Family Planning Landscape in Sub-Saharan Africa

An Independent Assessment of DKT's Footprint and Impact

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Table of contents

Disclaimer 3
Executive Summary 5
1. Context 7
2. Methodology 9
Product and geographical coverage 9
Data sources 9
Relative strengths and limitations of each data source 10
Cleaning and standardization of trade data 11
Main data sources used by product 11
3. Analysis and Results 12
3.1. Overview of DKT reported sales 12
3.2. How DKT's markets have evolved and where it stands today 15
3.3. Market growth versus demand redistribution 26
3.4. Pricing and affordability 28
3.5. Consumer shifts at the last mile 34
4. Discussion 36
4.1. The continued importance of SMOs in SSA's family planning commodity ecosystem: implications for access and quality-assurance 37
4.2. The need for continued, better data on this market segment 40
List of tables and charts 43

Disclaimer

DKT International commissioned Maisha Meds to carry out this independent assessment. Maisha Meds is not affiliated with DKT, does not represent DKT and has no ownership, governance or financial ties to it beyond this commission.

The analysis and conclusions are Maisha Meds' own. Where DKT provided additional context or explanations, this is clearly identified in the sections. Preliminary versions were reviewed and discussed with DKT for factual accuracy.

As part of the assessment, DKT shared its historical reported sales, as well as 2025 sales volumes (not yet publicly available), its lowest-price reference for the four countries covered (Kenya, Nigeria, Tanzania and Uganda), and quality assurance documents for specific products.

Maisha Meds has not audited DKT's quality procedures or tested any product.

The report combines several data sources that are often incomplete, inaccurate or unavailable. Maisha Meds cleaned and standardized the data as carefully as it could, but readers should keep these limits in mind when drawing conclusions.

Maisha Meds provides market intelligence services and has previously contributed to LEAP's analysis of emergency contraception, as described on LEAP's website (https://leap.rhsupplies.org/contraception/overview, Box 4) and in Maisha Meds' own summary of that work (https://maishameds.org/news/leap-report-family-planning/). Readers should consider this when assessing the report's call for investment in market data.

For more information, please contact Stephanie Gallagher at stephanie@dktinternational.org.

List of abbreviations

ADDO	Accredited drug dispensing outlet
API	Active pharmaceutical ingredient
CAGR	Compound annual growth rate
CIF	Cost, insurance and freight (shipping)
CYP	Couple years of protection
DALY	Disability-adjusted life year
DHS	Demographic and Health Surveys
DMPA	Depot medroxyprogesterone acetate
EC	Emergency contraception
FOB	Free on board (shipping)
FP	Family planning
FWA	Francophone West Africa
GMP	Good manufacturing practices
HS	Harmonized System [codes]
IUD	Intrauterine device
KES	Kenyan shilling
LEAP	Landscape & Projection of Reproductive Health Supply Needs
MAT	Moving annual total
MICS	Multiple Indicator Cluster Surveys
MM	Maisha Meds
MVA	Manual vacuum aspiration
MSI	Marie Stopes International, renamed MSI Reproductive Choices (2020)
NAFDAC	National Agency for Food and Drug Administration and Control (Nigeria)
NGO	Non-governmental organization
NGN	Nigerian naira
OC	Oral contraceptives
ORS	Oral rehydration salts
PMA	Performance Monitoring for Action
POS	Point of sale
PPB	Pharmacy and Poisons Board (Kenya)
PPMV	Patent and proprietary medicine vendor
PSI	Population Services International
PSK	Population Services Kenya
RH Viz	RHSC's online platform for public and donor procurement data
RHSC	Reproductive Health Supplies Coalition
RMNCH	Reproductive, maternal, newborn, and child health
SFH	Society for Family Health (Nigeria)
SMO	Social marketing organization
SSA	Sub-Saharan Africa
TZS	Tanzanian shilling
UGX	Ugandan shilling
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States dollar

Executive Summary

This report uses independent market data to assess DKT's role in the supply, access, quality and affordability of essential family planning methods across sub-Saharan Africa. As donor funding for reproductive, maternal, newborn and child health commodities recedes, more demand is expected to move to private markets, where price competition and limited visibility can make quality harder to assure. In this context, social marketing organizations are increasingly looked to as a way to sustain continuity of access to affordable, quality-assured products.

Maisha Meds combined export data, its proprietary point-of-sale (POS) data from nearly 6,000 private sites in Kenya, Tanzania, Uganda, and Nigeria, public and donor procurement data (RH Viz), UN Comtrade data, SMO-reported data (RHSC Social Marketing Statistics), and DKT's reported volumes, and benchmarked the results against RHSC's LEAP report. We then assessed DKT's market share, growth, pricing and the quality risks in the segments where it operates.

DKT's footprint. Since 2020, DKT has sold nearly 1.9 billion units across 31 sub-Saharan African countries, about 315 million a year. Couple-years of protection (CYPs) doubled from 9.9 million in 2020 to 19.6 million in 2025 (81 million in total), while volume declined slightly, because the mix moved toward implants and IUDs. Together, they represented 1% of 2025 volume and about 62% of CYPs, from 42% in 2020. Three products (condoms, emergency contraception, and oral contraceptives) made up 96% of 2025 volume. Condoms fell from 89% to 82%, and Nigeria's share of DKT volume fell from 46% to 29%, mainly because of a 40% drop in condom sales in 2025. Implants (+32% a year since 2020) and EC (+17%) were the fastest-growing categories.

Competitiveness. In the markets it serves, DKT is estimated to hold about 62% of copper-IUDs, 43-45% of EC, and 32-39% of OC. Its share is lower in injectables (18%) and implants (10%), where public and donor procurement dominate. SMOs supply most of the volume in several categories in DKT's served markets (more than 70% of EC in 2025 and more than 60% of OC). Within that SMO segment, DKT is the largest supplier, accounting for more than 60% of EC and OC volumes in the last three years.

Growth. DKT grew faster than the rest of the market in implants (+75% a year vs 4% for the rest of the market), mostly because of a donor-funded public tender of 1 million units in Nigeria in 2025, according to DKT. It grew in line with the market in copper-IUD, OC and EC. It lagged in injectables (1% vs 12%), where public and donor procurement expanded last year.

***Prices*:** In Nigeria, retail prices rose 100-160% in naira between 2023 and 2026, but changed little in USD because of currency devaluation. According to DKT, the affordability challenge has been recognized and action is being taken to reduce prices. In East Africa, local currency prices have been broadly flat since 2023, except for OC in Kenya (+50%), possibly because sales shifted toward more expensive brands and stock shortages pushed prices up. Median prices for DKT brands are close to DKT's lowest-price reference for condoms (except Uganda), vary more for OC, and are about 60% above it for EC in Nigeria, Tanzania and Uganda, possibly reflecting retail margins on a stigmatized product that is often bought urgently.

Demand shifts. Across a fixed cohort of facilities within Maisha Meds' network, we found no clear sign yet that the private sector is absorbing demand lost from public supply. DKT notes that public and donor funding plays a modest role in condoms, EC and OC, so flat results are expected, but sees the 15% rise in Kenya injectable transactions as a signal worth watching.

Quality. Although they do not prove a product is substandard, low prices can signal quality risks. In Kenya's EC market, for example, where SMO presence is small, the cheapest exporters account for close to 60% of the imported volume and sell at estimated ex-manufacturer prices below $0.15 per pack, with some cases reaching $0.09. DKT's quality policy requires GMP-certified suppliers, independent testing and audits. Maisha Meds has not validated these procedures, but DKT shared testing evidence showing that sampled batches met requirements.

Market data. Our SMO and private-sector market estimates differ from LEAP's, especially OC (37M vs 76M), injectables (8M vs 22M), and condoms (830M[1] vs 643M). LEAP's survey-based method in the private sector captures only about 5M packs of EC (we estimate 56M). Survey under-reporting and leakage from public to private channels may explain part of the gaps. As donor spending falls and the private share grows, sustained investment in market intelligence would let funders, governments and SMOs track the transition and focus quality testing on the highest risk products.

[1]Very low confidence.

1. Context

Access to modern contraception is one of the most cost-effective interventions in global health, with well-documented downstream effects on maternal and child survival, girls' education, and household economic security. DKT International alone reports averting close to 28 million unintended pregnancies, 23 million unsafe abortions, and over 300,000 maternal and child deaths globally in 2025, with Africa accounting for more than 70% of averted maternal and child deaths and roughly 30-35% of averted unintended pregnancies and unsafe abortions – Nigeria alone contributing close to half of the region's impact across all metrics. Family planning is therefore not a peripheral health service but a foundational one, and interruptions to its supply chain have outsized consequences for women's health outcomes across the region.

The private sector's role in access to key commodities

Across Kenya, Uganda, Tanzania, and Nigeria, private pharmacies, clinics, drug shops, ADDOs and PPMVs are frequently the first – and sometimes only – point of contact for women seeking contraception, particularly for short-acting methods such as condoms, EC, and OC. This is especially true where public facilities experience stockouts, require longer travel times, or carry social stigma. Maisha Meds' own point-of-sale network of nearly 6,000 private outlets across the four countries illustrates the scale of this channel and its role as a barometer for real-time shifts in commodity demand, pricing, and product quality at the last mile.

A short history of social marketing organizations

The commercial marketing of subsidized family planning products ("social marketing") has been a core pillar of the global family planning response for over five decades, led by a small number of specialized non-profit organizations:

- **Population Services International (PSI)**, founded in 1970, pioneered the use of commercial marketing techniques to expand access to contraception in the developing world, later broadening its mandate to maternal and child health and HIV/AIDS.
- **Marie Stopes International (MSI)**, tracing its roots to Marie Stopes' 1921 Mothers' Clinic in London, was re-founded as an international development organization in 1976 by Tim Black, and renamed MSI Reproductive Choices in November 2020. MSI operates across dozens of countries providing contraception and safe abortion services.
- **DKT International (DKT)** was founded in Washington, D.C. in 1989 by Phil Harvey, and named after D.K. Tyagi, a pioneer of India's public family planning information campaigns in the 1960s. DKT has since grown into one of the largest private providers of family planning products in the developing world, financed predominantly through product sales rather than donor grants.

Over time, each of these organizations has built out national subsidiaries, affiliates, and social franchises that operate as locally registered entities with their own branded product lines – for example DKT's country programs and "Lydia" family of brands in East Africa, or PSI's Kenyan affiliate, Population Services Kenya (PSK) – while retaining centralized technical assistance, quality assurance, and procurement support from their parent organizations. This layered structure of global, regional and national entities is an important lens for interpreting the trade and point-of-sale data used in this report, as commodities may be imported and reported under a national affiliate's name rather than the parent SMO.

A sector under pressure: the push toward greater self-sufficiency

Recent cuts to donor funding for RMNCH commodities have put family planning markets under pressure, disrupting supply chains and undermining the demand-generation and provider-training programs that have long complemented product access. As subsidized public supply shrinks, consumers are increasingly pushed toward the private sector, where the risk of cheaper, less-regulated alternatives is heightened in a market segment where substandard

and falsified products were already a persistent concern. Against this backdrop, DKT reports recovering 83% of its operating expenses through product sales[2], with an internal target of 90% by 2030. This illustrates a broader shift within the sector, in which donors and governments are asking SMOs to fund a greater share of their own core operating costs from commercial revenue, and it is one indicator of resilience to donor funding cycles. Whether this model sustains access, quality and affordability is the question this report examines, using independent market data rather than internal reporting alone.

[2]DKT International, Results, https://www.dktinternational.org/results.

2. Methodology

Product and geographical coverage

The report focuses on DKT's main product categories sold across SSA countries between 2020 and 2025. The product scope includes family planning products – EC, OC, condoms, injectables, implants, and IUDs (focus on copper devices). Female condoms were not included in the analysis given DKT's low sales volume in the region. Other products sold by DKT – aspirators, cannulas, diaphragms, HIV self-test kits, lube, MVA, pregnancy tests, ORS, sildenafil, and suppositories, as well as tubal ligation services – were not included in the analysis.

The geographic focus considers the 31 SSA countries where the above products were sold at any point between 2020 and 2025 (Benin, Burkina Faso, Burundi, Cameroon, Chad, Congo, Cote d'Ivoire, DR Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Togo, Uganda, and Zambia), and excludes North African countries (Egypt and Tunisia). This cumulative footprint includes countries DKT entered or exited during the period, including its withdrawal from Somalia and its entry into Burundi, South Sudan, Sudan, Chad, Zambia, and Equatorial Guinea. Chad had no sales in 2025. DKT's active presence therefore ranged from 25 countries in 2020 to 29 in 2025 within this set.

Data sources

This analysis triangulates two complementary primary data sources – international trade (export) data and last-mile point-of-sale (POS) data – supplemented by publicly available data to build a view of the family planning market that runs from import volumes down to the point of sale. Rather than reproducing or validating DKT's existing DALY-based impact estimates, the methodology is designed to measure observable market outcomes: market share, market growth versus demand redistribution, pricing and affordability trends, and product quality risk.

A summary of the main data sources is found below:

	Source and point-of-capture	Available geographical and product coverage	Key attributes
S&P Global Market Intelligence (trade/export data)	Raw data collected at the freight forwarding companies, port authorities.	Exports from India, Indonesia, Hungary, Turkey to each SSA country. Data available for EC, OC, copper-IUDs, and progestogen-only pills.	API, brand name, exporter/importer (country and entity), estimated ex-manufacturer price, value, volume, formulation and strength.
Maisha Meds' point-of-sales (POS) data	Maisha Meds' mobile point-of-sales business software used by private health facilities.	POS sales from nearly 6,000 pharmacies, clinics, drugshops, PPMVs, and ADDOs across Kenya, Uganda, Tanzania, and Nigeria from 2023 to 2026. Similar product coverage as trade data.	API, brand, manufacturer, wholesale and pharmacy price, value, volume, formulation, expiry, location (down to district), facility setting and type.

Reproductive Health Supplies Coalition (RHSC)'s Landscape & Projection of Reproductive Health Supply Needs Report (LEAP)	Aggregates public-sector shipment data reported directly by up to 18 participating manufacturers and suppliers. Uses survey-based methods to estimate private-sector consumption.	Covers OC, condoms, IUDs, injectables, and implants. Uses Maisha Meds data to fill in the gap for EC.	Supplier shipment volumes and values, public-sector spend by procurers (USAID, UNFPA, domestic governments, other donors), and survey-based methods.
RHSC Social Marketing Statistics (SMS) reports	Aggregates self-reported annual sales data submitted directly by participating SMOs, including DKT, MSI, PSI, and others.	Global coverage, driven by SMO self-reporting rather than independent collection. Data available for EC, OC, injectables, implants, IUDs, condoms, progestogen-only pills.	Self-reported sales volumes by SMO, product, and country.
United Nations Comtrade database	Official international merchandise trade statistics self-reported by national customs authorities.	UN Comtrade data is only used to estimate the total market for male condoms across the region (HS code: 401410).	Importer country, exporter country, value (FOB).

These sources were supplemented by DKT-provided internal data, including volumes by product, country and year, lowest-reference prices by product, and quality assurance documentation, in addition to the one available on the website.

