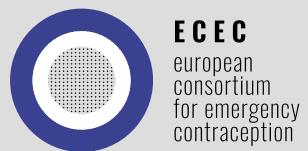


Global edition - February 2026

Emergency contraceptive pills database - Data summary as of November 2025

Descriptive analysis of price and availability of
emergency contraceptive pills in 127 countries



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Executive summary

- In May 2025, the European Consortium for Emergency Contraception (ECEC) launched an open-access, searchable global database of emergency contraceptive (EC) pills, including levonorgestrel (LNG), ulipristal acetate (UPA), and mifepristone EC pills.
- As of November 2025, the database contained 439 unique brand-country entries across 127 countries, providing information on availability, pill type, price, and prescription status. The database is intended as a reliable, up-to-date resource to support research, policy, and access to EC pills worldwide.
- A descriptive quantitative analysis was conducted using data collected from manufacturers, distributors, social marketing organizations, regulatory agencies, and local experts.

Availability analyses used all 439 entries, while pricing analyses drew on 233 entries with price data from 84 countries.

- Findings show that LNG EC pills dominate global availability, accounting for 82% of entries and being available in 91% of countries. UPA EC pills represent 17% of entries and are available in 48% of countries, while mifepristone EC pills were identified in only two countries (China and Vietnam). UPA availability is heavily concentrated in high-income countries, which make up two-thirds of countries where UPA is available; low- and lower-income countries account for less than one-fifth.
- Pricing varies widely by pill type, region, and country. LNG prices ranged from \$0.76 to \$70.00, with a median of \$10.70, while UPA

prices ranged from \$7.95 to \$50.00, with a median of \$27.91. LNG prices were lowest in South-East Asia and Africa and highest in Europe, with substantial variation even within individual countries. UPA prices showed less regional variation but were highest in high-income settings such as the United States.

- Overall, the analysis highlights major inequities in both access to and availability of EC pills, particularly for UPA and mifepristone.
- Monitoring the real-world availability of reproductive health medicines is challenging, yet consistent tracking is essential to safeguard access and prevent regression.

01

Introduction and background

In May 2025, the European Consortium for Emergency Contraception (ECEC) launched the emergency contraceptive pills database¹, an open-access and searchable resource containing country-level information on availability of emergency contraceptive (EC) pills. The database was developed to serve as a global resource that provides reliable, up-to-date information on levonorgestrel (LNG), ulipristal acetate (UPA), and mifepristone EC pills. It can be accessed here: <https://www.ec-ec.org/emergency-contraception-pills-database>

The database includes information on brand name, type of EC pill, price, country and region, and users can search using all of these variables except price. At launch, the database contained around 350 unique entries, each representing a specific brand-country combination. Six months later, the number of unique entries had grown to 439. This dataset was analysed in November 2025 to understand the global availability and pricing of EC pills, and the findings are presented in this report.

1. <https://www.ec-ec.org/emergency-contraception-pills-database>

02

Methodology

This report presents a quantitative, descriptive analysis of data related to EC pills across 127 countries. The analysis describes the availability and price of EC pills, including differences across regions and by countries' income status.

The dataset includes 439 unique entries in the EC pills database²; a unique entry is defined by its distinct combination of country and brand. Data was provided by a range of sources, including – but not limited to – manufacturers, marketing authorization holders, distributors, social marketing organizations, and local experts. National regulatory agencies' online databases were also consulted to verify and/or supplement the information. Data was cleaned and validated by ECEC before being entered into the database. Only brands confirmed to be available for sale in a country at the time of data collection are included.

². Dataset extracted on 15
November 2025.

02

Methodology

Each unique entry includes information on the brand's type of EC pill (LNG, UPA, or mifepristone) and the country's region. Country and region names follow those used by the World Health Organization.³ Where available, entries also include information on end-user prices and whether a prescription is required. Each entry's price was converted from the local currency to US dollars, using an online currency converter⁴ for the month in which the information was received. Where multiple prices for the same brand were reported, the median price was used. Where a price range was reported, the midpoint was used. Prices refer to the cost per dedicated product (LNG 1.5 mg, UPA 30 mg or mifepristone 10 mg).

