

#LEAP2024
LEAP.RHSUPPLIES.ORG

CONTRACEPTION

MENSTRUAL HEALTH

ABORTION AND PAC

MATERNAL HEALTH



Deep dive into the newest LEAP report

LEAP 2024 Launch Webinar
June 12, 2024

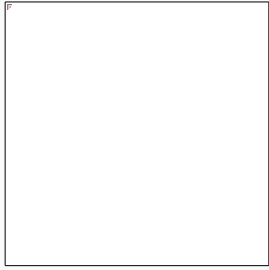
LANDSCAPE & PROJECTION
OF REPRODUCTIVE HEALTH
SUPPLY NEEDS

LEAP

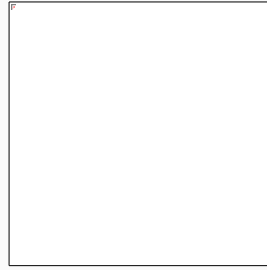


Reproductive Health
SUPPLIES COALITION

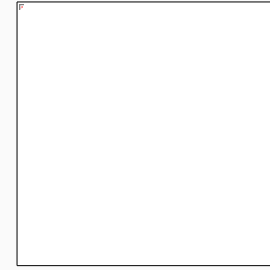
Today's Presenters



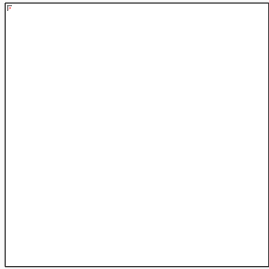
Martyn Smith
RHSC



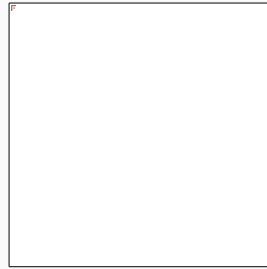
Michelle Weinberger
Avenir Health



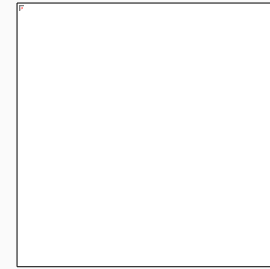
Meghan Reidy
Avenir Health



Rachel Sanders
Avenir Health



Nicole Bellows
Avenir Health



Tanya Mahajan
*Menstrual Health Action
for Impact (MHAi)*



● **Introduction**

● **Overview of LEAP**

 **Key findings from each health area**

● **Using LEAP in Menstrual Supplies Advocacy**

● **Question & Answer**



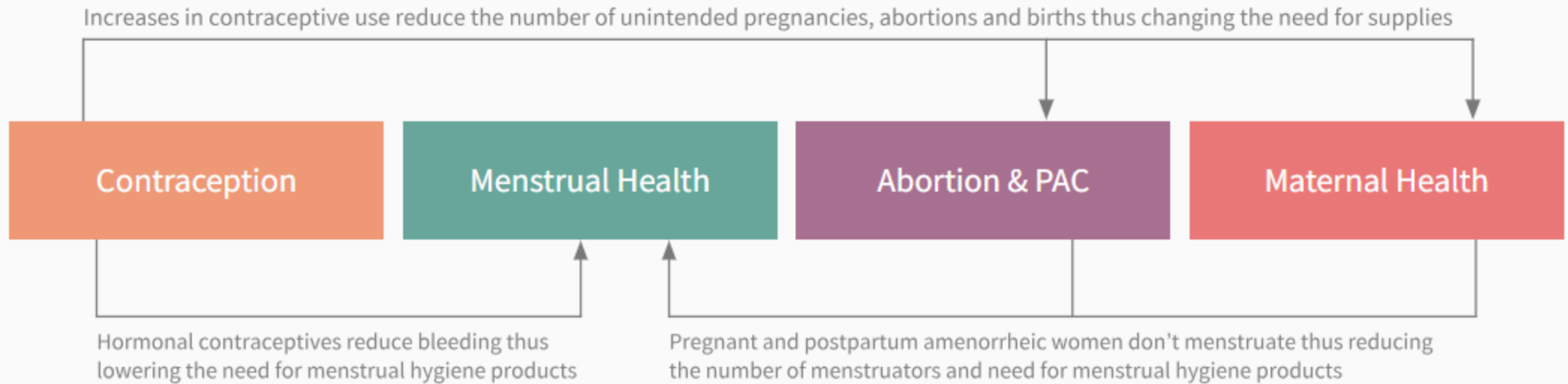
Please put your questions & comments in the chat and we will address them during the Q&A.



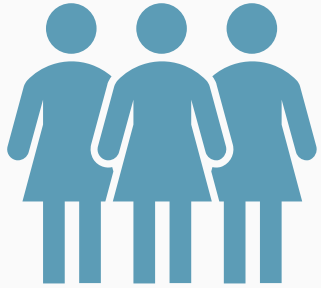
Introduction

Martyn Smith, RHSC

Four unique stories, one big picture



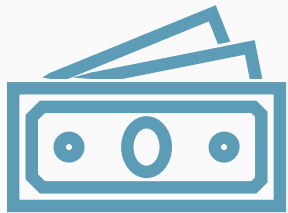
What?



People needing and using key reproductive health supplies



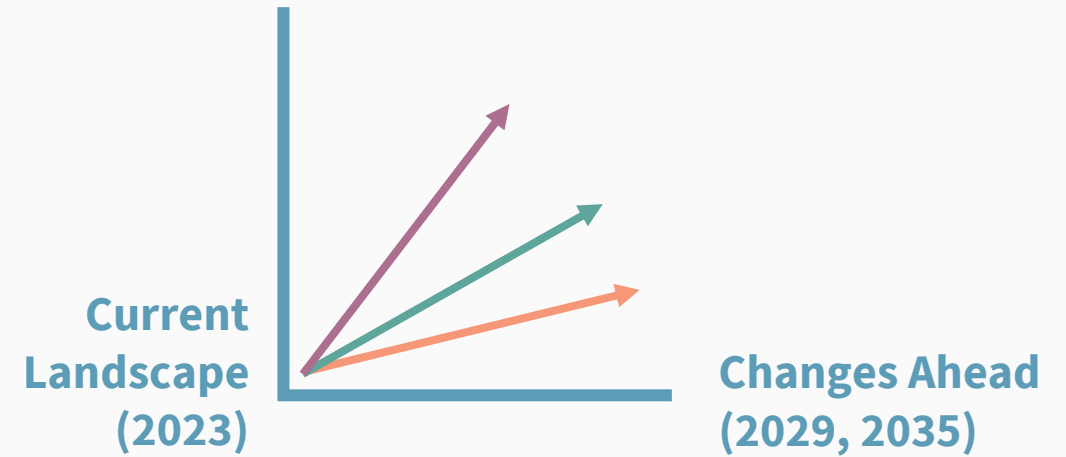
Quantities of drugs and supplies used



Cost of drugs and supplies



When?



Where?



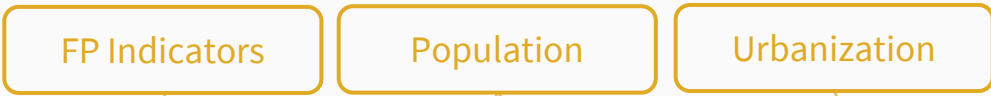
132 low- and middle-income countries

Results presented by income group:

- Low-income (26 countries)
- Lower-middle-income (53 countries)
- Upper-middle-income (53 countries)

Innovative use of range of data sources

UN Pop Division Projections



Research and Models



Household Surveys



Price and Sales Volume Data



Indicates new data source

Key changes for each health area

- Supporting strategic discussions about the future of financing of **contraceptive supplies** by incorporating three future scenarios,
- A new category of “mixed” **menstrual product use**, accounting for women who use both reusable and single-use products,
- New data sources to better capture cost of **medical abortions** -- differentiating misoprostol use from misoprostol combined with mifepristone,
- A more probing **maternal health** analysis asking what happens if more women use multiple micronutrient supplements (MMS), an emerging maternal health product.



More accessible structure

Overview Report

Dynamic report for a selected country or region

Global GNI Comparison Report

Report comparing across the three country income groups

Additional tools coming later this year!



Country/Regional Comparison Data Explorer



Product Deep Dive Data Explorer





Contraception

Menstrual Health

Abortion and PAC

Maternal Health

Contraception > Home

Overview Report

(select one region or country)



Background

Where We Are Now

Changes Ahead

What's Next

Global GNI Comparison Report

(comparison of three income groups)

Background

Where We Are Now

Changes Ahead

What's Next



Country Comparison Data
Explorer



Product Deep Dive Data
Explorer

Annex of key tables for contraception

Download all the contraception data



Contraception: Overview Report for Low-Income Countries

Background

Where We Are Now

Current Use

Current Cost

Changes Ahead

Scenarios

Future Use

Future Cost

What's Next?

Low-income

LMI Countries

All Countries

Income Groups

Low-income

Lower-middle-income

Upper-middle-income

World Bank Regions

Sub-Saharan Africa

Middle East & North Africa

Latin America & Caribbean

Europe & Central Asia

South Asia

East Asia & Pacific

UNPD Regions

Eastern Africa

Middle Africa

Southern Africa

Western Africa

Northern Africa

Caribbean

continues to explore opportunities to achieve universal access to quality-assured and affordable contraceptives required to meet the needs of women and couples. The type of contraceptives used will be determined by the decisions of individual women and couples, as well as the availability of contraceptive methods. The supply chain entities responsible for delivering supplies, such as governments, play a key role in determining which methods are available.

This analysis and predecessor Commodity Gap Analyses (CGA) to provide rich findings to inform discussions about the future of family planning. This does not hold all the answers but can help highlight challenges and spark discussions.

This report provides estimates of the number of users, the methods they use, and related costs for the selected country or region. This information is used for future scenarios to explore the implications on use and cost of future shifts in the role of the public and private sectors. It relates to where women obtain the family planning commodity, not to who funds it. The two are not equivalent since, for example, a commodity provided by the public sector, subsidized by donors, or given free commodities. However, at present in most contexts users of the private sector are paying out-of-pocket.



Overall

Overview of LEAP

Definitions

LEAP Resources

Income Groups

Data Sources

Timeframe

Future Scenarios

Country Groups

Relative vs Absolute

Rounding

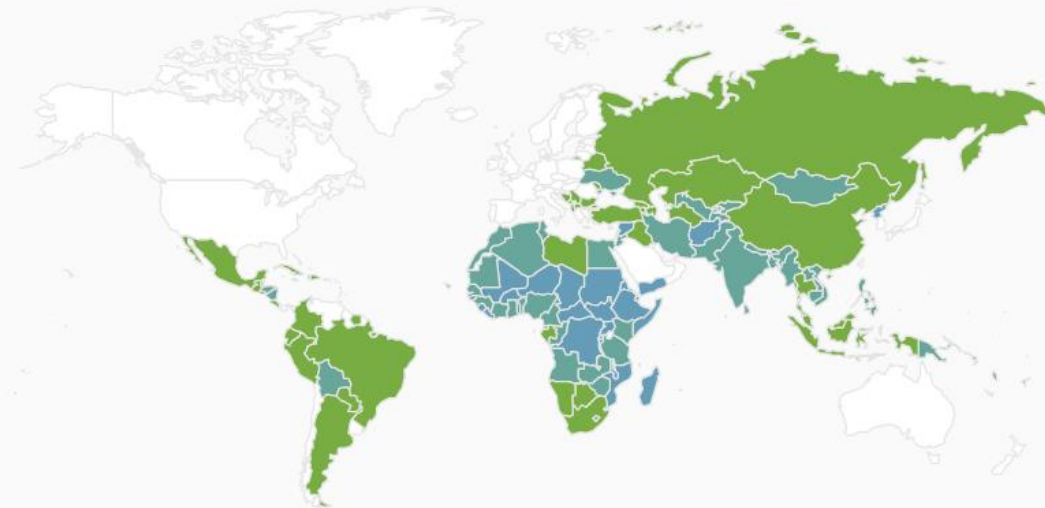
Contraception

Menstrual Health

Income Groups

LEAP includes 132 low- and middle-income countries[2]. For the landscape reports these countries are further segmented into three income groups as defined by the World Bank: low-income countries (26 countries), lower-middle-income countries (53 countries), and upper-middle-income countries (54 countries). Countries are segmented based on their Gross National Income per capita[3]. This segmentation allows for visibility into differential patterns across each income group and can help focus discussions on the different needs of countries at different income levels. For future projections, results are aggregated based on a country's current income group; we recognize however that countries may shift between income groups in the future.

