

UNFPA SUPPLIES PARTNERSHIP

Annual Report 2024



54 partner countries

The UNFPA Supplies Partnership is a global health initiative that strengthens health systems through improving supply chains, advancing policy, diversifying financing and expanding access to quality-assured contraceptives and maternal health medicines in 54 of the lowest-income countries.



*The Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu

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Transforming lives, *strengthening futures*

UNFPA Supplies Partnership

IMPACT SNAPSHOT

2024

Enabled 25 million women to access essential reproductive health services, ensuring autonomy over their bodies and futures.

Prevented nearly 10 million unintended pregnancies, allowing women to choose if and when to have children.

Averted 3 million unsafe abortions, sparing women from life-threatening risks.

Saved the lives of over 200,000 mothers and newborns, preventing tragic losses and ensuring more children grow up with their mothers.

Delivered 43 million couple-years of protection, providing reliable contraception for informed family planning.

Prevented 2 million sexually transmitted infections (STIs) and 200,000 HIV infections* through male and female condoms — offering triple protection.

High-impact investments

UNFPA Supplies Partnership

IMPACT SNAPSHOT

2024

Procured \$141 million in reproductive health commodities, providing choices and care for women while reducing long-term healthcare costs.

Saved \$708 million in direct healthcare costs in 2024 alone through reduced cost of pregnancy and delivery care, and treatment of complications from unsafe abortions.

Returns \$8.40 for \$1 spent*

By 2050, the \$178 million invested in 2024 (total Supplies programme expenditure) is projected to **yield \$1.5 billion in economic benefits** for programme countries.

Nearly **10x**
return on investment

* UNFPA (2022). Investing in the Three Transformative Results: Realizing Powerful Returns.

Introduction

The UNFPA Supplies Partnership: Strengthening National Leadership, Delivering Impact

The 2024 annual report is about a programme in its stride. The Partnership is delivering measurable impact, with increased government commitment through domestic financing and the adoption of new and lesser-used contraceptives and maternal health medicines. By actively supporting national commitments, it empowers countries to sustain family planning and maternal health programmes. Since 2007, the programme has continued to expand access to quality reproductive health supplies while strengthening national systems for long-term sustainability.

The achievements of 2024 were made possible through the collaborative efforts of partner countries, implementing organizations and donors, working together to advance sexual and reproductive health and rights. At the same time, the governments of our 54 partner countries are taking the lead, securing financing, strengthening supply chains, and embedding reproductive health into policies and programmes.

Now more than ever, as funding cuts in 2025 threaten progress, this partnership is critical to safeguarding reproductive health commodity security for millions amid a shifting global funding landscape.

Collaboration is the key to success. The UNFPA Supplies Partnership is not only delivering essential supplies — it is also building resilient systems that will sustain access, rights and choices for generations to come.

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Building on past progress



View the [webinar](#) presenting key programme achievements and insights from 2023.

Strategic objectives

UNFPA Supplies Partnership 2021–2030



Availability and choice

Expanding choices and ensuring rights, UNFPA provides quality-assured contraceptives and maternal health medicines to communities in greatest need, many in humanitarian crises.

Strengthening supply chains

UNFPA works with countries to improve health systems and services, streamline supply chains and introduce new and lesser-used reproductive health supplies – reaching to the last mile.

Increased government commitment

UNFPA partners with governments to mobilize funding, ensuring countries can sustain financing for reproductive health programmes for the future.

Why the UNFPA Supplies Partnership?

In 2007, UNFPA transformed an on-request approach to a strategic global programme. Now in Phase III (2021–2030), the UNFPA Supplies Partnership operates in 54 countries with low use of contraception and high rates of maternal death. As the largest procurer of reproductive health commodities for the public sector, it plays a unique and essential role in global health.

Strategic investments: 75 per cent of funds go to contraceptives and maternal health medicines; 25 per cent strengthen health systems to ensure they reach women and girls when and where they are needed.

Strong partnerships: We work directly with governments and other in-country stakeholders and technical working groups to ensure coordinated, efficient response efforts and supply chain oversight. Within UNFPA, we work closely with the Supply Chain Management Unit (SCMU) for procurement.

Long-term sustainability focus: The Partnership is committed to domestic resource mobilization, supply chain resilience and donor diversification, and ensuring sustainable solutions beyond filling short-term funding gaps. The UNFPA Supplies Compact commitment and Match Fund are innovative mechanisms driving sustainable financing.

Strengthening health systems: Offering expertise as well as supplies, the programme targets critical functions such as how to run computerized electronic logistics information management systems (e-LMIS), how to advocate for strong policies and plans, and how health service providers meet youth needs or gain skills to provide implants and IUDs or self-administer injectable contraceptives.

Proven supply chain expertise: From forecasting needs to overcoming logistics bottlenecks, the Supplies team works with global, regional and national specialists to maintain reliable contraceptive stocks.

Strategic efforts to expand method mix: We help countries widen access by adding methods new to their public sector or lesser-used and not widely available methods, ensuring voluntary, informed choice for clients. All products are quality-assured to meet international standards.

Shaping stable, predictable markets: The volume of multi-year contributions enables countries to plan, improves pricing, and protects timely and reliable stocks. UNFPA's volume guarantees have expanded markets and increased access to a wider range of contraceptives.

Rapid response capacity: With additional funding, the UNFPA Supplies Partnership can rapidly respond to emerging needs. We can immediately front-load commodity allocations, fill funding gaps and strengthen partnerships to prevent service disruptions.

Strengthening resilience: In coordination with the UNFPA Humanitarian Response Division, we deliver essential reproductive health supplies in crises while reinforcing national supply chains and domestic financing. By linking emergency response with long-term development, this support helps countries rebuild stronger, more resilient health systems that can withstand future shocks.

Why family planning?

Family planning is more than a health intervention. It is a cornerstone of economic stability, gender equality and resilience to demographic change — helping individuals, families and countries thrive. Family planning accelerates sustainable development.

Family planning, including contraception for adolescents and youth:

Promotes the well-being of women and girls: Having access to modern, safe contraceptives empowers women to make their own decisions about their fertility, which in turn reduces unintended pregnancies and unsafe abortions, improves health outcomes and lowers the risk of maternal and child mortality — saving the lives of millions.

Responds to the reproductive health needs of populations: Family planning enables individuals and couples to exercise bodily autonomy to determine the number and spacing of their children, if any. Integrated services help manage infertility, prevent HIV and STIs, engage men and boys in sexual and reproductive health, and respond to adolescent and youth contraceptive needs. Family planning services are often an entry point to a fuller range of reproductive health services.

Strengthens social and economic progress: Access to contraception allows women to pursue education, enter the workforce and contribute to economic growth — driving higher GDP and long-term prosperity, and increasing leadership representation.

