Saving and Improving Lives through Increased Access to Contraceptives

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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, 20.8 percent of all women in Mozambique currently have an unmet need for family planning.[1]

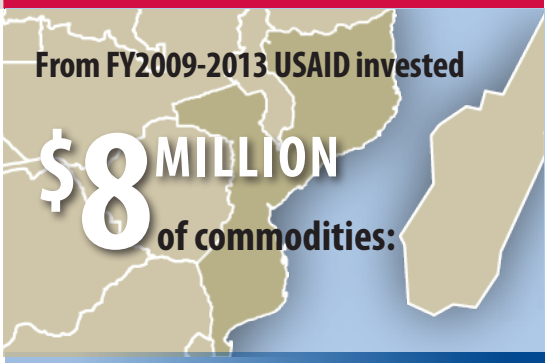
In 2011, approximately 1.1 million Mozambican women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.[1,2] As a result, more than 317,000 women experienced an unintended pregnancy which can have serious consequences for mothers and children.[3] In 2011 alone, out of those unintended pregnancies that resulted in a live birth, an estimated—

- **800** women died from pregnancy-related causes[2,4]
- **13,800** infants died in their first year of life[2]
- **8,200** children likely died before their fifth birthday due to below-optimal birth spacing.[5]

USAID Contraceptive Investment

At the request of the Government of Mozambique, 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 almost **$8 million** to purchase more than—

- **5.6 million** doses of Depo-Provera® (DMPA) injectable
- **7.4 million** cycles of oral contraceptives
- **81,000** condoms
- **75,000** Copper T-380A IUDs.[6]



700 THOUSAND unintended pregnancies ***PREVENTED***

38,000 infant deaths ***PREVENTED***

2,000 maternal deaths ***PREVENTED***

$54 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 **2.2 million** Mozambican couples.[7] In the hands of women and men who need them, these contraceptives prevented approximately—

- **706,000** unintended pregnancies
- **100,000** induced abortions
- **38,000** infant (under the age of one) deaths
- **23,000** child (under age five) deaths due to improved birth spacing
- **2,000** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Mozambican families and the public health system saved an estimated **U.S. $54 million** in direct healthcare spending.[8]

Why Invest in Supply Chains?

USAID is a leader in efforts to meet the reproductive health needs of women in Mozambique and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Mozambican 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 Mozambique, by Fiscal Year (FY)*[8]

	FY2009	FY2010	FY2011	FY2012	FY2013	Totals
Couple-years of protection (CYP) generated by commodities shipped	173,000	153,800	537,800	619,100	773,000	**2,256,800**
Unintended pregnancies averted	59,400	53,700	187,300	164,200	240,900	**705,600**
Unintended Live births averted	40,700	36,800	128,500	112,700	165,300	**484,100**
Abortions averted	8,400	7,600	26,600	23,300	34,200	**100,200**
Infant (U1) deaths averted	3,400	3,000	10,200	8,700	12,300	**37,500**
Child (U5) deaths averted due to improved birth spacing	1,900	1,700	6,100	5,300	7,800	**22,900**
Maternal deaths averted	200	100	500	500	700	**2,000**
Direct healthcare costs savings ($U.S.2013)	$4,516,900	$4,084,200	$14,248,100	$12,494,000	$18,327,400	**$53,670,700**

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

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

1 Ministerio da Saud (MISAU), Instituto Nacional de Estatistica (INE) e ICF International (ICFI). Moçambique Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA : MISAU, INE e ICFI.

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

7 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

8 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*.