Donor Support for Contraceptives and Logistics

2000

UNFPA

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List of Abbreviations and Acronyms

AIDS Acquired immundeficiency syndrome

BKKBN Badan Koordinasi Keluarga Berencana Nasional (Indonesia)

BMZE Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung

(Germany)

CDLMIS Contraceptive Distribution and Logistics Management Information System

CDS Contract Distribution System

CIDA Canadian International Development Agency

CMIS Clinical Management Information System (Romania)

CMU Commodity Management Unit (UNFPA)

COESIDA Consejo Estatal para el Control y Prevencion del SIDA (State Council for

AIDS Prevention and Control)

CPR Contraceptive prevalence rate
CPT Contraceptive Procurement Table
CST Country Technical Services Team

DEPKES Departemen Kesehatan (Ministry of Health, Indonesia)

DFID Department for International Development

DFP Director of Family Planning
DHS Demographic and Health Survey

DILSAT District Integrated Logistics Self Assessment Tool

DOH Department of Health

DRP Distribution Resource Planning

EPI Expanded Programme on Immunization

FHD Family Health Division

FP Family planning

FPLM Family Planning Logistics Management

HC Health centre

HIV Human immunodeficiency virus

ICPD International Conference on Population and Development

IPPF International Planned Parenthood Federation

IT Information technology
IUD Intra-uterine device

KfW Kreditanstalt fur Weideraufbau

LGU Local Government Unit

LMIS Logistics Management Information System

LMT Logistics Management Training MIS Management Information System

MOH Ministry of Health

MOHFW Ministry of Health and Family Welfare MOHSA Ministry of Health and Social Affairs

MSI Marie Stopes International

NCMCH National Maternal and Child Health Centre (Cambodia)

NGO Non-governmental organization

OCP Oral Contraceptive Pills

PSI Population Services International

RFO Regional Field Officer RH Reproductive health

RLA Regional Logistics Adviser
RSDP Rural Services Delivery Project
RTI Reproductive tract infection
SDP Services Delivery Project

SIDA Swedish International Development Cooperation Agency

STI Sexually transmitted disease

TA Technical assistance

UFHP Urban Family Health Project

UMIS Unified Management Information System
UNAIDS Joint United Nations Programme on HIV/AIDS

UNFPA United Nations Population Fund

UNV United Nations Volunteer

USAID United States Agency for International Development

VFT Vaginal foaming tablet WHO World Health Organization

Introduction

This report, the latest in a series, was prepared by analysing information from a database of the United Nations Population Fund (UNFPA) on Donor Support for Reproductive Health Commodities and Logistics. The database contains country-specific information reported by donors on the type, quantity and total cost of contraceptives they provided to reproductive health programmes in developing countries during 2000. The information for this report was collected in 2001. The series of reports is being used for contraceptive supply planning, advocacy and resource mobilization, as is evident by citations of the UNFPA database in several publications in 2000. As in earlier years, the database is especially useful to illustrate commodity shortfalls and changes in funding by donor and country.

The report highlights trends in donor support since 1990 and the gap between estimated needs and actual donor support. For example, the estimated condom requirements for STI/HIV prevention and contraceptive requirements for family planning programmes, prepared separately by UNFPA, are compared with the actual donor support figures to examine donor contributions vis-à-vis country needs. This report also indicates donor support by region, support by product, the top 10 countries supported by donors and the quantity of male and female condoms supplied in countries.

An attempt was made to collect information on donor support for antibiotics for developing-country programmes on the prevention of sexually transmitted infection/reproductive tract infection (STI/RTI). In many cases, however, either donors did not have a system to record this information or the countries receiving support did not disaggregate information by commodity. The UNFPA Commodity Management Unit (CMU) will, nevertheless, continue to dialogue with donors and countries to collect this information.

A chapter at the end of the report outlines information on logistics support provided by donors, mainly by the United States Agency for International Development (USAID) and UNFPA. Other donors did not have this information. Grouped into three categories -- technical support, infrastructure-strengthening and training – this information is compared with the dollar amount spent on products. Participants in a UNFPA-organized workshop in Uganda in 1997 expressed the view that an investment equal to at least 15 per cent of the commodity value is desirable for maintaining an effective logistics system. Support for logistics management is also in line with the Programme of Action of the International Conference on Population and Development (ICPD). The Programme of Action stipulates that by 2015 reproductive health services and products should be accessible to all who need them. Therefore, it is crucial that donors and developing countries, together, ensure adequate support not only for providing supplies but also for strengthening the capacity of countries to deliver them.