Map of Countries by Income Group



● Low ● Lower-middle ● Upper-middle

Contraception

Menstrual Health

Maternal Health

Abortion & PAC



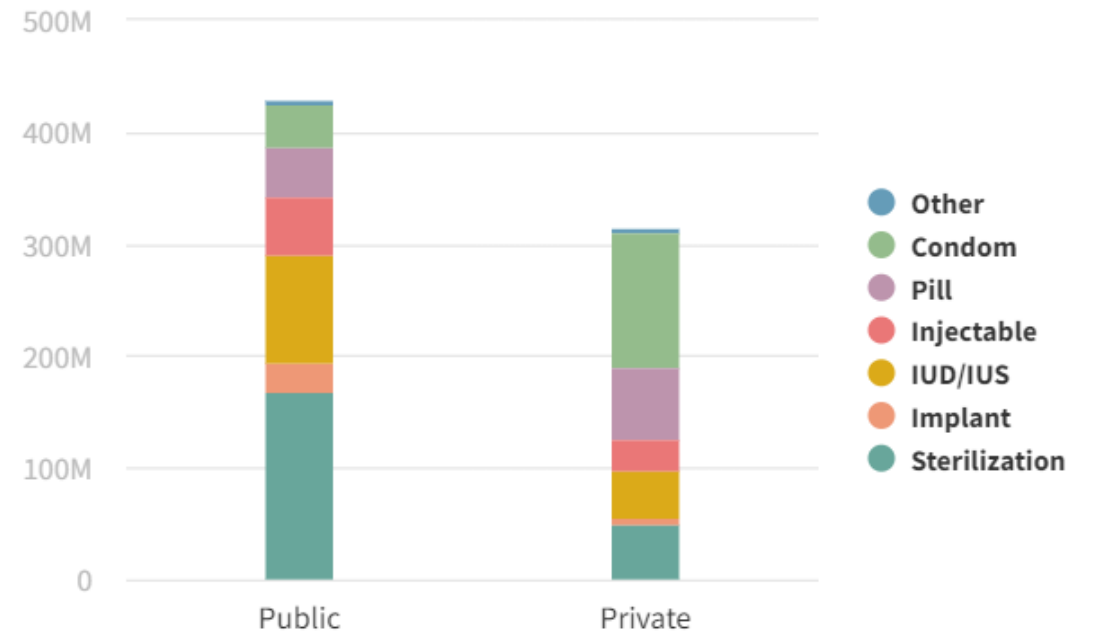
Currently there are 744 million modern contraceptive users across low- and middle-income countries

- Sterilization is most widely used method
- Nearly 60% obtain their method from the public sector
 - Most public sector users rely on long-acting and permanent methods
 - Most private sector users use short-acting methods

FIGURE 1

Contraceptive Users by Method

By Sector, 2023



ABSOLUTE RELATIVE

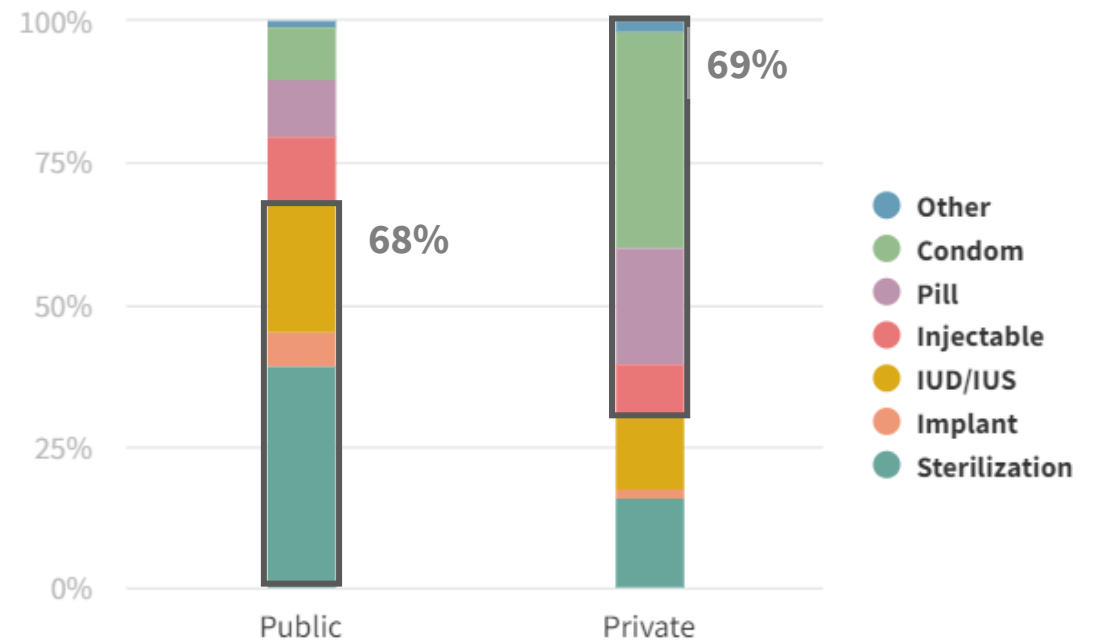
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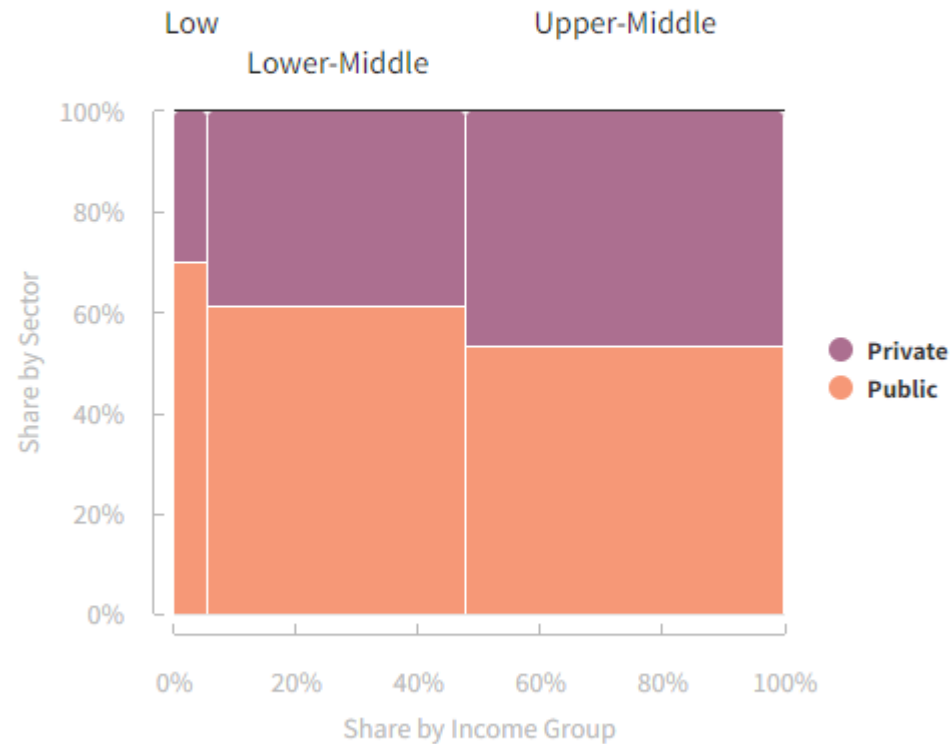


ABSOLUTE RELATIVE

FIGURE 2

Share of Contraceptive Users by Sector

By Income Group, 2023



Method
All methods ▼

- Most contraceptive users (52%) live in upper-middle-income countries; followed by lower-middle-income (42%) and low-income (6%) countries.
- Most users in each country-level income group get their method from the public sector; however the role of that sector diminishes from 70% within low-income countries to just 53% among upper-middle-income countries.

\$5.48 billion on contraceptive supplies

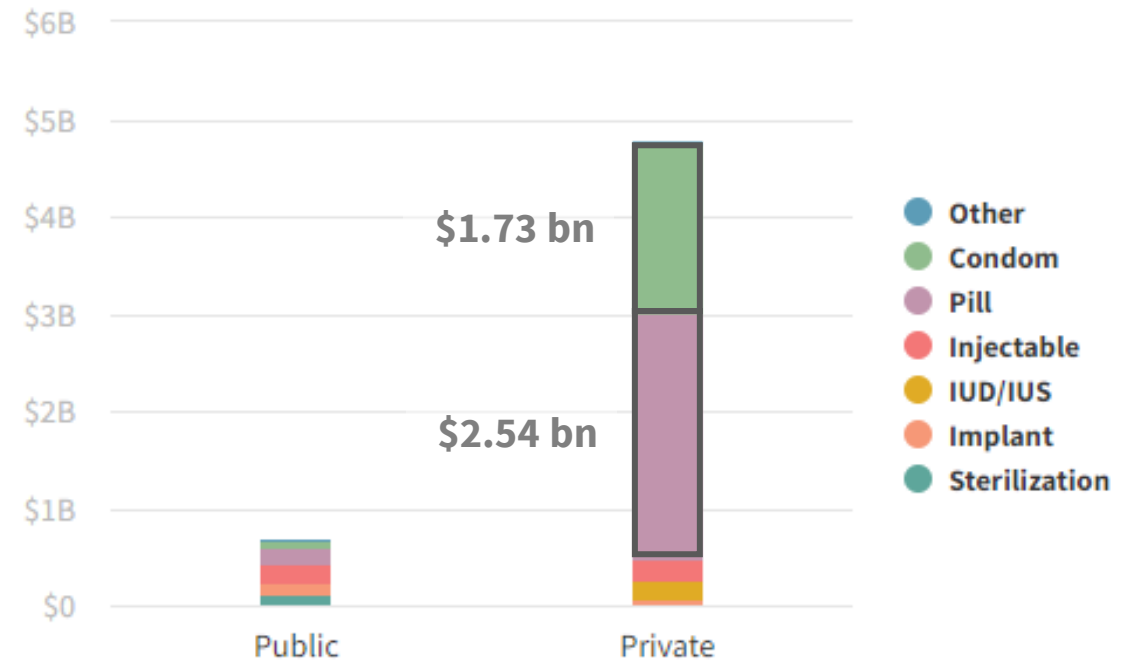
The vast majority of costs are from private sector pills and condoms.

