# TRENDS IN CONTRACEPTIVE SECURITY POLICIES



CS Indicators Landing Page

## 12 YEARS OF THE CONTRACEPTIVE SECURITY INDICATORS SURVEY

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#### Context

Contraceptive security (CS) is the ability to choose, obtain and use a wide range of high-quality and affordable contraceptive methods. National governments use policy levers to achieve their family planning (FP) goals and at the global level, CS aligns with several Sustainable Development Goals. Detailed, reliable data is needed to identify best practices, assess trends, and target solutions.

#### **Contraceptive Security Indicators Survey**

The survey, developed by USAID and its partners to monitor CS-related indicators of policies and activities, has now captured and compiled 12 years of data to facilitate trend analysis (backwards looking) and predictive importance (forward looking). Key trends from that analysis help identify benefits and anticipate risks. The underlying data can be accessed through the CS Indicators dashboard, dataset, and report on the survey's landing page.

#### Why are the CS Indicators unique?

With this data, country-level decision makers within the public and private sectors, along with the global health community, can monitor CS progress, inform program planning, and advocate for improved policies and expanded resources. The survey assesses factors that are expected to contribute to CS, including:

- Finance and procurement
- Commodities offered
- Policies
- Impact of the COVID-19 pandemic (2021 survey only)

#### Methodology

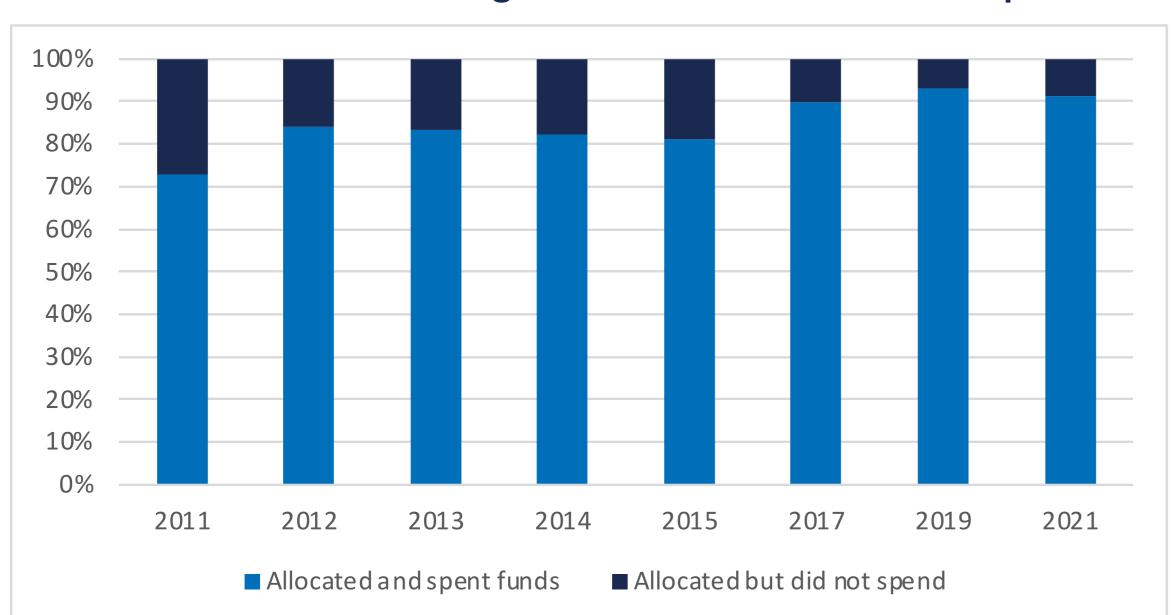
- Survey conducted between 2010 and 2021 in 63 low- and middle-income countries
- Mixed methods design, collected through key informant interviews and document review
- Data collected (annually through 2015 and thereafter biennially), analyzed, and accessible via USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project website