Relative strengths and limitations of each data source

These data sources have different strengths and weaknesses, but combining and triangulating them makes it possible to build a stronger picture of real-world consumption of family planning commodities than any single source could provide on its own:

	Strengths	Caveats
S&P Global Market Intelligence (trade/export data)	National visibility of imported brands, market volumes and values, estimated ex-manufacturer pricing, and importer/exporter detail. Strong coverage of EC and OC.	Missing exports from other geographies (e.g., China, Europe, US, Thailand). Some parameters require assumptions (duplicate rows, condom pricing, brand detail). Some shipments lack importer detail. Re-exports to neighboring countries can distort national totals.
Maisha Meds' point-of-sales (POS) data	Subnational visibility into in-country trends; identifies preferred brands and market share; includes wholesale and retail pricing, markups, and margins; can detect brands imported outside the trade data.	Maisha Meds' network is concentrated in low- and lower-middle-income, peri-urban areas and does not include large private hospitals, polyclinics, maternity wards, or upmarket pharmacy chains. Facility inputs are prone to misspellings or incomplete fields.

Public reports and data (RHSC LEAP, RHSC Social Marketing Statistics, UN Comtrade)	Allows cross-checking against independent, reliable sources and helps fill gaps for products such as condoms not well captured elsewhere.	Social Marketing Statistics reporting is historical and can lag by a year or more; UN Comtrade lacks manufacturer, importer, and brand-level detail.

Cleaning and standardization of trade data

We obtained data from S&P Global Market Intelligence detailing pharmaceutical export records from India and Indonesia from January 2018 through 2025, as well as Hungary and Turkey data until December 2024. Shipment details in the data include HS codes, product description, shipment date, destination country, product quantity (where available), unit cost, total cost, exporting entity, and consignment entity. This dataset comprised finished pharmaceuticals (HS codes 3002, 3003, 3004, 3006, and 3822).

The total size of the original dataset was 405.5 million rows across all HS codes, or approximately 51 million per year. After filtering for pharmaceuticals, this came down to 1.9 million rows. Once filtered for rows relevant to understanding the consumption of family planning commodities this came down to 15,500 rows.

To correctly filter, identify, and standardize product attributes, we created reference databases against which we mapped export record text to establish the active pharmaceutical ingredient (API), dosage, strength, formulation, and country names. The API database included the names of family planning molecules (APIs and finished pharmaceutical products) and brands licensed and sold across sub-Saharan Africa, triangulated against products registered with national regulatory authorities in Kenya, Nigeria, Tanzania, and Uganda. We further limited the selection of exports geographically to shipment records destined for sub-Saharan Africa and a small number of non-endemic European countries known to re-export goods to the region, particularly FWA (Belgium, France, the Netherlands, and Switzerland).

To uniformly track consumption of family planning commodities, we inferred the number of full treatment courses (doses or cycles) based on the number of packs, number of single units (e.g. tablets) in the product description, product quantities, unit prices, and total prices. Quantities of unfinished exports (API and key starting materials) were standardized into kilograms. Prices and volumes in the S&P Global Market Intelligence data are often listed in inconsistent formats and with incomplete information; we applied a consistent set of assumptions and imputations to determine the implied number of packs and the price per pack, documented in full in the underlying workpapers.

We also categorized the importers according to their sector: if an importer is a social marketing organization, the importer category is defined as SMOs; if an importer is a public sector or donor entity, the importer category is defined as Public / NGO / Nonprofit; if an importer is a private sector or an unknown/undetermined, the importer category is defined as Private Sector. Because private and unknown importers are grouped together, and some volumes imported by private entities later move to the public channel, the Private Sector category may include some volume that is not truly private.

Main data sources used by product

Estimated data coverage, sourcing, and gap-filling approaches by product category are detailed in the table below. In general, to estimate total market volume we added back the estimated missing share of the market not captured by our primary trade data sources (e.g., an additional 5% for EC). For some products (EC, OC), we supplemented trade data with SMO-reported sales data from historical Social Marketing Statistics reports (2020–2024) where those figures closely matched our trade-data-derived estimates; 2025 SMO figures, not yet published at the time of analysis, were projected using 2024 values. For other products

(injectables, implants, and hormonal IUDs), we complemented or substituted trade data with RH Viz public procurement data to determine total market volume, given these products' greater reliance on public-sector/donor channels.

Main data sources used by product		Confidence rating
EC	India and Hungary trade data estimated coverage at 95% was used as the main source. Includes projection of Hungary 2025 data (not yet available) and additional 5% of the market not captured. We considered other SMOs (e.g., MSI, PSI) data from historical Social Marketing Statistics reports (2020-2024), and projected 2025 data (same values as 2024).	High
OC	India and Indonesia trade data estimated coverage at 80%, with missing data from Bangladesh, US and Germany (e.g., Bayer's Microgynon). Includes projection of 20% of the market not captured. We considered other SMOs (e.g., MSI, PSI) data from historical Social Marketing Statistics reports (2020-2024), and projected 2025 data (same values as 2024).	Medium-high
Condoms	India and Turkey trade data is available, but missing considerable volumes from other exporting markets, such as Malaysia, Thailand and China. We have considered UN Comtrade data (HS code 401410 - sheath contraceptives) to determine the estimated market value, and used an average price per condom to determine the market volume.	Low
Injectables and implants	Missing trade data from Europe, China, and Thailand. We have considered RH Viz as the main source for implants (public sector procurement) and a combination of SMO data and RH Viz public procurement for injectables. India and Indonesia data were also considered for cross-validation.	Medium
Copper-IUDs	Copper-IUDs are predominantly sourced from India. We have used RH Viz and Social Marketing Statistics data as a primary source, complemented with trade data for validation.	Medium

Regarding the POS data available for Maisha Meds' core countries – Kenya, Uganda, Tanzania, and Nigeria – the data is not comprehensive at the national level and should be read as indicative of macro trends; facilities are concentrated in low to middle-income areas, and data quality continues to be refined through ongoing cleaning.

3. Analysis and Results

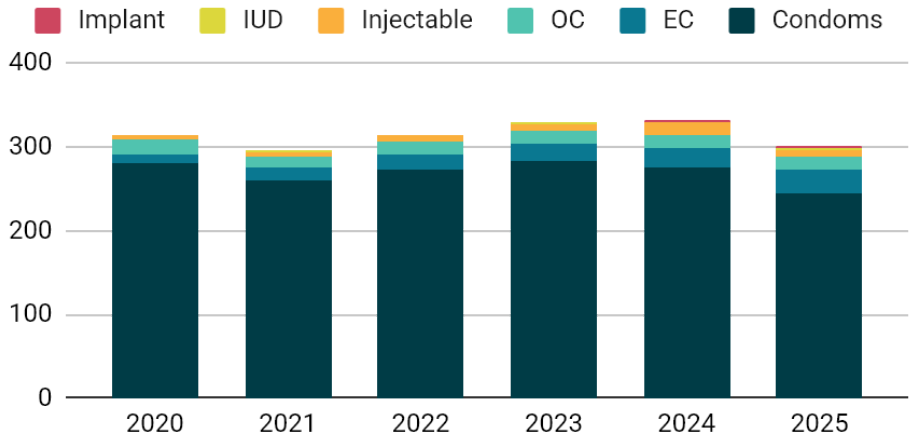
3.1. Overview of DKT reported sales

Since 2020, DKT has recorded nearly 1.9 billion units of family planning products sold across 31 sub-Saharan African countries. Together, these sales represented close to 81 million CYPs[3], doubling from 9.9 million in 2020 to 19.6 million in 2025. This impact is delivered across a broad product range, though sales remain heavily concentrated: three product categories (condoms, EC, and OC) represent 96% of DKT's portfolio volume sales in 2025. Condoms have consistently represented the largest share of these sales, representing more than 80% of total

[3]CYPs are DKT-reported and calculated with DKT's own conversion factors: condoms, 100 units per CYP (0.01 CYP per unit); OC, 14 cycles per CYP (0.071 CYP per unit); EC, 16 units per CYP (0.063 CYP per unit). Source: DKT International, Results, https://www.dktinternational.org/results.

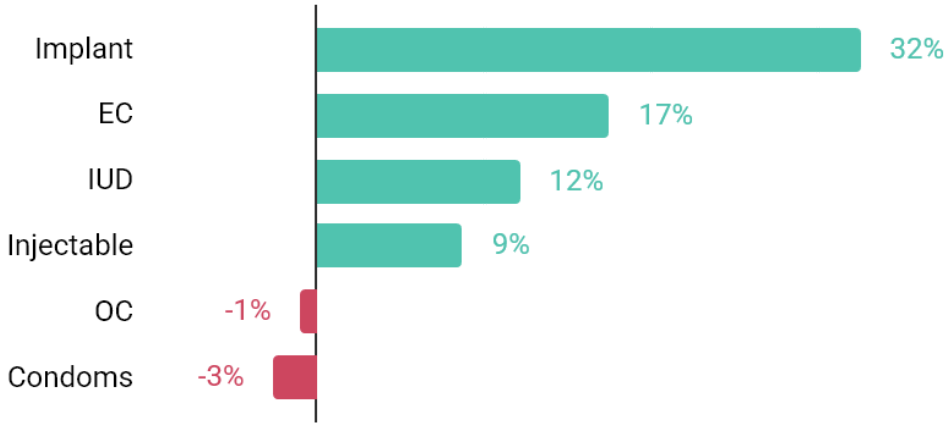
volume over the period (270 million units sold per year); however, the product has become gradually less dominant within DKT's portfolio. Condoms declined by an average of 3% a year since 2020, and their share in the portfolio fell from 89% of the portfolio in 2020 to 82% in 2025.

Chart 1: DKT volume evolution: reported sales by product and year
Volumes in millions of units



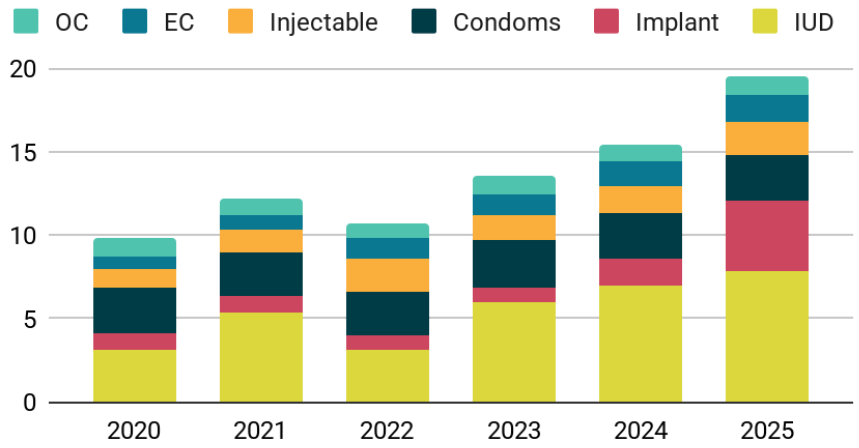
By contrast, EC, the second-largest volume category, is one of DKT's fastest-growing methods, growing on average 17% per year since 2020. The product has increased from 12 million units in 2020 (4% of total) to 27 million in 2025 (9% of total). The remaining categories – OC, injectables, IUDs, and implants – collectively accounted for 9% of volume in 2025, even though implants, IUDs and injectables were among the fastest-growing categories in the portfolio.

Chart 2: DKT sales volume CAGR 2020-2025 by product



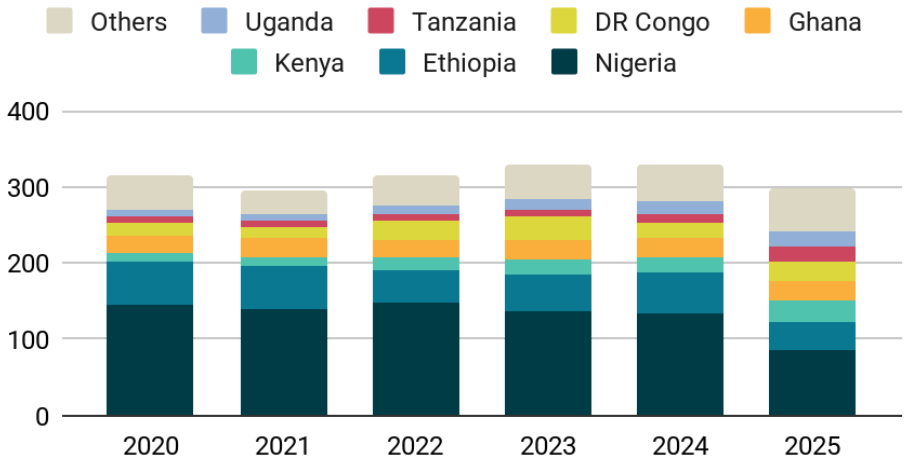
This volume-based view, however, underscores the relative importance of DKT's lower volume method once impact is measured in CYPs rather than units sold. IUDs and implants, which together represented 1% of total volume in 2025, accounted for 62% of DKT's total CYPs delivered that year, a reflection of their substantially higher protection-per-unit relative to condoms, EC, or OC. This divergence is consistent with a broader pattern across the period: while DKT's total sales volume slightly decreased by 1% a year on average between 2020 and 2025 (from 315 to 300 million units), total CYPs delivered doubled over the same period. This means that DKT's overall public health impact has grown substantially faster than its volume, driven not by selling more, but by a shift in product mix toward longer-acting, higher-impact methods, such as implants (32% a year since 2020) and IUDs (12%).

Chart 3: DKT CYPs evolution: reported numbers by product
Volumes in millions



DKT's sales have also historically been concentrated in a small set of countries, led by Nigeria. In 2020, the country represented 46% of DKT's total sales volume across SSA. Although it remains DKT's single largest market by a wide margin, its relative weight declined to about 29% by 2025. This drop is associated with a significant decline in condom volumes, at a -11% CAGR between 2020 and 2025 and nearly -40% between 2024 and 2025. DKT mentioned that this is, in part, explained by adjustments to marketing and management strategy, and that it expects the product performance to recover this year.

Chart 4: DKT volume evolution: reported sales by country
Volumes in millions of units



This overall decline occurred alongside a broader, modest diversification of DKT's country footprint: the seven largest markets (Nigeria, Ethiopia, Kenya, Ghana, DR Congo, Tanzania, Uganda) accounted for 81% of total sales in 2025, down from 86% in 2020. DKT's active country footprint also expanded over the period, from 25 countries in 2020 to 29 in 2025, with the addition of Burundi, South Sudan, Sudan, Zambia, and Equatorial Guinea, alongside a withdrawal from Somalia and Chad. Together, these trends point to a gradual diversification of DKT's business and attenuation of concentration risk, rather than deepening reliance on its largest markets, even as DKT's sales remain meaningfully concentrated in a few geographies. Together, these seven countries represent 55% of the region's population in 2025.[4]

[4] United Nations, Department of Economic and Social Affairs, World Population Prospects 2024.

3.2. How DKT's markets have evolved and where it stands today

To assess DKT's competitive position within each product segment, market share was measured at two levels: DKT's share of the specific countries where it actively sells each product (served markets), and DKT's share of the total SSA market for that product, including countries where DKT is not present. Because DKT can only compete where it operates, the served market view is the more meaningful measure of DKT's competitive strength, whereas the total SSA view contextualizes how much of the region's overall demand DKT's footprint currently reaches.

