

2022 UPDATE



FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: MALAWI



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/RH 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 children in her lifetime.³ In 2022, approximately 13.3 percent of married 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 39 deaths among children under 5 per 1,000 live births, compared to 74 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 68.6 percent among married women aged 15 to 49 by 2022.⁷



ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



1.5M
unintended pregnancies
PREVENTED



430K
abortions
AVERTED



7K
maternal deaths
AVERTED



28K
child deaths
AVERTED



\$103M
in direct healthcare spending
SAVED

¹ 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.

² World Bank. Population, total. Malawi (2021). <https://data.worldbank.org/indicator/SPPOP.TOTL?locations=MW>. Accessed December 21, 2022.

³ World Bank. Fertility rate, total (births per woman). Malawi (2020). <https://data.worldbank.org/indicator/SPDYN.TFRTIN?locations=MW>. Accessed December 21, 2022.

⁴ Family Planning 2030 Indicator Summary Sheet: 2022 Measurement Report. [Malawi 2022 Indicator Summary Sheet.pdf \(track20.org\)](https://www.track20.org/Malawi-Indicator-Summary-Sheet.pdf). Accessed December 21, 2022.

⁵ Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). ‘Levels & Trends in Child Mortality: Report 2021’. Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation; United Nations Children’s Fund, New York, 2021.

⁷ Family Planning 2030. Country Fact Sheet-2022 (Malawi) <https://www.track20.org/Malawi>. Accessed December 23, 2022.

USAID Contraceptive Investment

In partnership with the Government of Malawi and other in-country stakeholders, USAID has supported the procurement and distribution of over 13 million FP/RH products to more than 680 USAID-supported facilities and organizations in Malawi from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 3.7 million couple years protection⁸ and to help prevent:

- 1.5 million unintended pregnancies
- 7,000 maternal deaths
- 430,000 abortions
- 28,000 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$103 million** in direct spending on healthcare¹⁰—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model¹¹, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database¹².

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

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



A nurse at Area 18 health facility inserting Jadelle implants on a client. Photo by GHSC-PSM

“USAID support should continue because they are assisting and protecting us from giving birth regularly. This gives us space before having another baby and it allows the child to grow in a healthy way”

–Elinati Phiri, from Senti, Lilongwe

CONTRACEPTIVE METHODS ¹³	TOTAL PRODUCTS DELIVERED FY 2017-2022*
 Combined oral contraceptives	4.5M
 Progestin only pills	156K
 Copper bearing intrauterine devices	20K
 Emergency oral contraceptives	329K
 Implantable contraceptives	396K
 Injectable contraceptives	8M
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	13.4M
TOTAL VALUE OF COMMODITIES	\$12M*

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

⁸ CYP is the estimated protection provide 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. <https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp>

⁹ This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.

¹⁰ The figures are not adjusted for inflation and based on the costs of services from 2011.

¹¹ <https://www.maristopes.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.

¹² GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹³ 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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