## Longitudinal analysis of contraceptive financing

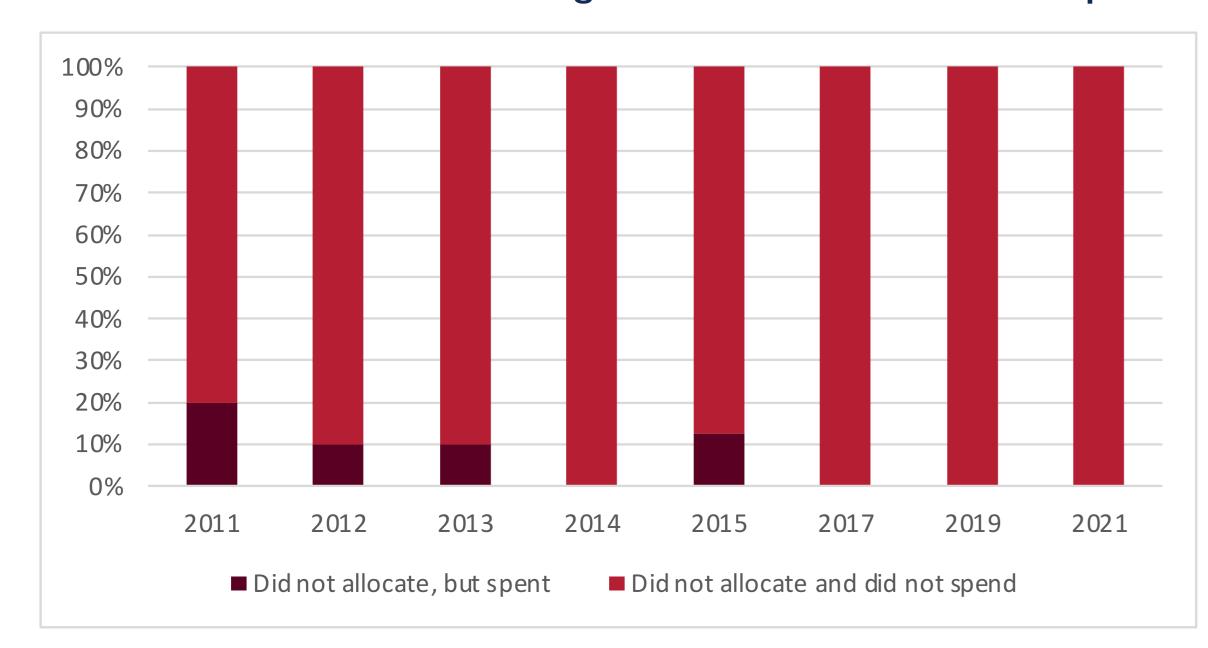
#### Figure 01

Countries that allocated government funds specifically for contraceptives (76% of countries, across years) were more likely to spend than those that did not allocate, a trend which has accelerated. Among those who allocated, 85% spent funds. Among those who did not allocate government funds for contraceptives, only 8% spent funds on them.