Enhances demographic resilience: Countries that invest in family planning are better equipped to manage population changes proactively rather than reactively, ensuring demographic resilience and economic growth.

257 million women globally who want to avoid pregnancy are not using a safe, modern method of contraception.

Half of all pregnancies (121 million each year) are unintended, leading to higher risks of maternal mortality, unsafe abortions and poor health outcomes, as well as reduced education and workforce participation, and increased vulnerability to poverty.

Meeting contraceptive needs **reduces maternal deaths by 20–30%** and combining this with pregnancy and newborn care could **cut maternal deaths by over 60%.**

More than half of all abortions in developing countries are unsafe, leading to avoidable maternal deaths and injuries.

Birth spacing **reduces neonatal deaths** in the first 28 days, improving infant survival, maternal health and child nutrition.

More than 60% of maternal deaths occur in humanitarian crises, where contraceptives are essential to life-saving care.

Availability and choice



Nurse Salma Mgeni places her arm around Safia Yahya after giving her a contraceptive implant at the Fuoni Health Facility in Zanzibar. For them, it is clear that family planning plays an important role in helping women, families and communities thrive. © UNFPA Tanzania/Karlien Truyens



“When I learned about family planning, I felt like I had control over my life. It’s not just about preventing pregnancy; it’s about planning a better future for my family.”

Mwanaisha Rajabu, 28-year-old mother of three living in Fuoni, a village on the Unguja island of Zanzibar, in the United Republic of Tanzania



This first UNFPA webinar in the series on expanding method mix focuses on contraceptive implants and highlights how greater contraceptive choices can help reduce unmet need.

New and lesser-used commodities expand availability and choice

Access to a choice of quality-assured contraceptive methods is essential to sexual and reproductive health and rights, including bodily autonomy and the ability to plan, space and prevent pregnancy.

One way countries can expand method choice is by introducing supplies that are new to their public health systems or underutilized. By integrating these products into National Supply Plans, this approach helps stimulate demand, encourage market innovation and reduce financial barriers.

The UNFPA Supplies Partnership:

- Ensures countries maximize their existing method mix.
- Provides technical support and guidance on policy and strategy, costed introduction and scale-up plans, facility readiness and capacity development of healthcare providers to introduce new and lesser-used (NLU) products.
- Supports the introduction of NLU products by providing funding through a dedicated New and Lesser-Used Products Fund, Match Fund, and the Supplies and Health System Strengthening (HSS) funding streams.

The increase in the number of countries requesting to procure NLU products – from 22 in 2023 to 32 in 2024 – is attributed to advocacy and technical support for health system readiness and preparedness.

MORE COUNTRIES INTRODUCE NEW METHODS AND MEDICINES

49 COUNTRIES procured the subcutaneous injectable DMPA-SC through UNFPA in 2024.

32 COUNTRIES procured new and lesser-used reproductive health commodities through UNFPA (not including DMPA-SC), up from 22 in 2023.

13 COUNTRIES procured hormonal IUDs, available through UNFPA as of 2021, with affordable pricing negotiated with manufacturers.

7 COUNTRIES implemented and monitored male vasectomy programmes, for which Burundi, Nepal, Papua New Guinea and Rwanda procured through the UNFPA Supplies Partnership. The programme also provided technical support to Bolivia, Kenya and Zambia.

42 COUNTRIES have now introduced a reproductive health commodity that is new to their health system AND integrated it into their health management or logistics management information system. Countries added since 2023 include Angola, Central African Republic, Honduras, Sao Tome and Principe, and Tanzania. This ensures efficient tracking, management and distribution.

NEW AND LESSER-USED PRODUCTS

Enhancing agency through self-administered injectable DMPA-SC

37 COUNTRIES rolled out self-administration (self-injection) of injectable DMPA-SC — an increase of 7 countries from 2023 to 2024.

NIGERIA: Outreach services are introducing self-injection of contraception in **humanitarian settings** and for **women with disabilities**. In 2024, Nigeria strengthened national capacity with support from the UNFPA Supplies Partnership:

- Created the conditions through the implementation and scale-up of a self-care policy and guidelines
- Conducted community outreach services to promote uptake and certified community mobilizers from four states
- Reached 86,395 with DMPA-SC services, including 7,000 new users. Of them, over 1,400 initiated DMPA-SC self-injection, including persons with disability.

ZIMBABWE: Advocacy efforts led to an important policy change: the approval of DMPA-SC self-administration, whereas previously it could only be administered by healthcare providers. UNFPA supported the introduction of DMPA-SC self-administration in five rural provinces, directly empowering women to manage their reproductive health.

Allowing women to self-administer at home enhances agency and availability in hard-to-reach areas and among marginalized groups. It improves access, choice and contraceptive continuation rates.



MATERNAL HEALTH: Adding life-saving medicines to public health systems

10 COUNTRIES

procured heat-stable carbetocin

13 COUNTRIES

procured tranexamic acid

These life-saving maternal health medicines are used in preventing and treating excessive bleeding following childbirth. The UNFPA Supplies Partnership assists countries to procure and introduce these medicines into their public health supply chains and services. The programme also provides routine maternal health commodities including oxytocin, misoprostol, magnesium sulfate, mifepristone and calcium gluconate.

Inadequate access to essential medicines and supplies, coupled with stockouts and weak supply chain management, limit the capacity of midwives and other healthcare providers.

“I believe that a woman's right to equitable access to life-saving supplies is non-negotiable.”

Feri Anita Wijayanti, young midwife leader at UNGA side event, September 2024

The people we serve

Our mission: Transforming lives by building a world where everyone can access quality reproductive health supplies.

We are:

Serving remote and rural communities by strengthening supply chains and health systems to ensure contraceptives reach the hardest-to-reach.

Reaching underserved communities by expanding community-based outreach through mobile clinics and last-mile distribution.

Including people seeking maternal health, HIV and STI services by integrating family planning into broader health services, including for LGBTQI+ people.

Reaching women and girls in humanitarian settings by providing contraceptives, maternal health medicines and pre-positioned emergency kits to displaced populations and crisis-affected communities.

Prioritizing adolescents and youth by expanding youth-responsive, stigma-free, accessible contraceptive options and services.

Breaking barriers for persons with disabilities by promoting inclusive sexual and reproductive health services that respect autonomy and provide contraceptive information and choices.

Ending unmet need for women and adolescents in developing countries who wish to avoid pregnancy but are not using any contraceptive.

Building capacity for health workers who need training to deliver rights-based family planning information and services with quality of care.



