International Consortium for
Emergency Contraception

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DONOR SUPPORT FOR EMERGENCY CONTRACEPTION

Donors, particularly US-based private foundations, have played a key role in making emergency contraception available around the world, but the dynamics of donor funding have not been well-documented before now.

Emergency contraception (EC) can reduce the risk of unintended pregnancy when taken after unprotected sexual intercourse and offers women an important second chance to prevent pregnancy when a regular method fails, no method was used, or sex was forced.

The private commercial sector sells EC in virtually all countries where it is available and is a significant source of EC in most of these countries. However, donor support still plays a critical role in supporting research, knowledge sharing, and access to EC, particularly for populations deemed less commercially important. Outside of the private sector, funding for EC products and programming has come from a variety of sources, including multilateral donors (such as UN agencies), governments, and foundations.

ICEC sought to document donor funding for EC, to the extent feasible, in order to understand changes over time in levels of support for EC-focused programs. Assessing total funding levels for EC from this variety of sources proves difficult for several reasons; published data is lacking and EC programs are often encompassed within broader family planning and other public health efforts. However, we were able to obtain and analyze the following data:

- Data on US-based foundation spending on EC over 12 years (from 1999-2010).
- Data on donor spending for EC procurement over 10 years (from 2002-11).
- In-depth phone interviews with 15 key donors in the reproductive health field on their current funding for EC and prospects for future EC funding.

Our research suggests that among US-based foundations, funding for EC-specific projects has declined significantly in recent years. US-based foundation funding for EC programs was highest in 2006 and lowest in 2008, when it comprised just 0.1% of family planning funding. However, global funding for EC procurement was highest in 2008-09. It had been much lower in prior years, and it declined somewhat in the following years but remained substantial.

Donors expressed a variety of reasons that EC-specific program funding has waned in recent years, including competing funding demands in the reproductive health field, concerns about EC's efficacy, and a focus on broader reproductive health programming. Although much progress has been made in increasing access to EC over the past several years, many challenges remain to ensuring that women know about and can access it. Including EC as part of mainstream family planning services is critical, as is providing unique funding for EC-specific projects to help reduce remaining barriers.

Trends in US-Based Foundation Funding for EC, 1999-2010

The Funders Network on Population, Reproductive Health and Rights, a US-based association of foundations that work both in the US and internationally, generously shared its historical funding data with ICEC. Its database includes information about US-based foundations that have chosen to join the network; it does not include foundations outside the US nor, potentially, some US-based foundations that may fund EC work but are not part of the network. It also does not include multilateral or bilateral investments in EC. However, given the significance of the US-based foundation sector in funding innovative and new areas of work, the Funders Network data provide useful insights and reflect trends in this significant funding stream for EC programs.

METHODOLOGY

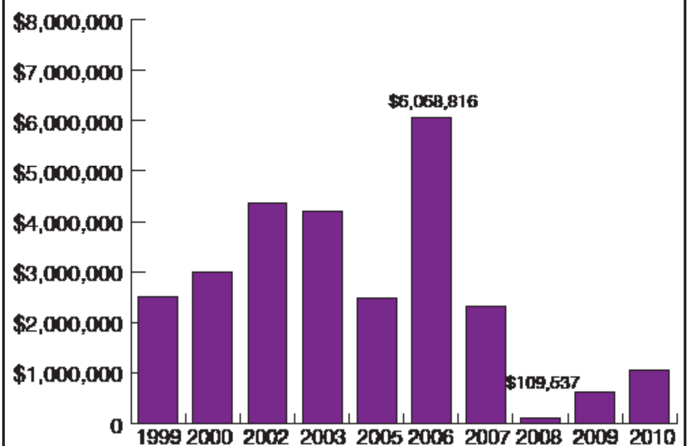
Data from 1999 through 2007 were extracted from reports published on the Funders Network website (www.fundersnet.org), and data for 2008 through 2010 were provided directly by the Funders Network.[1] Because the data were provided in two slightly different formats, it is possible that inconsistencies or inaccuracies are present. Grants (including multi-year grants) are attributed to the year in which they were authorized by the foundation. Although this method of accounting does not always reflect the precise level of funding available for EC programs in each year, it does track the extent to which EC is a priority for foundations in any given year. Finally, data were not complete for every year in the publicly available reports, so no results for 2001 and 2004 are included.