#### Countries that allocated government funds for contraceptives



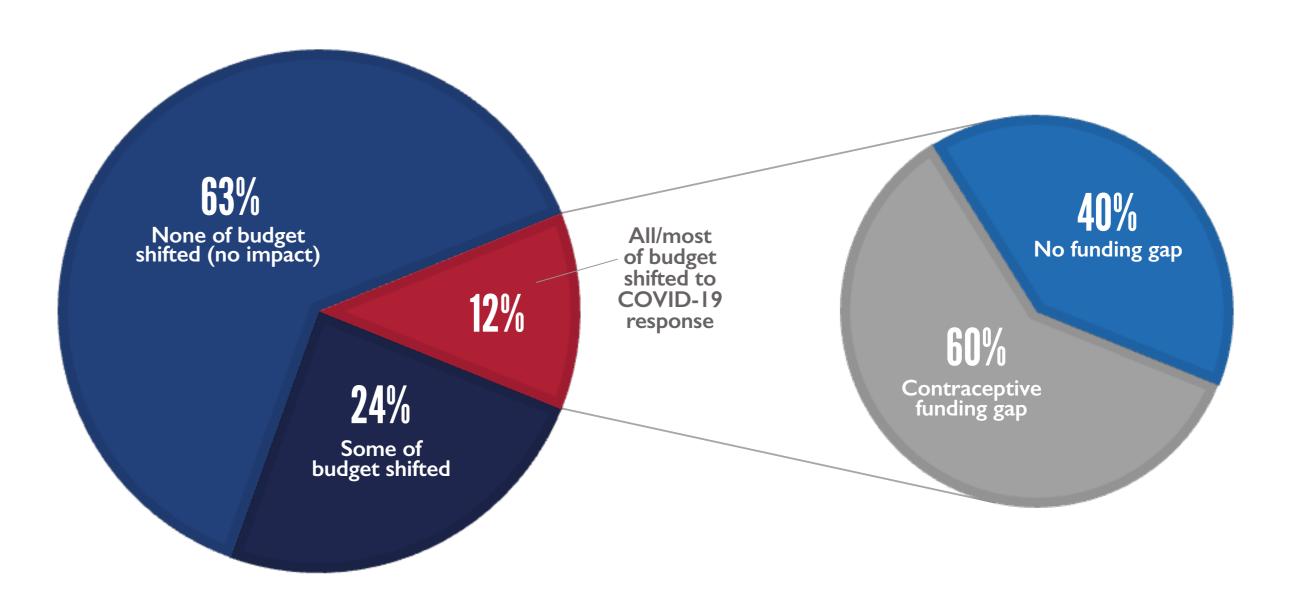
#### Countries that did not allocate government funds for contraceptives



## Impact of the COVID-19 pandemic on the approved budget line for contraceptives

#### Figure 02

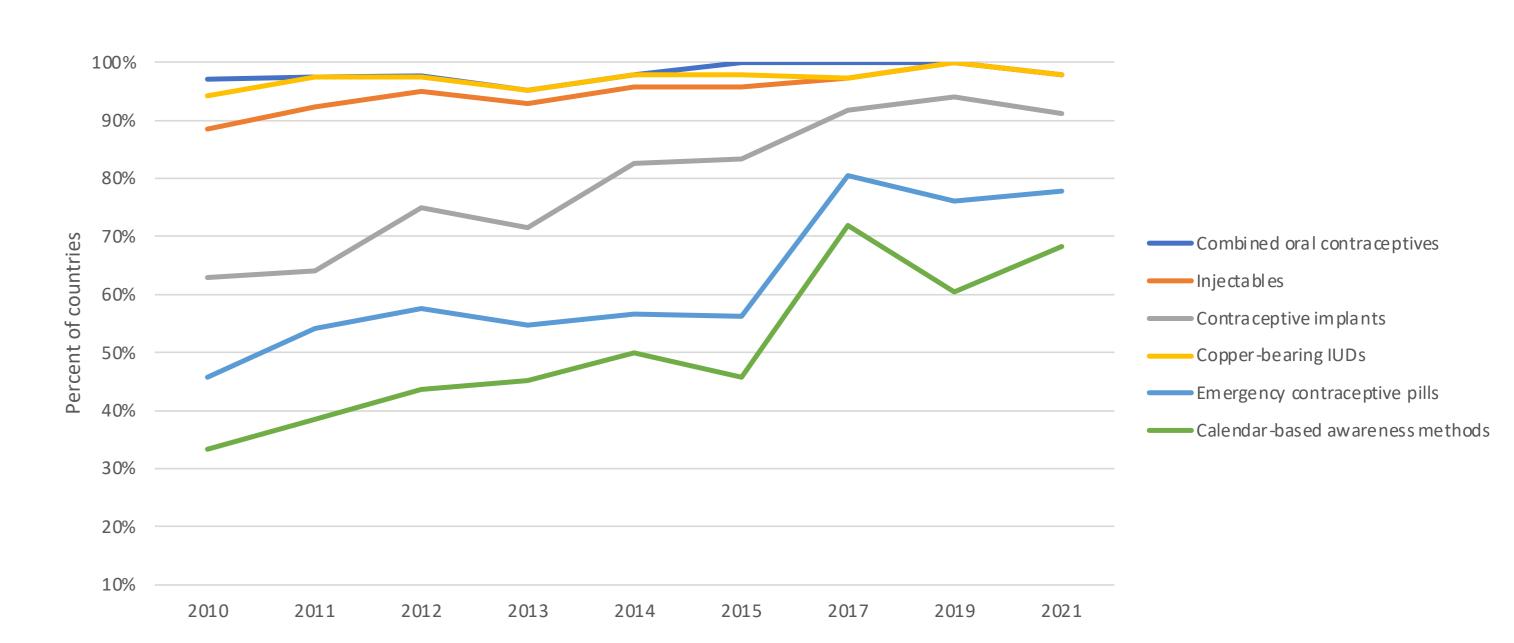
COVID-19 was expected to severely impact FP financing. Consistent with other reports, we did not find this. In 2021, most countries (63%) reported no COVID-19-related impact on the contraceptive budget line. Among the 12% (five countries) that reported all or most of their contraceptive budget line shifted to pandemic response, two countries (40%) had sufficient funding through donor sources to cover all estimated contraceptive needs, while three countries (60%; or 6.7% of all reporting) faced funding gaps.