Expanding the method mix

Quality family planning services depend on a reliable supply of modern contraceptive methods. The UNFPA Supplies Partnership supports countries to expand contraceptive choices and improve the delivery of counselling, ensuring users receive accurate information on all available options — including benefits and risks — so they can make informed decisions aligned with their needs and lifestyles. Trends in method mix are compiled from a variety of data resources, notably Demographic and Health Surveys (DHS), Performance Monitoring for Action (PMA), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in recent years. They provide a snapshot of prevailing trends, although not necessarily the impact of the latest interventions:

Among users in Supplies partner countries:

32.2% use injectable contraceptives (intramuscular and subcutaneous)

19% use implants

15.3% use oral contraceptive pills

By method type:

66% use short-term methods such as injectables and pills

24.4% use long-acting reversible contraceptives (LARCs)

9.6% use permanent methods

To ensure services can be used by those who need them, the programme is guided by the principles of equity and leaving no one behind and a commitment to reaching the last mile.

*Source: Health Management Information System

Increasing LARC use: Implants

Demand for long-acting reversible contraceptives (LARCs), including implants, is high in UNFPA Supplies Partnership countries. The implant guarantee efforts started a decade ago by UNFPA and other partners have reduced pricing and made contraceptive implants more widely available.

National data* in Timor-Leste show an **increase from 5 to 45%** between 2010 and 2023 in the percentage of clients using implants. This increase speaks to growing access and use of modern family planning as well as overall improvements in quality of care and data-collection.

Culturally responsive outreach in Somalia led to increased LARC uptake in 2024, with implants especially popular among new users. National family planning use rose from 60,500 to 68,000, as engagement with local leaders helped address cultural barriers that had limited uptake in some rural areas.

“A choice for all. Freedom to plan, power to choose.”

The 2024 World Contraception Day campaign was inspired by the UNFPA Strategy for Family Planning (2022–2030), calling for access to a full range of options to meet diverse needs.

Scaling up condom access and use

Male and female condoms are safe, inexpensive and highly effective in preventing HIV, STIs and unintended pregnancies, and are actively promoted by Supplies partner countries.

2 MILLION

Male and female condoms procured with UNFPA Supplies Partnership funds in 2024 prevented 2 million STIs and 200,000 HIV infections.

“Advocating for comprehensive sexuality education, promoting condom use, and fostering open conversation on sexual issues are crucial in preventing the spread of STIs, including HIV, and unintended pregnancies.”

Dr. Charles Senessie, Deputy Minister of Health, Sierra Leone, International Condom Day 2024

Fiji: With HIV infections rising among youth, the Ministry of Health launched a condom distribution campaign in schools, community centres and health facilities.

Lesotho: An integrated campaign is improving attitudes towards condom use through HIV, gender-based violence and sexual and reproductive health programming. Partnerships with the Ministry of Health, academia, youth-led and HIV youth organizations have amplified the message, especially in remote areas.

Sierra Leone: Partners continued to destigmatize condoms and address harmful social and gender norms hindering access by young people, women and key populations – including through policy dialogues with government ministries.

Zambia: International Condom Day (13 February) emphasized safe and responsible sex, promoting condom use and reducing stigma.

Since 2016, UNFPA and the **Global Fund to Fight AIDS, Tuberculosis and Malaria** have partnered to provide quality-assured condoms at competitive prices, delivering over 683 million male condoms in 2024 alone.



Mobile outreach – access where and when it's needed most

Mobile outreach is transforming access to sexual and reproductive health services, ensuring that refugees, displaced populations and rural communities receive essential care.

Bridging gaps in remote areas: In Madagascar, Sao Tome and Principe, and Timor-Leste, mobile teams reached rural and underserved communities, expanding access to modern contraceptive methods such as the injectable DMPA-SC.

Responding in humanitarian crises: In Lesotho, Mauritania and Togo, mobile clinics provided life-saving reproductive health services to refugees and displaced populations, integrating family planning with dignity kit distribution. In [Haiti](#), amid political and economic instability and widespread displacement, UNFPA supports FOSREF in operating mobile clinics that provide family planning, reproductive health, prenatal, postnatal and gender-based violence services. In Sudan, mobile teams provided family planning services to over 12,000 displaced women in conflict-affected areas.

Ensuring equity for marginalized groups: In Honduras and Somalia, mobile outreach brought contraceptives and quality care to Afrodescendent and Indigenous populations, as well as people in conflict-affected regions.

Scaling up services for greater reach: In Mozambique, mobile outreach expanded significantly – from 2 to 8 districts in Maputo, 2 to 13 in Sofala, and 2 to 21 in Nampula – demonstrating the power of a strengthened implementation framework.

Mobile outreach is a proven [High Impact Practice](#). Mobile outreach service delivery provides a wide range of contraceptives, including long-acting reversible contraceptives and permanent methods.

Visiting mobile services in Bourdon, Haiti



Mobile maternity clinic, Guryasamo Cluster Internally Displaced Persons Settlement, Banadir Region © UNFPA Somalia

Ensuring reproductive health access in crisis-affected settings

Conflicts, displacement and climate disasters disrupt health systems, cutting off life-saving family planning and maternal health services. Two thirds of countries in the UNFPA Supplies Partnership are in humanitarian crises or fragile contexts.

In addition to mobile teams, the programme supported immediate response in emergencies while strengthening health systems for long-term resilience, working across the humanitarian–development–peace continuum.

Afghanistan and Lesotho: Partnerships helped reach hard-to-access populations, ensuring continued contraceptive access despite crisis conditions.

Burkina Faso and Togo: Governments developed Minimum Initial Service Package for sexual and reproductive health in crisis situations (MISP) implementation plans, embedding crisis preparedness into national health strategies.

Democratic Republic of Congo Community-based distributors ensured access to contraceptives and maternal health services.

Mali and Togo: Emergency kits were pre-positioned in crisis-affected regions, allowing quick responses to displaced women and survivors of gender-based violence.

Mozambique: After devastating cyclones, family planning services for displaced women prevented unintended pregnancies that could further strain fragile livelihoods.

Myanmar and Sudan: Investments in e-LMIS and cold storage strengthened supply chain resilience, securing contraceptive availability despite instability.

Rwanda: Young people in Mahama and Nyabiheke refugee camps accessed essential adolescent sexual and reproductive health services.

Solomon Islands and Vanuatu: Reproductive health kits, including contraceptives and maternal health supplies, were rapidly deployed following climate-related disasters.



© UNFPA Democratic Republic of Congo

“Family planning must be part of humanitarian resilience and response efforts – right from the start of a crisis, not as an afterthought.”

Dr. Natalia Kanem, Executive Director, UNFPA

Overcoming barriers to post-partum family planning

Post-partum family planning (PPFP) helps prevent unintended and closely spaced pregnancies after childbirth. It improves maternal and infant health. In 2024, the UNFPA Supplies Partnership and FP2030 developed:

- new PPFP indicators for use in national plans and health management information systems
- roadmaps and plans for PPFP
- a training module on post-partum IUDs, for family planning counselling, insertion and removal.

