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

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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.

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<table>
<thead>
<tr>
<th>ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>1.5M unintended pregnancies PREVENTED</td>
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<tr>
<td>7K maternal deaths AVERTED</td>
</tr>
<tr>
<td>28K child deaths AVERTED</td>
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<tr>
<td>430K abortions AVERTED</td>
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<tr>
<td>$103M in direct healthcare spending SAVED</td>
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</tbody>
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A pharmacy assistant reviews reproductive commodities stock at Lura health facility in Rumphi. Photo by GHSC-PSM
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
- 430,000 abortions
- 7,000 maternal deaths
- 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.

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

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USAID Contraceptive Investment (Table)

<table>
<thead>
<tr>
<th>CONTRACEPTIVE METHODS13</th>
<th>TOTAL PRODUCTS DELIVERED FY 2017-2022*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptives</td>
<td>4.5M</td>
</tr>
<tr>
<td>Progestin only pills</td>
<td>156K</td>
</tr>
<tr>
<td>Copper bearing intrauterine devices</td>
<td>20K</td>
</tr>
<tr>
<td>Emergency oral contraceptives</td>
<td>329K</td>
</tr>
<tr>
<td>Implantable contraceptives</td>
<td>396K</td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td>8M</td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CONTRACEPTIVES DELIVERED</strong></td>
<td><strong>13.4M</strong></td>
</tr>
<tr>
<td><strong>TOTAL VALUE OF COMMODITIES</strong></td>
<td><strong>$12M</strong></td>
</tr>
</tbody>
</table>

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