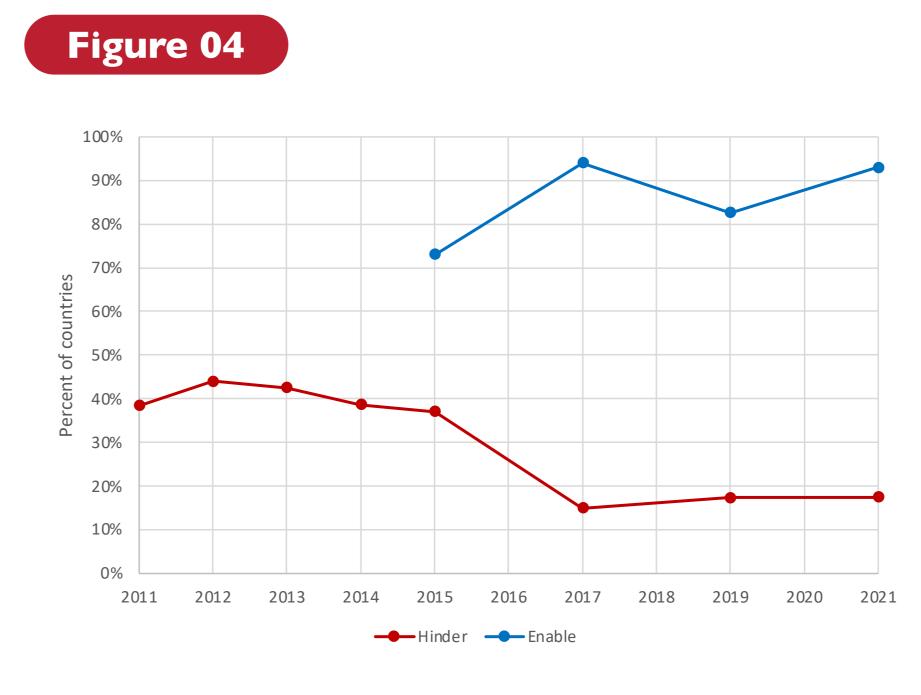
## Contraceptive methods offered in the public sector

#### Figure 03

Countries now report offering an increasingly expanded range of contraceptive methods. The fastest growing methods offered in the public sector include emergency contraceptives, implants, and calendar-based awareness methods. Similar trends are seen in methods included in national essential medicines lists (NEMLs). Recent NEML data also show offering of hormonal IUDs is rapidly increasing.



### Policies that hinder and enable private sector distribution of contraceptives



Over the past decade, governments have increasingly adopted policies to remove barriers and foster distribution of contraceptives in the private sector. In 2021, seven countries (18 percent) reported having some type of hindering policy, while 38 countries (93 percent) reported having some type of enabling policy. All seven countries with hindering policies in 2021 also reported having enabling policies.

#### **Enabling policies:**

- Subsidizing contraceptives through public-private partnerships or national health insurance schemes
- Social franchising for service providers
- Government accreditation, training, and licensing for retail outlets and other private FP providers

#### Policy barriers:

- Lengthy registration requirements
- Heavy customs duties for importing contraceptives
- Restrictions or bans on branding or advertising of contraceptives