A range of country-led interventions received support in 2024:

Djibouti: Conducted training on post-partum contraceptive methods

Kenya: Revised its national family planning guidelines to include PPFP

Nepal: Strengthened PPFP in 11 high-volume hospitals as model sites

Rwanda: Saw national increase in PPFP following capacity-building

Pacific region: Featured PPFP at regional reproductive health conference

South Sudan: Developed tools and aids and designed IEC materials

Tajikistan: Developed a national protocol and training manual, and introduced PPFP at 34 more maternity facilities

Tanzania: Introduced a PPFP mentorship plan

Uganda: Scaled up services to reach over 360,000 post-partum mothers

Immediate post-partum family planning is a proven High Impact Practice that offers contraceptive counselling and services as part of facility-based childbirth care prior to discharge from the health facility.

What is preventing more countries from scaling up PPFP?

A rapid assessment or “bottleneck analysis” in 2024 with the World Health Organization focused on 17 countries of the UNFPA Supplies Partnership.

Challenges

- **Inadequate funding** and resource allocation
- **Health system limitations** such as lack of trained healthcare providers, weak supply chains, and limited access to quality services, especially in remote areas
- **Sociocultural barriers** including resistance to contraceptive methods, gender inequality, and limited decision-making power for women.

Next steps

- **Capacity-building** and motivation of health service providers
- **Integration** in maternal and newborn health and community engagement
- **Supply chain strengthening** and ensuring equipment and contraceptive supplies
- **Information and communication** tailored to PPFP.

Example:

In **Ethiopia**, the analysis found that far more women delivering in a health facility received PPFP counselling and chose a contraceptive method compared with home births. Through evidence-based advocacy, the results of the analysis are informing next steps, such as efforts by the government and donor organizations to scale up High Impact Practices in PPFP. With programme support, 175 health facilities adopted new initiatives including PPFP, quality standards and service integration.



Increased government commitment



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“Madagascar has allocated \$25 million in domestic funding for the procurement of family planning commodities.”

H.E. Prof. Zely Arivelo Randriamanantany, Minister of Public Health,
Republic of Madagascar, September 2024



High-level advocacy at UNGA

A landmark event in September 2024 during the UN General Assembly secured \$350 million in commitments from governments and philanthropies to boost family planning efforts.

More than supplies, sustainable family planning depends on strong systems and national investment

The UNFPA Supplies Partnership takes a multifaceted approach combining technical expertise, financial incentives and stakeholder engagement. The Health System Strengthening (HSS) funding stream supports country-led efforts across five areas — method choice, supply chains, data, health financing and accountability — with a strong focus on strengthening government commitment.

Financial planning and budgeting

Supporting governments to develop costed supply plans and investment frameworks that inform budget decisions

In Pakistan, HSS funding enabled financial gap analysis and coordinated advocacy at federal and provincial levels. Similar efforts have shaped national strategies in Mozambique, Myanmar and Nigeria.

Public sector capacity-building

Providing tools and training to help governments plan, allocate and track domestic resources

In Nigeria, state-level financing trackers have strengthened sub-national accountability and transparency.

Policy and coordination platforms

Contributing to an enabling environment through evidence-based advocacy and coordination

In Kyrgyzstan, HSS support catalysed the adoption of a seven-year action plan and revisions to the State Health Programme. In Ethiopia, workshops with parliamentarians and civil society organizations led to increased budget allocations.

Built-in mechanisms of the UNFPA Supplies Partnership are helping to increase domestic resources for quality-assured reproductive health commodities.

COMPACT

Ministries of every partner country sign and commit a minimum domestic contribution.

MATCH FUND

An incentive to increase domestic financing for reproductive health commodities, UNFPA matches up to \$2 million per country.

BRIDGE FUND

Support for countries to place orders through UNFPA Third Party Procurement (TPP).

HSS FUNDING STREAM

HSS financing (15 per cent of UNFPA Supplies Partnership programme budget) enables strategic planning, policy engagement and budget tracking to help governments increase domestic investment.

STRATEGIC PARTNERSHIPS

Collaboration with donors, IFIs, civil society and other global health initiatives.

The Compact – an agreement committing to sustainable supplies

Closing the global financing gap will require greater commitments from countries: Supplies programme mechanisms are helping to increase domestic resources for reproductive health commodities.



100% OF COMPACTS SIGNED

Ministries of health and finance are committing to gradually increasing their countries' domestic budget allocations for contraceptives and maternal health medicines in the programme's Compact.

44 countries have signed Compact agreements to make a minimum 1–10 per cent domestic financing contribution towards the cost of programme-funded commodities. Ten countries new to the programme or in humanitarian crises are exempt.

Of the 44 countries that signed Compacts, 41 countries also re-signed Annex A outlining their commitment for 2024.

Match Fund – mobilizing additional domestic resources

The Match Fund has awarded **\$37.6 million** in matching funds and helped to mobilize an estimated **\$23.8 million** in additional resources for quality-assured reproductive health commodities across 25 countries since January 2022. In 2024, UNFPA awarded **\$18.1 million** in match funding to 13 countries from the total budget of \$20 million. Contraceptives procured through the fund averted an estimated 1.4 million unintended pregnancies.



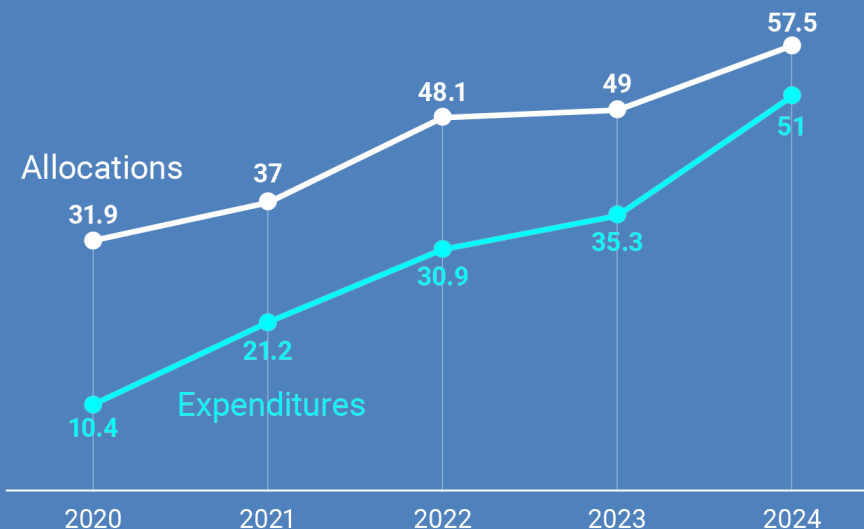
During this [webinar](#), UNFPA and Avenir Health presented findings on the UNFPA Match Fund's role in mobilizing domestic funds for maternal health medicines.