LEAP 2024 now using actual consumer price data for private sector condoms; has led to an increase in estimated costs.

FIGURE 3

Contraceptive Supply Costs by Method

By Sector, 2023



ABSOLUTE RELATIVE



Uncovering an additional \$329 million supply costs

BOX 4

Estimating the Additional Emergency Contraceptive Pill Market

LEAP makes estimates of the use and cost of contraceptive supplies based on a demographic approach that is anchored to contraceptive prevalence and method mix. There are many reasons why the use of emergency contraceptive pills is not well captured by this approach; for example, women may not report emergency contraception use when responding to survey questions about what they are currently doing to avoid pregnancy, or they may be using emergency contraception in addition to other methods, and so it is not picked up in the method mix[2].

As a starting point, in this box we present new analysis developed for LEAP to estimate the quantities and costs of emergency contraceptive pills across all low- and middle-income countries. Future versions of LEAP will seek to more holistically integrate volume-based estimates for emergency contraceptive pills, and potentially other methods as well, into the main analysis.

Through a partnership with Maisha Meds (utilizing import/export data), data purchased from IQVIA (commercial sales volumes and prices), and data published in the Contraceptive Social Marketing Statistics (sales volumes) we estimated the size and value of the emergency contraceptive pill market, looking at annualized averages from 2021 and 2022 data (see the [Reader's Guide](#) for more details). Based on this, we estimate that 149 million packs of emergency contraceptive pills are sold annually across low- and middle-income countries, representing an annual market value of \$361 million. Just over half of the estimated emergency contraceptive pill cost comes from countries in Latin America and the Caribbean, followed next by Sub-Saharan Africa (15% of total), South Asia (10%), and Europe and Central Asia (9%). Due to data gaps, we suspect this may still be an underestimation of the full market for emergency contraceptive pills.

The main LEAP analysis captures \$31.9 million in emergency contraception supply costs. These costs come from the small share of modern contraceptive users estimated to be using emergency contraception from survey method mix data. Adding the additional emergency contraception costs (\$329 million) surfaced from this new analysis would increase the overall current cost estimate for contraceptive supplies in LEAP by 6%. Interestingly, the current LEAP



Now exploring three future scenarios:

- **Scenario 1: Maintain sector mix.** Increase in the total number of modern contraceptive users but maintain the overall shares of users going to the public and private sector.
- **Scenario 2: Increase public sector use.** Same increase in modern contraceptive users but doubles the share of users going to the public sector (lower limit of 25%, upper limit of 95%).
- **Scenario 3: Increase private sector use.** Same increase in modern contraceptive users but doubles the share of users going to the private sector (lower limit of 25%, upper limit of 95%).

Method mix *within* each sector is maintained but sector changes influence the overall method mix and costs.

Scenarios not intended to be predictive but show potential implications of shifting roles of the public and private sectors.

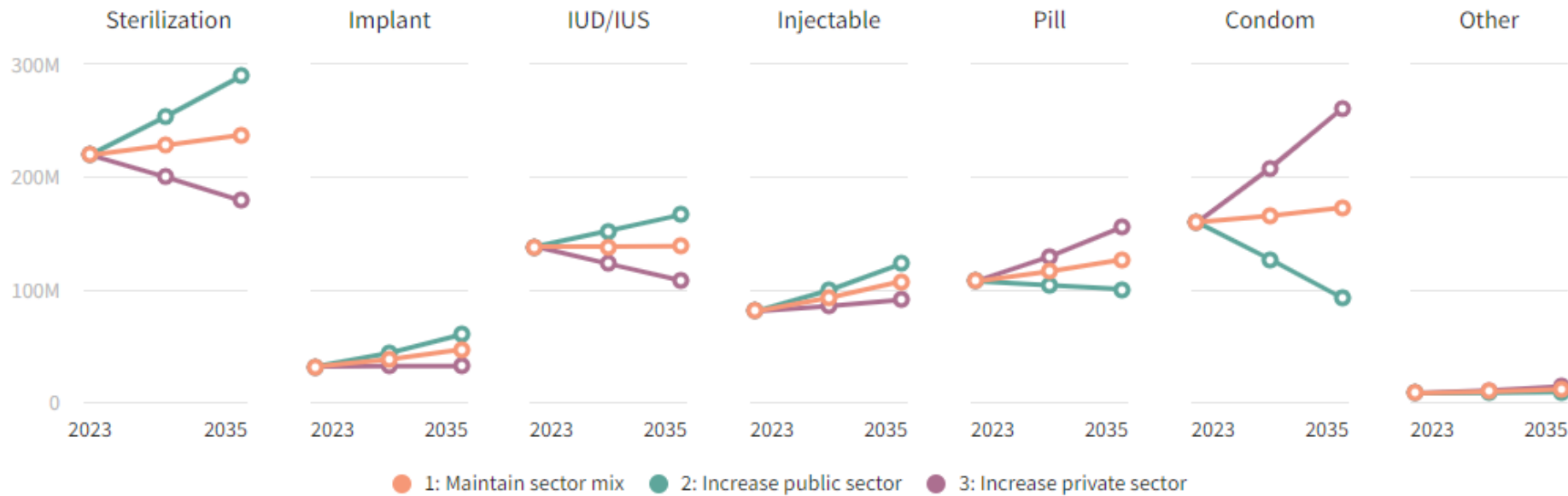


Without changes to the methods women receive within the public and private sectors, a shifting role of sectors would lead to large changes for some methods

FIGURE 8

Change in Contraceptive Users

By Future Scenario and Method, 2023-2035



Sector
All sectors ▼

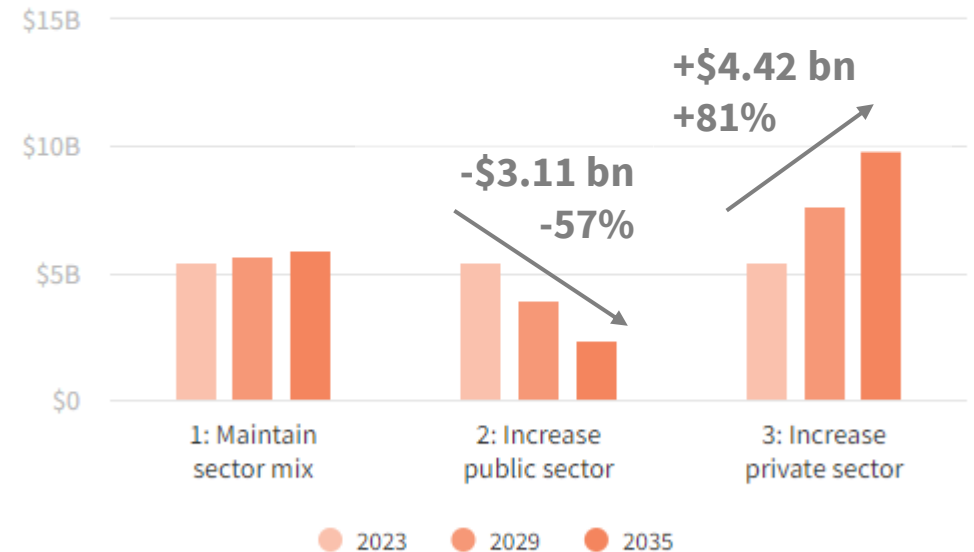
Shifting roles of the public and private sectors would have a large impact on the total cost and who incurs the costs

- With an increase in public sector use (Scenario 2), the total cost of contraceptive supplies would see a **substantial decrease** (-57%).
- With an increase in private sector use (Scenario 3), the total cost of contraceptive supplies would see a **substantial increase** (+81%).
 - Without changes in financing mechanisms, this cost increase would primarily come from users paying out-of-pocket for supplies.