FINDINGS

Tremendous changes in US foundations' new financial commitments for EC occurred during the 12-year period for which data are available (see Figure 1). New funding for programs specifically focused on EC peaked in 2006, at over $6 million, and was at its lowest point in 2008, when just over $100,000 in new funding was allocated to EC programs.

Funding for 2010 appears substantial relative to recent years, but it should be noted that beyond a single grant for almost $1 million from one foundation, only a reported $63,000 was allocated to EC-specific programs.

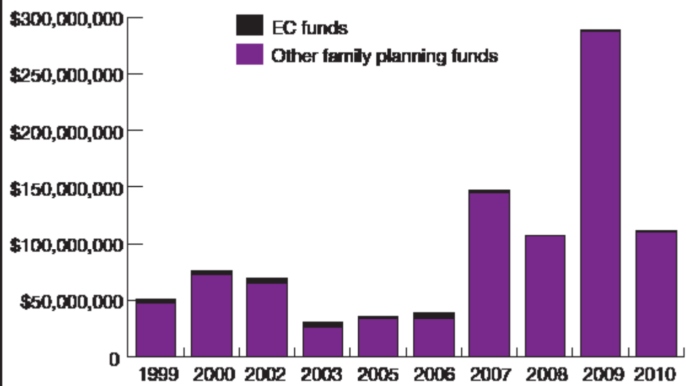
Figure 1: Trends in new funding for EC programs from U.S.-based foundations, 1999-2010

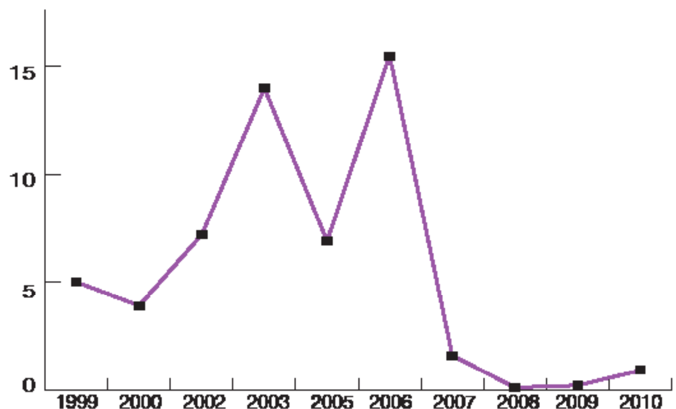


Source: Funders Network for Population, Reproductive Health and Rights.

Donor size presents an interesting dynamic in the funding of EC programs. (By the Funders Network definition, donors are considered large if they give more than $10 million annually and small otherwise). For the years up until 2007 for which we have data, small donors provided the majority of funding for EC programs. Small donor funding for EC dropped considerably after 2007.

New funding for programs specifically focused on EC as a proportion of new funding for all family planning programs fluctuated considerably between 1999 and 2010 (see Figures 2 and 3). At its highest points in 2003 and 2006, funding for EC programs comprised, respectively, 14% and 15.5% of funding for all family planning programs. This reflects both low overall levels of funding for family planning programs relative to recent years as well as somewhat larger investments in EC programs during those years, resulting primarily from the Compton Foundation's Emergency Contraceptive Initiative (see next section). At its lowest, funding for EC barely registers





on this scale, comprising 0.1% of all family planning funding in 2008 and 0.2% in 2009.

INFLUENCE OF THE COMPTON INITIATIVE

The Compton Foundation's Emergency Contraceptive Initiative, which began in 2002 and had as its mission increasing awareness of and access to EC globally,[2] represents a key factor in the increase in funding for EC during certain years of the last decade. The Compton Initiative invested $5 million over 5 years, contributing significantly to EC projects through direct funding.

Perhaps of greater importance, the Compton Initiative leveraged this initial commitment to gain support of fellow donors. Other donors recognized the Compton Initiative's strong leadership and rigorous vetting process for grantees, and this trust and momentum led to additional grants nearly double the size of the initial investment. The Packard Foundation contributed a $2 million grant (the return that the Foundation received from the sale of Plan B by Women's Capital Corporation to Barr Pharmaceuticals), which allowed the Initiative to operate for an additional year, supporting US-based programs and allowing allocation of other resources to international programs.