3. World Health Organization. (2024). Countries. <https://data.who.int/countries>, accessed 5 November 2025.

4. OANDA. (2025). Currency converter. <https://www.oanda.com/currency-converter/en/>

5. World Bank. (2025). Country Classification - World Bank Country and Lending Groups. Available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>, accessed 5 November 2025.

For this analysis, country income status, as classified by the World Bank⁵, was added to the dataset.

Analyses of availability are based on the 439 unique entries, while analyses of pricing draw on 233 entries with available price data. Summary statistics and simple comparisons were

02

Methodology

used to highlight key patterns and trends, and data is presented in tables and charts. All analyses were conducted using Excel, and results are presented at the country and regional levels, and by country income status.

There are some limitations to this analysis. Country markets for EC pills are dynamic, and the data reflects availability and pricing at the time of collection only; therefore, current market conditions may differ. The EC pills database does not include information from all countries, and data availability varies by region. Data collection is ongoing, with efforts to expand the number of countries for which data is included. In the meantime, gaps remain, particularly in countries where market data has been difficult to obtain. In addition, information on EC pills sold online is not captured in the database. These factors may limit the completeness and comparability of the findings across regions and income groups.

03

Findings

Availability

At the time of analysis, the EC pills database contained 439 unique entries from 127 countries. Of these, 82% ($n = 358$) were levonorgestrel (LNG) EC pills, and 17% ($n = 75$) were ulipristal acetate (UPA) EC pills (Table 1). The remaining 1% ($n = 6$) were mifepristone.

The region with the greatest number of countries with EC pills listed in the database was Europe ($n = 45$), followed by Africa ($n = 35$) and the Americas ($n = 20$)⁶ (Figure 1). Figure 2 presents the number of countries with EC pills by region and by pill type.

6. This does not include any Caribbean countries. As mentioned in the limitations above, data collection is ongoing and information from certain countries and regions has not yet been obtained.

03

Findings

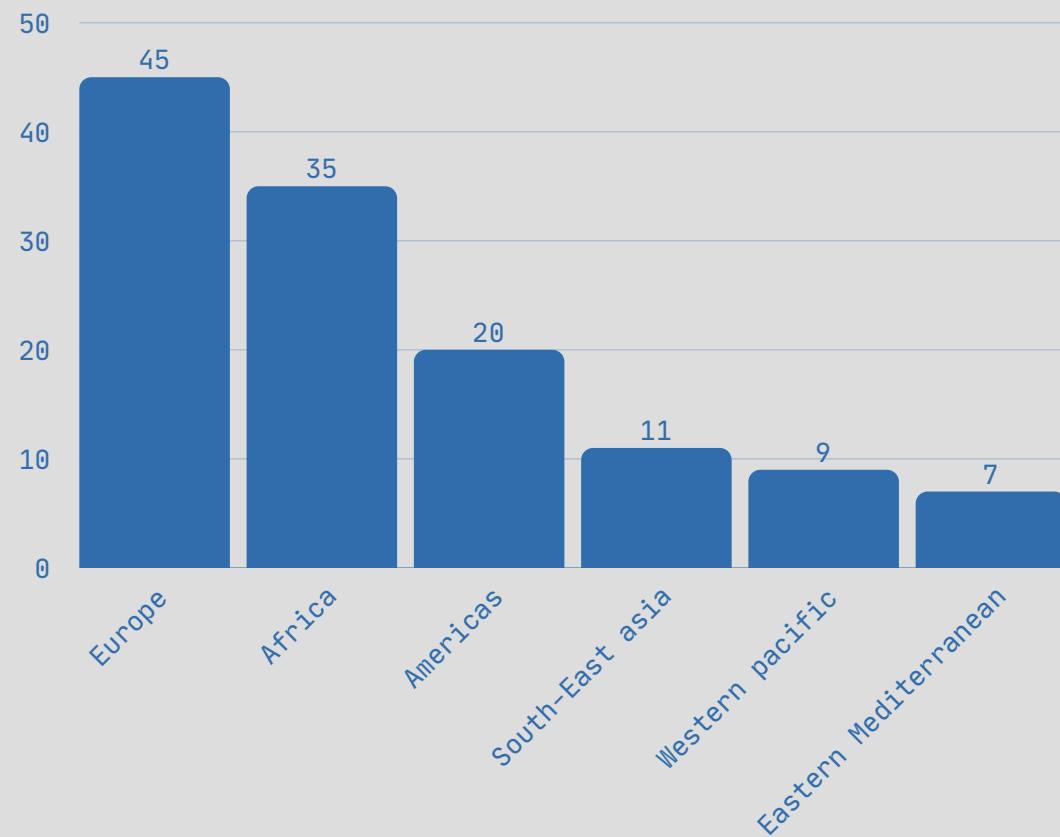
Table 1: Number of countries and unique entries in the EC pills database, by EC pill type