Table 1: DKT's estimated share by product across its served markets and total SSA region
Based on average volume sales between 2023-2025

DKT's estimated share	Market share in DKT's served markets in 2023-2025	Market share in SSA region
EC	43-45%	34-36%
OC	32-39%	21-26%
Injectables (DMPA)	~18%	~13%
Copper-IUD	~62%	~57%
Implants	~10%	~8%
Condoms	*Not available*	11-16%

For each product, we assessed the estimated market split by importer category (2020-2025), DKT's reported volumes by country (2020-2025), and DKT's market share in the total estimated market (2023-2025). Market share is shown as a range: the upper end (DKT interval max MS%) is DKT's share of the known market, while the lower end (DKT interval MS%) is DKT's share of a "complete" market. For example, for EC, India and Hungary trade data cover an estimated 95% of the market, so we added the remaining 5% to represent the complete market and calculated DKT's share on that basis. The scaling is applied to the whole estimated market, including DKT-reported volumes that are already complete, so the lower end is conservative and may understate DKT's actual share. These ranges are estimates and the actual share should sit between the two.

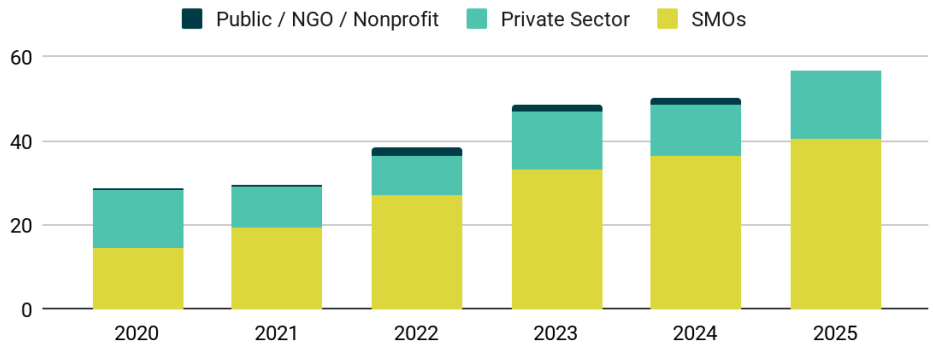
Some of DKT's supply goes to public or NGO programs, particularly implants and injectables. DKT's country-program sales are reported under the destination country and included in its volumes and market shares here. According to DKT, DKT WomanCare also supplies implants (Levoplant) and injectables to UNFPA, governments and NGOs through tenders. In some cases, such as the 2024 Ethiopia injectables tender, these volumes are reflected in DKT's figures. Where these are imported under the buyer's name, they appear in the Public / NGO / Nonprofit category, not as DKT, so DKT's total contribution to these categories may be larger than the shares shown. In addition, these public sector volumes are excluded from the LEAP comparison in Section 4.2.

Emergency contraception (EC)

An estimated 95% of EC volumes in SSA are imported from India and Hungary, with the remainder supplied by a small number of other markets, including Bangladesh. Within this market, SMOs have played an increasingly central role. Based on trade export data, three SMOs – DKT, MSI and PSI – collectively accounted for a rising share of EC volumes across DKT's 27 served markets (2020-2025), from 51% in 2020 to 71% in 2025. The remaining

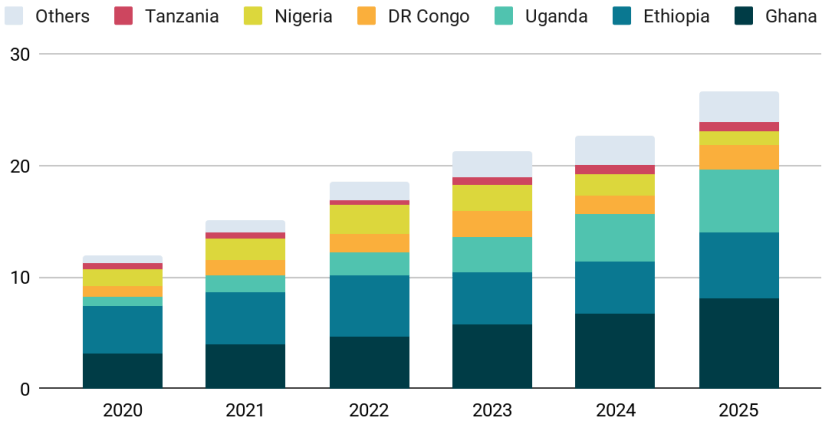
market was mostly supplied by private sector importers. Across all of SSA, SMOs' collective share is more diluted, but still accounts for more than half of the market, also trending upward.

Chart 5: EC volume sales by importer category across DKT's served markets
Volumes in millions of units; 27 served markets by DKT between 2020-2025



EC is DKT's second fastest growing product line and its second highest volume method after condoms. In 2025, DKT sold approximately 27 million EC pack units in SSA, with 73% of sales volume concentrated in Ghana, Ethiopia, and Uganda, rising to 89% when DR Congo, Nigeria, and Tanzania are included.

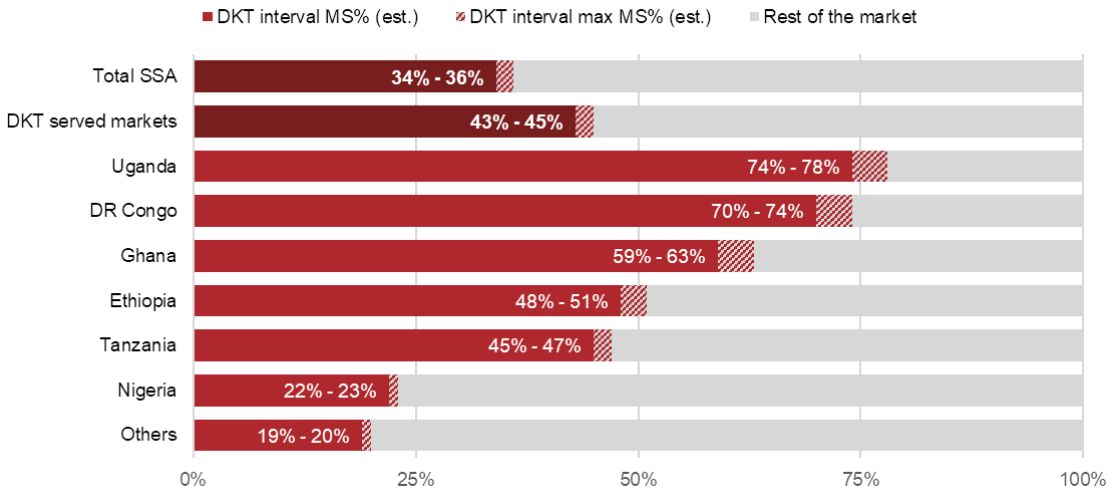
Chart 6: DKT's reported EC sales by country and year.
Volumes in millions of units



DKT is one of the leading suppliers in the EC market: based on the last three years of data, it had an estimated 43-45% share of the 25-country market in which it operated in 2023-2025, and a 34-36% share of the total SSA market. If considering SMOs only, DKT held 66% of segment volume in 2025.

However, DKT's largest markets by volume are not always its strongest by share. Uganda is DKT's strongest EC market at an estimated 74-78% share, followed by DR Congo (70–74%), Ghana (59-63%), Ethiopia (48-51%) and Tanzania (45-47%). Nigeria, despite ranking among DKT's top-six EC markets by volume, is its weakest in relative terms (22-23%), where the market is led by Society for Family Health. DKT's EC volumes in the country have also gradually declined since 2022. Kenya presents a similar pattern: one of the largest EC markets in the region, but one where DKT holds only an estimated 4-5% share, reflecting a market structurally dominated by private commercial brands.

Chart 7: DKT's estimated market share in the EC market
Average 2023-2025. Includes DKT share across the SSA region, DKT served markets, and DKT top markets



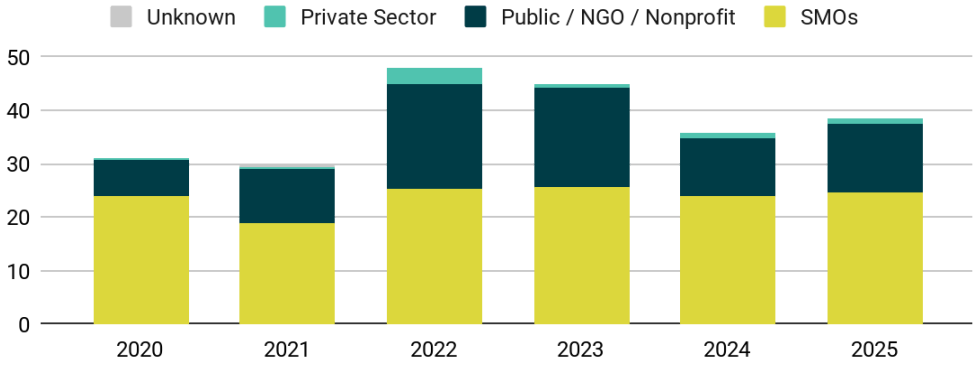
Overall, DKT is a leading EC supplier in the region, with dominant positions in several of its core markets. It operates – and leads – a segment where SMOs are gaining ground on private commercial importers. However, its lead is not uniform across the markets, with meaningful room for growth in large markets such as Nigeria and Kenya.

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Oral contraceptives (OC)

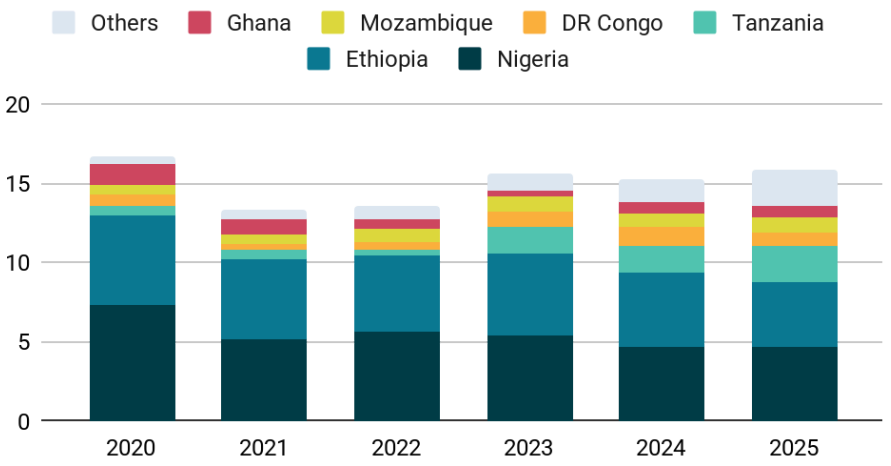
We estimate that close to 80% of OC volumes are supplied by India and Indonesia, with the remainder supplied by the US and Europe (e.g. Bayer's Microgynon). Across DKT's served markets (19 countries, 2020–2025), SMOs accounted for more than 60% of the volumes on average over the last three years. Within the SMO segment, DKT has consistently accounted for 63% of the total volume over the last three years. Across the total SSA region, including countries where DKT does not operate in, UNFPA is the largest OC importer, representing nearly 30% of the market volume also in the last three years.

Chart 8: OC volume sales by importer category across DKT's served markets
Volumes in millions of units; 19 served markets by DKT between 2020-2025



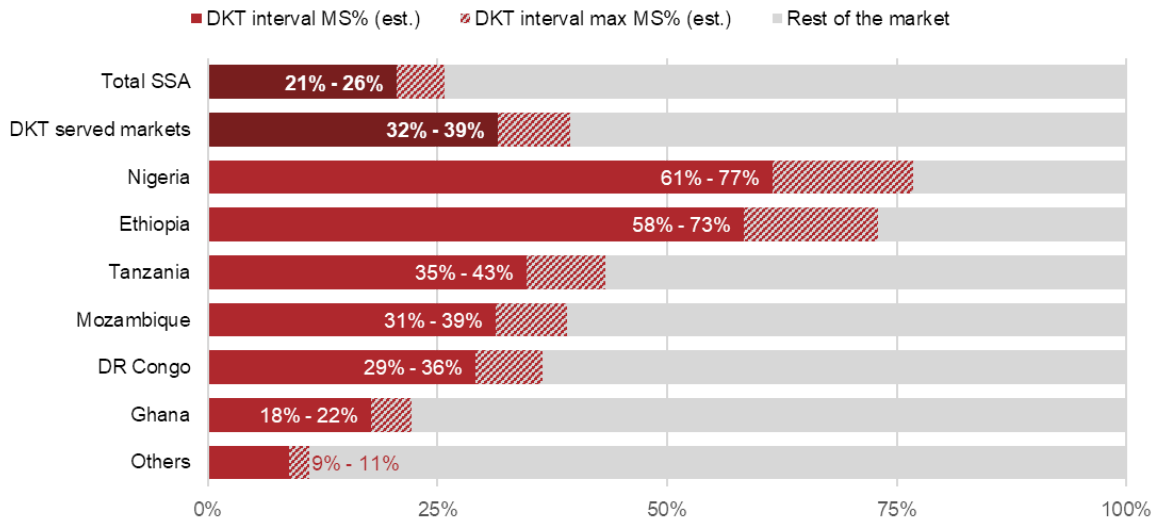
Between 2023 and 2025, DKT's OC brands were sold across 18 countries, averaging yearly sales volumes of 16 million units. In that period, 61% of the volume came from just Nigeria and Ethiopia; nonetheless, both markets have decreased their sales since 2020 (-9% and -6% CAGRs, respectively), consistent with the broader pattern of softening Nigeria volumes observed in other products. Including the next four largest markets – Tanzania, DR Congo, Mozambique, and Ghana – brings total coverage to 90% of volume. In 2024-25, DKT launched OC sales in four new markets (Mali, Togo, Burundi, and Burkina Faso), further diversifying its country footprint, consistent with the broader diversification tendency seen in other products.

Chart 9: DKT's reported OC sales by country and year
Volumes in millions of units



When considering the total estimated volumes procured by the public sector, donors, and private sector, an additional 20% market not covered by existing data, DKT's share in its served markets is estimated at 32-39%. In the SSA region, this share naturally decreases to 21-26%. In Nigeria and Ethiopia, the countries with the highest sales, DKT's share is estimated at between 61-77% and 58-73%, respectively, while in the other top markets it oscillates between close to 18%-43%.

Chart 10: DKT's estimated market share in the OC market
Average 2023-2025. Includes DKT share across the SSA region, DKT served markets, and DKT top markets



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Injectables (DMPA[5])

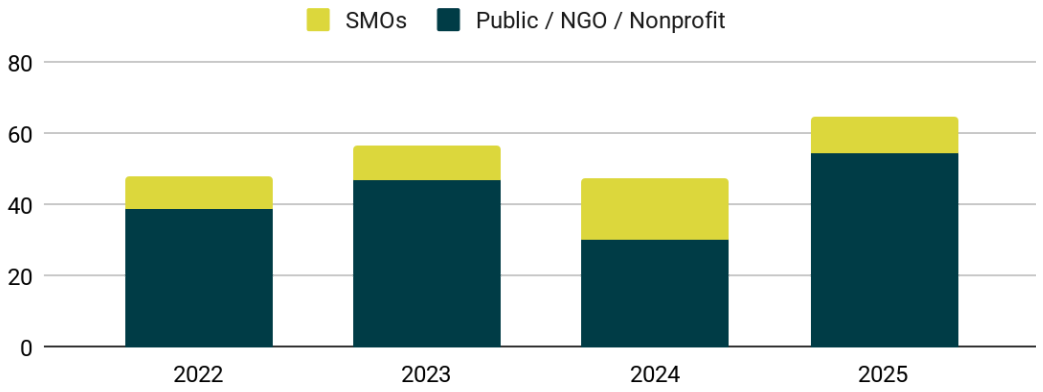
Available trade data from India and Indonesia for DMPA injectables (both intramuscular and subcutaneous) misses a significant share of volume sourced through donor and public sector channels. For this reason, the primary sources used for this product were RH Viz and SMO reported data. Trade data does show relevant private sector import volumes from Mylan in

[5]Excludes Norethisterone injections.

