

# HIV and FP Supply Chain: Opportunities for Integration

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**Integrating non-HIV Services into HIV Programs**

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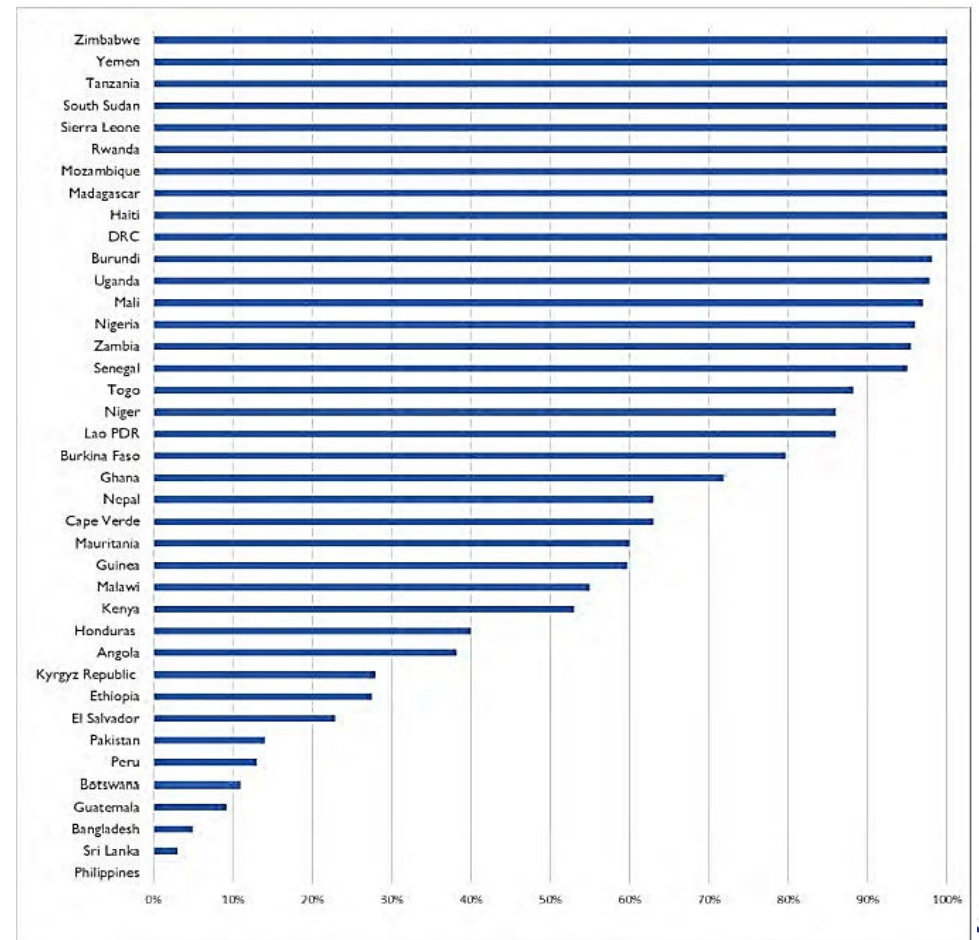


# Background & Context





- Sustaining gains in HIV and FP is linked to resilient supply chain systems.
- Donor funding generally is flatlining and comprises a significant portion of contributions for procurement.
- Stockouts of FP commodities are frequently reported which undermines service integration
- Consistent supplies motivates health care providers, facilitates informed choice, improves quality of services
- HIV biomedical prevention and treatment may mirror family planning as a range of diverse options become available

Source: USAID Contraceptive Security Report, 2022

In-kind donations and grants as % of total spending on public sector contraceptives (n=42)