The Compton Initiative sought to mainstream EC, and this goal was achieved by many measures. EC is registered in most countries globally and its use has increased in many parts of the world. A dedicated EC product is available in 146 countries, and is available without prescription in 72 countries.[3] EC is included in the Essential Medicines Lists and commodities procurement programs for the World Health Organization, the United States Agency for International Development (USAID), the United Nations Population Fund, and even the United States Department of Defense. However, despite these significant achievements, barriers to access remain and must be addressed. These include persistently low levels of awareness of EC among the general public, misperceptions and lack of knowledge of EC among health care providers and policymakers, prescription requirements, policies limiting or entirely prohibiting access to EC, high purchasing costs in some countries, and attacks in the media misrepresentating how EC works.

Trends in Funding for Procurement of EC

In order for women to access emergency contraceptive pills, EC products must be available in their country. One of the key ways that donors can contribute to improving EC access is by supporting procurement of EC supplies for distribution via the

public sector or to special populations (such as those in settings affected by emergencies or crises). ICEC therefore sought to track trends in donor procurement of EC over time.

METHODOLOGY

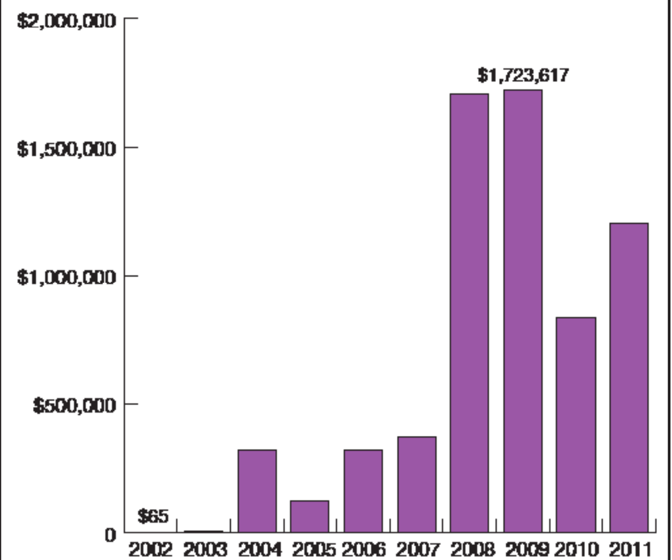
The RHInterchange online database provides summary data on shipments of contraceptive supplies by participating donors, NGOs and social marketing agencies.[4] Donors include multilateral agencies (such as the World Bank), bilateral agencies (such as USAID), and some private foundations. The database also includes service providers (IPPF and Marie Stopes International) and social marketing agencies (Population Services International and DKT International). Thus, it includes a broader array of partners than the Funders Network data discussed above, although the purpose of the funding is limited to EC procurement only. Some of the US foundations included in the above section are also listed in the RHInterchange database because they fund procurement, but we do not know how much overlap exists between the two datasets (i.e., to what extent the Funders Network data incorporates funding for procurement of EC, rather than just programming for EC). It should be noted that listing in the RHInterchange system is voluntary and probably does not capture all of the commodities provided by donors.

FINDINGS

Figure 4 shows changes over time since 2002, when the first shipment of EC (valued at $65) was reported. Donor procurement of EC peaked in 2009, at $1.7 million; in 2011, donors procured $1.2 million in EC supplies.

Since 2008, the NGO and social marketing sectors have consistently invested substantially in procuring EC. UNFPA has also reliably procured EC over the past decade. The newest organization initiating direct procurement of EC is USAID, which began surveying its missions in 2010 to assess demand for EC and began shipping EC to those requesting it in 2011. However, anecdotal reports from USAID staff have indicated that uptake of EC in its missions has been low to date.

Figure 4: Trends in funding for procurement of EC



Source: Access RH: Reproductive Health Interchange Database.

Current and Future Funding of EC: Perspectives from Donors

To assess the extent of current funding for EC-specific projects and interest in future funding, we developed a list of major donors in the field of family planning. We included both those who have been known to fund EC programs, and those who have funded other family planning initiatives, but not specifically EC, in order to learn about a range of donor perspectives on current and future EC funding.

