continue to be one of the most commonly offered family planning methods across countries



FP methods offered in the private sector (% of countries)



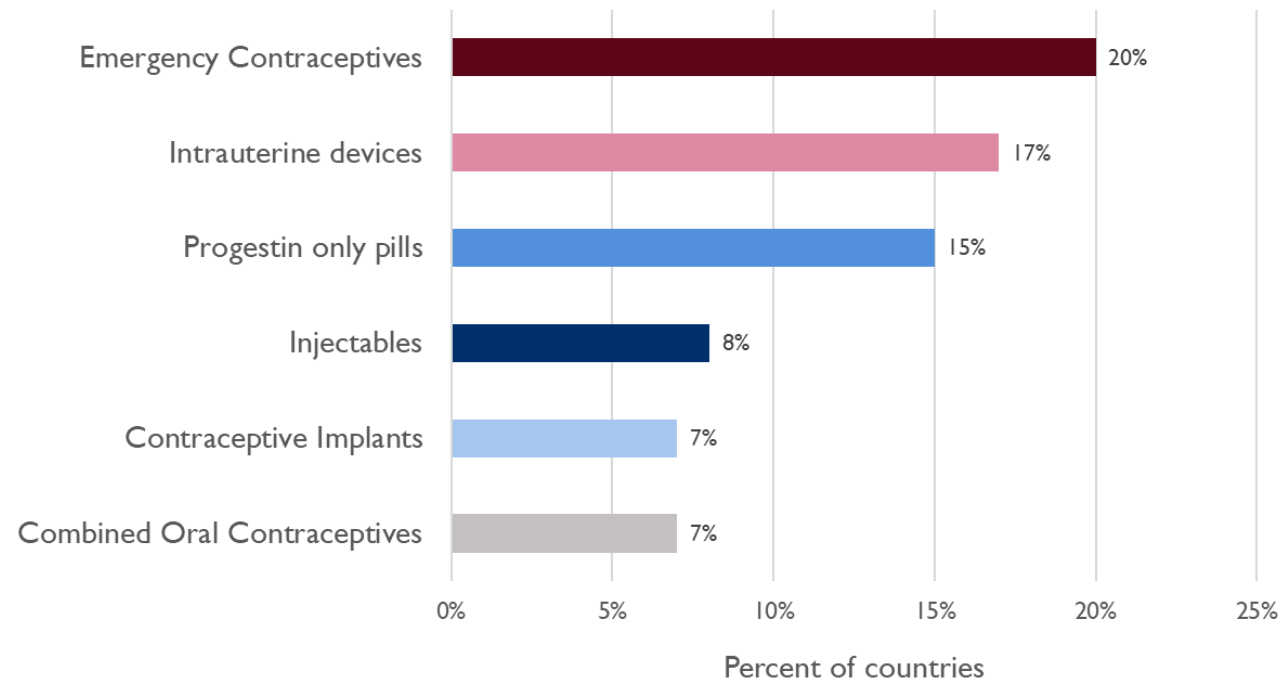
**In 2021, 93% of reporting countries offered ECPs in the private sector, a level that has been consistent for the past decade.**



# What do we know now?

## d) ECPs are less likely to be quality-assured than other FP methods

% of countries with FP methods with no Stringent Regulatory Authorities-approved or WHO-prequalified products registered for distribution



**In 2021, 20% of surveyed countries reported that no Stringent Regulatory Authority (SRA) or WHO-prequalified ECPs were registered for distribution.**

