

Contraceptive Security Indicators Survey

Emergency Contraception Trends from the Contraceptive Security Indicators Survey

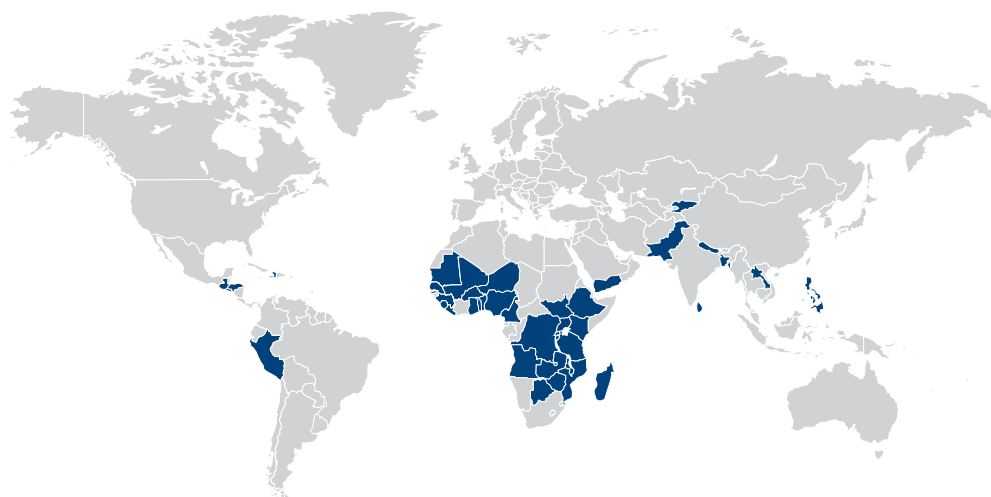


The biennial Contraceptive Security (CS) Indicators Survey, conducted by the USAID Global Health Supply Chain Program – Procurement and Supply Management (GHSC-PSM) project, has collected data on national CS policies across a total of 63 countries since 2010, and in 42 countries in 2021. This brief highlights 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.



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.

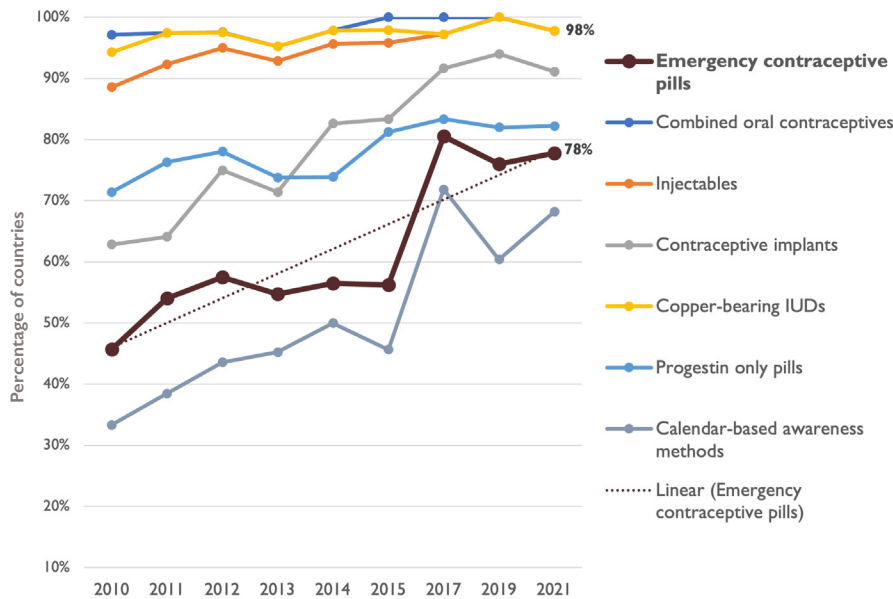
¹ In addition to these 42 reporting countries, a limited number of countries are not shown, pending data sharing approval. Data for those countries has been anonymized and contributes to aggregate “all country” results (therefore, numerators and denominators reflect the anonymously included data from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

Commodities

Providing a broad mix of contraceptive methods is essential to ensure that clients can choose the contraceptive that best fits their needs.

