

Saving Lives and Improving Health Outcomes in Malawi through Increased Access to Contraceptives

Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.¹

With a population of nearly 20 million²—double what it was in 1990—the average woman in Malawi gives birth to 4.2 children in her lifetime.³ In 2019, approximately 17 percent of Malawian women had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.⁴

The maternal mortality ratio in Malawi is 349 per 100,000 live births, compared to 534 for sub-Saharan Africa, on average.⁵ The child mortality rate is 42 deaths among children under 5 per 1,000 live births, compared to 76 for the sub-Saharan region.⁶

To address Malawi's maternal and child health needs, the Government of Malawi is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 48.8 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷

Estimated health impacts from USAID procurement investments



⁵World Bank, Maternal Mortality Ratio, <u>https://databank.worldbank.org/reports.aspx2-source=2&series=SH.STA.MMRT&country=</u>. Accessed July 10, 2020.
⁶World Bank, Child Mortality Rate, <u>https://data.worldbank.org/indicator/SH.DYN.MORT</u>.

Accessed July 10, 2020. ⁷Family Planning 2020, Malawi, 2018. <u>http://www.familyplanning2020.org/sites/default/files/Da-</u>

ta-Hub/2019Cl/Malawi 2019_Cl_Handout.pdf Accessed June 22, 2020.

¹Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²USAID:"Acting on the Call: A Focus on the Journey to Self-reliance for Preventing Child and Maternal Deaths," (2019),

https://www.usaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf. Accessed June 22, 2020. ³Fertility rate, total (births per woman). <u>https://data.worldbank.org/indicator/SPDYN.TFRT.IN?loca-tions=KE-ZA-CD-TZ-MW</u>. Accessed June 22, 2020.

⁴Family Planning 2020, "Malawi: FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report," <u>http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019Cl/Malawi 2019 Cl Handout.pdf</u> Accessed June 22, 2020.

USAID Contraceptive Investment

In partnership with the Government of Malawi and other in-country stakeholders, USAID has supported the procurement and distribution of over 8.6 million FP/RH products to more than 680 USAID-supported facilities and organizations in Malawi from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 2.5 million couple years protection⁸ and to help prevent:

- 991,000 unintended pregnancies
- 292,000 abortions
- 4,400 maternal deaths
- 19,300 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$71 million** in direct spending on healthcare—resources that can be reinvested in Malawi's health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Malawi meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact **PSMMonitoringandEval@ghsc-psm.org**.

Contact Us

John Vivalo

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2165

Alan Bornbusch

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2159

"We are grateful to USAID and other partners for their continued contribution to the efforts of the Government of Malawi in promoting family planning to limit or space pregnancies. These collective efforts have gone a long way in reducing maternal and neonatal mortality risk in Malawi. As such, the role of family planning in reducing maternal morbidity and mortality cannot be overemphasized."

> Rose Chikumbe, deputy director, Malawi Directorate of Reproductive Health



A health care worker reviews stocks of various commodities. Photo credit: GHSC-PSM

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Combined oral contraceptives	2.4M
Progestin only pills	156K
T Copper intrauterine device	6К
Emergency oral contraceptives	54K
Implantable contraceptives	235K
Injectable contraceptives	5.7M
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	8.6M
TOTAL VALUE OF COMMODITIES	\$7.3M**
*Data through Q2 of FY 2020	

**This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs

⁸CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condows (piece); progestin only pills (cycle); copper-bearing

¹⁴Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)



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