FIGURE 10

Change in Contraceptive Supply Costs

By Future Scenario, 2023-2035



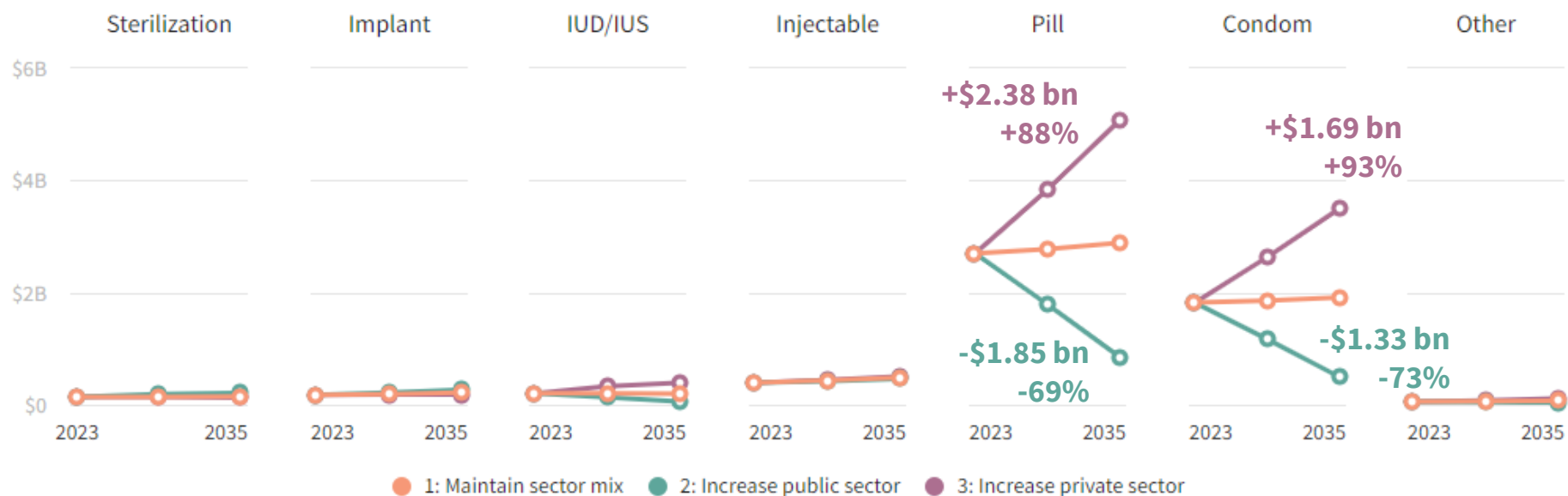
Sector
All sectors

Overall change in costs driven change in costs of pills and condoms

FIGURE 11

Change in Contraceptive Supply Costs

By Future Scenario and Method, 2023-2035



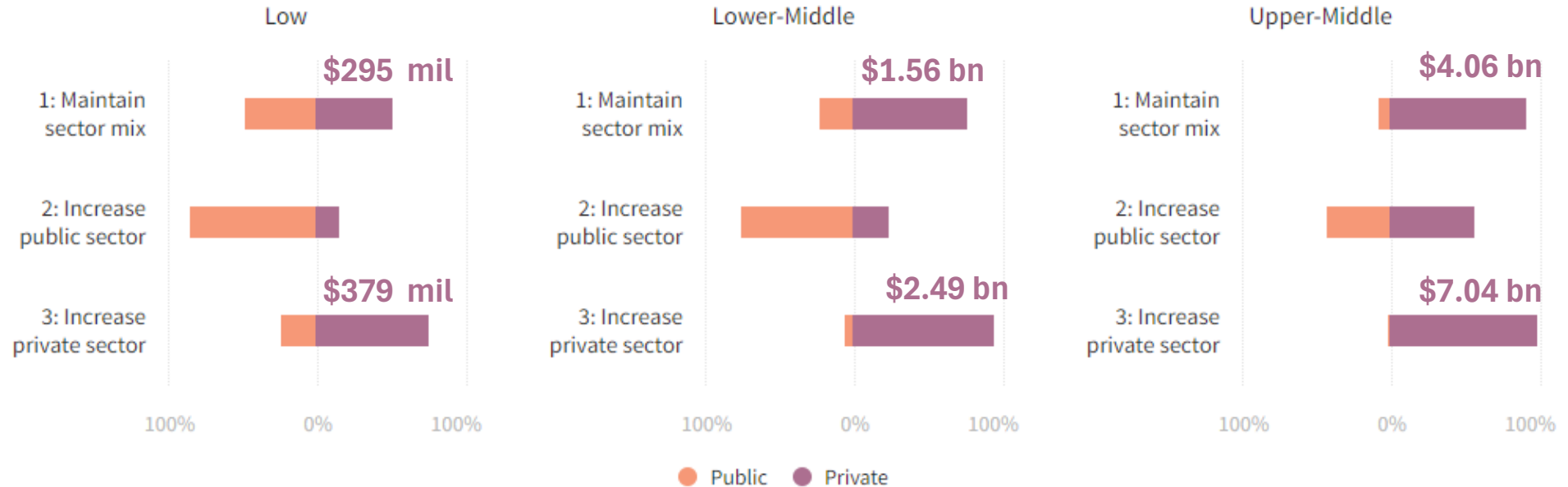
Sector
All sectors

Share of costs from the public versus private sector vary across scenarios, and country-level income groups.

FIGURE 11

Future Contraceptive Supply Costs by Sector

By Income Group and Future Scenario, 2035



Method
All methods

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Contraception

Menstrual Health

Maternal Health

Abortion & PAC



Current estimates show 1.72 billion menstruators across low- and middle-income countries in 2023

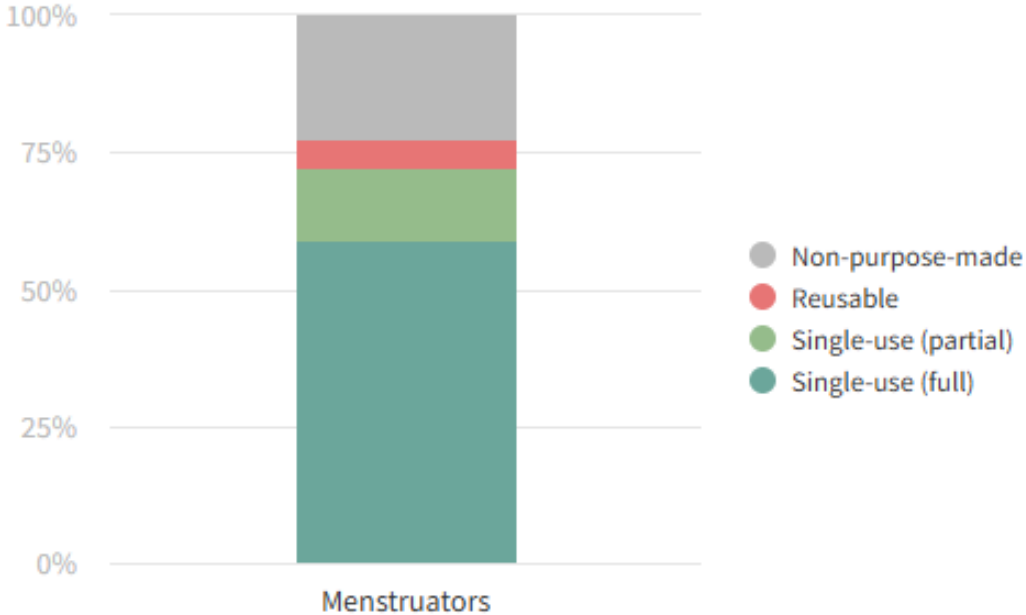
Purpose-made menstrual health products include:

- Single-use products (pads/tampons)
- Reusable products (reusable pads/underwear, menstrual cups)

Across LMICs, an estimated 78% of menstruators use purpose-made products, although some do not have all their product needs fully met (partial single-use)

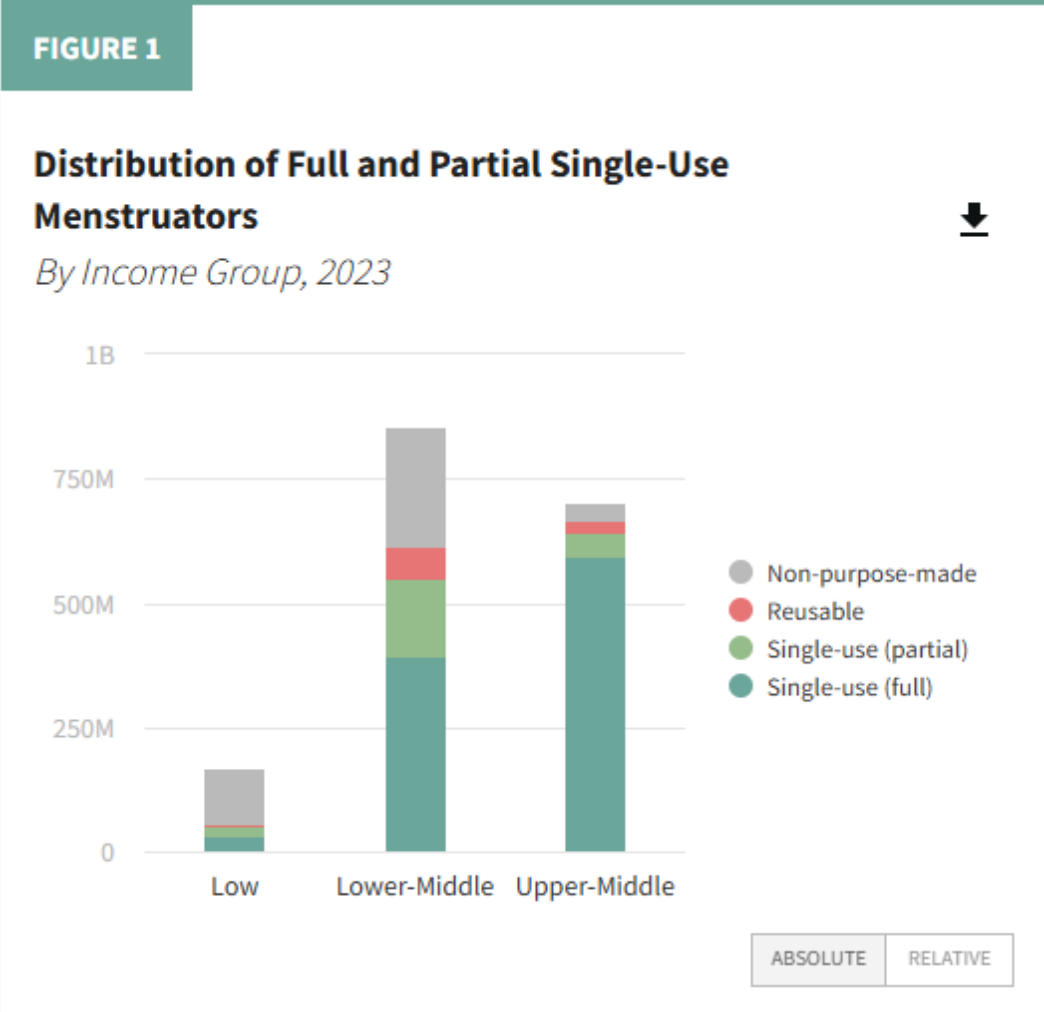
FIGURE 1

Use of Menstrual Health Products
By Product, 2023



The number of menstruators and patterns of product use vary by income group

Reflecting population size and fertility rates within each country-level income group, 10% of menstruators live in low-income countries, 50% in lower-middle-income countries, and 41% in upper-middle-income countries.



Purpose-made product use is higher in countries with higher gross national incomes

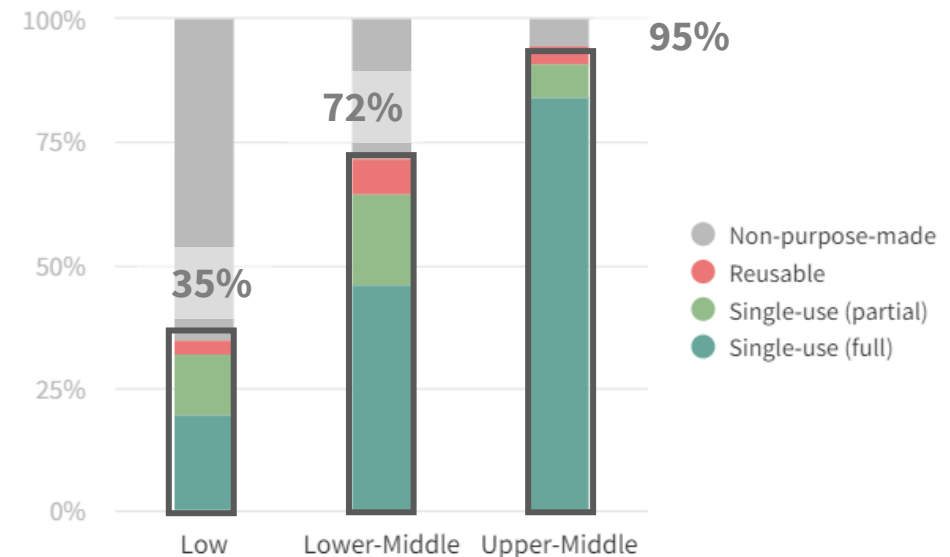
Based on available survey data, 35% of menstruators in low-income countries use purpose-made products, followed by 72% for lower-middle income, and 95% for upper-middle income.

Partial use of single-use products is greater low- and lower-middle income countries compared to upper-middle income.

FIGURE 1

Distribution of Full and Partial Single-Use Menstruators

By Income Group, 2023



ABSOLUTE RELATIVE



The total current annual costs of purpose-made products in low- and middle-income countries is \$28.8 billion

FIGURE 2

Costs of Purpose-Made Menstrual Health Products

By Product, 2023



- The costs for purpose-made products is dominated by single-use products, making up ~99% of the total costs.
- Current reusable costs are small due to the small numbers of menstruators using purpose-made reusable products and lower annual unit costs among users.

In generating projections to 2035, we looked at three potential scenarios:

- 1. Maintain product use:** No changes in the proportion of purpose-made product use; changes in demographic, contraceptive use, and fertility rates.
- 2. Increase single-use:** Increase in use of single-use products by matching the proportion of menstruators exclusively using single-use products in each income group to patterns seen in the next highest income group within the same geographic region by 2035.
- 3. Shift to reusables:** Same increases as specified above, but with a shift towards reusable products where 10% of previously single-use menstruators are exclusively using reusables by 2035 and another 20% are using reusables as a complement to single-use products (mixed users).