Figure 1

Since 2010, emergency contraceptive pills (ECPs) have been one of the fastest growing methods offered in the public sector

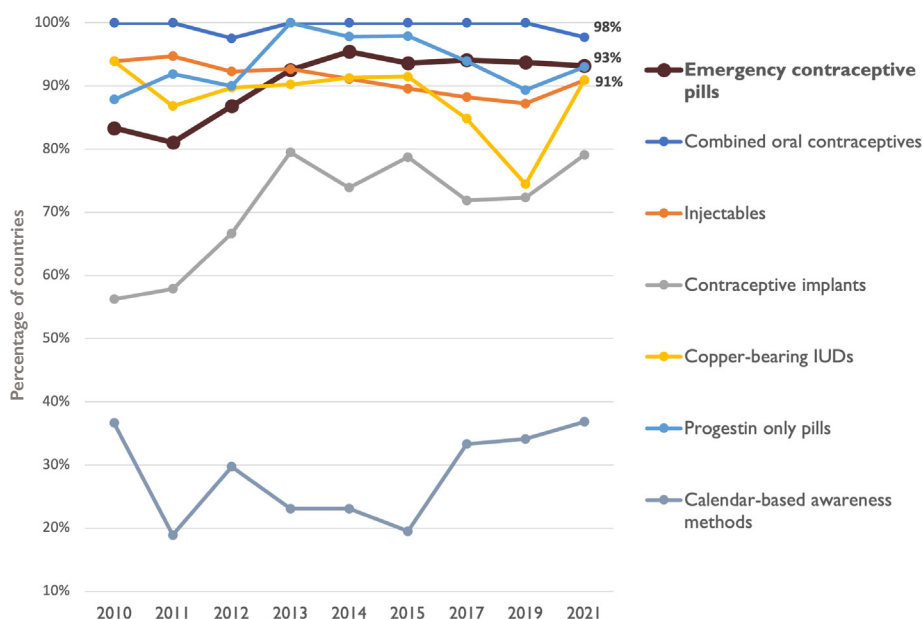


In 2010, only 46% of reporting countries offered ECPs in the public sector. By 2021, this number had grown to 78% of countries. However, this method still lags far behind combined oral contraceptives (COCs), offered in 98% of countries.

Fig 1. Percentage of countries that offered FP methods in the public sector, 2010-2021

Figure 2

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



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

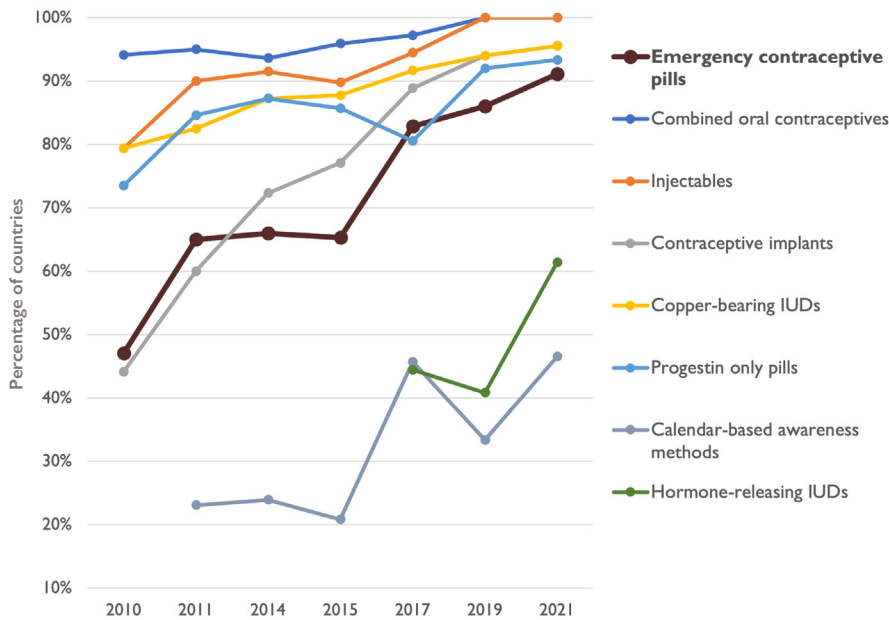
Fig 2. Percentage of countries that offered FP methods in the private sector, 2010-2021

Policy

Supportive family planning (FP) and reproductive health policies are integral to the existence of successful health systems and strong family planning programs.