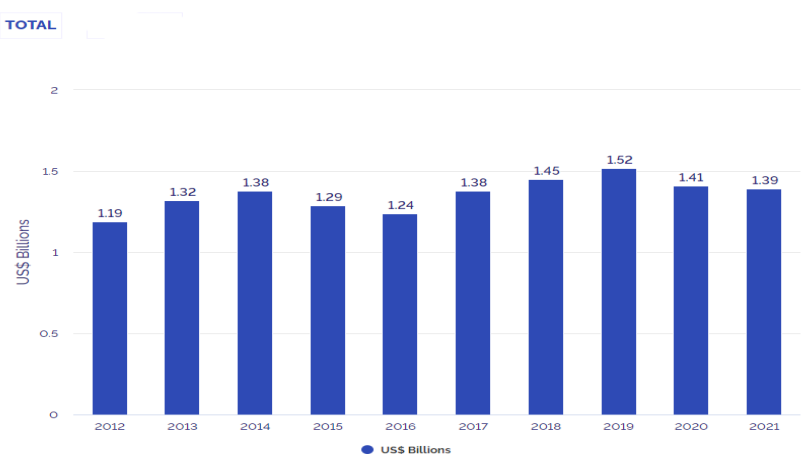
# Global Landscape for HIV and FP Procurement

Funding Source	ARVs	HIV commodities	Contraceptives	Condoms & lubricants	Pregnancy tests	MNCH/SRH commodities
 PEPFAR 20 YEARS OF IMPACT	X	X		X		
 THE GLOBAL FUND	X	X	Condoms	X		
 USAID FROM THE AMERICAN PEOPLE			X	X	X	X
 UNFPA		X	X	X	X	X
National governments	X	X	X	X	X	X

- Access to FP is an important part of prevention, care, and treatment, PMTCT, KP and DREAMS programming
- **PEPFAR funds cannot be used to buy contraceptive commodities; however, male and female condoms can be purchased with PEPFAR funds.**
- PEPFAR resources **can be** used for FP/HIV technical interventions, e.g., training, counseling, contraceptive method provision, strengthening supply chain systems, HMIS support, demand generation communications for health, quality assurance.

# Donor Funding for HIV and FP 2012-2021/22

Donor Government Bilateral Disbursements for Family Planning, 2012–2021



Donor Government Bilateral Disbursements for Family Planning, 2012–2021

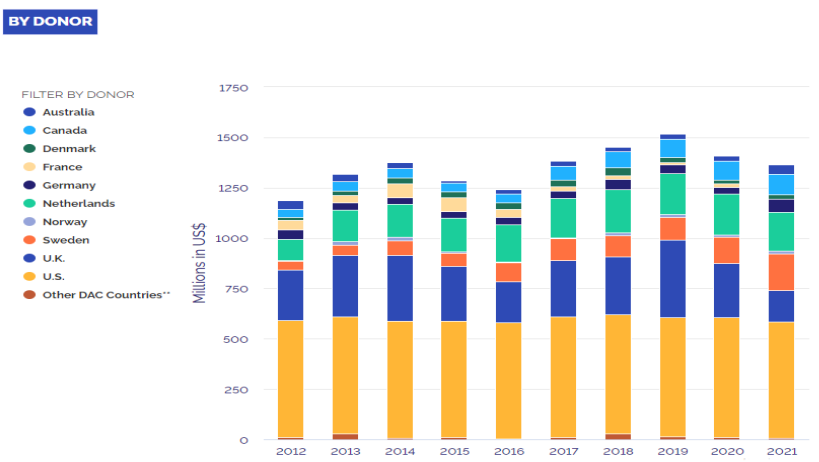
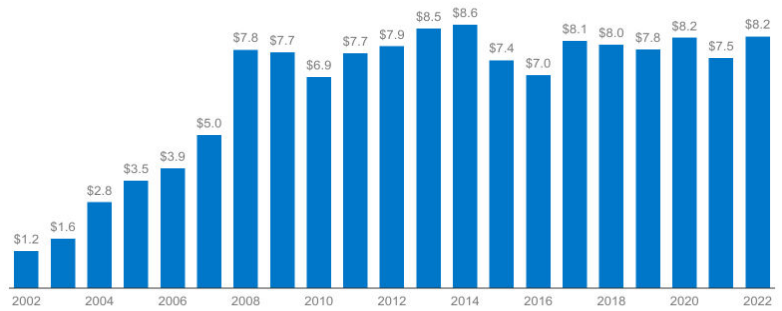
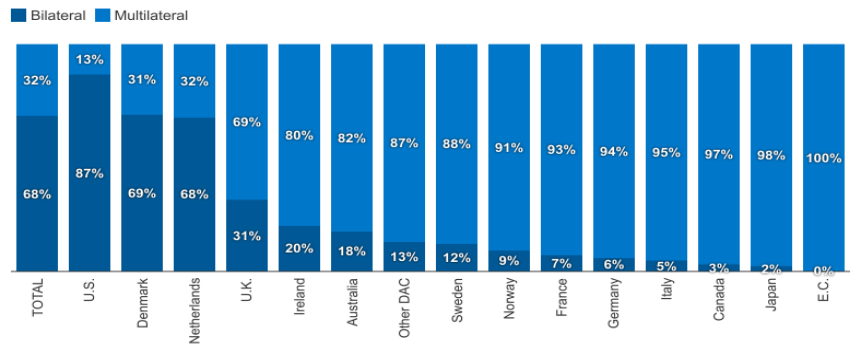