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¹UNFPA, Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention 2000-2015 (New York, UNFPA), is in press.

A caveat is important in the beginning of this report. As in the past, information from some donors was missing or incomplete. Some tables and figures in the 2000 report may differ from those of earlier years because of subsequent reports from donors. The World Bank information represents only orders filled on its behalf by UNFPA to supply contraceptives in a number of countries. Contraceptives purchased using World Bank monies from other sources are not reported here. Similarly, support from the European Union and the Canadian International Development Agency (CIDA) was estimated on the basis of funding received by UNFPA to procure and supply contraceptives. Hence, the amount of support from the World Bank, CIDA and the European Union was subtracted from the UNFPA total of \$42.4 million.²

The information from two social marketing companies, Population Services International (PSI) and DKT, was compared and contrasted with the report received from donors to avoid double-counting. These companies receive support from donors that often report the same information for their support in developing countries. Only the amount of support these social marketing companies provided from their own funding was estimated and reported.

In 2000, the Swedish International Development Cooperation Agency (SIDA), the Government of The Netherlands, Pathfinder, Marie Stopes International, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) did not provide information. For some agencies, it was difficult to separate contraceptive support from the total funding provided to countries. Pathfinder, UNAIDS and WHO did not procure contraceptives in 2000. The Governments of The Netherlands, the United Kingdom and Canada announced in 2000 substantial increases in support for reproductive health commodities, which will be reflected the 2001 report.

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² Unless otherwise noted, all dollar figures in this report refer to U. S. dollars.

Levels of Donor Support

Donor support for contraceptives to developing countries in 2000 was recorded at \$154 million, an increase of 18 per cent over the support provided in 1999 (Table 1). However, compared with 1996, when donor support was \$172.2 million and met 44 per cent of the estimated global needs for contraceptives, support in 2000 met only 27 per cent of the estimated contraceptive needs for family planning.

Table 1: Estimated Contraceptive Commodity Support by Donor/Agency, 1990-2000, in \$US 000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	TOTAL	% of Total
BMZ/KfW			10,798	18,312	11,350	9,317	38,071	13,305	8,627	7,976	35,482	153,238	11.21
CIDA					1,385	4,514	7,249	0	1,036	2,885	4,808	21,877	1.60
DFID			4,125	4,712	7,192	10,924	9,205	13,149	7,807	13,188	7,317	77,619	5.68
DKT						177	0	N/A	3,759	5,148	4,868	13,952	1.02
European Union				180	6,122	6,510	9,215	7,435	644	13,109	48	43,263	3.17
IPPF	5,843	5,410	6,204	6,165	6,258	6,746	6,003	11,148	3,416	3,016	3,814	64,023	4.68
Japan					28	315	300	838	36	159	1,657	3,333	0.24
Netherlands						102		3,749	2,700	2,584	N/A	9,135	0.67
Others ³			2,565	2,865	873	2,292	750	1,439	61	732	N/A	11,577	0.85
PSI			418	1,210	2,323	7,419	7,239	2,885	200	264	456	22,414	1.64
UNFPA ⁴	14,752	21,499	18,534	27,817	34,087	37,857	37,610	39,861	32,200	14,395	16,720	295,332	21.61
USAID	57,636	59,892	39,575	55,142	47,848	51,059	46,481	39,383	63,087	45,522	58,093	563,718	41.25
WHO	957	975	628	483	968	1,663	2,099	2,673	481	1,078	N/A	12,005	0.88
World Bank						5,000	7,930	1,662	19,137	20,718	20,781	75,228	5.50
TOTAL	79,188	87,776	82,847	116,886	118,434	143,895	172,152	137,527	143,191	130,774	154,044	1,366,714	100.00

Notes:

N/A = Not ascertained.

In 2000, the significant increase in BMZ/KfW support was related to increased support to Bangladesh in that year.

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