Figure 3

In the last decade, ECPs have seen a rapid rise in their inclusion on countries' **national essential medicines lists (NEML)**

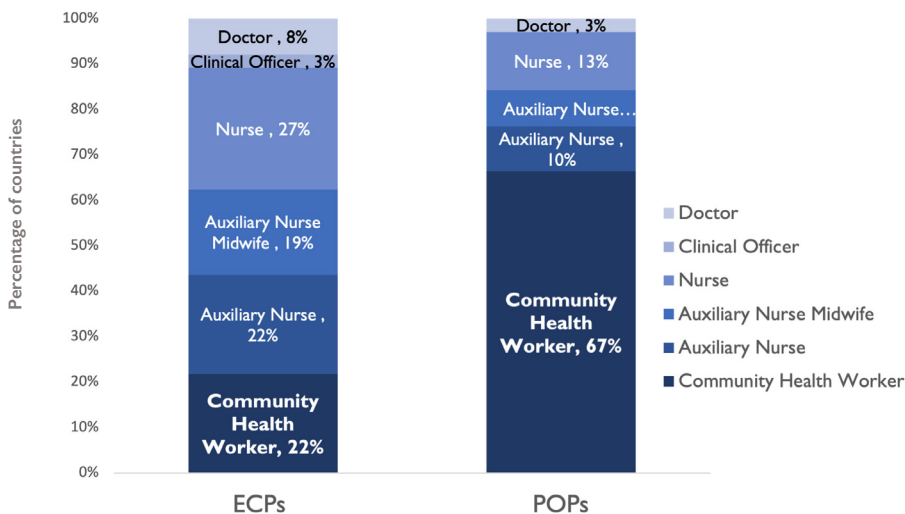


In 2010, only 47% of reporting countries included ECPs on their NEML. By 2021, this number had grown to 91% of countries.

Fig 3. Percentage of countries with methods included in the national essential medicines list, 2010-2021

Figure 4

In the **public sector**, ECPs are mostly restricted to distribution at health facilities and by higher level health providers



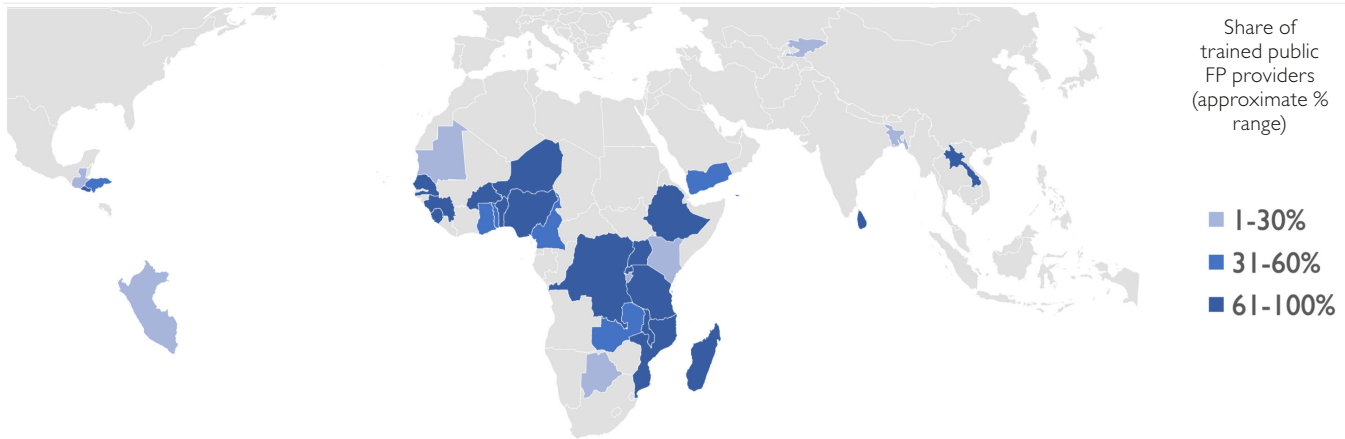
POPs are frequently dispensed by community health workers in 67% of countries, whereas ECPs are still restricted to formal facility-based distribution in 78% of countries.

Fig 4. Percentage of countries by the lowest level provider authorized to sell/dispense ECPs and progestin only pills (POPs) in the public sector, 2021

While ECPs are the most commonly used emergency contraception, a copper intrauterine device (Cu-IUD) placed after unprotected sex is the most effective form of EC. The Cu-IUD is much more effective than ECPs and can be left in place to provide long-lasting reversible contraception for up to 12 years. However, the involvement of a trained clinician is required for insertion and removal.