This innovative financing mechanism enables UNFPA to match government contributions on a 2:1 basis. **UNFPA will provide \$2 worth of quality-assured reproductive health commodities for every \$1 contributed by the government up to \$2 million per year.**

Governments spent more on contraceptives in 2023 than ever before. Early analysis shows 2024 results were even stronger. Greater investments are seen even where resources are limited or humanitarian crises strain budgets.

In 2024, the Government of **Nigeria** spent more than 10 times their reported expenditure than in 2023, and the Government of **Ethiopia** spent more than three times more. The Government of **Madagascar** more than doubled domestic expenditure from 2023 to 2024, and the Government of **Uganda** reported a dramatic increase, spending \$1.8 million on reproductive health commodities in 2024 compared with \$250,000 in 2023.

All programme countries, 2020–2024, in millions of US\$



Source: UNFPA Supplies Annual Questionnaire and validated data.



SMART Advocacy – awareness for sustainable financing

Advocates for greater government spending on family planning are learning how to reach decision makers with information that drives change. UNFPA initiated a scale up of SMART Advocacy workshops in 2024.

UNFPA organized workshops in **19 countries** and three Nigerian states in 2024 – three times the number anticipated. More than 450 participants from 30 countries attended the workshops representing government partners, civil society organizations, youth-led groups, faith-based organizations, technical and implementing partners and donors.

- **17 countries** created SMART Advocacy Plans that include objectives on public and private sector spending on family planning, corporate social responsibility and other ways to optimize government reproductive health plans and policies. Plans include time-bound costed activities aligned with national commitments.



Specific, Measurable, Attainable, Relevant and Time-bound

SMART Advocacy is an approach to achieving policy and funding change developed by Advance Family Planning (AFP), which partners with UNFPA through a Gates Foundation grant. SMART stands for: Specific, Measurable, Attainable, Relevant and Time-bound. An advocacy and communications toolkit completed in 2024 collects tools and resources and introduces the UNFPA domestic resource mobilization framework, launching in 2025. SMART Advocacy is supported by the Supplies programme's HSS funding stream.



Harnessing local private sector partnerships

Health systems are often overstretched – facing limited public sector capacity, supply chain challenges and service delivery gaps. The private sector is a key partner, expanding access to reproductive health for underserved populations through service provision, supply chain support and innovative partnerships.

Private sector engagement featured as an objective in SMART Advocacy Plans in the **Central African Republic, Côte d'Ivoire, Ghana, Liberia and Mali**, among others in 2024. For example:

- **Côte d'Ivoire:** Secured a pledge by a business leader to engage at least three private sector companies to support family planning programmes in 2025.
- **Ghana:** Developed a new private sector investment case, actions to leverage public and private sector collaboration and non-traditional partners, and a mapping of private and public stakeholders in the family planning market.

Most countries in the UNFPA Supplies Partnership still rely heavily on donor support to meet demand for contraceptive needs. Recent estimates indicate that only 6 of 54 countries in the Supplies programme are currently using domestic resources to cover 50 per cent or more of the contraceptive needs in their National Supply Plans.

The private sector contributed through services, supplies and financial support in many Supplies countries, working with UNFPA Country Offices:

Cambodia: Explored financing mechanisms involving private and non-governmental sectors for female entertainment workers who feel stigmatized when accessing public health services.

Kenya: Organized dialogues with private sector insurance and government actors, winning approval for a gap analysis towards incorporating family planning (FP) in private health insurance schemes.

Myanmar: Engaged with private healthcare providers and explored cash and voucher assistance in humanitarian settings, to expand access to FP services.

Nigeria: Secured a pledge by a private sector entity for a five-year FP2030 commitment, and another financial institution developed a draft commitment.

South Sudan: Expanded access through FP capacity-building at 32 private health facilities, reaching over 11,000 clients, and developed an FP assessment tool to standardize service quality in these private facilities.

Uganda: Developed a private sector investment case for FP and engaged private insurers on the importance of including FP in insurance packages.

Strengthening supply chains and health systems



© UNFPA Mozambique/Mbuto Machili

“Inside the medicines and medical supplies centre, we have the Strategic Pharmaceutical Logistics Plan – this project helps the medicines arrive in the most remote areas.”

Nelson Mbota, Sofala Warehouse Manager, Mozambique



Watch the video:
Inside a warehouse in Mozambique supporting delivery of reproductive health supplies.

Enhancing supply chain management and sustainability

Effective supply chain management addresses specific reasons for stockouts at points of care and gaps in capacities as well as commodities. Partner countries are investing in stronger, integrated, more resilient health systems to secure availability of essential supplies.

UNFPA, in collaboration with the Consensus Planning Group (CPG), used data from the Global Family Planning Visibility Analytics Network (GFPVAN) to support evidence-based decision-making on product allocation, order prioritization and intercountry transfers. To avert pending shortages and stockouts in 2024, the CPG:

- **Conducted a funding gap analysis** of 28 countries that identified a \$157 million gap and noted UNFPA provided \$25.3 million to address urgent gaps.
- **Monitored supply chain data** for 37 countries, recommending reallocation and new and expedited orders.
- **Reviewed procurement funding requests** to UNFPA for 45 countries to support effective use of funding resource, helping to reduce duplicate orders, prioritize urgent needs, and recommend quantities to reduce risk of stockout or risk of expiry from overstock.

All 54 countries

- procured contraceptives and life-saving maternal health medicines via the programme
- developed national supply or procurement plans
- conducted Last Mile Assurance (LMA) activities for end-to-end visibility and accountability



36 countries

conducted LMA in-country assessments in 2024

The UNFPA Supplies Partnership funds Last Mile Assurance assessments carried out by the UNFPA Supply Chain Management Unit (SCMU). The LMA process also serves to identify priority interventions to be considered for the programme's Health System Strengthening (HSS) applications supply chain management. HSS funds support country-led activities including e-LMIS expansion and capacity development, ensuring quality products reach to the very end of the public health supply chain.

Building capacity for effective quantification and forecasting

50 COUNTRIES participated in regional capacity-building workshops, with over 1,000 UNFPA staff and partners trained in quantification and forecasting for reproductive health needs.

35 COUNTRIES provided e-LMIS training to nearly 7,000 health workers, enhancing data-driven decision-making

Self-paced e-Learning course: A new quantification e-learning course was developed to train UNFPA staff and country partners on forecasting, data quality assessment, supply planning and monitoring and evaluation.

Quantification capacity assessment framework: Pilot-tested in three countries in 2024 (Lao People's Democratic Republic, Nepal and Pakistan), it will expand to six additional countries in 2025 to improve supply planning.