The proportion of menstruators using purpose-made products in 2035 increases to 93% in scenarios 2 and 3

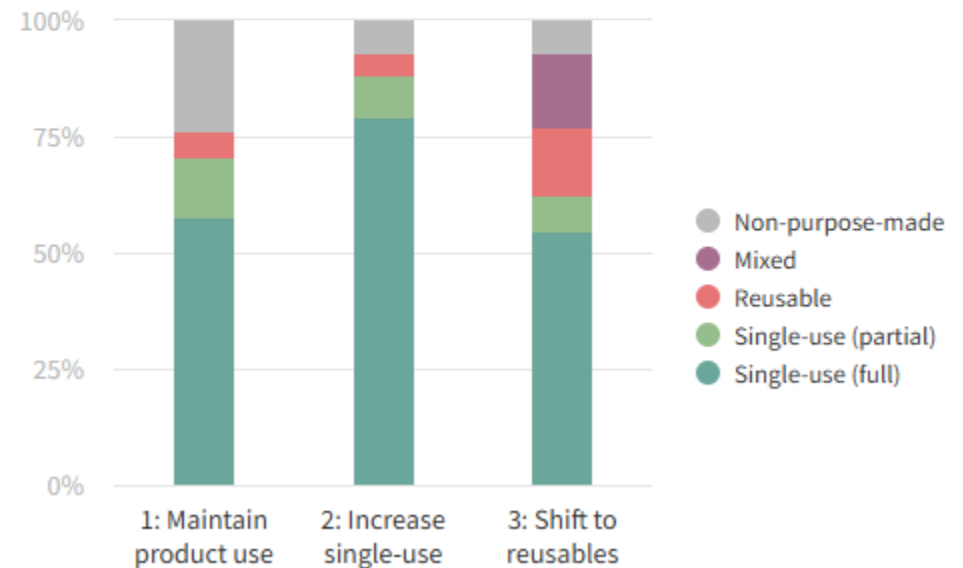
With an increase in single-use (Scenario 2), the share of menstruators using single-use products would be 88% in 2035 compared to 65% in Scenario 1.

With a shift to reusables (Scenario 3) 15% of menstruators would be using reusables and 16% using a mix of single-use and reusables by 2035.

FIGURE 4

Future Use of Menstrual Health Products

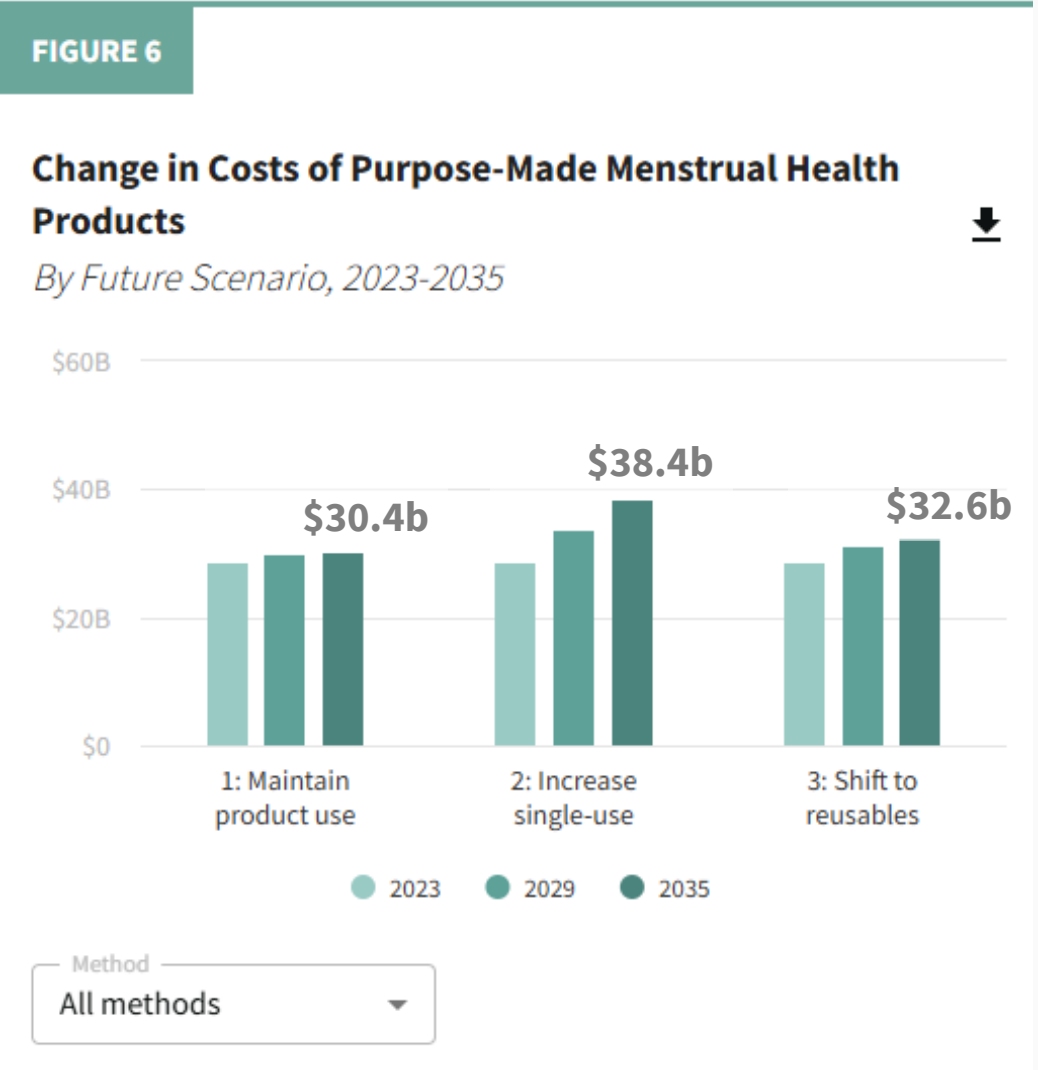
By Future Scenario, 2035



The costs of future scenarios reflect the different levels of purpose-made product use and the types of products used

With an increase in single-use products (Scenario 2), the total cost in 2035 would be nearly \$8 billion higher compared to Scenario 1.

With the same increase in purpose-made use but a shift to reusables (Scenario 3) the cost increase is mediated due to the lower annualized cost of reusable products.

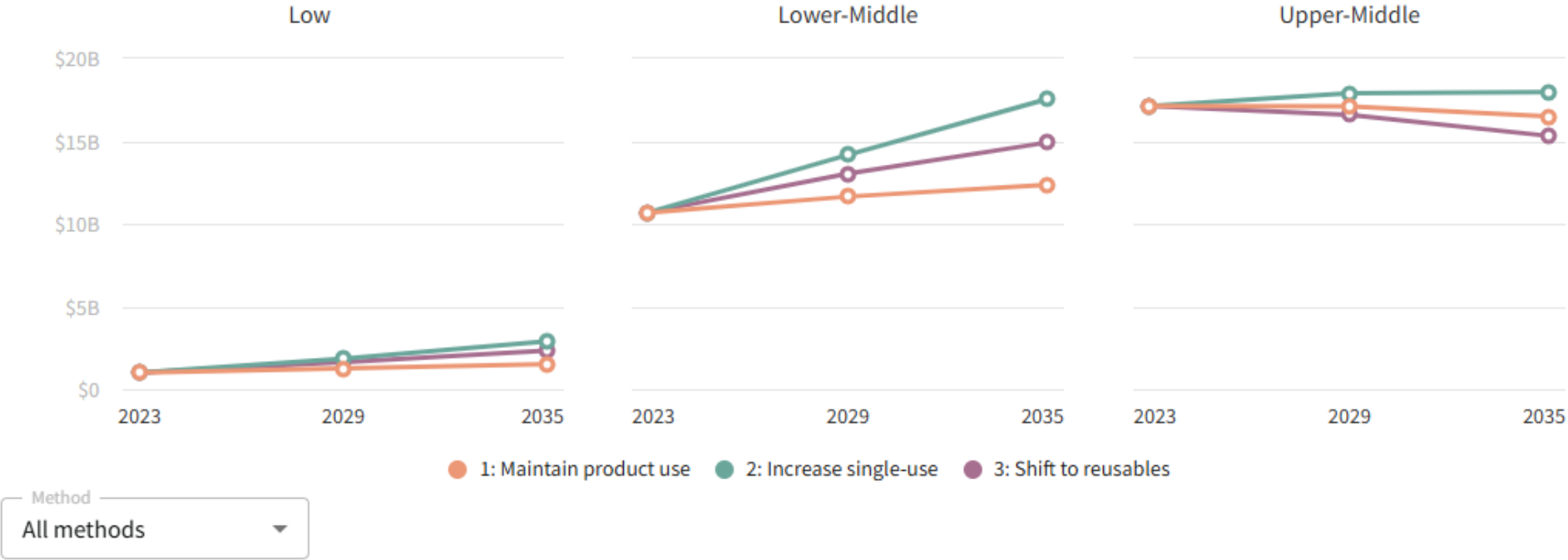


Changes in cost vary by income group; Scenario 3 has a greater cost-savings effect on countries with high current levels of single-use products

FIGURE 8

Change in Costs of Purpose-Made Menstrual Health Products

By Future Scenario and Income Group, 2023-2035



Contraception

Menstrual Health

Maternal Health

Abortion & PAC



This analysis focuses on priority maternal health drugs to reduce maternal mortality

TABLE 1

Seven Priority Plus Three Emerging Maternal Health Drugs

Maternal Health Drugs	Indications
Iron and folic acid	Nutritional supplementation during pregnancy
<i>Multiple Micronutrient Supplementation; emerging drug for maternal health</i>	<i>Nutritional supplementation during pregnancy</i>
Hydralazine (antihypertensive)	Acute hypertension event management
Methyldopa (antihypertensive)	Acute, chronic and gestational hypertension management
Magnesium Sulfate	Pre-eclampsia and eclampsia treatment
Misoprostol (uterotonic)	Induction, PPH prevention and treatment
Oxytocin (uterotonic)	Induction, augmentation, postpartum hemorrhage (PPH) prevention and treatment
<i>Heat-stable carbetocin (uterotonic); emerging drug for maternal health</i>	<i>PPH prevention[7]</i>
<i>Tranexamic acid; emerging drug for maternal health</i>	<i>PPH treatment[8]</i>
Metronidazole	Infection treatment



Large shares of cases do not receive the drugs that are needed

TABLE 2

Total Cases Needing and Receiving Seven Priority and Two Emerging Maternal Health Drugs

Low- and Middle-Income Countries, 2023



	Supplementation	Antihypertensives	Magnesium sulfate	Uterotonics	Tranexamic acid	Metronidazole
Needed: Received	47,600,000	2,610,000	1,650,000	84,000,000	686,000	6,000,000
Needed: Not received	79,400,000	9,050,000	1,180,000	93,900,000	13,000,000	4,280,000
Total	127,000,000	11,700,000	2,830,000	178,000,000	13,700,000	10,300,000
Share needed and not received:	63%	78%	42%	53%	95%	42%

Note: in this table supplementation captures just one drug (iron and folic acid), the antihypertensive drugs (hydralazine, methyldopa and out-of-scope drugs) are presented summed together, and the uterotonics (misoprostol, oxytocin and heat-stable carbetocin) are presented summed together.