Figure 1  
HIV Funding from Donor Governments, 2002-2022  
US\$ in billions



NOTE: Totals represent disbursements (in current U.S. dollars) in low- and middle-income countries.  
SOURCE: UNAIDS and KFF analyses; Global Fund to Fight AIDS, Tuberculosis and Malaria online data queries; UNAIDS Annual Reports and direct communication; OECD CRS online data queries. **KFF**

Figure 2  
HIV Funding from Donor Governments by Funding Channel, 2022



SOURCE: UNAIDS and KFF analysis, July 2023; Global Fund to Fight AIDS, Tuberculosis and Malaria online data query, January 2023; UNAIDS direct communication; OECD CRS online data queries. **KFF**

- Donor funding for both HIV and FP is flatlining
- HIV funding was 8.2B USD in 2022 while FP funding totaled 1.4B USD in 2021
- USG is the largest bilateral donor for both HIV and FP programs
- Domestic government funding accounts for 41% of FP and 17% out of pocket payments

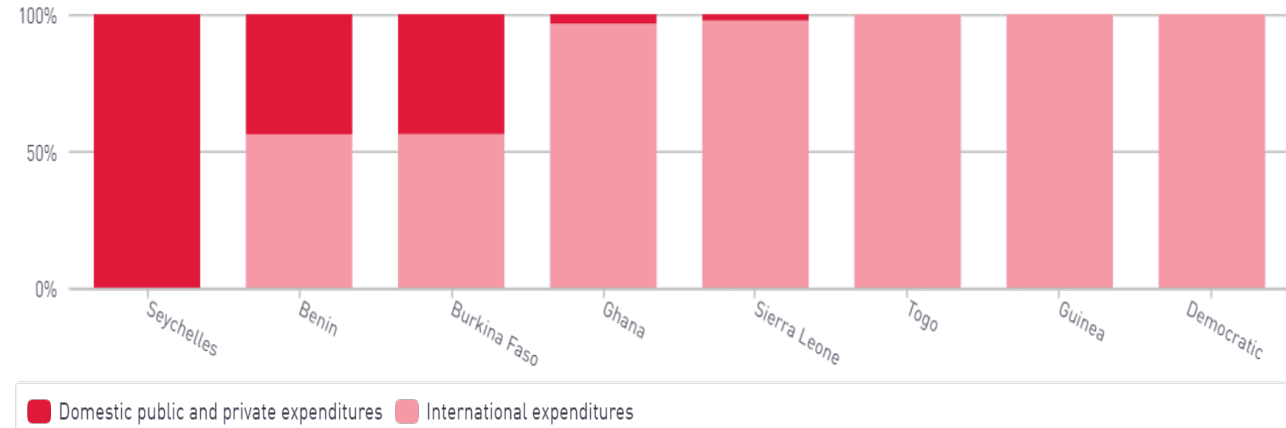
# Funding for ARVs and FP commodities

## West and Central Africa

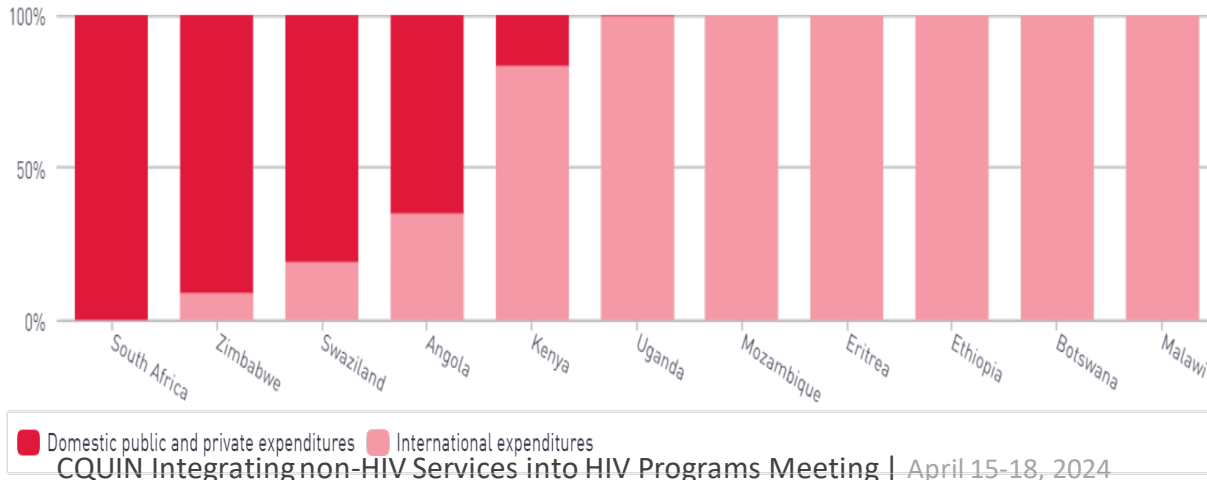
- 5/7 countries contribute domestic funding to procure ARVs



Percentage of spending from domestic and international sources on Antiretroviral Commodities



Percentage of spending from domestic and international sources on Antiretroviral Commodities



## East and Southern Africa

- 5/11 countries allocate a proportion of domestic funding to procure ARVs
- ARVs fully funded through donors in Uganda, Mozambique, Ethiopia, Botswana and Malawi

• Source: UNAIDS, 2023

# Funding Trends for FP Commodities

Domestic expenditure on contraceptive commodities: greater than est. global procurer spend on contraceptive commodities

Eswatini, Ethiopia


50-100% of est. global procurer spend on contraceptive commodities

Ghana

Less than 50% of est. global procurer spend on contraceptive commodities


Burundi, Cote d' Ivoire, DRC, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Tanzania, Zimbabwe, Uganda, Zambia

**\$160M**

 UNFPA's total spend on contraceptive procurement in FY2022, an **increase of 49%** from FY2021

*Procurement spend rebounded to levels seen in FY2019/20, following a notable decline in FY2021*

**\$50M**

 USAID's total spend on contraceptive procurement in FY2022, an **increase of 42%** from FY2021

*USAID's FY2022 procurement spend matched the peak spending level seen in the FY2018-22 period*

Sources: KFF FP spending analysis 2022, FP2030 Financial Progress Report & RHSC Family Planning Market Report, 2022