Master trainers for localized training: A new pool of master trainers will provide peer-to-peer South-to-South training, cascading expertise within their own countries across UNFPA's six regions.

Improving supply chain logistics and warehouse management

36 countries

conducted supply chain assessments, informing Health System Strengthening (HSS) applications for 2025 programme support

Country-led warehouse management enhancements

Afghanistan: The Aga Khan Health Service (AKHS) warehouse improved inventory management, leading to stronger performance on all supply chain indicators.

Angola and Pakistan: Training on warehouse management, distribution, and quality assurance improved stock control and efficiency.

Malawi: Warehouse management training helped achieve 100 per cent accuracy in stock reporting, ensuring better tracking and distribution of reproductive health supplies.

Nigeria: UNFPA supported deployment of an efficient and functional electronic Warehouse Management Information System (eWMIS) to four decentralized contraceptive warehouses in Yobe, Zamfara, Rivers and Kano states.



Building supply chain capacity to reach the last mile

Over 1,000 facility personnel across 35 UNFPA Supplies Partnership countries participated in training and mentoring on inventory management, record-keeping and good distribution and storage practices through the LMA process across different supply chain levels in 2024.



Advancing supply chain digitalization

Electronic logistic management systems (e-LMIS) continued to expand

Afghanistan: Upgraded the e-LMIS with an offline version, improving access across 2,617 health facilities.

Democratic Republic of Congo: Conducted an e-LMIS needs assessment, with plans for customized software development and DHIS2 integration.

Kyrgyzstan: Included activities focused on enhancing logistics management information systems in its new 7-year action plan and amendments to the State Health Programme.

Mali: Implemented mSupply in the Koulikoro region as a pilot, with health providers now recording data in this complete drug and input management software, with an evaluation planned for expansion in 2025.

Myanmar: Enhanced the Automated e-MIS, equipping 140 warehouses that serve 938 health facilities with improved data systems.

Pacific Island Countries: Upgraded the mSupply application with interactive dashboards, improving quarterly reporting at central and service delivery points.

Zambia: Expanded the e-LMIS to 15 more health facilities, increasing data accuracy and reporting rates.

Training for improved efficiencies and planning

Kenya: Strengthened integrated LMIS national coordination, expanding its use beyond family planning and receiving an innovation award, with training in six counties focused on commodity management.

Nigeria: Trained 500+ supply chain managers to effectively collect, analyse and use data from the national e-LMIS to improve last-mile distribution of contraceptives across 12 states.

Pakistan: Held workshops across the country, training 530 on the e-LMIS, increasing contraceptive reporting rates. An online module was rolled out to capture client data.

Papua New Guinea: Enhanced inventory management using e-LMIS by building healthcare staff capacity in quantification and ordering. Conducted a diagnostic analysis of the reproductive health supply chain.

Rwanda: Conducted an in-country assessment that reported strong e-LMIS implementation. Nearly 100 e-LMIS users received training on to track inventory and improve data quality.

44 countries

now use e-LMIS

20 countries

meet all criteria for a functional e-LMIS to secondary level service delivery points – up 4 countries from 2023 to 2024

To ensure efficient tracking, management and distribution of reproductive health commodities, the UNFPA Supplies Partnership supports the implementation and enhancement of e-LMIS. These systems improve real-time data visibility, streamline ordering processes and strengthen supply chain coordination – helping countries prevent stockouts and ensure last-mile delivery.

STRATEGIC OBJECTIVE

Operational effectiveness and efficiency



© UNFPA Nepal

“This is not just a partnership, it is a global public good – one that is also a driving force for achievement of SDGs 3.7 and 5.6.”



Diene Keita
Deputy Executive Director,
Programme, UNFPA

Operational effectiveness and efficiency

By streamlining operations, reinforcing accountability mechanisms, and investing in efficiency-driven transformation, we continue to ensure that every investment translates into measurable improvements in reproductive health and rights.

In 2024, the UNFPA headquarters optimization initiative spurred change to maximize impact and ensure the most efficient use of resources, in line with the Secretary-General's vision for a fit-for-future United Nations. The Supplies programme is now based in the new Programme Division (PD), a merged division that integrates the former Policy and Strategy Division and the Technical Division. Most PD functions, along with the Supplies programme, will move to Nairobi, Kenya by September 2025.

In October 2024, the UNFPA Supplies Partnership welcomed Jill Keesbury as the new UNFPA Supplies Programme Lead, when Ayman Abdelmohsen became Chief of the Sexual and Reproductive Health and Research Branch in PD.

With the guidance of our Steering Committee members, in a governance process both inclusive and transparent, the programme continued to deliver results at the level expected. Progress was monitored against the Performance Measurement Framework objectives, outputs, indicators and milestones and the Risk Matrix. The programme will be guided by the results of a Mid-Term Evaluation initiated in 2024 for release in June 2025. With 100 per cent of Compact agreements signed, the addition of new donors, and a budget utilization rate of 96 per cent, the programme performance – thanks to the collaboration of many valued partners – continued to achieve the goals of operational effectiveness and efficiency.



100%

of governance decisions implemented

All of the decisions taken by the Steering Committee were implemented and all governance requirements were met. These include convenings, technical partnering and leveraging the leadership sub-committee as an HR advisory board.

13 country facility surveys conducted

These comprehensive surveys gather detailed data to track availability and access to commodities and services, rotating every 2–3 years across the 54 partner countries.

Leveraging knowledge and research to drive policy and programming

Examples of research, analysis and e-learning initiatives supported by the UNFPA Supplies Partnership to inform policies, strengthen programmes and advance family planning goals across regions:

GLOBAL

A foundational e-learning course on family planning, titled “UNFPA Family Planning Programming and Contraceptive Methods”, was developed to enhance staff capacity and technical expertise. Driven by storylines, the course’s six modules each conclude with a scenario-based decision point.

EAST AND SOUTHERN AFRICA

Sub-Saharan Africa: An article in [BMC Health Services Research](#) explores integrating family planning into primary healthcare.

Kenya: Political economy analysis of family planning and documented best practices in DMPA-SC and Voluntary Surgical Contraception.

Uganda: Research on [equity in access to family planning](#) and use of [healthcare waste management practices](#) at service delivery points.

Zambia: Research to assess contraceptive supply chain efficiency and improve logistics management.

WEST AND CENTRAL AFRICA

Ghana: Investment case on maternal health and family planning, a Deep Dive Study into maternal health and adolescent pregnancy, and an RHCS survey assessing supply chain needs.

Mali: Study on contraceptive side effects management and sociocultural perceptions to inform demand generation strategies.

Nigeria: Qualitative research on funding challenges and policy gaps affecting family planning services across six states: Akwa Ibom, Bauchi, Cross River, Gombe, Lagos and Ogun.