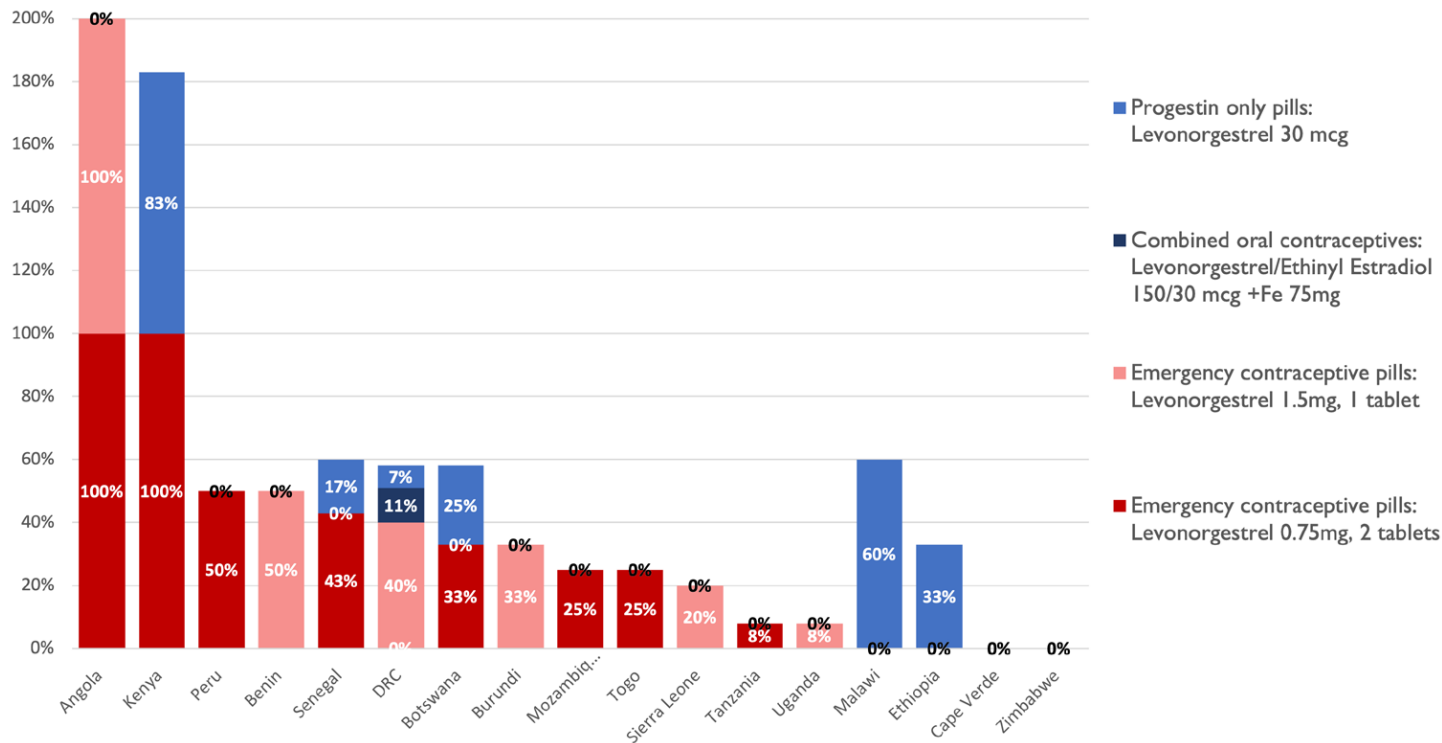


# What do we know now?

e) Countries are more likely to stock out of ECPs at central medical stores than they are to stock out of other FP products.



Average annual stockout rate at central warehouses, 2021



Only 29% of countries reported on ECP stockout rates at central level. Among those, many countries faced high rates of stockout.

ECP stockout rates seem to be higher at service delivery points.

# 3. From underused to overused?

The screenshot shows the Graphic Online website interface. At the top, there is a navigation bar with categories like HOME, NEWS, SHOWBIZ, POLITICS, SPORTS, LIFESTYLE, BUSINESS, and VIDEOS. A sidebar on the left lists various topics such as Today's Headlines, Editorials, and Ghana Politics. The main content area features a large banner for the 10th Anniversary of Naba Martin Adongo Abilba III, followed by the article title: "Misuse of emergency contraceptive pills on the rise...Among young ladies, students". Below the title is a photo of a man in a patterned shirt sitting at a table during a meeting with a woman.

The screenshot shows the GhanaWeb website interface. At the top, there is a navigation bar with categories like News, Sports, Business, Entertainment, Africa, and GhanaWeb TV. A sidebar on the left lists various topics such as Latest News, Home - News, and TWI News | TV. The main content area features a large banner for Sereno Woods, followed by the article title: "Pharma Society sounds alarm over misuse of emergency contraceptive pills among young women". Below the title is a photo of several blister packs of pills. The article text discusses the concerns of the Pharmaceutical Society of Ghana regarding the misuse of Emergency Contraceptive Pills (ECP) among young women.

## Repeated use of ECPs

- Repeat use of both LNG and UPA ECPs (not concomitant) has been studied and findings suggest it is safe and efficacious.
- Can result in increased side-effects, such as menstrual irregularities, but it poses no known health risks.
- It is acceptable for women (not only for young women).
- Shows increased awareness of postcoital contraceptive choices.
- It is happening; it is a fact!

Providing up-to-date information on how to safely and effectively use ECPs, every time a woman is at risk of pregnancy, is key.

**It is time to destigmatize the repeated use of ECPs.**

- Join the ECEC/ICEC community of practice to continue this discussion.
- Visit our website for more info: [www.ec-ec.org](http://www.ec-ec.org)
- Please share your campaigns and strategies to improve access to EC with our community. We have a lot to learn from each other.

Thank you!

Contact: [cpuig@eeirh.org](mailto:cpuig@eeirh.org)

# FACILITATED DISCUSSION



**MODERATOR**

**SARAH WEBB**  
Senior Technical  
Officer, RHSC



**CAMMIE LEE**  
Senior Program Officer,  
Maternal Newborn & Child  
Health, BMGF



**BIRUK HAILU TESFAYE**  
Maternal & Child Health  
Expert, Ministry of  
Health, Ethiopia



**CRISTINA PUIG**  
Coordinator, European  
Consortium of Emergency  
Contraception (ECEC)

*presenting on behalf of R4D*

**THANK YOU!**