2025 and from Missionpharma in 2022, though both suppliers could serve public sector and donor tenders, suggesting these volumes are likely destined for public channel distribution rather than the private sector.

Based on RH Viz and SMO data from the last three years, an average annual volume of 56 million injectable units was sold or distributed across the markets that DKT serves, out of which 78% procured by donors or governments. In 2025, total volume rose to 65 million units, a 37% increase vs 2024, led mostly by the public sector. Nigeria (11.2 million units, +7.6M vs 2024), Mozambique (7.1 million, +1.6M), and Ethiopia (6.2 million, -7.5M), and Uganda (6.2 million, +1.6M) were the largest markets that year, together accounting for almost half of the total injectable volume.

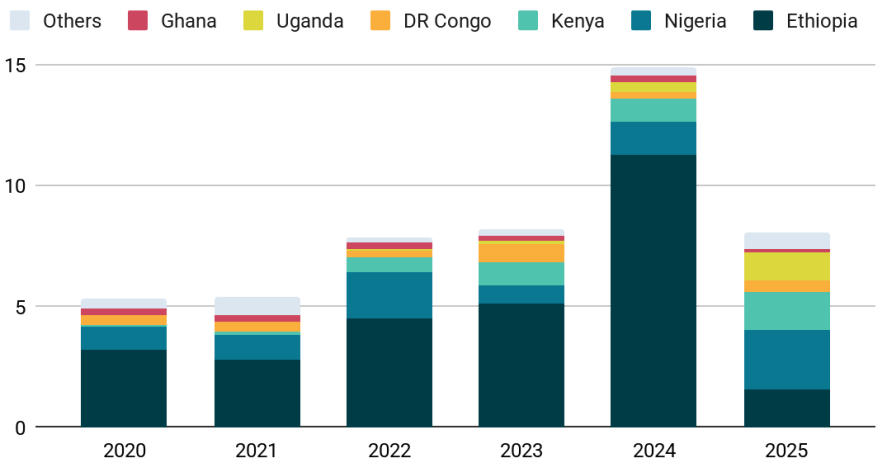
Chart 11: Injectables volume sales by importer category, DKT's served markets.
Volumes in millions of units sourced from RH Viz public sector, Social Marketing Statistics reports (except DKT), and DKT reported sales



DKT's injectable sales in the last three years averaged 10.4 million units, growing at a 9% average rate per year since 2020. Volumes changed from 5.3 million units in 2020 to 8.1 million in 2025, after a peak of 15 million units in 2024, that included a public tender of 8.2 million units supplied by DKT WomanCare.

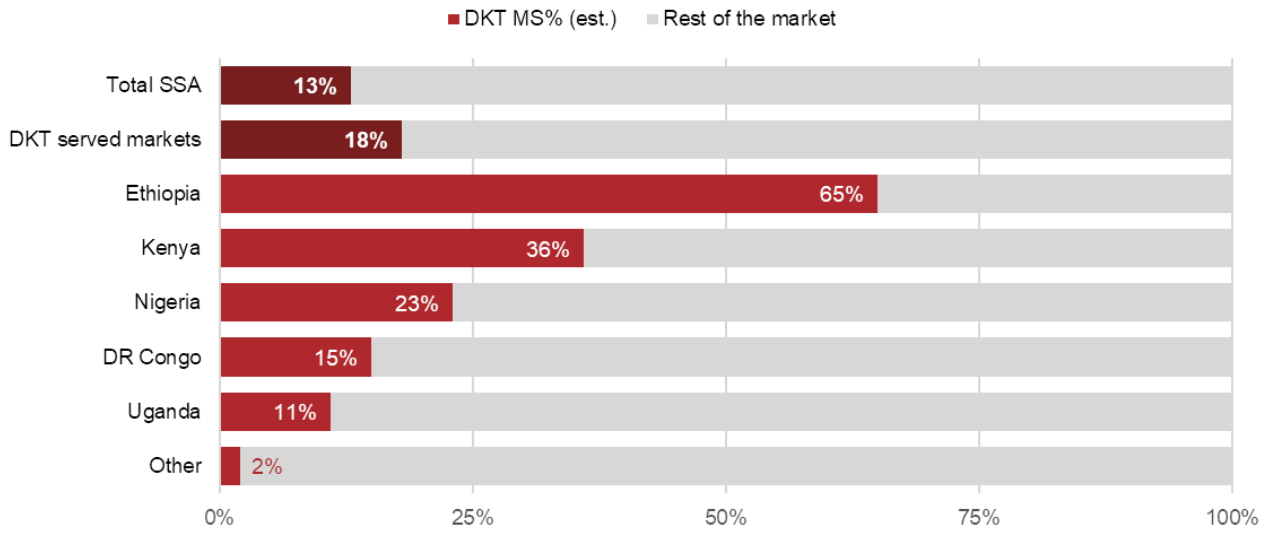
Ethiopia held the highest DKT injectable volume of any served market throughout 2020-2024, but was overtaken in 2025 by Nigeria, whose volume grew by 70% from 1.4 million in 2024 to 2.4 million in 2025, making it DKT's new DMPA market leader currently. Other top markets also saw substantial growth that year: Uganda (+161%, +718,000 units), Kenya (+66%, +605,000 units), and DR Congo (+86%, +240,000 units). This growth pattern is aligned with increases seen in RH Viz between 2024 and 2025, despite funding cuts, with Nigeria increasing its volumes from 2.1 to 8.7 million, Kenya from 670,000 to 3.8 million, and DR Congo from 760,000 to 3.2 million, showing that DKT and the public sector scaled up injectable access in these markets. By contrast, Ethiopia presents the opposite pattern: DKT's volume there declined by 86% in 2025, after supplying the tender in 2024, while donor procurement increased by 102%.

Chart 12: DKT's reported injectable sales by country and year
Volumes in millions of units



Across its served markets, DKT's share is estimated at 18%, with considerable variation across its top volume countries. Ethiopia stands out with an estimated 65% share in the last three years; however, if considering 2025 volumes alone, the share declines to 26%. Kenya (36%) and Nigeria (23%) show more moderate positions, while DR Congo (15%) and Uganda (11%) – both among DKT's fastest growing injectable markets in 2025 – reveal DKT's comparatively low share.

Chart 13: DKT's estimated market share in the injectable market
Average 2023-2025. Includes DKT share across the SSA region, DKT served markets, and DKT top markets



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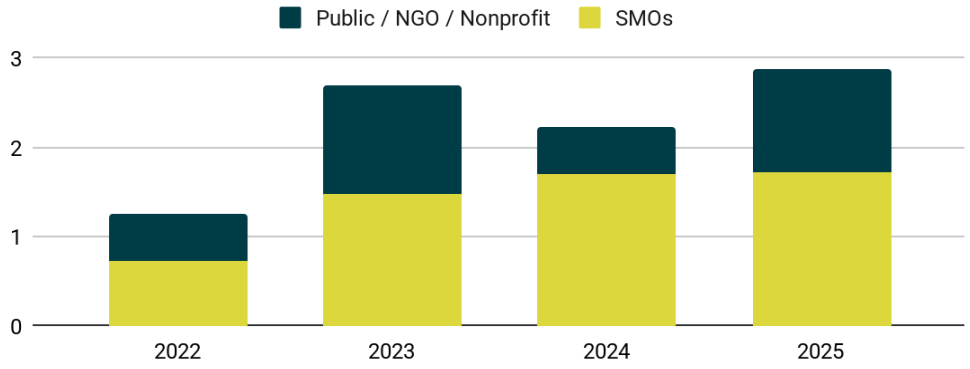
Copper-IUD

DKT competes in the IUD market almost entirely through copper-IUDs, with hormonal IUDs accounting for less than 1% of volume sold between 2020 and 2025. India is estimated to be the main supplier of copper-IUDs to SSA, with other larger exporting countries including the US and the UAE. Trade data volumes exported from India to SSA align well with volumes independently reported by donors and the public sector in RH Viz and by SMOs in the Social

Marketing Statistics reports, a useful cross-validation of our trade data approach for this product.

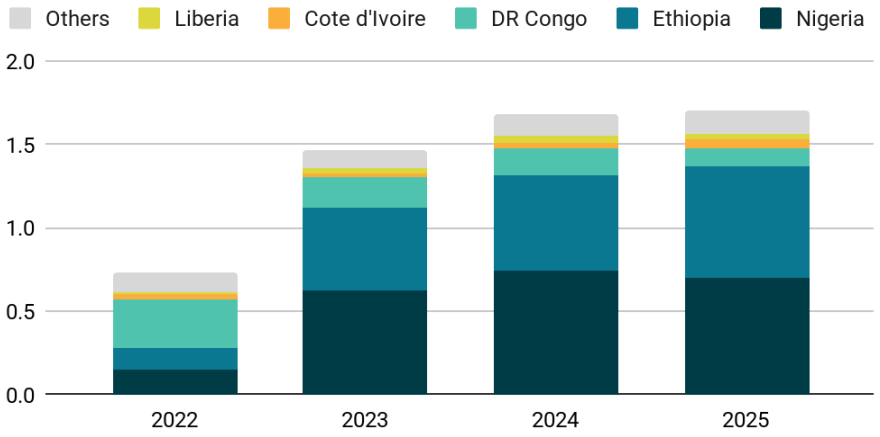
Less than 30,000 units of copper-IUDs were identified as imported by private entities directly; however, these volumes could be distributed to the public sector afterwards. These volumes have not been considered in the total market. Across Maisha Meds' network, Lydia Sleek is the only copper-IUD brand observed, although sales remain limited.

Chart 14: Copper-IUD volume sales by importer category, DKT's served markets.
Volumes in millions of units sourced from RH Viz, Social Marketing Statistics and DKT reports



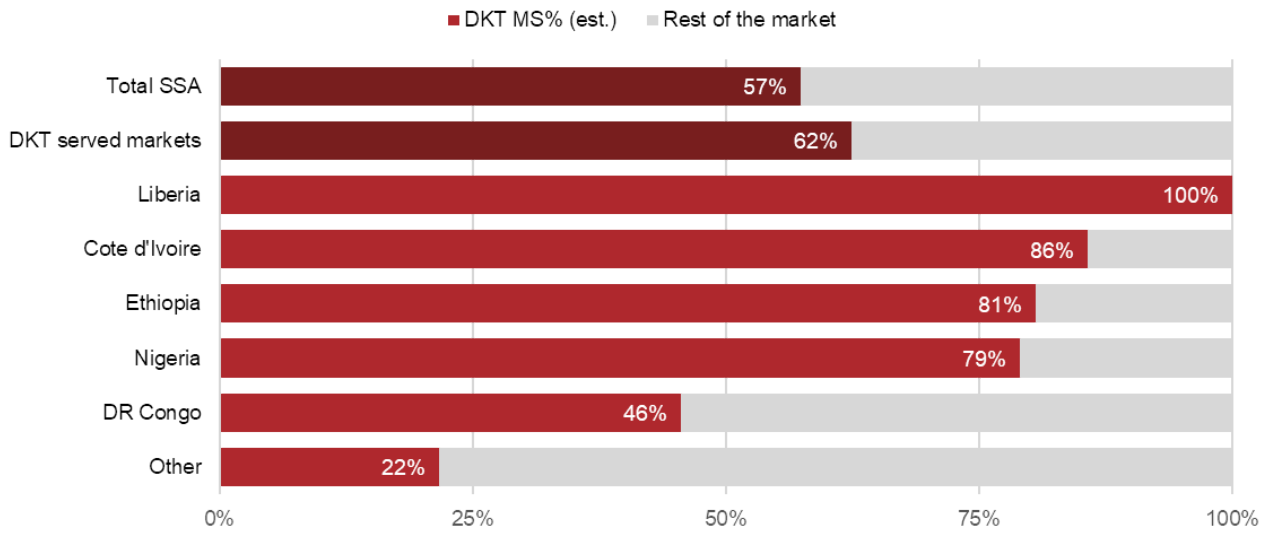
IUDs represent one of DKT's smallest product categories by volume, yet deliver the highest CYPs per unit sold, reinforcing the broader pattern observed earlier in this report, where DKT's impact in CYP terms is concentrated in its lowest-volume, longest-duration methods. DKT's largest copper-IUD markets, Nigeria and Ethiopia, together account for 80% of 2025 volumes; all other countries have seen their relative share decline over time.

Chart 15: DKT reported copper-IUD sales by country and year.
Volumes in millions of units



In general, despite its relatively low volume within its entire portfolio, DKT holds a clearly dominant position in the copper-IUD market across most of its largest markets and in SSA. Across its 26 served markets (2022-2025), its estimated share is 62%, reaching a 100% share in Liberia and close to 80% or more in Nigeria, Ethiopia, and Côte D'Ivoire. In DR Congo, half of the volume is sourced through public and donor channels – primarily UNFPA and the Gates Foundation – and DKT accounts for the other half. Other SMOs play a limited role in this product category; a larger presence was observed in 2020, but has diminished over time.

Chart 16: DKT's estimated market share in the copper-IUD market
Average 2023-2025. Includes DKT share across the SSA region, DKT served markets, and DKT top markets

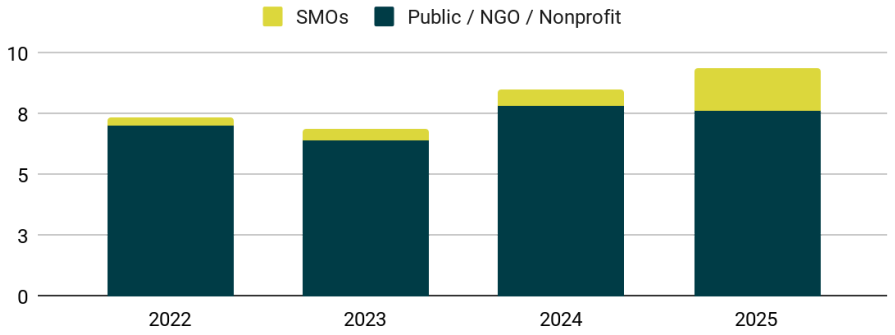


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Implants

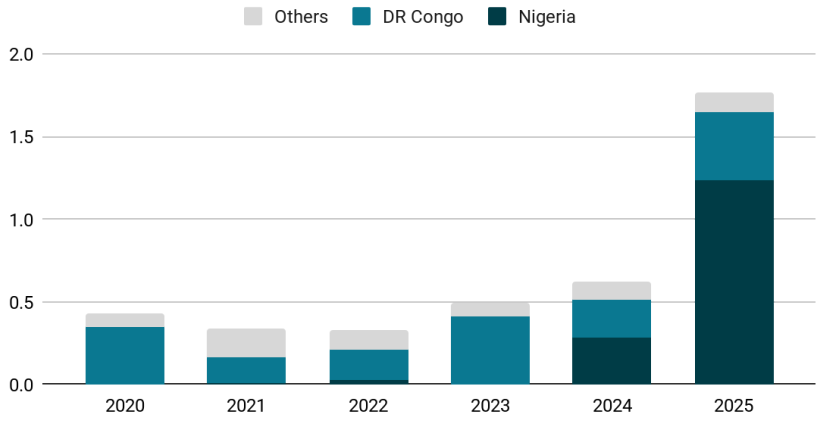
Long-acting contraceptive implants supplied to SSA are predominantly sourced from European markets, China and Thailand, and the product category is disproportionately procured through public sector and donor channels rather than private channels. Because public and donor-funded procurement often moves through in-kind grants and direct donor shipment arrangements that are not fully captured in commercial trade data, export records are insufficient to estimate implant market size. We therefore relied primarily on SMOs reported data and RH Viz data.