# USAID: Procurement Trends in Family Planning

Exhibit 10. Trends in Contraceptive and FP/RH Condom Delivered Value to Africa, FY 2013–22\*

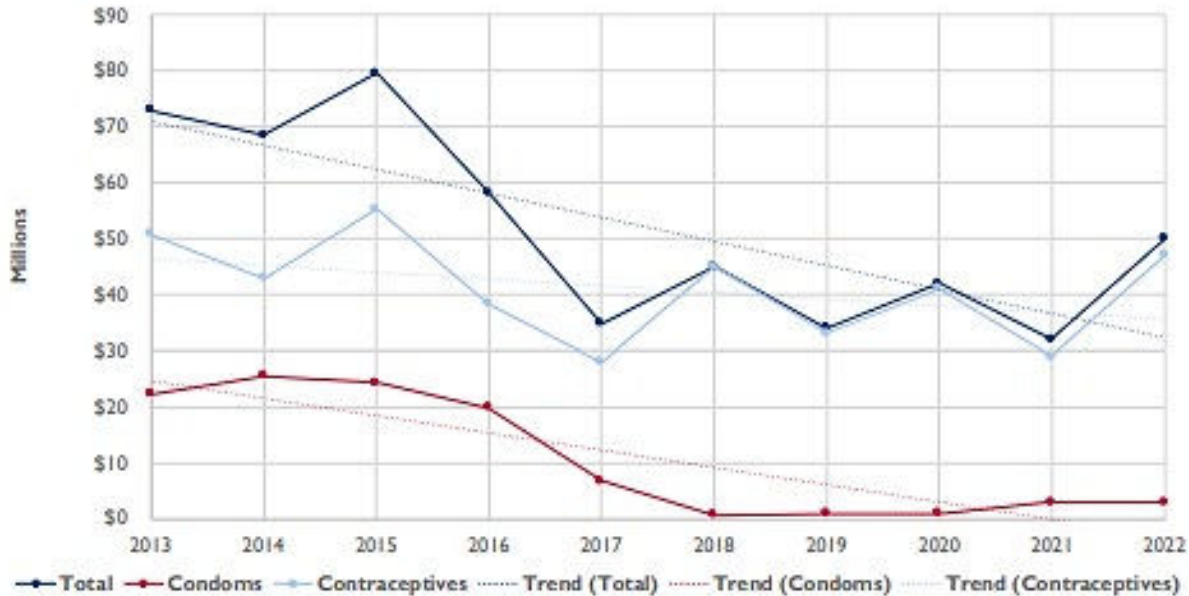
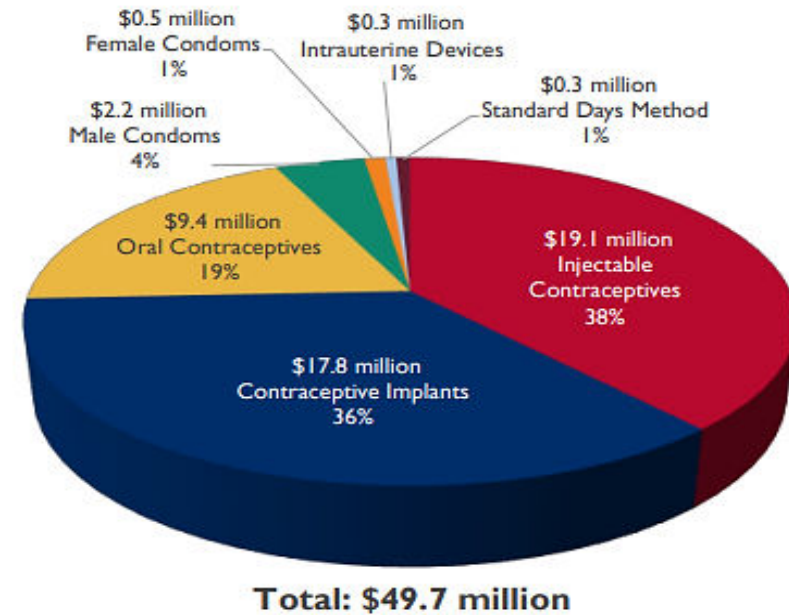


Exhibit 11. Contraceptive and FP/RH Condom Delivered Value by Method to Africa, FY 2022



The top five receiving countries in FY 2022 were Uganda (18 percent), Mozambique (13 percent), Tanzania (11 percent), Ghana (9 percent) and Madagascar (7 percent) (see Exhibit 12).

