

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, 23.9 percent of all women in Mali currently have an unmet need for family planning.¹

In 2010, approximately 788,000 Malian women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.^{1,2} As a result, more than 226,000 women experienced an unintended pregnancy which can have serious consequences for mothers and children.³ In 2010 alone, out of those unintended pregnancies that resulted in a live birth, an estimated—

- **650** women died from pregnancy-related causes^{2,4}
- **13,900** infants died in their first year of life²
- **7,100** children likely died before their fifth birthday due to below-optimal birth spacing.⁵

USAID Contraceptive Investment

At the request of the Government of Mali, 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 2013**, the USG has spent over **\$4.8 million** to purchase more than—⁶

- **5.9 million** cycles of oral contraceptives
- **1.6 million** doses of Depo-Provera[®] (DMPA) injectable
- **61,000** implants (Jadelle[®])
- **36,000** Copper T-380A IUDs
- **3,500** sets of CycleBeads.⁷



WEI

From FY2009-2013 USAID invested

\$4.8 MILLION of commodities:

353 THOUSAND unintended pregnancies **PREVENTED**

28,000 infant deaths **PREVENTED**

1,000 maternal deaths **PREVENTED**

\$23 MILLION in direct healthcare spending **SAVED**

USAID Investment Impact

From FY2009 to 2013, USAID-funded contraceptives had the potential to meet the needs of more than **1.2 million** Malian couples.⁸ In the hands of women and men who need them, these contraceptives prevented approximately—

- **353,000** unintended pregnancies
- **39,000** induced abortions
- **28,000** infant (under the age of one) deaths
- **15,000** child (under age five) deaths due to improved birth spacing
- **1,000** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Malian families and the public health system saved an estimated **U.S. \$23 million** in direct healthcare spending.⁹

Why Invest in Supply Chains?

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

Table 1. Estimated Impact of USAID Contraceptive Commodity Support in Mali, by Fiscal Year (FY)⁹

	FY2009	FY2010	FY2011	FY2012 ⁶	FY2013	Totals
Couple-years of protection (CYP) generated by commodities shipped	216,200	147,900	264,600	0	595,200	1,223,900
Unintended pregnancies averted	72,100	30,900	103,000	8,100	139,200	353,300
Unintended Live births averted	51,600	22,100	73,700	5,800	99,700	252,900
Abortions averted	8,000	3,400	11,500	900	15,500	39,300
Infant (U1) deaths averted	6,000	2,500	8,200	600	10,600	27,900
Child (U5) deaths averted due to improved birth spacing	3,000	1,300	4,300	300	5,800	14,700
Maternal deaths averted	200	100	300	0	400	1,000
Direct healthcare costs savings (\$U.S.2013)	\$4,609,900	\$1,973,800	\$6,585,700	\$518,500	\$8,906,700	\$22,594,600

This brief was prepared for USAID by the USAID | DELIVER PROJECT.

For more details on the impact calculations, please contact askdeliver@jsi.com.

1 Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.

2 U.S. Census Bureau, International Programs. *International DataBase*. (<http://www.census.gov/population/international/data/idb/region.php>) accessed Oct 29 2013

3 Figure calculated using conversion factor from Darroch, J. E., and S. Singh. 2011. *Estimating unintended pregnancies averted by couple-years of protection (CYP)*. New York: Guttmacher Institute. (<http://www.guttmacher.org/pubs/2011/01/24/Guttmacher-CYP-Memo.pdf>)

4 WHO, UNICEF, UNFPA, and World Bank. 2012. *Trends in maternal mortality: 1990 to 2010*. WHO, UNICEF, UNFPA, and the World Bank estimates. Geneva: World Health Organization.

5 Marie Stopes International. 2012. *Impact 2: An innovative tool for measuring the impact of reproductive health programmes*. London: Marie Stopes International. Available at <http://www.mariestopes.org/impact-2>

6 Following the March 2012 coup d'état the USG suspended all contraceptive commodities donations in FY2012. Donations resumed in FY2013.

7 USAID | DELIVER PROJECT. 2013. *My Commodities* database from <http://deliver.jsi.com/dhome/mycommodities>

8 Coverage is calculated using couple-years of protection (CYP). USAID. "Couple Years of Protection (CYP)" from http://transition.usaid.gov/our_work/global_health/pop/techareas/cyp.html

9 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*.