Chart 17: Implant volume sales by importer category, DKT's served markets.
Volumes in millions of units



Across DKT's served markets, the implant market averaged 8 million units per year between 2022 and 2025. In 2025, out of a total market of 9.4 million units, SMOs accounted for 19% of volume, up from around 7% in both 2023 and 2024, while UNFPA remained the largest single procurer overall. This increase in SMOs' collective share was driven almost entirely by DKT, whose own implant volumes nearly tripled in 2025 relative to 2024.

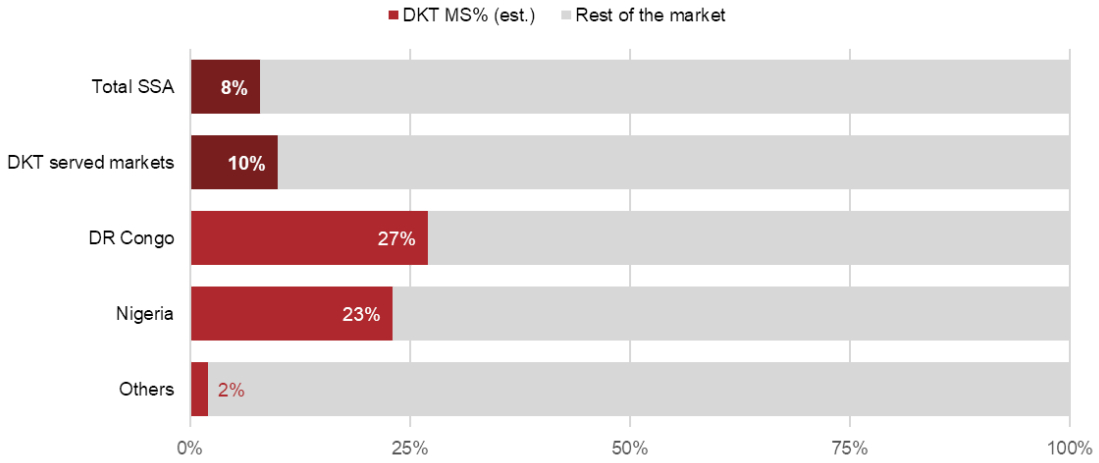
Chart 18: DKT reported implant sales by country and year
Volumes in millions of units



DKT's increase in 2025 is mostly attributable to Nigeria, whose implant volumes grew more than 330% versus 2024, from close to 280,000 units to 1.2 million units. Nigeria accounted for 70% of DKT's total implant volume in 2025, followed by DR Congo at 24%. According to DKT, the main reason for Nigeria's increase is mostly related to major procurement funded by donors, as the 2025 volume is driven by a public tender of 1 million units. The other served markets accounted for the remaining 7% in 2025.

Despite this concentration by volume, DKT's overall implant market share remains modest: an estimated 8% across the total SSA region, rising to 10% across its served markets. DKT's share in DR Congo and Nigeria sits between 23-27%, while in the other served markets it is only 2%. For Nigeria, if considering 2025 alone, the market share increases to 34%.

Chart 19: DKT's estimated market share in the implant market
Average 2023-2025. Includes DKT share across the SSA region, DKT served markets, and DKT top markets



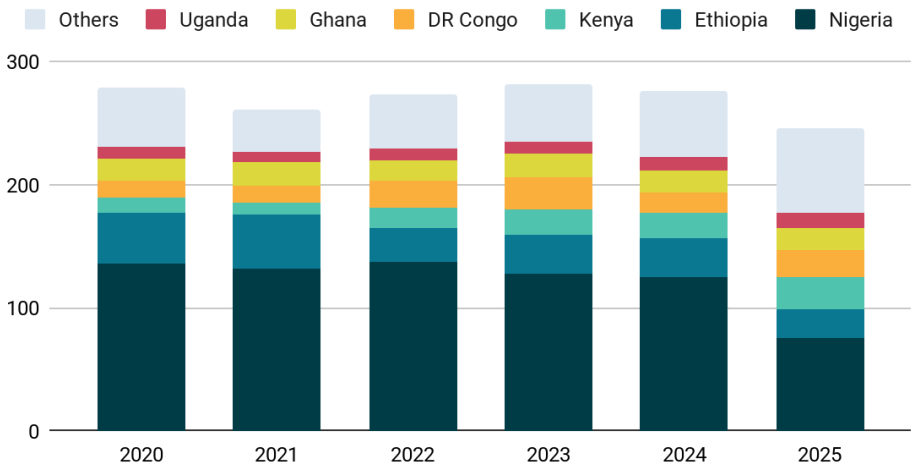
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Condoms

Condoms are DKT's most relevant product in volume but also the lowest growth category across its portfolio, declining at an average rate of 3% per year since 2020. Annual volumes averaged 275 million units between 2020 and 2024, remaining relatively stable during this period; however, in 2025, DKT's Nigeria volumes fell by 40%, driving an 11% decline in total condom volume that year alone. This also reshaped DKT's country concentration: between

2020 and 2024, 84% of DKT's condom sales were concentrated in six countries – Nigeria, Ethiopia, DR Congo, Ghana, Kenya, and Uganda – but by 2025 this had fallen to 72%. Over the 2020-2025 period as a whole, Ethiopia and Ghana also saw volumes decline (11% and 1% per year on average, respectively), while DR Congo and Kenya grew (10% and 16% per year, respectively). Despite losing share within DKT's overall portfolio, condoms still represented 82% of total volumes in 2025.

Chart 20: DKT reported condom sales by country and year
Volumes in millions of units



Estimating the total condom market in SSA is a more complex exercise than for other methods, since production is concentrated in exporting markets for which there is less granular and complete trade data. India, the dominant supplier for most other methods in the report, represents only a small share of condom exports, with the largest supplying markets being Malaysia, Thailand, and China. For this reason, we used a different, combined methodological approach to estimate both market size and DKT's share in value and volume.

Table 2: DKT's estimated market share in the condom market, total SSA (volume and value)
Average 2023-2025.

	DKT's estimated share in SSA (2023-2025)
Market share in value: total SSA market Approach 1: value – based on UN Comtrade (HS code 401410) and DKT estimated market value	12-17%
Market share in volume: total SSA market Approach 2: volume – based on DKT's reported volume and UN Comtrade estimated market volume	11-16%
Market share in volume: SMO + estimated private sector markets in SSA Approach 3: volume – based on DKT and Social Marketing Statistics reported volumes	24-32%

Details by methodological approach considered:

- **Approach 1 – estimating DKT's share in total value market:** we used UN Comtrade data (HS code 401410 – sheath contraceptives) to extract the total value of condoms exported to SSA between 2022 and 2025. We then took DKT's own average reported price (the midpoint between its highest and lowest reported price), and applied a 5-10%

deduction to approximate an FOB-equivalent price. Multiplying this adjusted price by DKT's condom sales volume in SSA gave us an estimated DKT value on an FOB basis, which we then compared against total UN Comtrade export value to estimate DKT's share of total market value.

- **Approach 2 – estimating DKT's share in total market volume:** we used the same UN Comtrade data and applied an average price per condom to estimate the total market volumes. The average price considered was $0.04, an average between RH Viz estimated price and DKT's reported prices. After estimating the total market volume, we used DKT's volumes to estimate its share of total market volume.
- **Approach 3 – estimating DKT's share in non-public market volume:** to estimate total non-public sector market (SMO and private) we calculated the difference between UN Comtrade (total volume, using the same pricing assumptions of approach 2) and RH Viz (donor/public sector volumes) to estimate the total SMO and private sector served market. We then calculated DKT's volume share within that sub-market.

This analysis relies on several simplifying assumptions worth flagging: UN Comtrade shows a -24% decline in 2025 values, which can partially be explained by incomplete 2025 figures, but could also reflect a real drop in volume, a change in average prices, or a combination of both. Overall, this dataset may also have reporting gaps or potential misclassifications. Secondly, volume and value conversions rely on average, fixed prices (RH Viz estimated prices and DKT's own reported average prices) applied uniformly across the 2022-2025 period. In reality, prices vary by country, over time, by source and brand, but it is not possible to have such granularity. Differences in FOB/CIF prices may also be observed, which can greatly influence the estimated quantities.

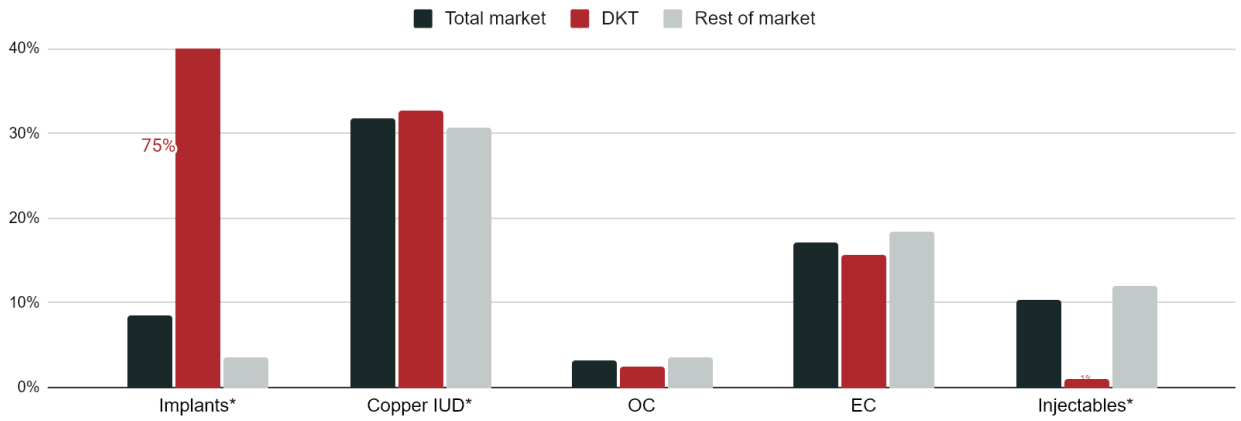
3.3. Market growth versus demand redistribution

To assess whether DKT's presence is expanding the overall family planning products market or simply redistributing existing demand, we compared the growth rates of the total market, DKT and the rest of the market by product category, across DKT's countries of operation for each product between 2020 and 2025.

To smooth the volatility of trade data, which large and inconsistent donor procurements, discrepancies between shipment and delivery dates, or customs-clearance delays may distort, growth rates were calculated by comparing average annual volumes across two three-year periods (2020-2022 and 2023-2025)[6], rather than single years. Copper-IUDs, implants and injectables are the exception: their volumes come from Social Marketing Statistics and RH Viz reports, for which there is no comparable historical data, so we compare 2025 with 2022.

Condoms are also excluded. As mentioned in the previous section, total condom market volume is estimated with a different methodology, as trade data from the main exporting markets is not available. This method gives an SSA-wide estimate with no breakdown by country, so it cannot support the country-level growth comparison used below, which covers only the markets DKT serves.

Chart 21: Total market, DKT, and rest of the market: annualized growth between 3-year averages (2023-25 vs 2020-22) by product
*Each product's market is adjusted considering DKT served markets. *Copper-IUD, implants and injectables compare 2025 against 2022 volumes.*



- **Implants** present the clearest expansion signal in the set, with **DKT acting as the primary growth driver**:
  - In the implant market, DKT grew 75% a year on average between 2022 and 2025, greatly outpacing the rest of the market's 4% a year. As previously described, this growth was driven by Nigeria's 2025 sharp increase compared to 2024 (+330%). In absolute terms, DKT's growth of 1.4 million units accounted for an estimated 61% of the product's market growth, underscoring DKT's role as a leading driver of implant market expansion in these markets, alongside continued but slower growth from other suppliers.
- **EC, OC and copper-IUD show DKT growing broadly in line with the rest of the market** (EC 16%, OC 2% and copper-IUD 33%, against total market growth of 17%, 3% and

[6]These rates are annualized growth between two three-year average, so they differ from the 2020-2025 CAGRs in Section 3.1., which compare the end years of the full period.

32%), revealing a category-wide expansion in which **DKT is participating rather than driving or lagging it**.
    - In copper-IUD, DKT grew an estimated 33%, ahead of the rest of the market's 31% growth, against a total market CAGR of 32%.
    - In EC, DKT grew an estimated 16%, against total market growth of 17% and rest of market growth of 18%. Ethiopia stands out as the market where the rest of the market outperformed DKT (53% vs DKT's 2%).
    - In OC, DKT grew approximately in step with the total market (each around 2–3%), indicating a stable, mature competitive position rather than significant share gain or loss.

- **Injectables present the opposite pattern**, as DKT is growing considerably more slowly than the rest of the market, indicating **DKT is losing relative ground even as the category expands**.
    - DKT grew only 1% on average between 2022 and 2025, while the rest of the market grew 12%. Combined with DKT's 18% share in its served markets, this suggests a comparatively limited role in the category today. Much of the market's growth came from public and donor procurement. Ethiopia illustrates this: in 2024, DKT supplied a public tender of 8.2 million units, and in 2025 its volume fell 86% while donor procurement rose 102%. DKT's volumes are therefore sensitive to the timing of tenders. According to DKT, in markets like Ethiopia it helped introduce injectables and build demand before public and donor buyers began procuring at scale.

3.4. Pricing and affordability

This section examines how retail prices per pack charged by pharmacies, clinics, drugshops, ADDOs and PPMVs have evolved between 2023 and 2026 across our network in Kenya, Uganda, Tanzania, and Nigeria. We analyze all brands available in these health facilities (columns "Maisha Meds POS: All brands" in the tables below), as well as DKT brands (under columns "Maisha Meds POS: DKT brands"), focusing on the three core products moving through our POS – condoms[7], OC, EC. DMPA intramuscular, implants, and copper-IUD were excluded since sales are generally less frequent and lower in volume.

We also compare DKT prices found in our network against DKT's lowest-price reference across the four countries by method. These lowest-price references are set at the beginning of each year and represent the lowest price at which a consumer should be able to find each product in the market, with at least one brand or variant expected to be available at this price. The original data is reported as cost per CYP for each product, which we derive to a price per unit using an average CYP-to-unit conversion[8]. Our network prices are medians, so some gap against the lowest-price references is expected.

Findings for Nigeria

Family planning method prices in Nigeria have been heavily shaped by the country's recent macroeconomic environment. In the 2023-2024 period, Nigeria experienced its most severe economic crisis in decades: a combination of high inflation and naira devaluation that significantly eroded purchasing power for essential goods, including FP products.