ARAB STATES

Sudan: Research on the impact of conflict on contraceptive access, with a focus on supply chain disruptions and service availability.

ASIA AND THE PACIFIC

Region: An article in [BMJ Global Health](#) examines how self-care and contraceptive innovation can reduce unintended pregnancies among adolescents and youth in Asia and the Pacific.

Cambodia: Analysis of CDHS 2021/22 data, developed a map of unmet family planning needs, and used small area estimation techniques to guide interventions.

Fiji: An article in [BMJ Global Health](#) on climate change and young people’s sexual and reproductive health, identifying barriers to contraception access after disasters.

Lao People’s Democratic Republic: Rapid landscape analysis to identify gaps, best practices, and ways to accelerate progress towards FP2030 commitments.

Pakistan: Study on knowledge, beliefs and attitudes towards family planning, focusing on long-acting reversible contraceptives uptake.

SIDS: An article in [BMJ Global Health](#) assessed health and economic benefits of achieving family planning and maternal health targets in Pacific and Caribbean Small Island Developing States (SIDS).

LATIN AMERICA AND THE CARIBBEAN

Region: A [study](#) explored economic tools to improve access to medicines, offering lessons for contraceptive security through pooled procurement, price negotiation and regional cooperation.

Honduras: A qualitative study explored sociocultural factors influencing contraceptive use among Afrodescendent adolescents, including Garífuna, Creole and Miskito communities.

EASTERN EUROPE AND CENTRAL ASIA

Kyrgyzstan: Research on integrating logistics management information systems (LMIS) into reproductive health planning, ensuring efficient family planning commodity tracking.

Partnerships

Collaboration with global partners — such as FP2030, the Reproductive Health Supplies Coalition and USAID — amplifies learning, promotes alignment and drives innovation. In 2024, the UNFPA Supplies Partnership worked with key global actors in areas such as supply chain strengthening, market shaping and sustainable financing.

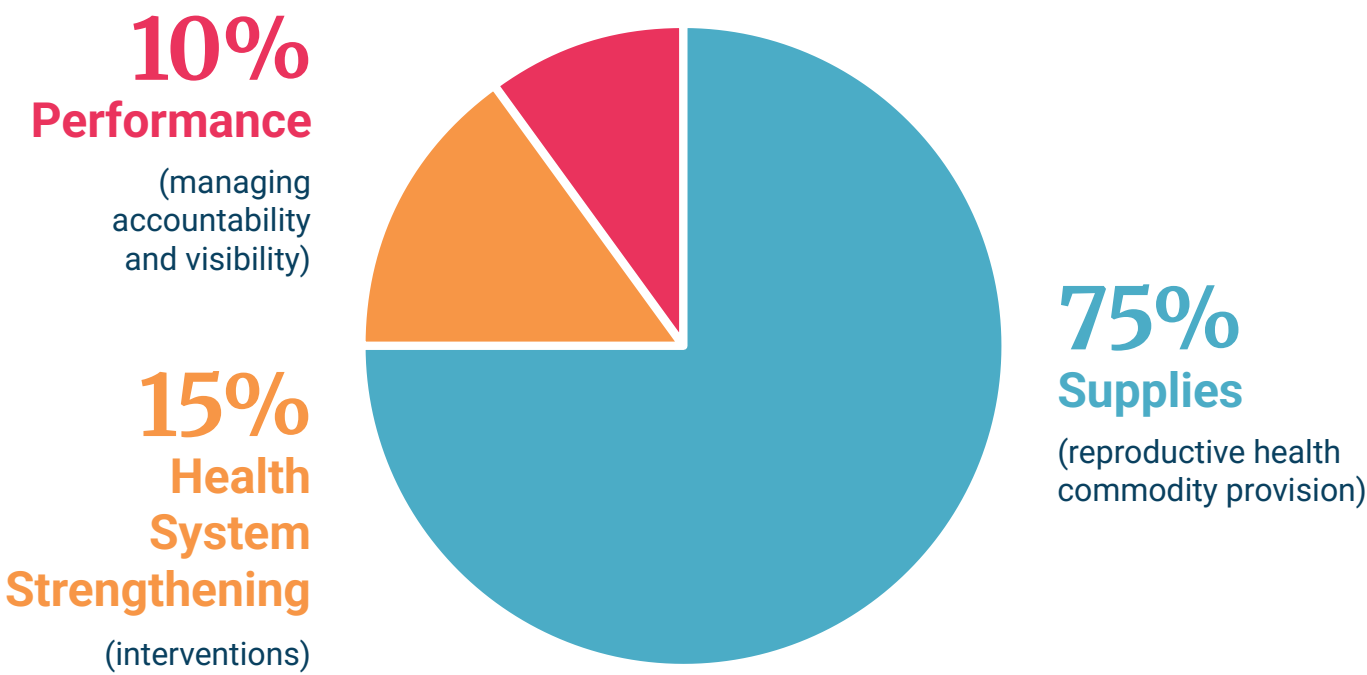
Engagement with the Global Financing Facility also progressed, with efforts to align funding streams and explore complementarities through the Match Fund mechanism. These relationships underpin the programme’s catalytic role in the broader sexual and reproductive health ecosystem.



Joint event with USAID on family planning’s central role in advancing sexual and reproductive health

Finance 2024

Budget breakdown by funding stream



Preliminary figures for 1 January through 31 December 2024 are provisional at the time of publication (June 2025) and subject to change until data are final.

\$181 million
total received in cash and in-kind donor contributions in 2024

\$178 million
budget utilized in 2024

\$141 million
in funds for commodity provision (including freight costs)

96% utilization rate
similar to 2023, reflects strong financial performance and effective use of programme resources.

Donor support and participation

Remained strong in 2024

The UNFPA Supplies Partnership achieved a milestone with more than two thirds (68%) of total agreements secured as multi-year commitments. Critically, they provide predictability and stability, effective long-term planning and sustained access to essential supplies – all of which strengthens health systems. The total collected contributions to the Partnership (cash and in-kind) reached \$181 million in 2024.

16% increase in donor support from 2023

21 contributing donors, an increase from 19 in 2023

2 new partners joined: Children’s Investment Fund Foundation (CIFF) and Pfizer

In 2024, we signed over **10 new agreements** with philanthropic organizations, high net worth individuals, governments and the private sector.

We are grateful for the increased contribution levels from Germany, Portugal and Spain, and the Gates Foundation. In addition, three donors provided valuable in-kind support in addition to funding: United Kingdom, Gates Foundation and Pfizer.

In total, with in-kind and multi-year contributions, **26 partners** have contributed to Phase III of the Programme. The strong alliance of donors ensured that the programme could continue to support its partner countries. *Thank you!*

Although a considerable amount of resources were raised, there still remains a critical funding gap – estimated at \$176 million for 2025 alone for full programme impact.