Number of countries	127
Number of unique entries	439
~ of which LNG	358 (82%)
~ of which UPA	75 (17%)
~ of which mifepristone	6 (1%)

03

Findings

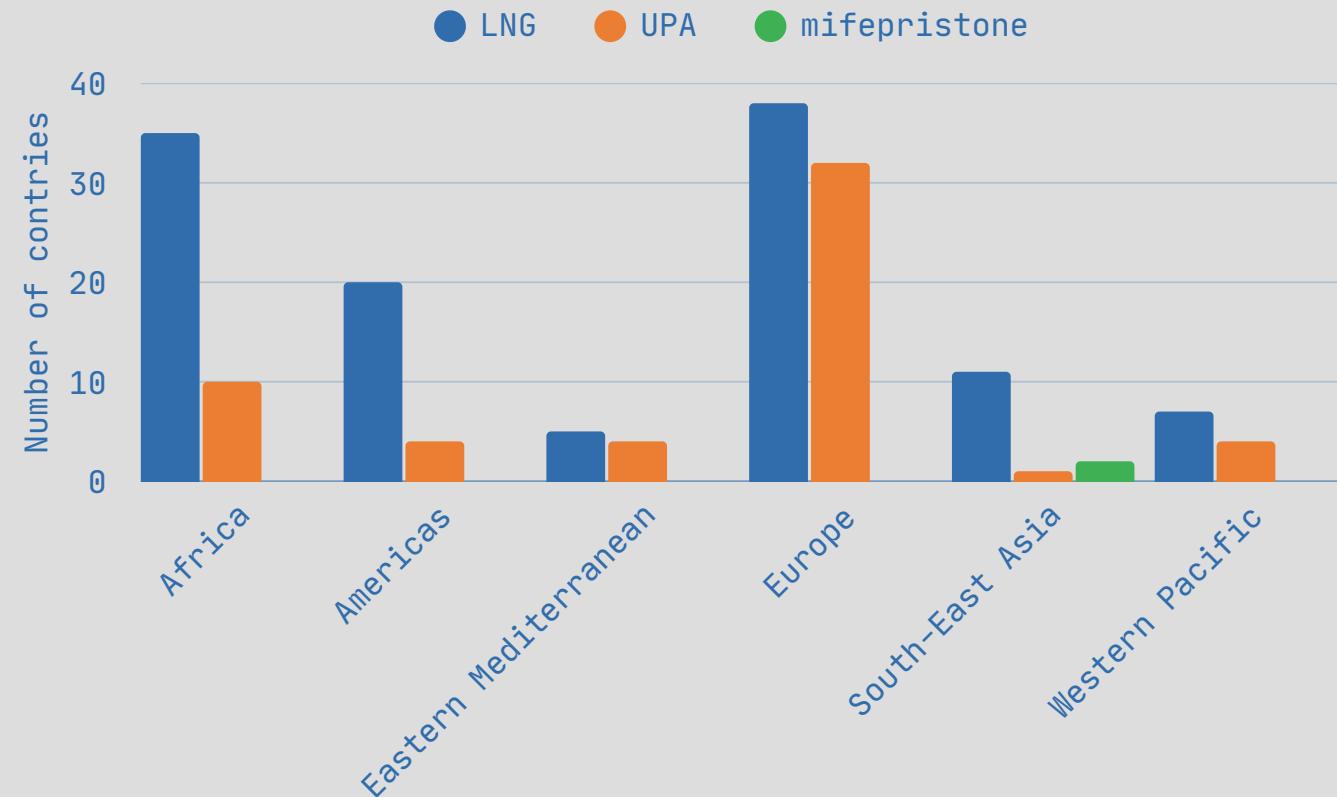
Figure 1: Number of countries in the EC pills database, by region



