Saving and Improving Lives through Increased Access to Contraceptives

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. Despite recent impressive gains in contraceptive use, 13.5 percent of married women in Bangladesh currently have an unmet need for family planning.1

In 2011, approximately 5.9 million Bangladeshi women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.1,2 As a result, more than 1.6 million women experienced an unintended pregnancy which can have serious consequences for mothers and children.3 In 2011 alone, out of those unintended pregnancies that resulted in a live birth, an estimated—

- 1,500 women died from pregnancy-related causes2,4
- 34,200 infants died in their first year of life2
- 8,800 children likely died before their fifth birthday due to below-optimal birth spacing.5

USAID Contraceptive Investment

At the request of the Government of Bangladesh, 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 2012, the USG has spent over $20 million to purchase more than—

- 6.9 million doses of Depo-Provera® (DMPA) injectable
- 37.7 million cycles of oral contraceptives
- 30,500 implants (Jadelle®)
- 194,000 Copper T-380A IUDs
- 30 million condoms.6
USAID Investment Impact

From FY2009 to 2012, USAID-funded contraceptives had the potential to meet the needs of more than **5.5 million** Bangladeshi couples. In the hands of women and men who need them, these contraceptives prevented approximately—

- **1.7 million** unintended pregnancies
- **291,000** induced abortions
- **58,000** infant (under the age of one) deaths
- **15,000** child (under age five) deaths due to improved birth spacing
- **2,300** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Bangladeshi families and the public health system saved an estimated **U.S. $107 million** in direct healthcare spending.8

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**Why Invest in Supply Chains?**

USAID has been a leader in efforts to meet the reproductive health needs of women in Bangladesh and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Bangladeshi government expands its efforts to improve the health of its women and children, continued USAID investment in **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.

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

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple-years of protection (CYP) generated by commodities shipped</td>
<td>1,324,800</td>
<td>729,100</td>
<td>1,594,000</td>
<td>1,856,800</td>
<td>5,504,700</td>
</tr>
<tr>
<td>Unintended pregnancies averted</td>
<td>468,800</td>
<td>145,600</td>
<td>573,000</td>
<td>524,300</td>
<td>1,711,700</td>
</tr>
<tr>
<td>Unintended Live births averted</td>
<td>307,800</td>
<td>95,600</td>
<td>376,200</td>
<td>344,200</td>
<td>1,123,800</td>
</tr>
<tr>
<td>Abortions averted</td>
<td>79,700</td>
<td>24,700</td>
<td>97,400</td>
<td>89,100</td>
<td>290,900</td>
</tr>
<tr>
<td>Infant (U1) deaths averted</td>
<td>16,700</td>
<td>5,000</td>
<td>19,100</td>
<td>16,900</td>
<td>57,700</td>
</tr>
<tr>
<td>Child (U5) deaths averted due to improved birth spacing</td>
<td>4,000</td>
<td>1,300</td>
<td>4,900</td>
<td>4,500</td>
<td>14,700</td>
</tr>
<tr>
<td>Maternal deaths averted</td>
<td>700</td>
<td>200</td>
<td>700</td>
<td>700</td>
<td>2,300</td>
</tr>
<tr>
<td>Direct healthcare costs savings ($U.S.2013)</td>
<td>$29,200,500</td>
<td>$9,066,600</td>
<td>$35,692,200</td>
<td>$32,659,400</td>
<td>$106,618,700</td>
</tr>
</tbody>
</table>

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8 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.