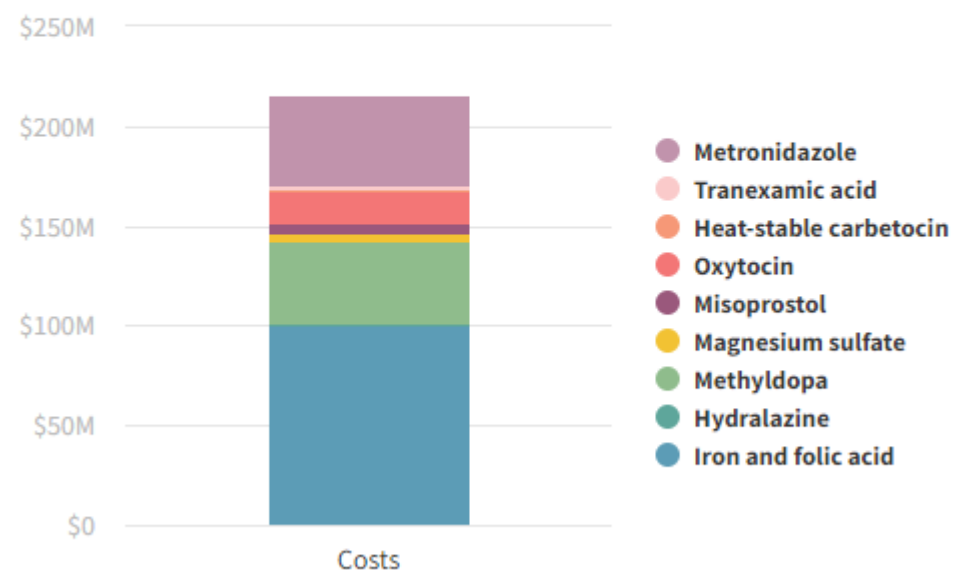


The total cost of seven priority and two emerging drugs is currently \$216 million

- Largest portion of the costs are for longer term use drugs such as **iron and folic acid**, and **hypertension control** with methyldopa, followed by **infection treatment** with metronidazole.
- The total current cost of the **three life-saving maternal health commodities** (oxytocin, misoprostol and magnesium sulfate) is \$24.7 million. This represents just 11% of the total cost of the seven priority and two emerging maternal health drugs.

Total Cost for Seven Priority and Two Emerging Maternal Health Drugs

Low- and Middle-Income Countries, 2023



In generating projections to 2035, we looked at three potential scenarios:

- 1. Maintain coverage:** This scenario accounts for changes in the number of pregnancies and births and maintains current levels of intervention coverage. Provides a baseline for comparison.
- 2. Increase coverage & moderate shift in drug use:** This scenario accounts for the same changes in the number of pregnancies and births as in Scenario 1 but increases coverage of included interventions, facility births and introduces moderate shifts in drugs used.
- 3. Increase coverage & sizable shift in drug use:** This scenario includes the same coverage changes as Scenario 2 but incorporates more sizable shifts in which drugs are used, including the introduction of multiple micronutrient supplementation,



Large differences in change in cases receiving drugs over time and across scenarios

FIGURE 10

Change in Cases that Receive Seven Priority and Three Emerging Maternal Health Drugs

By Future Scenario and Drug, 2023-2035



For antihypertensives, magnesium sulfate, and metronidazole, Scenarios 2 and 3 do not differ because in both scenarios these drugs will see the same increase in need and use.

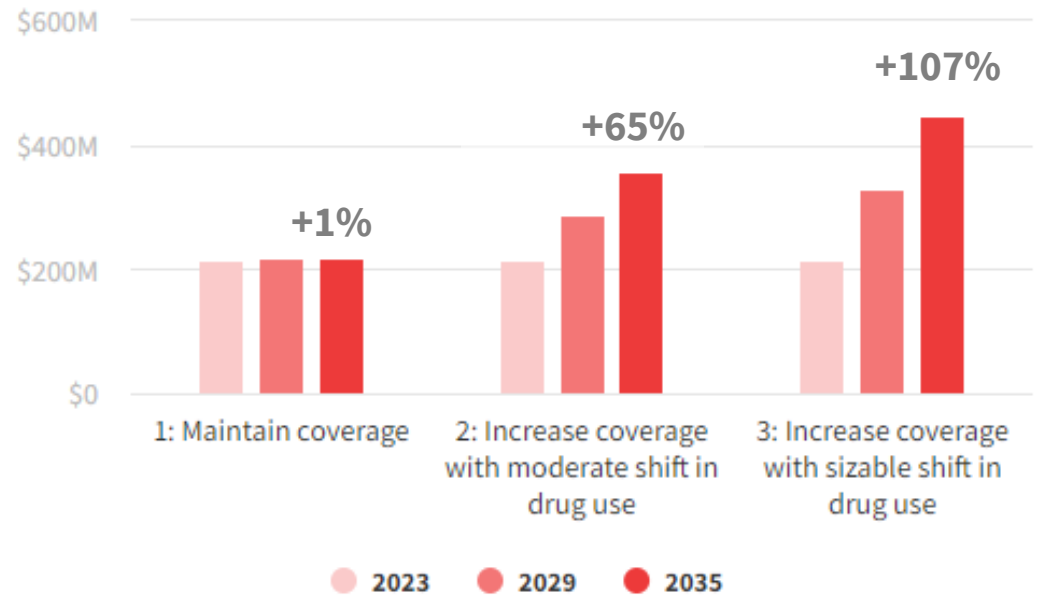
Costs increase dramatically with coverage increases and drug shifts

- Limited cost increases seen in Scenario 1, driven by increasing numbers of pregnancies and births.
- Substantial cost increase (+65%) associated with the coverage increases and moderate drug shifts seen in Scenario 2.
- The inclusion of more sizeable drug shifts in addition to coverage increases leads to additional cost of \$141 million, a 107% increase from 2023.

FIGURE 11

Change in Costs of Seven Priority and Three Emerging Maternal Health Drugs

By Future Scenario, 2023-2035



Changes in cost by drug reflect coverage, demographic influences, and drugs in use

FIGURE 12

Change in Costs of Seven Priority Plus Three Emerging Maternal Health Drugs

By Future Scenario and Drug, 2023-2035

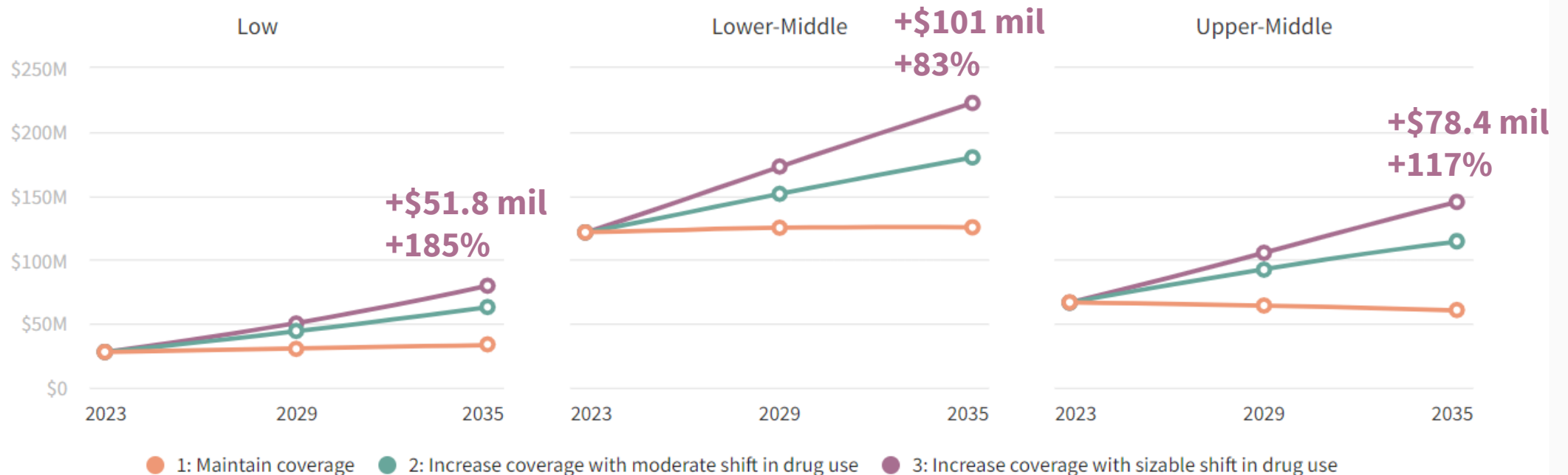


Drug costs by country income group show similar patterns overall; most costs come from lower-middle-income countries due to demographics

FIGURE 11

Change in Cost of Seven Priority and Three Emerging Maternal Health Drugs

By Future Scenario and Income Group, 2023-2035



Contraception

Menstrual Health

Maternal Health

Abortion & PAC



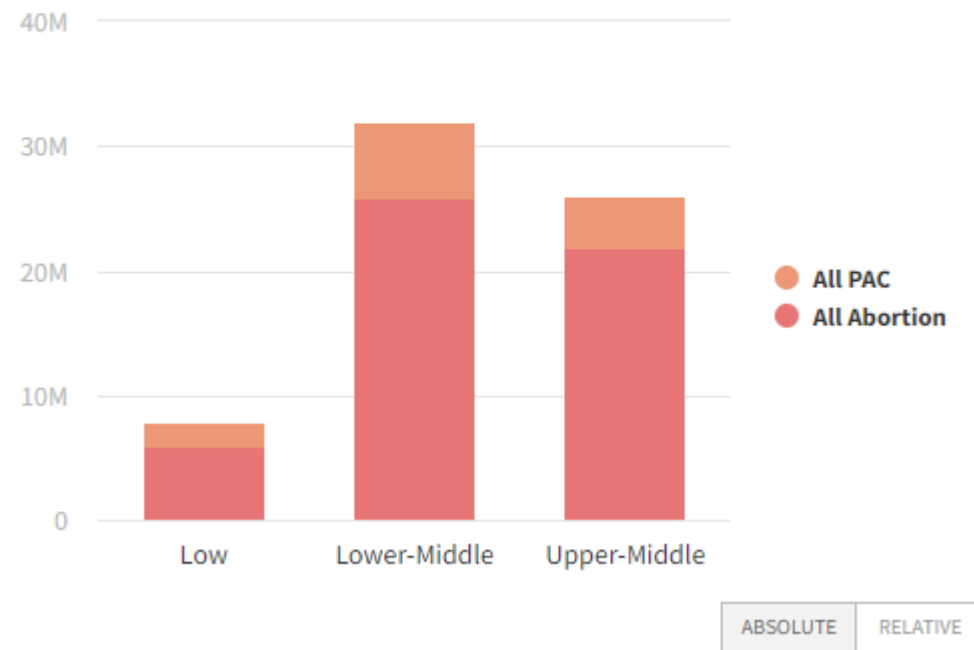
In 2023 there were 65.8 million abortion & PAC services across low-and middle-income countries

- Including all safety types and methods
- Broadly reflects distribution of women of reproductive age across income groups
- The vast majority (82%) are abortion services; with some variation by income group.