03

Findings

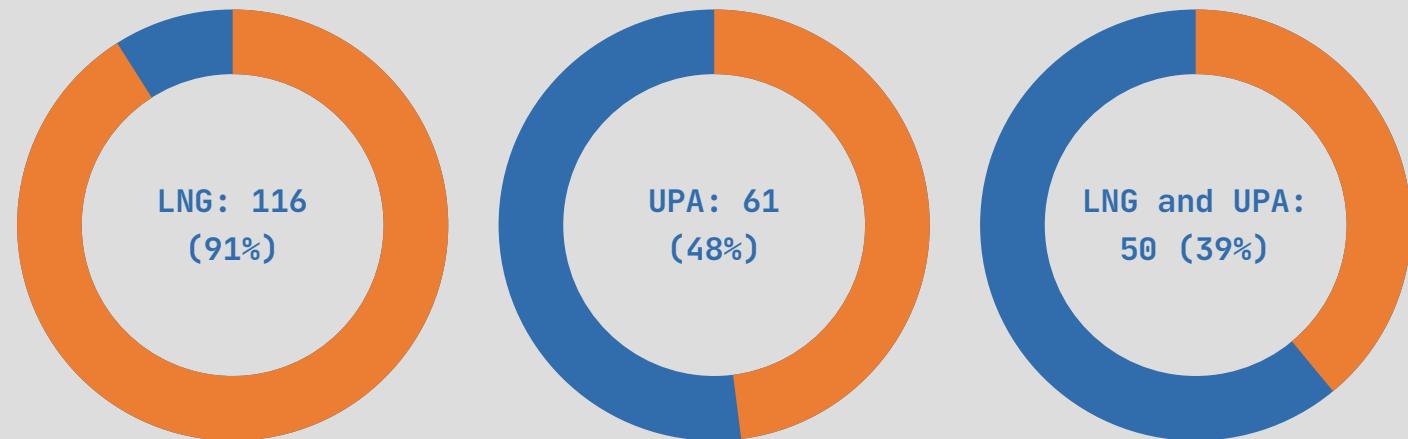
Figure 2: Availability of LNG and UPA in 127 countries



03

Findings

Figure 3: Availability of LNG and UPA in 127 countries



LNG EC pills were available in an overwhelming majority of countries (n = 116; 91%), while UPA EC pills were available in just under half (n = 61; 48%). In 39% (n = 50) of countries both LNG and UPA pills were available (Figure 3). Mifepristone EC pills were available in only two countries (China and Vietnam).

03

Findings

Table 2: Number of countries in the EC pills database with any EC pills and with UPA EC pills, by income status

Income status	Any EC pills	UPA EC pills
Low income	14	3
Lower middle income	35	8
Upper middle income	29	10
High income	47	40

The majority of countries in the dataset where UPA EC pills were available (66%) are high-income. Low- and lower-income countries, on the other hand, comprise only 18% of the countries where UPA was available (Table 2).

* 2 countries (Ethiopia, Venezuela) are unclassified and are therefore not represented in this table

03

Findings

Pricing

Price data was available for 233 entries (53%), representing 84 countries (66%).

The price of LNG EC pills (per 1.5 mg) ranged from \$0.76 to \$70.00, with a median price of \$10.70, based on 173 price points from 81 countries (Table 3). Excluding data from Japan, where the single price point for LNG was \$70.00, and the USA, where the median price⁷ (based on 14 price points) was \$28.50, the median price of LNG was \$9.66.

The price of UPA EC pills (55 price points from 44 countries) ranged from \$7.95 to \$50.00, with a median price of \$27.91. A significant majority of price points (n = 47; 85%) were from Europe. Price data for mifepristone EC pills was available for one country (Vietnam), with a median price of \$0.80.

⁷. Median refers to the middle value of the price points after being sorted from lowest to highest.