In over a third of reporting countries (35%), fewer than half of public sector FP providers are trained in implant and IUD insertion and removal

Figure 5 Aproximate percentage of public sector FP providers trained to insert and remove implants and IUDs, 2021

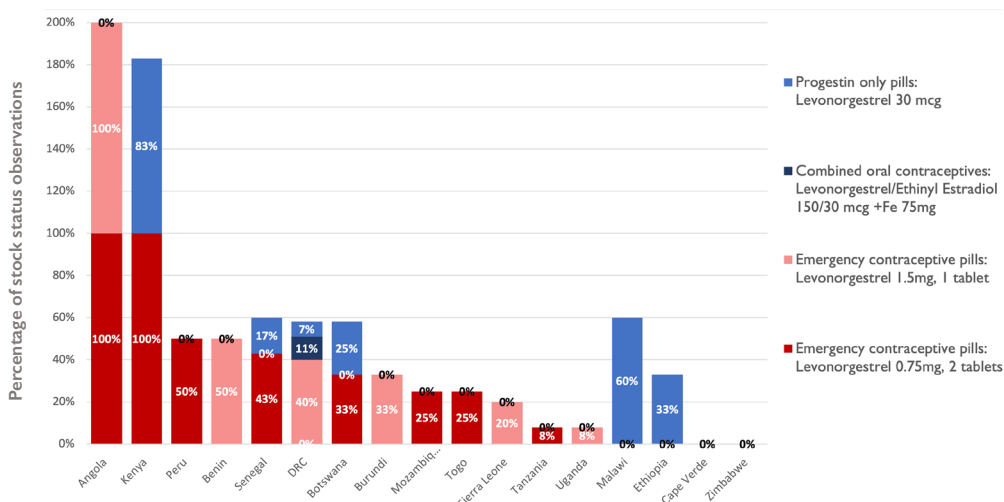


Supply Chain

An effective supply chain helps ensure a continuous supply of high-quality contraceptives. More effective management of supplies is associated with better prospects for contraceptive security.

Countries are much more likely to stock out of ECPs at central medical stores than they are to stock out of other FP products such as COCs and POPs.

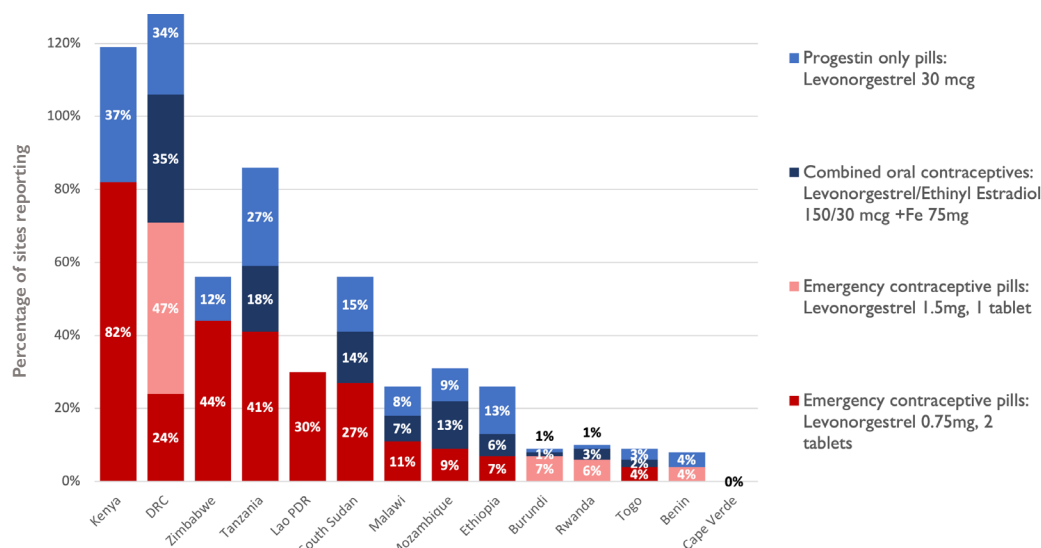
Figure 6 Average annual stockout rate at central warehouses, 2021



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

At service delivery points, stockouts of ECPs are also common, but only slightly more so than among other FP products

Figure 7 Average annual stockout rate at service delivery points, 2021



Only 24% of countries reported on ECP stockout rates at service delivery points. Among those, many countries faced high rates of stockout.

The below tables show the percentage of countries with any stockouts of ECPs and COCs in the previous year at the **central** and **service delivery point** levels (but do not account for the extent and severity of those stockouts). At the central level, central warehouses are more likely stock out of ECPs than COCs (as also reflected in Figure 6). At the facility level, however, the percentage of countries with any stockouts of ECPs and COCs is approximately the same, but the severity of those stockouts is slightly worse for ECPs (as Figure 7 illustrates). It is important to note that fewer countries reported on stockout rates of ECPs than of COCs at both levels, which is itself an issue that merits further investigation.