FIGURE 1

Abortion and PAC Services by Type

By Income Group, 2023



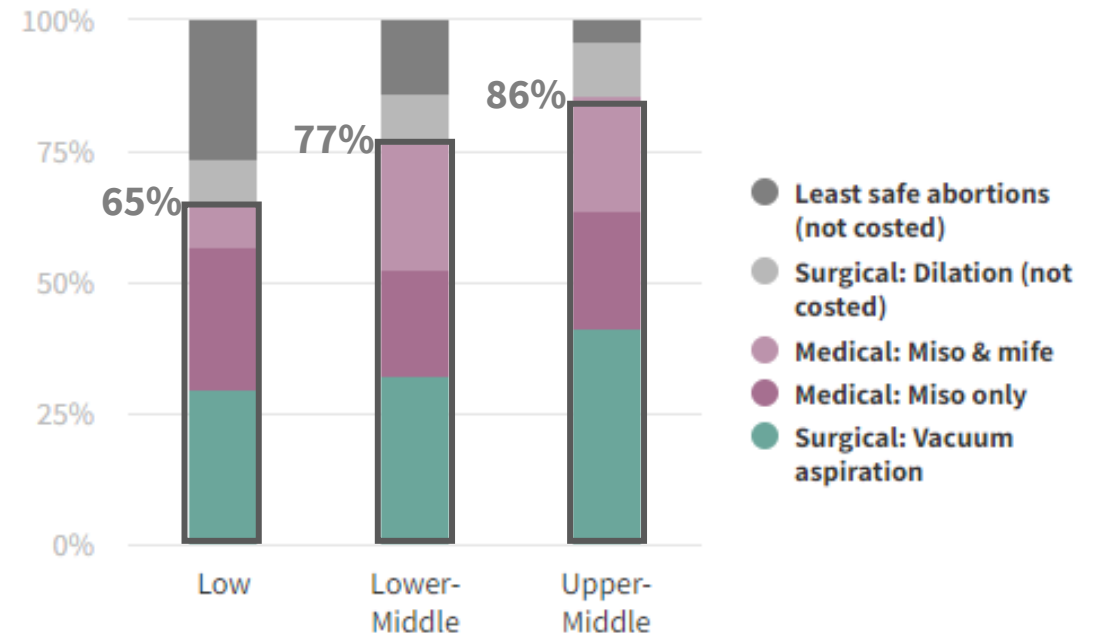
There is variation in the types of methods used across income groups

- Share of 'costed' services increases across each income group
- Least safe abortions account for 26% of services in low-income countries but only 4% in upper-middle-income
- Medical methods make up the largest share of services in all income groups

FIGURE 2

Abortion and PAC Services by Method

By Income Group, 2023



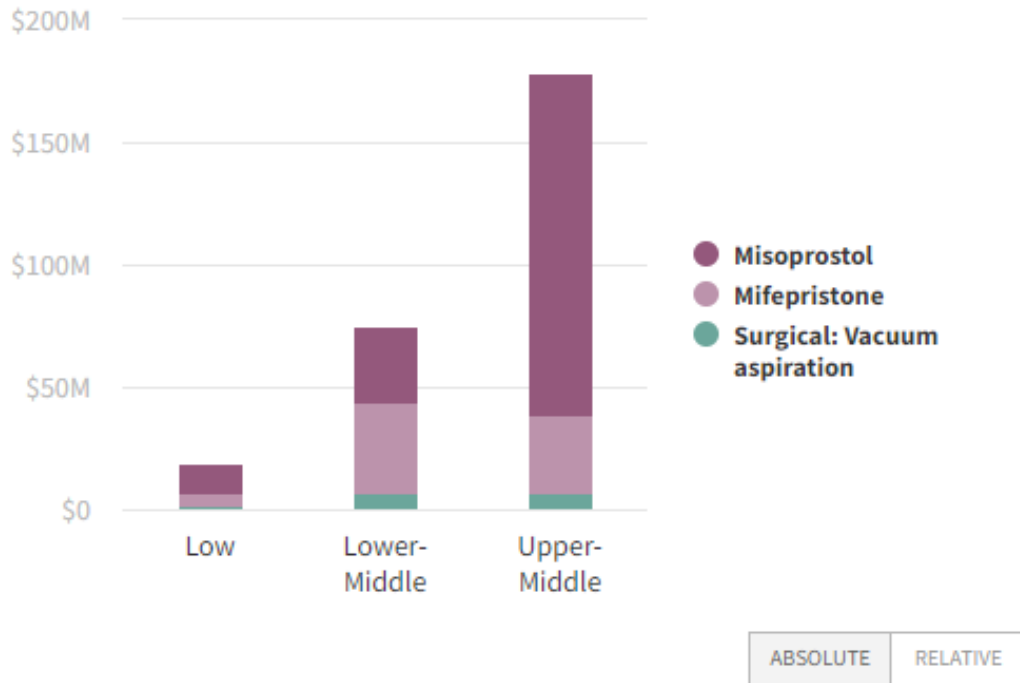
ABSOLUTE

RELATIVE

FIGURE 3

Costs of Abortion and PAC Supplies by Method

By Income Group, 2023



\$273 million in supply costs primarily driven by cost of misoprostol

- Medical methods account for 90% or more of total supply costs.
- Vacuum aspiration only includes cost of MVA kit.
- Wide regional variation in price of misoprostol, which accounts for 67% of total costs

In generating projections to 2035, we looked at three potential scenarios:

- 1. Maintain safety profile & method mix:** No changes to the distribution of the safety profile of abortion services or mix of surgical and medical methods
- 2. Shift safety profile:** Improves the safety profile of services by matching the proportion of abortion services that are safe/less safe/least safe to the average pattern seen in the next highest income group
- 3. Shift safety profile & method mix:** Includes safety improvements from Scenario 2, as well as a shift to greater use of medical (especially combined use of misoprostol and mifepristone) rather than surgical methods among safe and less safe abortions

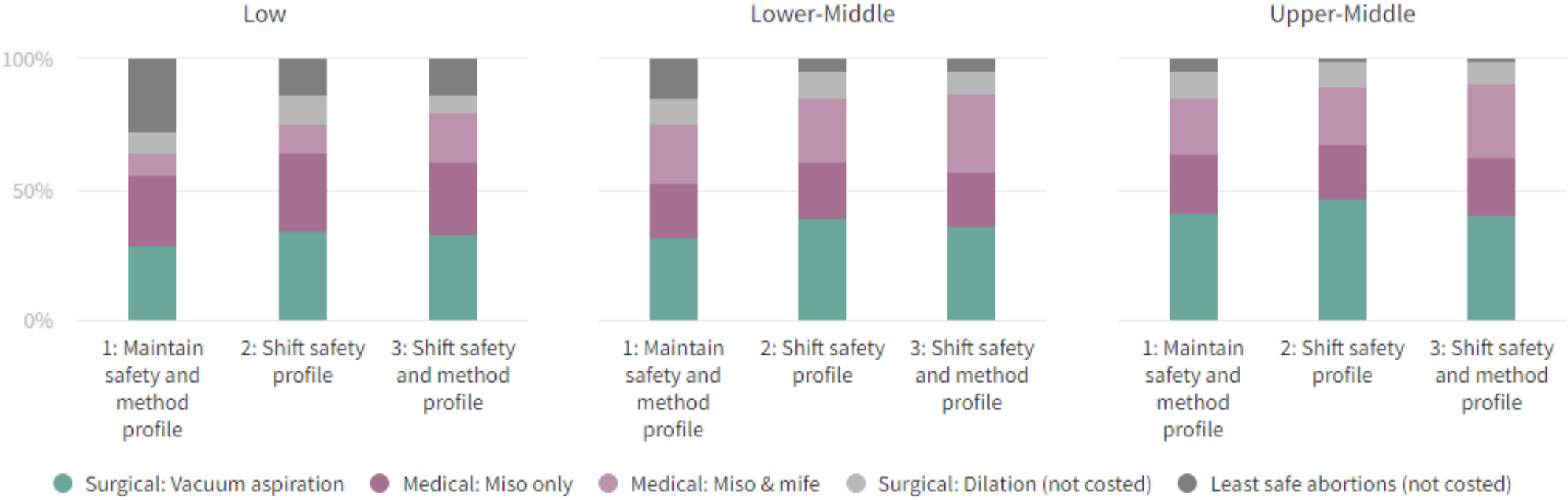


The share of services that are least safe abortions in 2035 decreases in scenarios 2 and 3, particularly for low-income countries

FIGURE 5

Future Abortion and PAC Services by Method

By Future Scenario and Income Group, 2035

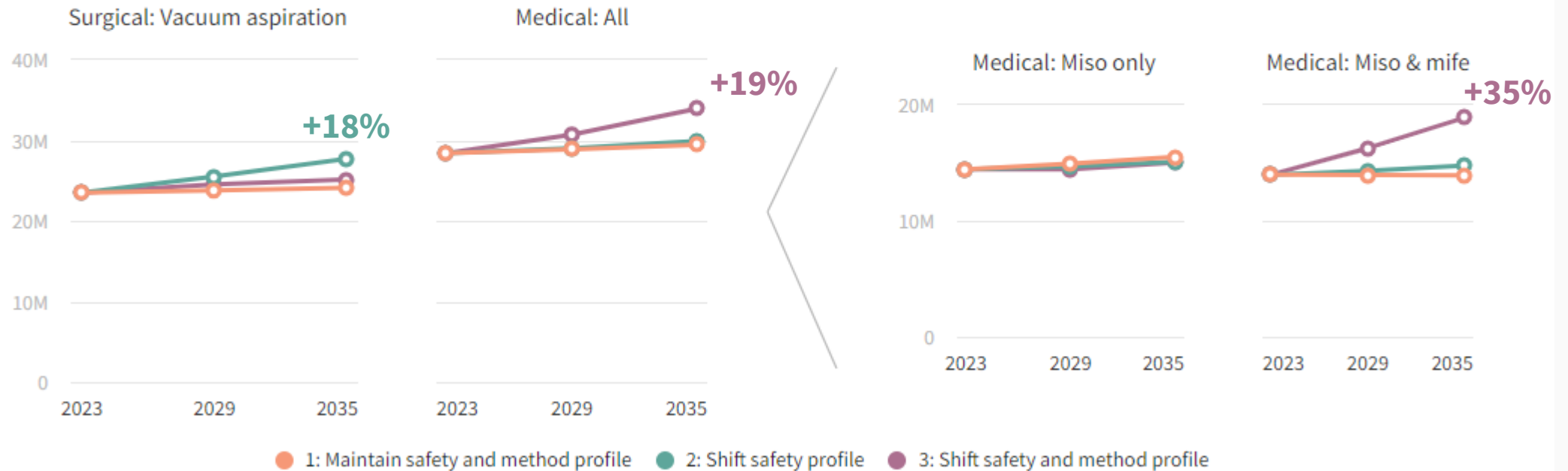


The total number of abortion & PAC services will remain relatively similar across all low-and-middle-income countries; however, the number of costed services and the methods used would change under scenarios 2 & 3

FIGURE 6

Change in Costed Abortion and PAC Services

By Future Scenario and Method, 2023-2035



Shifts in safety and method mix (Scenario 3) could lead to higher costs, without decreases in the price of mifepristone.