03

Findings

Table 3: Price of EC pills, by type, in 81 countries

Type of EC pill	Price range (USD)	Median price (USD)	Num. price points	Num. countries
LNG	0.76 - 70.00	10.7	173	81
UPA	7.95 - 50.00	27.91	55	44
mifepristone	0.60 - 1.35	0.8	5	1

03

Findings

Table 4: Median price of LNG in 73 countries, by region

Region	Median price of LNG(USD)	Num. price points	Num. countries
Africa	1.72	26	15
America	9.79	63	20
Europe	16.68	73	34
South-East Asia	1.22	8	4

Median LNG prices varied considerably across regions, from \$1.22 in South-East Asia to \$16.68 in Europe (Table 4). In the Americas, the median price of LNG EC pills decreases to \$6.74 (based on 47 price points in 18 countries) when Canada and the United States are excluded.

* This table excludes the Eastern Mediterranean and Western Pacific regions as there was not enough data available for analysis

03

Findings

Price data for UPA was limited outside Europe, but available data suggests less regional variation in median prices compared with LNG: the median price of UPA EC pills was \$28.42 in Europe (47 price points from 36 countries) and \$22.45 in the Americas (4 price points from 4 countries). Price variations for UPA EC pills across the four countries in the Americas for which prices are available are notable: approximately \$50 in the USA, \$30 in Canada, \$14.86 in Uruguay and \$11.30 in Mexico.

The dataset also shows price variation within countries that had multiple brands with price data (Tables 5 and 6). For this analysis, 'multiple' was defined as more than five brands for LNG and more than three brands for UPA.

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Findings

Table 5: Price variation within countries - LNG EC pills

Country	Price range (USD) for LNG EC pills	Num. LNG brands with price data
Cameroon	1.40 - 5.29	9
Chile	4.03 - 22.52	8
Mexico	1.78 - 6.74	7
Spain	21.66 - 32.17	11
Sweden	6.26 - 15.87	6
United States	8.00 - 49.00	14
Venezuela	0.91 - 13.45	6

03

Findings

Table 6: Price variation within countries - UPA EC pills

Country	Price range (USD) for UPA EC pills	Num. UPA brands with price data
Italy	22.71 - 35.52	4
Spain	23.85 - 36.68	5
Turkey	13.40 - 18.61	4

04

Conclusion

Analysis of the 439 unique entries that were included in the EC pills database in November 2025 indicates that global availability of LNG EC pills far exceeds that of UPA EC pills, particularly in lower-income countries. Availability of UPA pills appears to be concentrated in high-income countries. Despite being a safe and effective method, the dataset only includes mifepristone EC pills as an available method in two countries. Prices of EC pills vary substantially, and even within countries, depending on the type of pill, brand, and country of sale.

Having reliable data on contraceptive availability is important for accountability, monitoring equity across countries and regions, and informing public health planning and policy development. Strengthening transparency and supporting data-driven decision-making can ultimately contribute to improving access to post-coital contraception and advancing reproductive rights. Ongoing efforts are needed to maintain and expand the EC pills database, ensuring the information is

04

Conclusion

regularly updated. Real-world availability of EC pills is difficult to track, but monitoring changes over time is essential to identify gaps, guide advocacy, and respond swiftly to setbacks.

All the data summarized in this document is openly available for further analysis in the database at [https://www.ec-ec.org/
emergency-contraception-pills-database](https://www.ec-ec.org/emergency-contraception-pills-database)

For additional information, you can contact ECEC at
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ECEC thanks all the individuals and organizations that generously shared information to help generate collective knowledge, as well as the support of the Children's Investment Fund Foundation (CIFF) and Population Services International (PSI) in the development and launch of the database.



This document was prepared by Catherine Kilfedder, who systematized and analysed the data and wrote the report. Cristina Puig Borràs provided technical expertise, input, and editorial support.

Published online by the European Consortium for Emergency Contraception.

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1st edition. February 2026

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Design and layout: laclaracomunicacio.coop

Suggested citation: European Consortium for Emergency Contraception (2025).

Descriptive analysis of price and availability of emergency contraceptive pills in 127 countries.

With support of Children's Investment Fund Foundation (CIFF),
in partnership with Population Services International (PSI).



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The European Consortium for Emergency Contraception (ECEC) is a community of practice that aims to increase knowledge of and access to emergency contraception. ECEC is hosted by the East European Institute for Reproductive Health (1 Moldovei St, 540493 Tîrgu Mureş, Romania).