# New ARVs for HIV prevention and treatment, contraceptives & multi-purpose technologies

**HIV Prevention & Treatment**



Daily oral pill



Monthly ring



**Prevention**

2-month injection

6-month injection (trial)

**Treatment**

One-month injection

**Contraception**



Hormonal IUDs

**Multi-purpose technologies**





# Considerations and Complexities for More Integrated Supply Chains

## Family Planning

- Different manufacturing processes
- Quality assurance standards
- Regional/local manufacturing very limited
- Inadequate funding to cover need

## HIV

- Different dosing schedules than FP
- Target-driven incentives
- High volumes of similar ARVs
- Different formulations could be on the horizon
- Regional manufacturing more advanced

## HIV & FP

- LMIS
- Physical infrastructure
- Dedicated staff
- Forecasting
- Last mile distribution

# Opportunities for Integration: Supply Chain



## Planning and Coordination

- Joint HIV and FP commodity procurement planning

## Integrated Service Delivery

- Co-delivery of new products and refills (including HIV prevention and contraception)
- Capacity strengthening for HIV and FP providers, pharmacists, logistic management
- Reinforcing counseling for FP, safer conception for women living with HIV and offering HIV prevention in FP (support groups, PMTCT nurses in FP/MNCH)



## Data and Monitoring

- Exchange lessons learned to strengthen data visibility and management (i.e. Global Family Planning Visibility and Analytics Network)
- Community led monitoring
- Strengthen last mile distribution where majority of stock outs reported



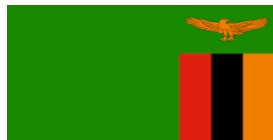
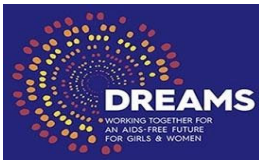
# Examples: Strengthening Supply Chain for HIV and FP



Tanzania



Rwanda



Zambia



Ghana

## Joint Planning and Coordination

- HIV and FP quantifications conducted separately, with overlap in contributors
- Referenced condom needs projected by the HIV program to ensure assumptions aligned between programs.
- Fully integrated supply chain in Rwanda. Different entities procure donor funded commodities, essential medicines and vaccines w/ integrated distribution to last mile.

## Service Delivery

- FP education, counseling and contraceptive provision to AGYW through DREAMS programs (facility-based, mobile clinics, safe spaces, school health corners)

## Data and Monitoring

- Using data collection and personal follow up by phone with non-reporting facilities LMU saw a reduction in ARV stockouts from 50% to less than 5%.
- Led to LMU having oversight of other commodity groups, including FP.
- Connected LMIS to VAN platform to achieve visibility from manufacturers to last mile.
- Ability to see shipments against consumption and inventory
- Flagging product over- or under-stocks against the supply plan
- Trends in consumption and stockouts over time against requests/orders

Sources: [RHSC](#)

# Resources

[USAID HIV/FP Supply Chain Integration Brief](#)

[USAID Contraceptive Security Indicators Report 2021](#)

[USAID HIV/FP Integration](#)

[UNFPA Supply Chain Resources](#)

[WHO Evidence Brief on Ensuring Contraceptive Security](#)

[Reproductive Health Supplies Coalition Family Planning Market Report](#)

[Global Family Planning Visibility and Analytics Network \(VAN\)](#)



# Thank You!