METHODOLOGY

We contacted 17 donor agencies to request information, and 15 responded. Most information was gathered during in-depth phone interviews, lasting from 30 to 90 minutes, although some respondents preferred to communicate via email, due to time zone differences. These interviews were not restricted to just US-based funders, although the majority of donors interviewed were US-based. Eight of the donors were US-based private foundations and two were US-based public foundations, which derive their funding from the general public, the government, or private foundations. Four were bilateral

agencies and one was a multilateral agency. Most of the donors interviewed (13 of 15) have significant international programs, but two focus exclusively on the US. Additionally, most (12 of 15) were classified as large donors, defined (under the classification scheme used by the Funders Network) as those giving $10 million or more annually.

A few limitations in this component of our research should be noted. Due to time and resource constraints, we did not interview every donor involved in reproductive health, so it is possible that we may have missed some important donors in this space. In addition, not every donor whom we contacted responded to our requests; however, our final response rate was 88%, so we feel confident that there is no systematic response bias. Finally, we generally only interviewed one program officer or executive within each organization, with a couple of exceptions, and we acknowledge that the perspective of one individual may not always provide a complete representation of an organization's positions.

CURRENT FUNDING OF EC

As noted earlier, funding from U.S.-based foundations for EC-specific projects has declined significantly in recent years. Among the donors participating in this phase of our research, only three have projects specifically focused on EC in their current portfolio. A similar number (four) reported that they do not fund EC at all. About half (eight) of the donors interviewed fund EC as part of more comprehensive family planning programs, perhaps exemplifying the extent to which EC is becoming mainstreamed as a reproductive health service.

REASONS FOR NO (OR LOW) FUNDING OF EC

In addition to providing an overall picture of the funding landscape, we wanted to understand why donors either do not fund EC-specific programs, or fund them at relatively low levels. Several themes emerged on this issue.

The most common challenge to funding EC programs relates to balancing competing demands within reproductive health. All of the foundations interviewed described recent or upcoming strategic planning processes, which they use to carefully evaluate the needs of the populations that they serve, the contexts in which they work, and the evidence supporting different interventions. Although most (but not all) of the donors strongly expressed that EC is an important component of reproductive health services, one donor noted that "it's easy for EC to get lost in the shuffle," given all of the worthy projects requesting funding. As donors become more strategic about grant making, grant seekers looking for funding for EC projects need to clearly understand the goals of funders and how their programs fit with those goals.

Cost-effectiveness is another important issue for donors as all funders, regardless of size, have a finite amount of money to invest. Some donors noted that they are refocusing on long-acting methods for which cost-effectiveness has been studied and proven, such as IUDs. Some say that more pregnancies are averted with a smaller investment in long-acting methods than in EC, and that there is an opportunity cost to spending resources on EC rather than the most effective methods available.

Related to the question of cost-effectiveness is the issue of efficacy. Donors were divided on the extent to which they saw the lower efficacy of EC (relative to other methods of family planning) as a major obstacle to funding. A small minority said that the lack of evidence for a population-level impact on abortion and unintended pregnancy rates and wide-ranging estimates of efficacy were deterrents to investing in EC. One of these donors noted that while EC can be an important option for individual women, it might not be worthwhile as a public health measure given the relatively low risk of pregnancy for each act of intercourse. On the other hand, some donors frame EC as more of a human rights issue for individual women. These donors were less focused on whether EC has the potential to bring about demographic change and more on the impact that EC can make on an individual woman's life.

Many respondents also expressed the general idea that foundations are often looking for opportunities to fund new ventures, rather than revisiting technologies that they (and others) have funded in the past. Many donors noted that, although they may not invest specifically in EC at this time, EC is now often embedded in family planning programs of large NGOs, and therefore support for EC is implicit in donor funding of these organizations and their reproductive health initiatives. (However, the extent to which this is the case has not been studied.)

In addition, a small group of donors who had made significant investments in EC in the past, including in clinical trials, product registration, piloting of service delivery models, and advocacy around over-the-counter availability, expressed hope that their investments would inspire other funding from foundations or from the private sector. Some described foundation support as "seed money" that should provide enough funding to get a project started until the program can sustain itself or attract additional funding. Some specifically mentioned that, given how heavily the public and nonprofit sectors invested in EC in the earlier days, it is now time for the manufacturers and distributors of EC to take on this role.

Finally, a small number of funders said that direct funding of EC is simply outside the explicit scope of their mission of supporting broad-scale advocacy and policy change. Although these funders support family planning and reproductive health as core to their mission, they do not fund specific technologies or direct service projects of any kind.

Moving Forward: What Might Prompt Interest in Supporting EC in the Future?