This impact is clearly visible in pricing data collected across pharmacies using Maisha Meds' POS. Retail prices paid by last-mile consumers for condoms, OC, and EC rose by 100-160% in naira terms between 2023 and 2026. In USD, however, the price increase was far more modest, and, in some cases, negative, reflecting the naira's depreciation over the period: condoms rose 11%, EC 6%, and OC actually fell 5% in dollar terms.

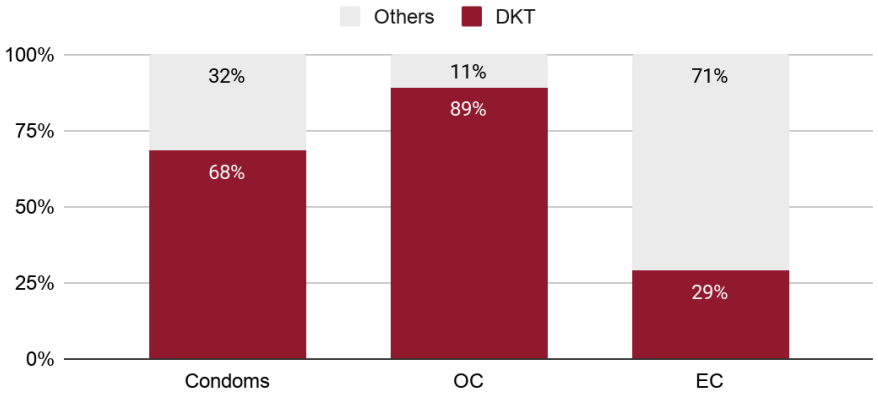
Table 3: Maisha Meds POS sales: Median price per method in 2026 vs 2023 (USD and NGN)
Data collected from Maisha Meds' POS network in the country; Jan 2023-Dec 2023 vs Jan 2026-Aug 2026

	Maisha Meds POS: All brands			Maisha Meds POS: DKT brands		
	Retail price per pack 2026 (US$)	Variation vs 2023		Retail price per pack 2026 (US$)	Variation vs 2023	
		US$	NGN		US$	NGN
Condoms	$0.37	11%	150%	$0.36	15%	150%
OC	$0.44	-5%	100%	$0.44	-3%	100%
EC	$1.61	6%	156%	$1.51	19%	163%

Across all brands in Maisha Meds' network in the country, a pack of condoms currently sells for a median price of $0.37 and a pack of OC for $0.44. DKT leads both categories, with an 89% share of OC and 68% of condoms between 2023 and 2026. Because of this share, DKT's prices largely determine each category's median. DKT told us it recognized the affordability pressure that these events have put on consumers and is taking steps to lower its prices.

[7]Considers packs of 3 units.
[8]CYPs are DKT-reported and calculated with DKT's own conversion factors: condoms, 100 units per CYP (0.01 CYP per unit); OC, 14 cycles per CYP (0.071 CYP per unit); EC, 16 units per CYP (0.063 CYP per unit). Source: DKT International, Results, https://www.dktinternational.org/results.

Chart 22: DKT market share for condoms, OC and EC across Maisha Meds' network
Data collected from Maisha Meds' POS network in the country; Jan 2023-Aug 2026

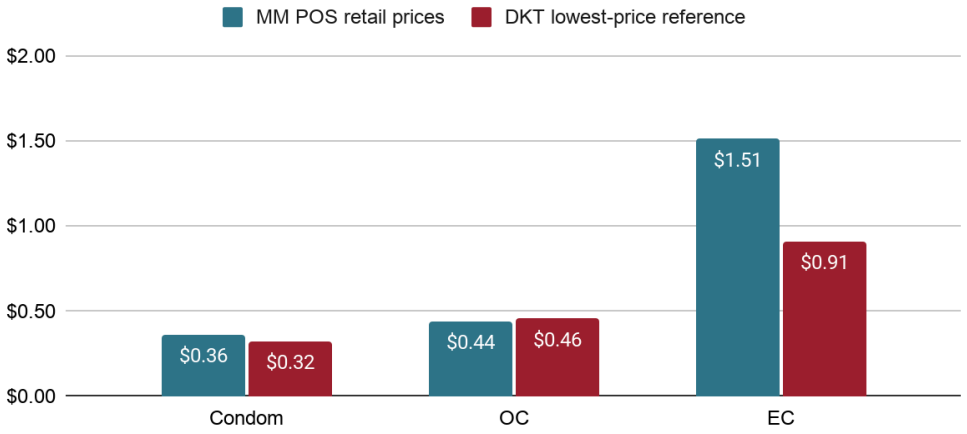


For EC, the picture is slightly different: the overall retail category reported price is $1.61, while DKT's Lydia Postpill sells for $1.51. This gap reflects the fact that the EC category is led by another SMO brand operating in the country, Postinor 2 (SFH), priced at a premium compared to DKT. In this case, DKT's share is less than 30%.

Maisha Meds POS retail prices for DKT brands vs DKT lowest-price reference in 2026

Below we compare DKT brand prices observed across our network (MM POS retail prices) against DKT's lowest-price reference in 2026.

Chart 23: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026



For condoms and OC, DKT's lowest-price references are broadly aligned with what we observe across our network, with small variations possibly explained by exchange rate effects or potential differences across states. For OC, the median POS price ($0.44) is relatively aligned with DKT's reference. However, EC shows a considerably large gap of $0.60 per unit between our POS retail prices and DKT's lowest-price reference. As mentioned above, DKT's lowest-price references are set at the beginning of each year, which could explain at least part of the difference. However, since prices for other products remain close to DKT's lowest-price reference, two EC-specific dynamics may account for the remaining gap.

First, because EC carries greater social stigma than routine contraceptive methods, reduced price transparency and price-shopping around the product could allow retailers to charge a premium. Second, consumers' willingness to pay for EC may simply be higher than for routine methods, given it is typically purchased in a moment of urgency and represents a far lower

cost than an unintended pregnancy, a dynamic that could support higher retail markups independent of DKT's own lowest-price reference.

Findings for Kenya

Kenya also experienced currency devaluation, with the Kenyan shilling weakening sharply in 2023; unlike Nigeria, however, the shilling partially recovered in 2024 and has remained broadly stable since, though it remains weaker than its 2022 level. Since 2023, condom and EC prices in Kenyan shillings have remained flat across Maisha Meds' network, at 50 KES and 100 KES respectively. In USD, condom prices fell from $0.44 to $0.39 between 2022 and 2023, driven by the shilling's depreciation; since then, prices have remained broadly constant, with only a marginal reduction of 2% (-$0.01) by 2026. EC followed the same pattern: flat at 100 KES throughout, with US dollar prices falling from $0.88 to $0.76 between 2022 and 2023, and remaining stable between $0.76-$0.78 through 2026.

OC prices, by contrast, increased significantly in shilling terms, from 80 KES in 2022 to 150 KES in 2026, and increased from $0.69 to $1.16 in USD. This increase cannot be explained by currency movements alone. Two other factors may be contributing: first, a shift in sales mix toward Microgynon, Bayer's brand that is priced at twice the market leader, PSK's Femiplan. Second, OC stock shortages observed across these sites in recent months may also have pushed prices up.

Table 4: Median price per method in 2026 and variation vs 2023 (USD and KES)
Data collected from Maisha Meds' POS network in the country; Jan 2023-Dec 2023 vs Jan 2026-Aug 2026

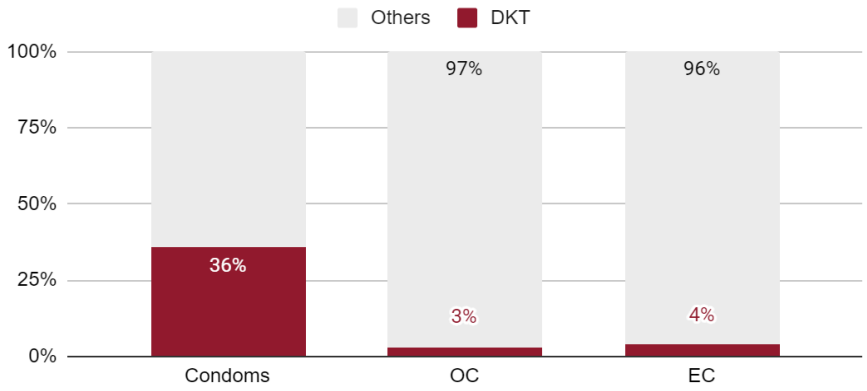
	Maisha Meds POS: All brands			Maisha Meds POS: DKT brands		
	Retail price per pack 2026 (US$)	Variation vs 2023		Retail price per pack 2026 (US$)	Variation vs 2023	
		US$	KES		US$	KES
Condoms	$0.39	-2%	0%	$0.39	5%	0%
OC	$1.16	74%	50%	Lydia Fine*: $1.01	-26%	-35%
				Lydia Desolon**: $1.55	20%	10%
EC	$0.78	2%	0%	$0.78	8%	0%

*Lydia Fine: Levonorgestrel and Ethinylestradiol; **Lydia Desolon: Desogestrel and Ethinylestradiol

In the condom segment, both PSK's Trust and DKT's Kiss lead the market at a similar price point ($0.39 per pack), with Kiss slowly gaining market share over the recent months. In EC, the market is led by Postinor-2, which sells at a premium price. All other brands, including DKT's Lydia Postpil, sell at a similar standard price of $0.78 per unit. Because these brands together account for most of the volume, they set the segment's average price also at $0.78.

In OC, DKT's average price across our network is broadly aligned with the rest of the market, but its two brands are priced differently. Lydia Fine (levonorgestrel and ethinylestradiol) leads DKT's sales at $1.01 per pack, down 25-35% in both KES and USD since 2023. Lydia Desolon (desogestrel and ethinylestradiol) has a smaller presence in the facilities and a higher, rising price of $1.55 per pack.

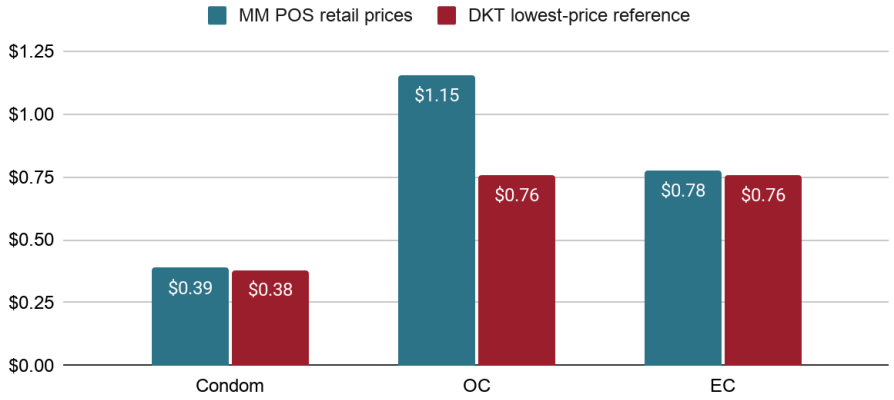
Chart 24: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Data collected from Maisha Meds' POS network in the country; Jan 2023-Aug 2026



DKT's OC sales were minimal in 2022-2023, at a higher price than today's. Prices fell in 2025, then rose again in 2026, as DKT began gaining share against PSK's Femiplan and its pricing moved closer to the market leader. This 2026 increase should also be read alongside the OC stock shortages mentioned above, which may have pushed up prices across all brands in the categories.

Maisha Meds POS retail prices for DKT brands vs DKT lowest-price reference in 2026

Chart 25: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026



When considering DKT's lowest-price reference, the picture looks relatively aligned with the retail prices observed in the POS data, especially for condoms and EC, where prices only differ 1-2 cents. For OC, our network shows DKT packs selling at a volume-weighted average price of $1.15 across its two brands (Lydia Fine $1.01 and Lydia Desolon at $1.55), while DKT's lowest-price reference sits at $0.76. This gap may partially reflect the stockout effect described above, but may also reflect that DKT's reference price is a single figure, while the network sells its two brands at different prices.

Findings for Tanzania

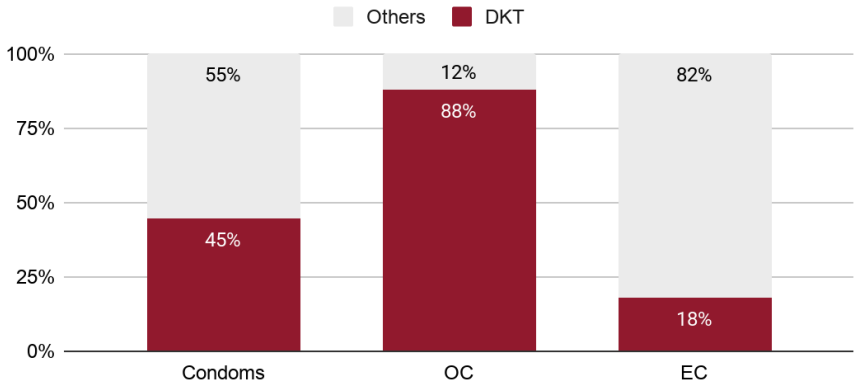
Tanzania's macroeconomic context has followed a trend similar to Kenya's but to a lesser extent: the Tanzanian shilling (TZS) depreciated gradually from 2023, peaking in 2024, and has stabilized since. Across Maisha Meds' network in the country, retail prices for three products analyzed across all brands have remained flat since 2023. In US dollar terms, by contrast, prices across all products declined between 4% and 6% from 2023 to 2026, reflecting the shilling's gradual depreciation over the period even as local prices remained steady.

Table 5: Median price per method in 2026 and variation vs 2023 (USD and TZS)
Data collected from Maisha Meds' POS network in the country; Jan 2023-Dec 2023 vs Jan 2026-Aug 2026

	Maisha Meds POS: All brands			Maisha Meds POS: DKT brands		
	Retail price per pack 2026 (US$)	Variation vs 2023		Retail price per pack 2026 (US$)	Variation vs 2023	
		US$	TZS		US$	TZS
Condoms	$0.39	-5%	0%	$0.39	-9%	0%
OC	$0.77	-6%	0%	$0.77	-4%	0%
EC	$1.90	-4%	0%	$1.90	12%	25%

DKT's retail prices across the network are closely aligned with the overall market. The previously observed price pattern – flat TZS prices and declining USD prices – is observed in two products: condoms and OC. In both segments, DKT's respective brands, Kiss and Trust Lily, lead the network market in 2026. The only method that behaves differently is EC, with DKT's Trust Daisy representing only 18% of the segment and its price increasing in both TZS and USD terms. This was caused by a one-off price adjustment in 2023, where, for a short period, Trust Daisy's price oscillated between 4,000 TZS and 5,000 TZS. Since then, the brand retail price stabilized at 5,000 TZS, with no further variation. Today, all relevant EC brands, including Postinor 2 and DKT's Trust Daisy, align with the $1.90 average.

