

Saving and Improving Lives through Increased Access to Contraceptives



Emily J. Phillips, Courtesy of Prochare

By helping women delay, space, and limit pregnancies, family planning is a cost-effective intervention that saves the lives of mothers and their children and also saves thousands of dollars in healthcare spending every year. Based on the 2010 *Afghanistan Mortality Survey* contraceptive use has increased, coupled with a declining total fertility rate.¹ Afghan women, however, still have a one-in-32 lifetime risk of maternal death, the fifteenth-highest in the world, resulting from a maternal mortality ratio of 460 maternal deaths per 100,000 live births.²

USAID Contraceptive Investment

At the request of the Government of Afghanistan, the U.S. Government (USG) has provided assistance to improve the country's health commodity supply chains and to better serve those who need family planning. **From FY2009 to 2013**, the USG has spent over **\$12 million** to purchase more than—

- **16.4 million** cycles of oral contraceptives
- **16 million** condoms
- **6.2 million** doses of Depo-Provera® (DMPA) injectable
- **95,000** Copper T-380A IUDs.³



From FY2009-2013 USAID invested

\$12 MILLION of commodities:

1.1 MILLION unintended pregnancies **PREVENTED**

90,000 infant deaths **PREVENTED**

2,500 maternal deaths **PREVENTED**

\$59.5 MILLION in direct healthcare spending **SAVED**

USAID Investment Impact

From FY2009 to 2013, USAID-funded contraceptives had the potential to meet the needs of more than **3.2 million** Afghan couples.⁴ In the hands of women and men who need them, these contraceptives prevented approximately—

- **1.1 million** unintended pregnancies
- **188,000** induced abortions
- **90,000** infant (under the age of one) deaths
- **32,000** child (under age five) deaths due to improved birth spacing
- **2,500** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Afghan families and the public health system saved an estimated **U.S. \$59.5 million** in direct healthcare spending.^{5,6}

Why Invest in Supply Chains?

USAID is a leader in efforts to meet the reproductive health needs of women in Afghanistan and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Afghan government expands its efforts to improve the health of its women and children, continued USAID investment in **procuring contraceptives and strengthening the national supply chain systems** is essential to increasing access and reducing the unmet need for family planning.

Through implementing partners, and in partnership with ministries of health and other organizations, USAID develops and strengthens reliable and sustainable public health supply chains by implementing robust logistics solutions, promoting supportive commodity security environments, procuring health commodities and building lasting local capacity, all to ensure that contraceptives make it into the hands of the women and men who need them.

Table 1. Estimated Impact of USAID Contraceptive Commodity Support in Afghanistan, by Fiscal Year (FY)⁶

	FY2009	FY2010	FY2011	FY2012	FY2013	Totals
Couple-years of protection (CYP) generated by commodities shipped	820,200	24,000	856,800	913,900	606,100	3,221,000
Unintended pregnancies averted	285,600	8,600	293,600	315,500	199,000	1,102,300
Unintended Live births averted	188,600	5,700	193,900	208,400	131,500	728,100
Abortions averted	48,800	1,500	50,200	53,900	34,000	188,400
Infant (U1) deaths averted	24,200	700	24,000	25,300	15,700	89,900
Child (U5) deaths averted due to improved birth spacing	8,300	200	8,500	9,200	5,800	32,000
Maternal deaths averted	800	0	600	700	400	2,500
Direct healthcare costs savings (\$U.S.2013)	\$16,310,900	\$490,300	\$14,368,200	\$15,146,900	\$13,170,200	\$59,486,500

This brief was prepared for USAID by the USAID | DELIVER PROJECT.

For more details on the impact calculations, please contact askdeliver@jsi.com.

1 Afghan Public Health Institute, Ministry of Public Health (APHI/MoPH) [Afghanistan], Central Statistics Organization (CSO) [Afghanistan], ICF Macro, Indian Institute of Health Management Research (IIHMR) [India], and World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) [Egypt]. 2011. *Afghanistan Mortality Survey 2010*. Calverton, Maryland, USA: APHI/MoPH, CSO, ICF Macro, IIHMR and WHO/EMRO.

2 WHO, UNICEF, UNFPA, and World Bank. 2012. *Trends in maternal mortality: 1990 to 2010*. WHO, UNICEF, UNFPA, and the World Bank estimates. Geneva: World Health Organization.

3 USAID | DELIVER PROJECT. 2013. *My Commodities* database from <http://deliver.jsi.com/dhome/mycommodities>

4 Coverage is calculated using couple-years of protection (CYP). USAID. "Couple Years of Protection (CYP)" from http://transition.usaid.gov/our_work/global_health/pop/techareas/cyp.html

5 Marie Stopes International. 2012. *Impact 2: An innovative tool for measuring the impact of reproductive health programmes*. London: Marie Stopes International. Available at <http://www.mariestopes.org/impact-2>

6 Most figures were calculated using the Marie Stopes International *Impact 2* tool and data from the *My Commodities* database. For infant deaths averted, the figures were calculated using the *Impact 2* tool, *My Commodities* database, and the annual infant mortality rates (IMR) listed in the U.S. Census Bureau *International DataBase* (U.S. Census Bureau, International Programs. *International DataBase*. (<http://www.census.gov/population/international/data/idb/region.php>) accessed Oct 29 2013).