The donors included in our research also shared their perspectives on what might prompt or renew interest in funding EC, whether at their own organizations or in the community more broadly.

Many foundations named policy advocacy as part of a renewed focus emerging from strategic planning processes. In terms of EC, policy advocacy was suggested as a key area needing support in the many countries in which access to EC is seriously restricted, or where there is no dedicated EC product registered.

Funders also stressed that EC should not be treated as a separate, siloed issue, but should be approached within the larger context of contraception. Specifically, it is critical to consider and address what might be lost in terms of family planning more broadly if access to EC is compromised.

Framing EC as a tool of empowerment and human rights had appeal to many donors; some donors specifically hold human rights at the center of their philosophical framework. This approach involves showing that EC is an important method for women to determine the number and spacing of their children and truly take control of their reproductive destiny. This issue is particularly important, one donor noted, in contexts in which abortion is illegal or severely restricted. An argument compelling to some is linking EC to reproductive freedom, and thus to human development, underscoring the idea that women are better able to take care of themselves and their families when they can control their reproductive lives.

In addition, two so-called special populations are of considerable potential interest to donors. EC is a natural part of any service delivery package targeting survivors of sexual violence, as well as those in conflict and post-conflict settings. Although these populations are not new in the discussion around EC, many believe that the responses and infrastructure have been inadequate to meet the needs of these vulnerable women for whom there may be no other option to prevent an unwanted pregnancy. One donor mentioned efforts to overlap with counterparts in the organization's human rights program and thought that provision of EC in conflict and post-conflict settings seems to be an area of missed opportunity, and one that might be a potential focus moving forward. These were noted by several donors as areas that they might consider funding or thought that other partners in the community might fund in the future.

In terms of additional research that might be compelling to donors, one donor mentioned new user research (e.g. what EC users like about EC and why they choose to use it). Others mentioned clarifying data on the effectiveness of EC and considering new ways to measure population level impact. Three donors supporting programs in several different countries mentioned the challenge of forecasting the need for EC within a specific program or mission, and that perhaps more resources should be applied to improving forecasting tools that can be used at the local level. In addition, a small number of donors expressed interest in different technologies for EC, such as IUDs, an on-demand pill that could be taken at each act of intercourse, or EC as a component of a multi-use technology (i.e. a product that could simultaneously protect against pregnancy and STIs/HIV).

Discussion and Conclusions

Analysis in trends of US-based foundation spending show that among these donors, new projects specifically focused on emergency contraception receive an increasingly small proportion of available funding for family planning and reproductive health. While this reduction in funding could represent waning enthusiasm on the part of the funding community, it could also reflect, at least in part, the extent to which EC has been incorporated into funders' broader reproductive health programs. Indeed, half of the interview respondents noted that they do fund EC, but only as part of more comprehensive programs; however, the extent to which EC is actually incorporated into these programs is unknown. Foundations appear to be trending towards greater focus and strategy in grant making; therefore, organizations seeking donor funds for EC must be explicit about how their request aligns with the specific goals of the funder.

At the same time that dedicated funding for EC programming and research has dropped, donors and governments have increased levels of support for EC procurement, often for use in public sector programs. Anecdotal evidence suggests that without support for programmatic integration and scale-up, EC supplies may not be adequately taken up in the public sector in some developing countries, leading to overstocks and wastage. More documentation of this phenomenon is needed, but this seems to suggest that procurement of EC products should be accompanied by support for training of service providers, integration of EC into supplies and logistics systems, and demand generation among consumers.

Remarkable gains in mainstreaming EC have been made through donor investments; these gains include the much greater availability of dedicated products, non-prescription access in many countries, increased use and awareness of EC, and the inclusion of EC as a core component of reproductive health services. In addition, tremendous growth in the commercial sector has had a considerable positive impact on product availability and access. However, EC is distinct from other contraceptive products, carrying with it its own unique constellation of assets and challenges. Cost, prescription requirements, legal and policy challenges, and misrepresentations of EC's mechanism of action (conflating it with abortion) are key barriers that need to be addressed. Additionally, women's awareness that EC exists remains very low in many developing countries. It is crucial to include EC as part of mainstream family planning services, but equally important to continue to provide unique funding for EC-focused projects to help reduce remaining barriers, and ensure that women have a second chance to prevent pregnancy throughout the world.

References

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