Chart 26: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Data collected from Maisha Meds' POS network in the country; Jan 2023-Aug 2026

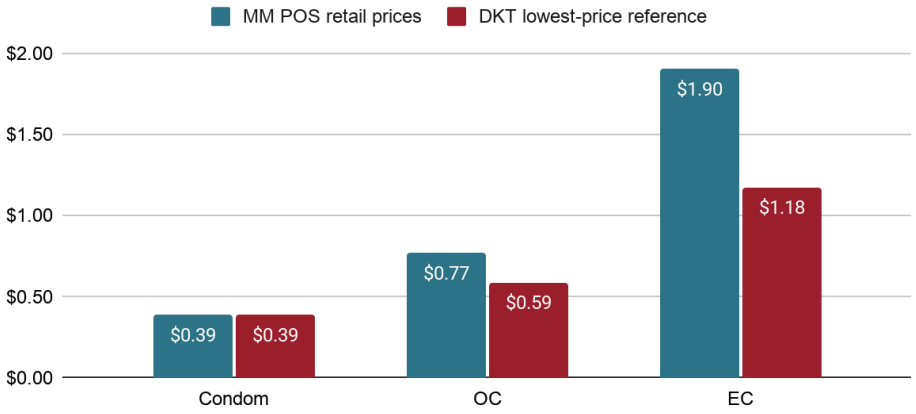


Maisha Meds POS retail prices for DKT brands vs DKT lowest-price reference in 2026

When comparing network prices against DKT's lowest-price references in the country, we observe that, similarly to the other countries, the condom price aligns. For OC, DKT's lowest-price reference of $0.59 sits below the $0.77 price observed across the network.

For EC, while POS retail prices show the DKT brand being sold at $1.90, DKT's lowest-price reference is 38% lower, at $1.18. As in other countries, the nature of this product – stigma and urgency of purchase – may allow facilities to charge a premium over DKT's reference price.

Chart 27: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026



Findings for Uganda

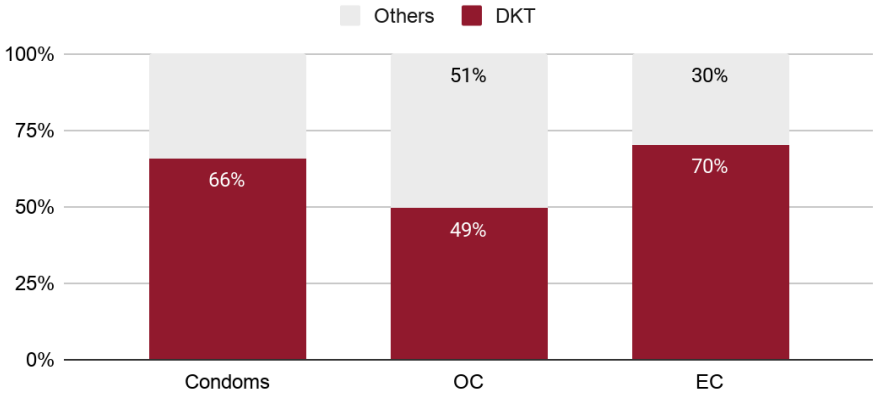
Uganda has experienced a similar trend to Tanzania, where the Ugandan shilling (UGX) also devalued until 2024, stabilizing during that year, and slightly strengthening over the past six months. This translates into the observed prices across the network: across the three products, neither the market nor DKT brands saw variations in local currency, remaining flat compared to 2023. In USD, there were minimal variations (-1% to -2%), consistent with the exchange rate variation during the period.

Table 6: Median price per method in 2026 and variation vs 2023 (USD and UGX)
Data collected from Maisha Meds' POS network in the country; Jan 2023-Dec 2023 vs Jan 2026-Aug 2026

	Maisha Meds POS: All brands			Maisha Meds POS: DKT brands		
	Retail price per pack 2026 (US$)	Variation vs 2023		Retail price per pack 2026 (US$)	Variation vs 2023	
		US$	UGX		US$	UGX
Condoms	$0.53	-2%	0%	$0.53	-2%	0%
OC	$0.80	-1%	0%	$0.80	-1%	–
EC	$1.36	0%	0%	$1.34	-2%	0%

Overall, DKT leads the condoms, EC, and OC categories in 2026 across the network, with pricing broadly aligned with the market. EC is the exception: DKT's Lydia Postpil is priced $0.02 below the market median, yet remains the clear market leader, well ahead of Postinor 2 – the brand that leads EC in Kenya and Nigeria – which is priced 2.4x higher than Postpil here. For the other products, DKT sets the trend: Kiss leads condoms comfortably (66% market share), while Lydia Fine holds a closer lead in OC against MSI's more expensive Well Plan.

Chart 28: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Data collected from Maisha Meds' POS network in the country; Jan 2023-Aug 2026

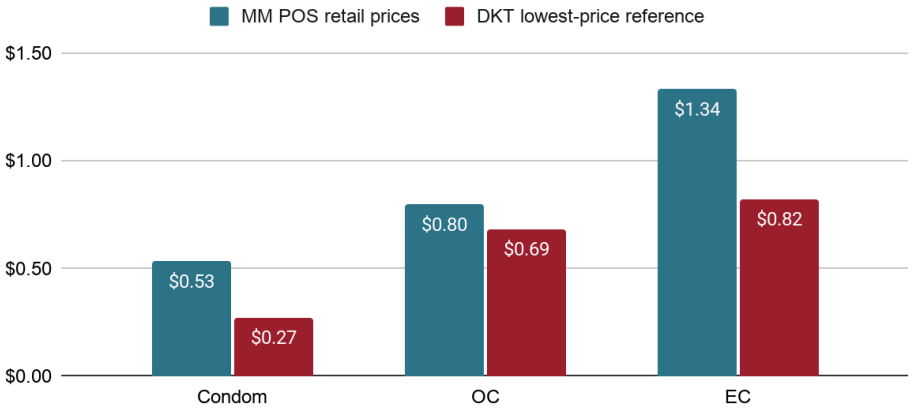


Maisha Meds POS retail prices for DKT brands vs DKT lowest-price reference in 2026

Comparing the POS prices against DKT's lowest-price reference by product, we observe that prices paid by consumers across the network are generally higher than what DKT suggests as their minimum price point. For condoms and EC, the difference between the network retail prices and DKT's lowest-price reference is 1.5-2x.

In Uganda, condom median retail prices are substantially higher than the other countries: $0.53 per pack against $0.39 in Kenya and Tanzania, and $0.37 in Nigeria. Conversely, DKT's lowest-price reference per pack is $0.27; according to DKT's own audit, this price was observed only in a small subset of pharmacies, while the vast majority charged 2,000 shillings (~$0.53).

Chart 29: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026



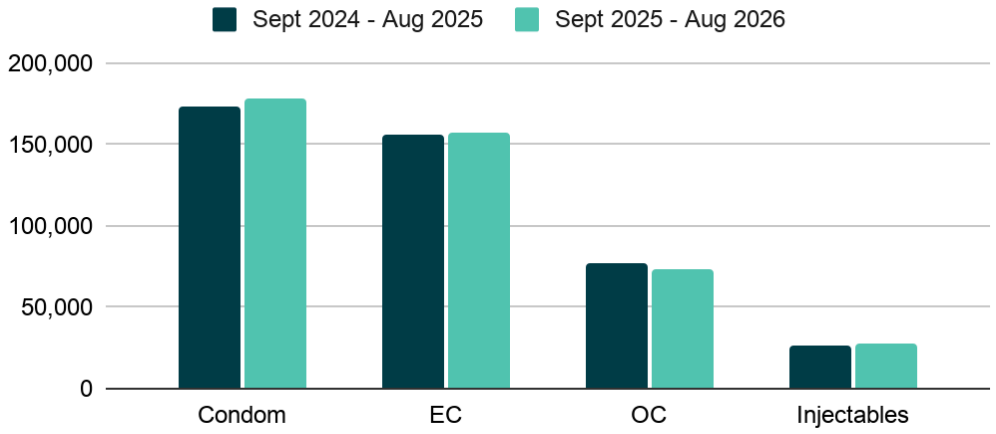
3.5. Consumer shifts at the last mile

In light of the recent donor funding cuts for RMNCH commodities and the increasing pressure on public and donor supply chains of family planning commodities, we aimed to understand whether the private sector has, in response to these pressures, shown any clear adjustments through increased demand or shifts in consumer behavior.

To evaluate these trends across Maisha Meds' network, and given its consistent month-on-month expansion, we defined a fixed cohort of facilities that had logged sales in the last 36 months (with no more than 3 missed months) and made at least one sale of a family planning product during that period. Within this cohort of facilities, we compared average reported sales transactions using a 12-month Moving Annual Total (MAT) at the start (Sep'24-Aug'25) and at the end (Sep'25-Aug'26) of a two-year period.

Across this cohort of facilities in the four countries, we have not observed a significant uptick in demand for any method between the two periods. Volumes remained largely unchanged for most products, with a slight increase in total sales transactions for injectables (8%, driven by Kenya at 15%, partly offset by a -10% decline in Nigeria)[9]; condoms (+3%, broadly consistent across Tanzania, Kenya and Uganda), and EC (+1%), driven by Nigeria and Tanzania. OC was the exception, with total transactions declining 4%, driven mostly by Uganda (-17%). At the same time, overall sales across all product categories (including non-FP products) increased across all four countries.

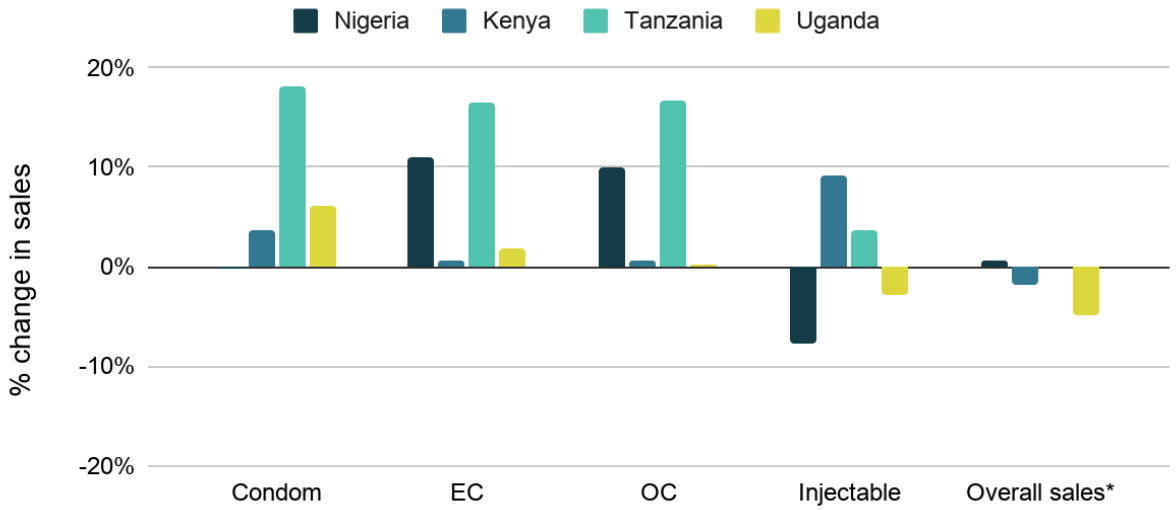
Chart 30: Reported sales transactions by method: sales transactions comparison between MATs
Sep'24-Aug'25 and MAT Sep'25-Aug'26



Normalizing sales by the number of facilities reporting sales changes the picture. Overall sales grew in the four countries, but per facility, growth fell near zero in Tanzania (from +8% to +0.06%) and Nigeria (from +9% to +0.58%) and turned negative in Kenya (from +7% to -1.7%) and Uganda (from +3% to -4.8%). By method, results differ: In Nigeria, total condom sales fell 2%, but the average per facility didn't change.

[9]When interpreting the relative variations, it is important to note the magnitude of injectable sales transactions, as they reflect a much smaller transaction base than other methods. For example, in Nigeria, a -10% decline corresponds to less than 200 sales transactions in each MAT period, within this cohort.

Chart 31: Average sales transactions per facility by method and country: comparison between MATs
Sep'24-Aug'25 and MAT Sep'25-Aug'26



Overall, we found no clear evidence linking broader RMNCH funding cuts to a corresponding demand compensation in the private sector within this cohort. According to DKT, public sector and donor funding plays a modest role, if any, in condoms, EC and OC, so the absence of an uptick in these methods is not surprising, as consumers will carry on buying as before. DKT considers the 15% rise in injectable transactions in Kenya more significant, because it could indicate that some demand previously met by public supply is moving to the private sector. This remains a hypothesis, as the increase comes from a small transaction base, Nigeria shows a decline in the same method, and RH Viz shows public injectable shipments to Kenya rising in 2025, so a shift would have to come from a gap in public facilities, which this analysis does not measure.

Overall, these results should also be interpreted with caution. First, distribution channels may still be working through stock procured under previous funding cycles, which could delay visible shifts in private sector volumes until that stock is depleted. Second, macroeconomic pressures could be affecting how and if users engage with FP methods in the first place, or may be discontinuing use altogether due to cost. Separately, the fixed cohort may underrepresent some markets due to inconsistent reporting or facility churn, which could distort underlying trends.

We recommend repeating this analysis periodically, over a longer time series, to assess whether the private sector begins to absorb demand as public and donor supply constraints persist.

4. Discussion

4.1. The continued importance of SMOs in SSA's family planning commodity ecosystem: implications for access and quality-assurance

Throughout this report, findings suggest that social marketing organizations, and DKT in particular, remain important to the family planning product landscape across the SSA region: in several categories they are a major source of supply and growth, and not only a complement to public provision. Over the last years, DKT has held a leading or dominant position across multiple core products in its served markets, in categories such as EC, OC, and copper-IUD. DKT's growth has outpaced total market growth in implants, where supply from other sources grew more slowly, at about 4% a year (Section 3.3).

SMOs supply a large share of volumes in several of these categories. In DKT's served markets, SMOs account for more than 70% of EC volume in 2025 and more than 60% of OC. This importance has only grown more significant amid the challenging funding environment described at the start of this report: as donor and public-sector FP and wider RMNCH funding contracts, DKT's largely self-financed commercial model offers a degree of continuity that purely donor-dependent supply chains cannot guarantee. DKT's growth in implants, at a time of constrained donor supply, suggests it can help sustain access in this category. However, the demand analysis in Section 3.5 has not yet found clear signs that the private sector is absorbing demand lost from public supply. This needs to be assessed continuously, as stock from earlier funding cycles may still be in circulation and could delay any visible shift.

