International Consortium *for* Emergency Contraception

Is emergency contraception affordable and equitable for women in developing countries?

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Emergency contraception is generally purchased out of pocket. This means price is a significant factor in its accessibility for women in many regions.

Emergency contraception is available in the private commercial sector in many countries around the world; while this means it is highly sustainable in the market place, it may not be affordable for women. Under a grant from the Reproductive Health Supplies Coalition's (RHSC) Innovation Fund, ICEC explored the price of levonorgestrel (LNG) EC to consumers globally.

ICEC sent out a short survey in English, French, and Spanish to our listserv members and through partners. The survey asked about the lowest and highest prices of EC in the country, which brands of EC are available, and which type of outlets provide EC (pharmacy, clinic, hospital, or other). We combined this information with country-specific data from our EC pills database (www.cecinfo.org/country-by-country-information/status-availability-database/), such as whether EC is available in public or social marketing sectors, to round out the picture of EC status and availability for the countries surveyed.

We received responses from 72 countries: 21 African countries, 15 countries in Latin America and the Caribbean (LAC), 17 Asian countries (including 4 from the Middle East), 2 countries in North America, 14 European countries, and 3 countries in Oceania. Because the project focused on the developing country context, we primarily analyzed data from the regions of Africa, Asia, and LAC. We used the lowest price of EC reported (this was averaged if we had multiple respondents per country) and combined this with 2014 GDP per capita, used to create a proxy for "weekly income" to create a measure of affordability within each country. The results are focused on the price of EC in the **private sector**, where most women obtain EC.

Results

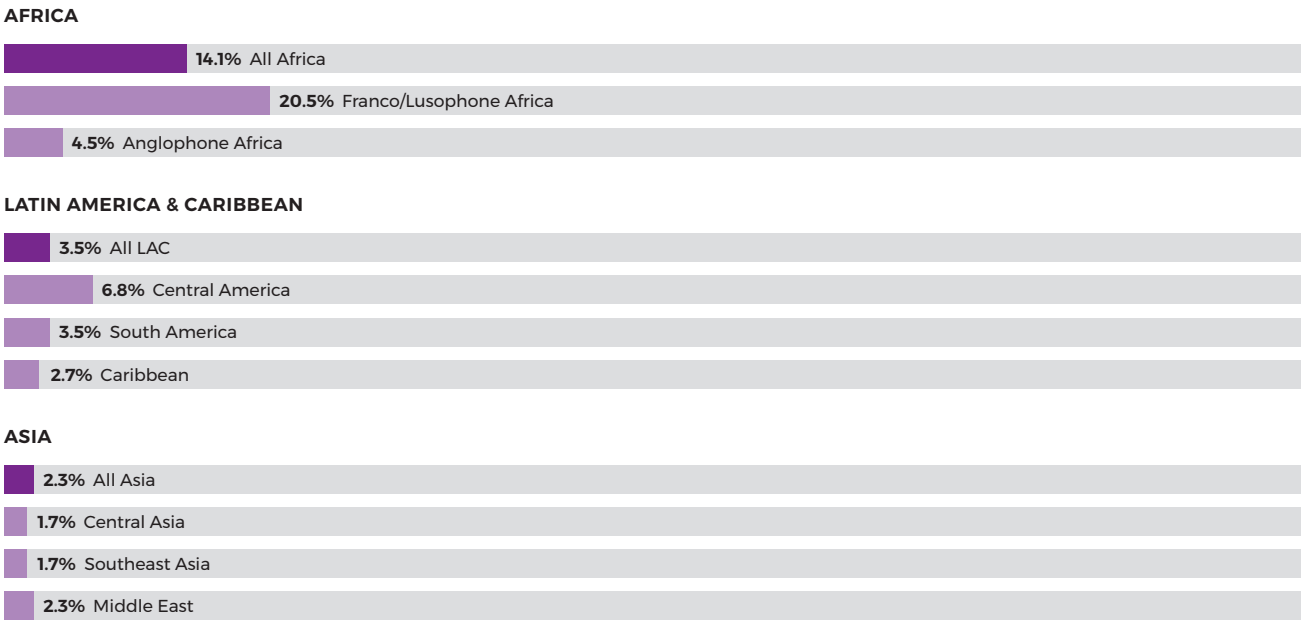
When we examined the findings from each region, it became clear that **there are significant differences in how much women pay for EC**, both between and within regions. Based on the responses we received, in Africa, the relative price of one dose of EC ranged from 0.84% of weekly income in Nigeria to 70.16% in Guinea. In LAC, the relative price of one dose of EC ranged from 1.45% of a weekly income in Argentina to 17.82% in Guatemala. In Asia, the relative price of one dose of EC ranged from 0.38% of a weekly income in Vietnam to 7.54% in Nepal.

PRICE OF EC IN SELECTED COUNTRIES SURVEYED

Country	Cost (USD)	Percent of Income
DR Congo	$ 2.00	23.63%
Ethiopia	$ 0.45	3.96%
Guatemala	$ 12.57	17.82%
Nepal	$ 1.01	7.54%

Our findings show that **every country surveyed had a commercial sector product** registered and available. Fifteen of the 53 countries (28%) reported the presence of locally manufactured products, 27 countries (51%) had LNG EC available in the public sector, and 21 countries (40%) had social marketing of EC products. None of the African countries had a locally manufactured EC product. We found that countries that had **locally-produced EC products available had a statistically significantly lower priced EC product** in the private sector than those that did not. For countries that had a local EC product, the

Figure 1: Cost of EC as Proportion of Weekly Income
Median percent weekly income for lowest-cost EC product in private sector relative to GDP per capita, by region



lowest cost EC product represented a median of 2.7% of weekly income compared to a median of 5.7% for countries that did not have a local product. We believe that one of the reasons why the price of EC is so expensive in Africa is because there is no locally manufactured EC product there.

Similarly, **countries with socially marketed products had a statistically significant lower median price of EC** in the private sector than countries that did not. For countries that had a socially marketed EC product, the lowest cost EC product represented a median of 4.0% of weekly income compared to a median of 4.4% for countries that did not have a socially marketed product. The availability of EC in the public sector did not seem to be associated with lower prices of EC in the private sector, but EC access through the public sector remains important for some women, including lower income women, rural women, and survivors of sexual assault.

On average, **African countries had EC products whose cost represented the highest proportion of weekly income** based on GDP, with no significant differences between LAC and Asia. After adjusting for presence of local product, social marketing, and public sector product, **women in the Africa region paid EC prices which required 15 more percentage points of their weekly income** based on GDP compared to those in Asia (p=0.002). Within regions, Francophone and Lusophone African countries had more expensive products within Africa, and Central America had more expensive prices compared to Latin America as a whole.

Conclusion

In many settings, EC products in the private commercial sector are quite expensive as a proportion of income. The affordability of EC products is greatly influenced by GDP, not just the **absolute price** of the product. The high price of EC in many regions around the world, and especially in Africa and Central America, may deter women from using EC now or in the future. A total market approach that takes into account affordability for different populations and the role of different sectors could improve access for women.

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