UNFPA SUPPLIES PARTNERSHIP PHASE III DONORS

ANONYMOUS	IRELAND*
AUSTRALIA*	LUXEMBOURG*
BAYER	NETHERLANDS*
BELGIUM*	NEW ZEALAND*
GATES FOUNDATION*	NORWAY*
CANADA*	PFIZER*
CARTIER FOUNDATION	PORTUGAL*
CHILDREN’S INVESTMENT FUND FOUNDATION (CIFF)*	SPAIN: AGENCY FOR INTERNATIONAL DEVELOPMENT COOPERATION*
DENMARK*	DIRECTORATE FOR THE RECEPTION AND INTEGRATION OF FOREIGNERS, BASQUE GOVERNMENT*
EUROPEAN UNION*	UNITED KINGDOM*
FRANCE*	UNITED STATES*
GERMANY*	WINSLOW FOUNDATION
HELP LOGISTICS	
INDIVIDUAL CONTRIBUTIONS*	



Norway announces its commitment to the UNFPA Supplies Partnership by video at UNGA 79, September 2024

* Donors in 2024

Enhancing governance and strategic oversight

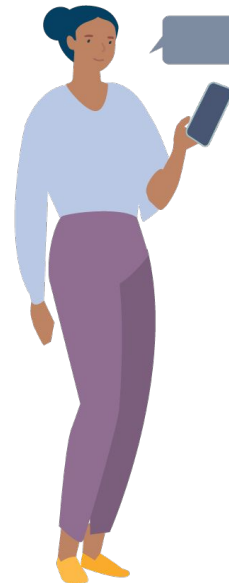
A participatory governance structure ensures that the UNFPA Supplies Partnership remains accountable and transparent to those it serves. The Steering Committee – comprising donors, programme governments, civil society and strategic partners – provides oversight and strategic direction. Members are grouped into constituencies, with focal points rotating every three years to ensure inclusive representation and fresh perspectives.

Three subcommittees review priorities, policies and resources: Strategy and Planning (SPC), Finance and Risk (FRC) and Leadership.

In 2024, the planned Steering Committee seat rotation was completed, ensuring renewed leadership and strengthened engagement. Seat rotations for the SPC subcommittee will follow the same constituency-based approach, and the FRC will aim to fill available seats in line with this broader approach.

We extend our deepest gratitude to Pape Gaye, who has served with dedication as Independent Chair of the UNFPA Supplies Partnership. His leadership has been instrumental in strengthening governance, advancing strategic priorities and fostering collaboration.

As we look ahead, we warmly welcome Ellen Starbird as the new Independent Chair in 2025. Her expertise and commitment to reproductive health, rights and sustainable financing will help guide the Partnership into its next phase – ensuring continued impact and progress.



STEERING COMMITTEE MEMBERS

INDEPENDENT CHAIR

Pape Gaye (2024)
Ellen Starbird (2025)

DONOR SEATS

The Gates Foundation
(representing Cartier Foundation, Children's Investment Fund Foundation, Susan T. Buffett Foundation, the Khune Foundation, and the Winslow Foundation)

Canada

(representing Denmark and Luxembourg)

France

(representing Belgium, European Commission, Portugal and Spain, AECID & Justice and Social Affairs of the Basque government)

Netherlands

(representing Germany and Norway)

United Kingdom

(representing Australia and New Zealand)

PROGRAMME COUNTRY SEATS

Chad
Lao People's Democratic Republic
Sierra Leone
Zambia

NGO SEATS - *Commodity seat*

International Planned Parent Federation (IPPF)

NGO SEATS - *Advocacy seat*

MSI Reproductive Choices

COMMUNITY-BASED ORGANIZATION SEAT
Health Development Initiative – Rwanda

STRATEGIC PARTNER SEAT (Non-voting)
United States

GLOBAL FAMILY PLANNING COORDINATING BODY SEAT (non-voting)
FP2030
(representing Reproductive Health Supplies Coalition)

GLOBAL HEALTH INITIATIVE (Non-voting)
Global Financing Facility for Women, Children and Adolescents (GFF)

UNFPA SEATS (non-voting)
UNFPA
(senior management representative)

UNFPA Supplies Programme Lead
as Secretariat to the Steering Committee

A valued partner to countries

Message from Jill Keesbury, UNFPA Supplies Programme Lead

When I joined the UNFPA Supplies Partnership in October 2024, the global landscape for reproductive health was already shifting. Within months, long-standing assumptions around funding and delivery were upended — requiring us to think differently, act decisively and lean into the strength of this Partnership.

What struck me immediately was the resilience of the programme and the unwavering commitment of its partners. The UNFPA Supplies Partnership has never been just a commodities fund — it is a driver of systemic change, helping countries sustain and lead their own reproductive health programmes.

In 2024, we saw real progress. With the programme's support, governments allocated record levels of domestic resources for contraceptives and maternal health medicines. The Compact and Match Fund mechanisms began delivering tangible results, reinforcing national ownership and sustainability.

“In just a few short months, I’ve seen firsthand the power of this Partnership to adapt, deliver and drive lasting change.”

Looking ahead

As we look ahead, we must adapt. A “rapid refresh” of the Partnership now under way gives us a timely opportunity to re-examine how and where we work — so we remain fit for purpose amid shifting realities, including constrained funding and pushback on reproductive rights. Our focus remains clear: deepen partnerships, sharpen impact and uphold the rights and choices of women and girls everywhere. In doing so, we are laying the groundwork for a more resilient, country-led and sustainably financed future.

I am honoured to lead this programme into its next chapter, building on a strong foundation and guided by a shared vision for a world where every individual can access the reproductive health services and supplies they need.

Chagara

Contributing to global goals

The UNFPA Supplies Partnership is a key contributor to global commitments on sexual and reproductive health, advancing progress towards the Sustainable Development Goals (SDGs), the ICPD Programme of Action and UNFPA's three transformative results.

By ensuring access to family planning and reproductive health supplies, the programme directly supports SDG 3.7 (universal access to sexual and reproductive health services), SDG 3.8 (universal health coverage), and SDG 5.6 (ensuring reproductive rights). It also plays a critical role in realizing the ICPD vision that reproductive health is central to sustainable development, while driving efforts towards UNFPA's transformative results:

UNFPA TRANSFORMATIVE RESULTS



Ending the unmet need for family planning



Ending preventable maternal deaths



Ending gender-based violence and harmful practices



Sexual and reproductive health and rights, including family planning, in the SDGs

SDG Target 3.7

Ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.



SDG Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.



SDG Target 5.6

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action.





supplies partnership

Vision

A world where everyone can access quality reproductive health supplies whenever they want or need them