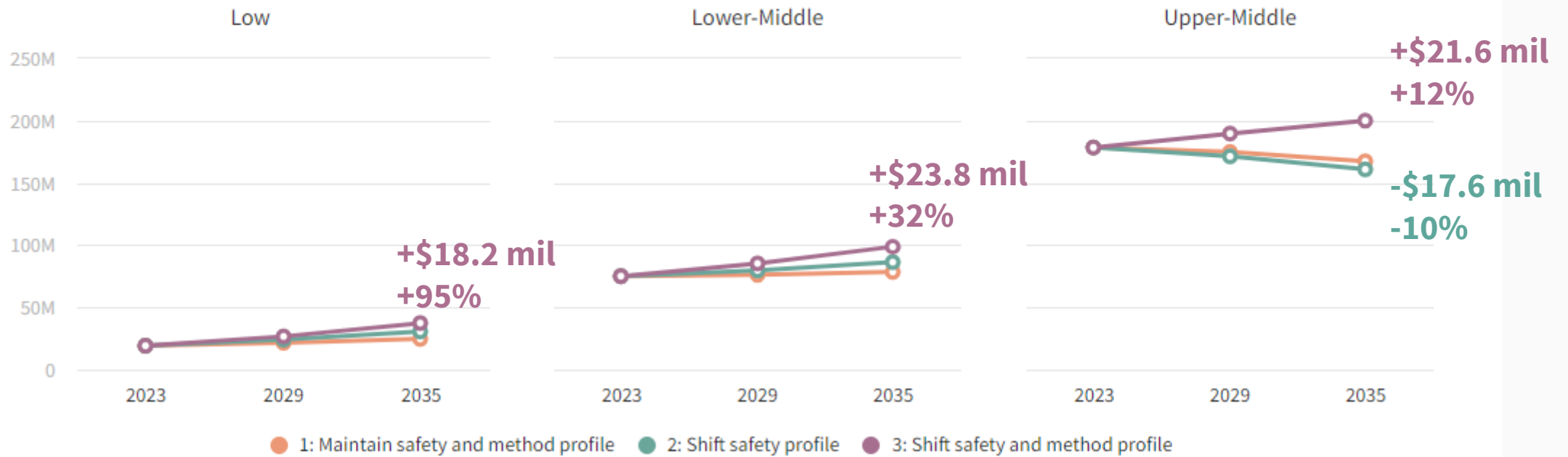


Increased use of medical methods drives higher supply costs in all country income groups; even when number of services decreases

FIGURE 7

Change in Costs of Abortion and PAC Supplies

By Future Scenario and Income Group, 2023-2035



Future improvements in availability and competition could mitigate costs of mifepristone.

Contraception

Menstrual Health

Maternal Health

Abortion & PAC





Using LEAP in Menstrual Supplies Advocacy

Tanya Mahajan, MHAi

Case Study 1: Strategic Business Plan for ISO standardization

Targeted data on understanding LMIC markets (using LEAP 2021)

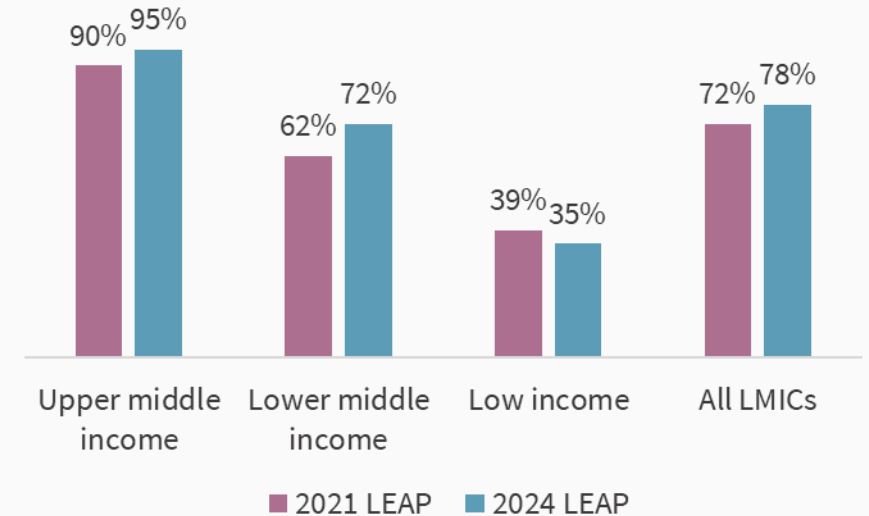
- **Market potential**

- LEAP 2021 showed 1.67 bn menstruators from LMICs of which 55% are from low and lower-middle-income countries alone
- LEAP 2024 shows a higher number of menstruators (1.72 bn) and a higher proportion – 59% from low and lower-middle-income countries

- **Growth regions**

- Amongst lower-middle and upper-middle-income countries, India and China respectively accounted for 46-48% of purpose made product use
- Nigeria, Philippines, Pakistan, Vietnam, Indonesia, Brazil, Mexico also significant markets
- For LICs, Ethiopia, the DRC, Uganda, Sudan account for 50% of menstruators using purpose made products in low-income countries.

Use of purpose-made products in LMICs

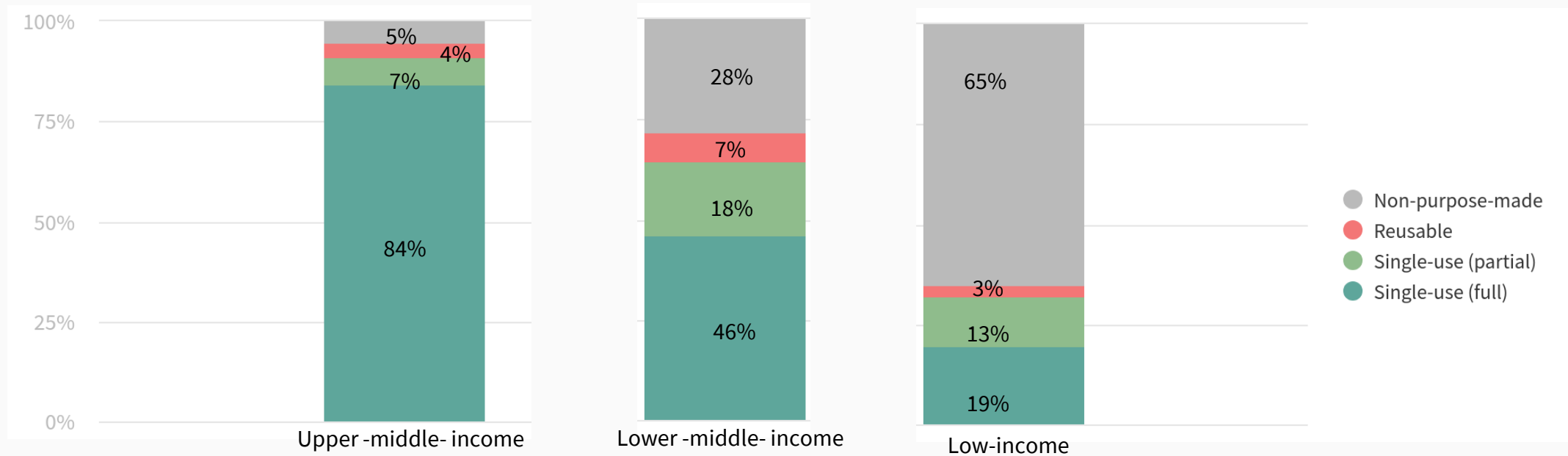


These quantitatively make the case for not just why standards for menstrual products are needed, but why wider representation from LMICs is needed in standards formulation as these markets are very different in their composition and maturity.



Case Study 2: The case for informed choice in menstrual health

- Use of purpose-made products is highly inequitable, with 95% of menstruators using them in upper-middle-income countries where single-use products are predominantly used



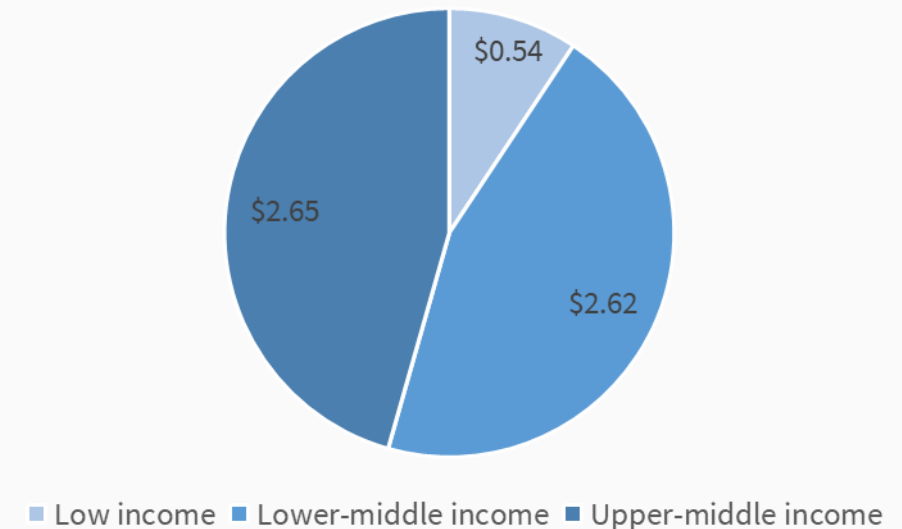
- In low and lower-middle-income countries, 13% and 18% menstruators practice partial use of single-use products, showing another pathway for increasing access equitably through a basket of choices
- Studies indicate a preference for multiple-use products when offered with balanced information



Case Study 2: The case for informed choice in menstrual health

- LEAP further supports this by extrapolating cost savings for a scenario where increase in use is combined with use of reusables and mixed-use, instead of only increase in single-use products
- With an overall cost savings of \$5.81 billion, this is an important data point to advocate for informed choice as a tool for increasing access
- In settings where public provisioning will play a role – through large scale product programs and for emergency settings, this can be an important advocacy tool for a basket of choice approach

Cost savings (in \$ billion)



Case Study 3: The case for linking MH and SRHR in policy and practice

- Overall across LMICs, 744 million modern contraceptive users are largely dependent on public sector and long-acting permanent methods through this channel
- Users accessing the private sector show a preference for short-acting methods
- Joint advocacy for informed choice in menstrual products and a wider choice of contraceptive methods
 - Body literacy incorporated in MH choice has the potential to support an improved understanding of *Contraceptive Induced Menstrual Changes (CIMCs)*, thus supporting uptake of hormonal contraceptives
 - Linking MH and CIMC counseling is essential towards effectively addressing menstrual concerns like PCOS, endometriosis etc.
- Most potential for lower-middle-income countries (42% of all users) where 61% rely on the public sector and 70% of public sector users are dependent on long-acting and permanent methods



Question & Answer



Please put your questions
& comments in the chat.





Visit: <https://leap.rhsupplies.org>

Explore the Overview and Global GNI Comparison Reports online for each health area for more detailed results and to interact with the data.



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CONTRACEPTION

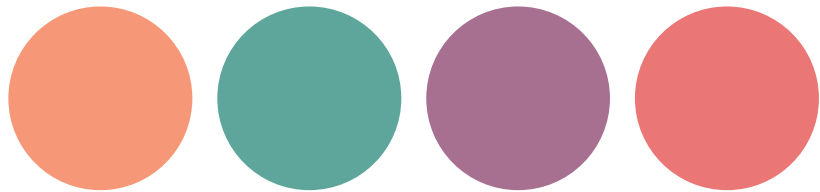
MENSTRUAL HEALTH

ABORTION AND PAC

MATERNAL HEALTH



Thank you!



For more information contact: leap@rhsupplies.org

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