FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: GLOBAL

USAID Contraceptive Investment

Around 257 million women of reproductive age in developing countries have an unmet need for modern family planning and contraceptive methods.¹ USAID ensures an uninterrupted supply of quality family planning commodities worldwide through its procurement mechanism, the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.

In partnership with country governments and other in-country stakeholders, USAID has supported the procurement and distribution of approximately 563.5 million contraceptives², worth $251 million, to 34 countries since FY 2017. When combined with proper counseling and correct use, these contraceptives can positively impact maternal and child health.²

What impact can $251M in contraceptive investments have on women and families?

Access to a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means necessary to properly care for their children.

The millions of contraceptives delivered through the GHSC-PSM project, combined with proper counseling and correct use, are estimated to provide 86 million couple years protection,³ and have or will help prevent approximately:

- 35 million unintended pregnancies
- 13 million abortions
- 87,000 maternal deaths
- 700,000 child deaths

These investments in contraceptives have the potential of saving approximately $2.2 billion in direct spending on healthcare⁴—resources that can be reinvested in the overall health system.⁵

² Unless 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.
³ This is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.
⁴ This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking contraceptive prevalence rate, birth spacing, and child mortality is currently limited.
⁵ The figures are not adjusted for inflation and based on the costs of services from 2011.
⁶ The costs saved modeled in Impact 2 are an estimate of the direct costs (supplies and personnel) associated with pregnancies and birth. The cost estimate represents money that would have been spent by families or the healthcare system for pregnancy care, safe delivery, and treatment of complications.
**Methodology**

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model\(^8\), a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database\(^9\).

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health, and economic impact of USAID’s support of contraceptives to countries health programs.

For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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\(^7\) GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

\(^8\) https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/ Accessed November 30, 2022. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

\(^9\) Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intra-uterine (device); emergency oral (package).

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