DKT and wider SMO influence on assuring product quality

One of the arguments supporting the continued importance of SMOs in this space relates to product quality assurance. For example, quality concerns for several of the methods sold across the region have been recently flagged by two National Regulatory Authorities (NRA): in August 2026, Kenya's Pharmacy and Poisons Board (PPB) issued a public alert after identifying a falsified batch of Postinor-2 (a leading EC brand) circulating in the country[10], warning it may contain incorrect or no active ingredient. Similarly, Nigeria's National Agency for Food and Drug Administration and Control (NAFDAC) issued its own alert in 2025 confirming a separate counterfeit batch of Postinor-2 circulating in the Nigerian market.[11]

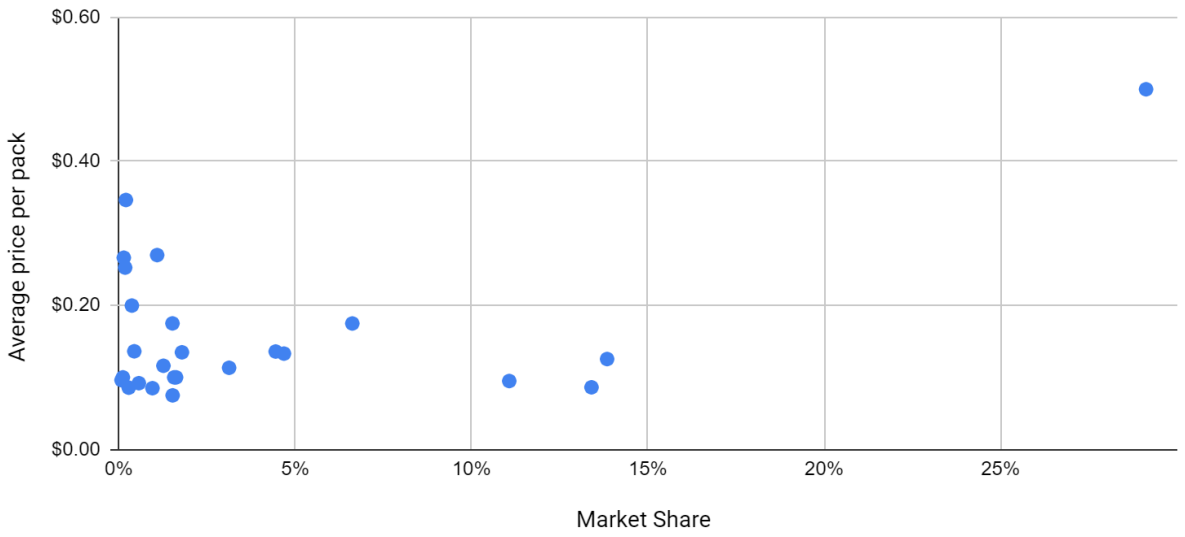
SMOs with established quality assurance mechanisms, such as DKT, can help counter this dynamic. Where SMOs maintain a strong market position, quality-assured products compete directly alongside and displace suppliers whose primary incentive is to minimize cost rather than ensure safety and efficacy. This stands in contrast to a purely commercial private market, where suppliers competing mainly on price can create incentives to cut costs wherever possible, including on quality, in order to maximize margin.

Kenya's EC market illustrates this dynamic clearly. As shown in Section 3.2, DKT currently holds a marginal share of Kenya's EC market (4-5%), a category structurally dominated by private commercial brands rather than SMOs. The market is led by Gedeon Richter's Postinor-2, a WHO-prequalified brand holding more than 40% market share across the Maisha Meds' POS network in Kenya, sold at a premium retail price. The rest of the market is an assortment of branded generic medicines, all imported at significantly lower prices than we

[10]Kenya PPB public alert on falsified Postinor-2 (August 2026), https://web.pharmacyboardkenya.org/wp-content/uploads/2026/08/Public-alert_Falsified_Postinor.pdf.
[11]NAFDAC public alert on counterfeit Postinor-2 in Nigeria (2025), https://nafdac.gov.ng/public-alert-no-027-2025-alert-on-confirmed-counterfeit-postinor2-levonorgestrel-0-75mg-in-nigeria/.

see for SMO imports. In our trade data, exporters pricing below $0.15 per pack ex-manufacturer account for close to 60% of Kenya's EC imports, with the lowest at about $0.09.

Chart 32: EC in Kenya: Distribution of average FOB prices per pack and market share of exporters



This dynamic illustrates a clear risk in markets driven primarily by commercial, private suppliers: intense price competition among a large number of undifferentiated generic entrants can create strong incentives to cut costs – including on quality – in order to compete on price alone. The scale and availability of these ultra low cost options may also make it harder for SMOs like DKT, whose pricing and quality assurance processes carry real costs, to compete for share in this segment, potentially reinforcing rather than correcting the market's exposure to lower-quality supply.

The dynamics observed in EC, where intense price competition can pull prices, and potentially quality, downward, may not be unique to this product. Other products in the wider women's health market that carry social stigma may face similar pressures. Because such products are supplied mostly through private rather than public channels, they tend to receive less routine oversight and have less price transparency, which can leave them more exposed to quality problems. Although this report's data covers only the products analyzed here, this suggests that products combining stigma, private sector supply and strong price competition deserve particular attention in quality monitoring.

How DKT ensures their products are quality-assured

DKT's own quality assurance framework is directly relevant to this discussion. Published on their website[12] – "Quality Assurance Policy for Pharmaceuticals and Medical Devices" (October 2025), the policy provides a framework covering the full lifecycle of all its products. DKT requires all suppliers to hold current GMP certification from a Stringent Regulatory Authority, WHO prequalification, the Pharmaceutical Inspection Co-operation Scheme, or an equivalent National Medical Regulatory Authority, as a baseline condition of supplier qualification. Beyond this baseline, DKT's policy describes a risk-based framework covering the full supply chain – from supplier assessment and re-assessment where needed, to inspections and independent third-party manufacturing audits, in-house and independently commissioned batch testing, and warehousing (including humidity and temperature) and distribution. In

[12]DKT International, Quality Assurance, https://www.dktinternational.org/quality-assurance-policy/.

addition, DKT holds a Pharmacovigilance Policy guiding its country programs on managing adverse events, to help ensure the safety of the products it distributes globally.

DKT procures from a diversified pool of manufacturers, not only for SSA, but globally. A question that is often raised is whether SMOs should source only from WHO-prequalified manufacturers. However, DKT's own policy accepts several internationally recognized regulatory pathways as equally valid qualification routes, as mentioned above, and its deliberate diversification across manufacturers in Asia, Africa, Europe, and Latin America appears intended to mitigate the risks associated with having a single or reduced number of suppliers for one product, rather than to lower its quality standard. DKT's policy describes a qualification framework and testing regimen that go beyond the baseline of many private suppliers, and DKT states that it monitors suppliers, re-assesses them and delists those that do not comply.

We would like to clarify that Maisha Meds' role in this report is not to validate or attest DKT's quality assurance procedures or testing protocols, which falls outside our area of expertise. However, when asked about specific testing protocols for particular brands and contract manufacturers, DKT shared examples of testing evidence showing that sampled batches complied with all tested parameters.

4.2. The need for continued, better data on this market segment

A recurring theme throughout this analysis is the limited visibility available into the private sector FP market, a gap that this report has worked to partially address but has not fully closed. Even the largest, most established funders and data providers in this space face the same challenge.

Reproductive Health Supplies Coalition (RHSC) and Avenir Health's LEAP Report is an illustrative example. LEAP (Landscape & Projection of Reproductive Health Supply Needs) is a widely-used benchmark for sizing contraceptive usage by country and method across the globe. Historically, its private sector estimates have relied primarily on survey data – such as DHS, MICS and PMA[13] – alongside IQVIA, FPWatch, and online pharmacy data, to estimate contraceptive users and method mix. This approach has generally worked well for routine methods, but underestimates EC, which surveys tend to under-report because of stigma and social sensitivity. LEAP includes a user-based EC estimate under "other modern methods", and, in Box 4 ("Estimating the Additional Emergency Contraceptive Pill Market"[14]), acknowledges that it understates the market. Box 4 sizes the additional volume using Maisha Meds' trade data among other sources, but this volume is not included in LEAP's main estimates.

Below, we compare LEAP's reported private sector and SMO volumes for FP products (EC, condoms, OC, injectables, implants, and IUDs) in 2024 against Maisha Meds' own average estimates between 2023-2025. Our methodology for all products, excluding condoms, considers a combination of India, Indonesia and Hungary trade data (where applicable) for private sector estimates, as well as DKT and remaining SMOs self-reported volumes[15]. For condoms, we have used UN Comtrade data to estimate the total market volume (based on a fixed average price of $0.04 per condom[16]). Given the limitations of this methodology, mentioned in section 3.2., these estimates should be treated as directional rather than precise.

Comparison between LEAP and Maisha Meds' private sector and SMO estimates

Table 7: Maisha Meds vs LEAP estimated FP volumes in private sector and SMO in sub-Saharan Africa
Covers all countries featured in the LEAP report. Our estimates exclude DKT volumes supplied to public programs (tenders or NGOs).

	LEAP estimates[17]	Our estimates[18]	∆ Gap LEAP estimates
OC	76M	37M	**+39M**
EC	5M	56M	**-51M**
Injectables	22M	8M	**+14M**
Implants	640k	200k	**+440k**
IUDs	150k	1.2M	**-1M**
Condoms	643M	~830M (*)	**-187M**

(*) Very low level of confidence.

The comparison between LEAP and our estimates shows significant differences across most products:

[13]RHSC LEAP, Contraception - Data Sources, https://leap.rhsupplies.org.
[14]RHSC LEAP, Contraception https://leap.rhsupplies.org/contraception/overview.
[15] Includes projections for 2025, except DKT.
[16] See Section 3.2. – Condoms for more details.
[17] Based on 2024 volumes.
[18] Based on 2023-2025 volumes.

- **EC and OC:** LEAP's survey-based method estimates about 5 million EC packs in SSA, against our estimate of 56 million packs. LEAP acknowledges this limitation: surveys struggle to capture EC, as respondents may not report it, or may use it alongside other primary methods, causing it to go unrecorded in method-mix data. For OC, LEAP estimates 76 million units against our 37 million, a gap of 39 million. This may reflect pills being miscategorized in surveys, or gaps in our trade data for OC. We have not confirmed either explanation.

- **Injectables:** the LEAP report estimates private sector annual use of injectables at close to 22 million units, compared to our estimate of 8 million. One possible explanation for this gap is diversion or leakage of injectable IM and SC products from donor and public supply chains into the private sector. Trade and Social Marketing Statistics data would not capture these volumes, since they – or at least a substantial part of them - do not move through commercial import channels; however, users may still report using them in LEAP's survey data, which would record this as private sector consumption regardless of its source. Further investigation would be needed to confirm this hypothesis.

- **Condoms:** our estimate of the condom private sector segment at about 830 million units is substantially higher than LEAP's 643 million units; however, this method is the least confident estimate of all methods analyzed, given the significant limitations of estimating total condom market volume from the available sources. For this reason, these figures reflect a low-confidence scenario, derived by subtracting RH Viz's reported donor and public procurement from total UN Comtrade volume estimates. These figures cannot be independently confirmed, and Maisha Meds remains open to discussing a more reliable methodology.

- **IUDs:** LEAP estimates private-sector IUD use at about 150,000 units in 2024, against our estimate of 1.2 million. Section 3.2 shows that SMOs import most of the category's volume in DKT's served markets, and this is also true for SSA. Therefore, our figure is almost entirely DKT's reported sales. The difference against LEAP seems to reside in the fact that the report derives use from surveys.

Several specific limitations in this analysis illustrate the scale of the broader challenge. As also observed across other sections of this report, estimating the private sector for most FP products is inherently difficult: information is fragmented across multiple, incomplete datasets, requiring triangulation rather than reliance on any single source. Condom market estimates, for instance, depend on trade data that is unavailable or incomplete for key exporting markets. EC – a substantial commodity by volume across the continent – is included in LEAP's estimates, but heavily underestimated. Other product estimates for OC or injectables also show inconsistencies, plausibly linked to other market events such as leakage between public and private channels that neither data source can fully capture on its own.

The case for coordinated investment in market data visibility

These limitations are not a criticism of any single data source. In fact, they reflect the real challenge of observing a private market that, by its nature, is more fragmented and less centrally reported than public procurement. But they carry a clear implication: as donor funding for FP and RMNCH commodities continues to contract and the role of the private sector is expected to expand, the tools available to track this transition are, if anything, less developed or complete than the tools that have long tracked public-sector supply chains. And the gap in understanding the market can have real consequences for patients. For example, as previously observed, markets such as Kenya's EC, where SMO presence is weak and private commercial competition intensifies, a large number of low priced suppliers account for most imported volume, and the regulator has flagged falsified versions of the leading brand. While

low prices do not necessarily mean that a product is substandard, they can help point regulators to where testing is more needed. Without sustained investment in better data on this segment, it is difficult to know whether this is an isolated case or a broader pattern across other products and countries where quality concerns have been reported.

We therefore argue for sustained, dedicated investment in private sector market intelligence, combining public and donor procurement, SMO reported data, trade data, last-mile POS data, and survey-based approaches in the way this report has attempted, but at a scale and consistency that allows funders, governments, and SMOs to track this transition in close to real time, rather than through periodic, retrospective studies. Without this investment, the sector risks losing visibility into the market at the exact moment it is undergoing its most significant structural changes in years.

Beyond tracking market size and structure, this kind of data has a direct, practical application for quality assurance itself. The approach used in this report – combining pricing signals, trade data, and flags on suppliers previously identified in regulatory alerts and investigative reporting – can help identify which products and suppliers warrant closer scrutiny before quality failures occur. Rather than relying solely on small scale or sporadic post-market surveillance, regulators, procurers, and SMOs could use this approach of triangulated data as a basis to prioritize which batches or brands to test first. Limited testing capacity would therefore be focused on the lowest priced, previously flagged segments of the market where risk is more concentrated. This would allow organizations like DKT, alongside public health systems, to operate with greater confidence in the segment.

List of tables and charts

List of tables

Table 1: DKT's estimated share by product across its served markets and total SSA region
Table 2: DKT's estimated market share in the condom market, total SSA (volume and value)
Table 3: Maisha Meds POS sales: Median price per method in 2026 vs 2023 (USD and NGN)
Table 4: Median price per method in 2026 and variation vs 2023 (USD and KES)
Table 5: Median price per method in 2026 and variation vs 2023 (USD and TZS)
Table 6: Median price per method in 2026 and variation vs 2023 (USD and UGX)
Table 7: Maisha Meds vs LEAP estimated FP volumes in private sector and SMO in sub-Saharan Africa

List of charts

Chart 1: DKT volume evolution: reported sales by product and year
Chart 2: DKT sales volume CAGR 2020-2025 by product
Chart 3: DKT CYPs evolution: reported numbers by product
Chart 4: DKT volume evolution: reported sales by country
Chart 5: EC volume sales by importer category across DKT's served markets
Chart 6: DKT's reported EC sales by country and year.
Chart 7: DKT's estimated market share in the EC market
Chart 8: OC volume sales by importer category across DKT's served markets
Chart 9: DKT's reported OC sales by country and year
Chart 10: DKT's estimated market share in the OC market
Chart 11: Injectables volume sales by importer category, DKT's served markets.
Chart 12: DKT's reported injectable sales by country and year
Chart 13: DKT's estimated market share in the injectable market
Chart 14: Copper-IUD volume sales by importer category, DKT's served markets.
Chart 15: DKT reported copper-IUD sales by country and year.
Chart 16: DKT's estimated market share in the copper-IUD market
Chart 17: Implant volume sales by importer category, DKT's served markets.
Chart 18: DKT reported implant sales by country and year
Chart 19: DKT's estimated market share in the implant market
Chart 20: DKT reported condom sales by country and year
Chart 21: Total market, DKT, and rest of the market: annualized growth between 3-year averages (2023-25 vs 2020-22) by product
Chart 22: DKT market share for condoms, OC and EC across Maisha Meds' network
Chart 23: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026
Chart 24: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Chart 25: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026
Chart 26: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Chart 27: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026
Chart 28: Maisha Meds POS sales: DKT market share for condoms, OC and EC across the network
Maisha Meds POS retail prices for DKT brands vs DKT lowest-price reference in 2026
Chart 29: MM median POS retail prices for DKT brands vs. DKT lowest-price references in 2026
Chart 30: Reported sales transactions by method: sales transactions comparison between MATs
Chart 31: Average sales transactions per facility by method and country: comparison between MATs
Chart 32: EC in Kenya: Distribution of average FOB prices per pack and market share of exporters