Central Warehouse

Percentage of countries with central warehouse stockouts in the previous 12 months (2021)

	EMERGENCY CONTRACEPTIVE PILLS		COMBINED ORAL CONTRACEPTIVES
	Levonorgestrel 0.75mg, 2 tablets <i>n</i> = 13	Levonorgestrel 1.5mg, 1 tablet <i>n</i> = 7	Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg <i>n</i> = 29
SOME STOCKOUT	62%	86%	24%
NO STOCKOUT	38%	14%	76%

Note: The non-response rate was 32/45 (71%) of surveyed countries for Levonorgestrel 0.75mg, 2 tablets, 38/45 (84%) for Levonorgestrel 1.5mg, 1 tablet, and 16/45 (36%) for Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg. A non-response can signify either that the country does not offer or register the product, or that data were not available.

Percentage of countries with service delivery point stockouts in the previous 12 months (2021)

	EMERGENCY CONTRACEPTIVE PILLS		COMBINED ORAL CONTRACEPTIVES
	Levonorgestrel 0.75mg, 2 tablets <i>n</i> = 11	Levonorgestrel 1.5mg, 1 tablet <i>n</i> = 4	Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg <i>n</i> = 25
SOME STOCKOUT 	90%	100%	92%
NO STOCKOUT 	10%	0%	8%

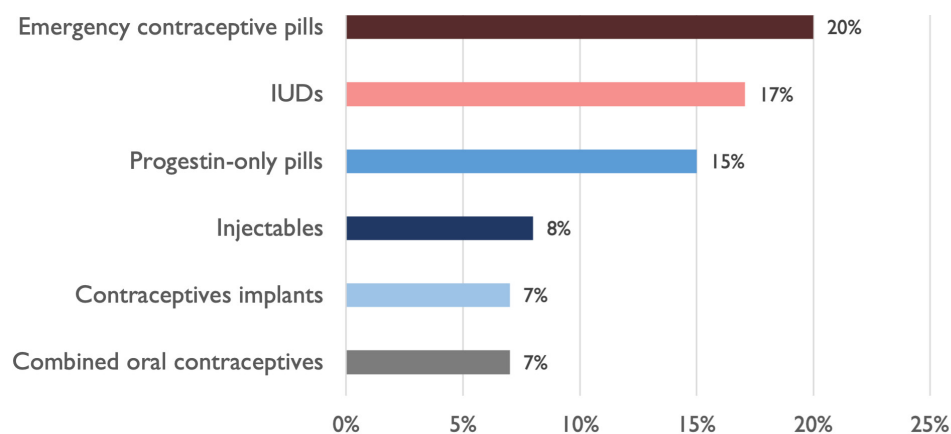
Note: The non-response rate was 34/45 (**75%**) of surveyed countries for Levonorgestrel 0.75mg, 2 tablets, 41/45 (**91%**) for Levonorgestrel 1.5mg, 1 tablet, and 20/45 (**44%**) for Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg. A non-response can signify either that the country does not offer or register the product, or that data were not available.

Quality

Quality assurance is critical to ensuring that FP commodities are consistently produced and monitored, thus making sure that patient safety is protected and that good outcomes are achieved.

Figure 8 Percentage of countries where no Stringent Regulatory Authorities (SRA)-approved or WHO-prequalified products are registered for distribution, by FP method, 2021

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



In 2021, 20% of surveyed countries reported that no Stringent Regulatory Authority (SRA) or WHO-prequalified ECPs were registered for distribution. Only 7% of countries did not have quality-assured COCs registered.

Conclusion

The data collected by the CS Indicators survey shows that ECPs provision continues to largely be through the private sector, and that provision through this channel has remained high and stable in the period 2010-2021. However, during this decade, many countries have made important efforts to incorporate ECPs into their supply of contraceptive methods (including adding ECPs in their National Essential Medicines Lists).

Overall, the availability of EC products has improved significantly in the last decade, and it remains an important method in the mix offered in these countries.

For More Information

For more information about the CS Indicators Survey and related datasets, please visit the survey's [landing page](#) on the GHSC program website. Information on specific countries and/or contraceptive methods is available on the Contraceptive Security Indicators Dashboard. Indicators for a particular country can be explored using the map, and indicators at a global level can be viewed on the “Topics” area. Other survey-related resources, including all datasets, reports, and briefs, can also be found on these pages.

For information and resources about Emergency Contraception, you can access the Reproductive Health Supplies Coalition repository of EC materials at www.cecinfo.org and also visit the website of the European Consortium for Emergency Contraception: www.ec-ec.org.

The International Consortium for Emergency Contraception contributed to this report.