A primary goal of reproductive health and family planning programs is to ensure that people can choose, obtain, and use a wide range of high-quality, affordable contraceptive methods and conditions for sexually transmitted infections (STIs/STDs) prevention. Reflected as contraceptive security, this goal requires sustainable strategies that will ensure and maintain access to and availability of supplies.

During the past 12 years, many low-income countries have registered significant progress toward the goal of contraceptive security (CS), as seen in the results presented here. Yet, as global demand for family planning (FP) continues to rise, ensuring CS remains challenging in many countries. Adequate financing for reproductive health (RH) and FP programs often does not keep pace with demand, donors and national resource remain insufficient. Despite investments in service delivery and logistical systems, these systems are still strained in many countries. Nonetheless, the focused global attention on CS during the past 12 years has yielded significant dividends in all CS components.

It is critical that policymakers and program managers maintain support to ensure long-term CS. Programs cannot meet their clients’ RH and FP needs without the reliable availability of high-quality contraceptives supplies and services. Arming the poverty reduction and health goals adopted by many countries will be hampered unless the movement toward CS is accelerated. Ensuring contraceptive supply and service availability to clients requires a multi-sectorial approach. The public- and private-sector must work together to ensure enabling policy environment, appropriate forecasting and procurement of commodities, efficient supply chains, well-trained providers, effective service delivery system, an accepting social environment, and affordable financing. To plan effective interventions to reach this goal, policymakers, program managers, and international donor agencies need to know and understand how their programs are progressing toward CS.

This wall chart presents a set of indicators that can be used to measure a country’s level of CS and to monitor global progress toward reaching this goal; over time. The indicators are aggregated to establish a composite index, which has been calculated every three years since 2000. The Contraceptive Security Index 2015 presents the latest update of these data, representing a decade of monitoring program and measuring success.
The Contraceptive Security Index (CSI) is a tool used for monitoring contraceptive security at the country level. It provides a way to track where countries are on a continuum of contraceptive Security. The CSI assesses a country’s performance on nine key indicators: access, choice, quality, availability, affordability, demand, freedom from coercion, policy and legal framework, and logistics system. The CSI is based on a comprehensive data collection framework that includes data from multiple sources, such as household surveys, facility surveys, and facility-level data. The CSI is used by governments, international organizations, and civil society organizations to monitor contraceptive security and to identify areas for improvement.

**Uses**

The CSI is used for a variety of purposes, including monitoring progress and measuring success in providing contraceptive services, guiding program priorities and resource allocation, and informing policy and advocacy efforts. It is also used by donors and international organizations to assess the performance of contraceptive and reproductive health programs and to inform funding decisions. The CSI is used by governments to monitor their own performance and to identify areas for improvement. The CSI is also used by civil society organizations to monitor contraceptive security and to advocate for improvements in contraceptive services.

**Methodology**

The CSI is constructed using a multidisciplinary approach that involves data collection, analysis, and interpretation. Data is collected from a variety of sources, including household surveys, facility surveys, and facility-level data. The data is then analyzed using a variety of statistical methods, including regression analysis, to identify patterns and trends. The CSI is then used to identify areas for improvement and to inform policy and advocacy efforts.

**References**


**ACKNOWLEDGMENTS**

The authors thank the reviewers for their valuable comments and suggestions. The study was funded by the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA). The authors also acknowledge the contributions of the following individuals: Dr. Jane M. Bock, Dr. David S. Meltzer, and Dr. Sarah L. Hargreaves.