

Saving and Improving Lives through Increased Access to Contraceptives



USAID | DELIVER PROJECT 2014

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

In 2014, approximately 4 million Ethiopian women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.^{1,2} As a result, more than 1.2 million women experienced an unintended pregnancy which can have serious consequences for mothers and children.³ In 2014 alone, out of those unintended pregnancies, an estimated—

- **3,500** women died from pregnancy-related causes^{2,4}
- **37,400** infants died in their first year of life⁵
- **24,200** children likely died before their fifth birthday due to below-optimal birth spacing.⁶

USAID Contraceptive Investment

At the request of the Government of Ethiopia, 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 2014**, the USG has spent over **\$39.1 million** to purchase more than—

- **34.7 million** male condoms
- **20 million** doses of Depo-Provera® (DMPA) injectable
- **9.5 million** cycles of oral contraceptives
- **835,000** implants (Jadelle® and Implanon®)
- **50,700** Copper T-380A IUDs.⁷

From FY2009-2014 USAID invested

\$39.1 MILLION
in commodities

2.3 MILLION

unintended pregnancies **PREVENTED**

77,700

infant deaths **PREVENTED**

7,400

maternal deaths **PREVENTED**

\$152 MILLION

in direct healthcare spending **SAVED**

USAID Investment Impact

From FY2009 to 2014, USAID-funded contraceptives had the potential to meet the needs of more than **8.8 million** Ethiopian couples.⁸ In the hands of women and men who need them, these contraceptives prevented approximately—

- **2.3 million** unintended pregnancies
- **719,000** induced abortions
- **77,700** infant (under the age of one) deaths
- **45,500** child (under age five) deaths due to improved birth spacing
- **7,400** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Ethiopian families and the public health system saved an estimated **U.S. \$152 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 Ethiopia and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Ethiopian 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 Ethiopia, by Fiscal Year (FY)⁹

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	Totals
CYP generated by commodities shipped	1,419,100	898,600	1,928,900	2,298,500	910,900	1,428,800	8,884,800
Unintended pregnancies averted	318,900	236,300	395,200	608,600	335,300	425,300	2,319,600
Unintended Live births averted	173,100	128,300	214,500	330,400	182,000	230,800	1,259,100
Abortions averted	98,800	73,300	122,500	188,700	103,900	131,800	719,000
Infant (U1) deaths averted	12,000	8,500	13,600	20,100	10,600	12,900	77,700
Child (U5) deaths averted due to improved birth spacing	6,300	4,600	7,800	11,900	6,600	8,300	45,500
Maternal deaths averted	1,200	800	1,300	1,900	1,000	1,200	7,400
Direct healthcare costs savings (\$U.S. 2014)	\$ 20,864,800	\$ 15,462,000	\$ 25,861,300	\$ 39,823,700	\$ 21,940,600	\$ 27,826,500	\$ 151,778,900

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

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

1 Central Statistical Agency [Ethiopia] and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International. <http://dhsprogram.com/pubs/pdf/FR255/FR255.pdf> (Accessed April 1, 2015)

2 United Nations, Department of Economic and Social Affairs, Population Division. 2013. *World Population Prospects: The 2012 Revision*. New York: United Nations. <http://esa.un.org/wpp/> (Accessed April 1, 2015)

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> (Accessed April 1, 2015)

4 Country specific maternal deaths per unintended pregnancy rate applied to unintended pregnancies. See: Weinberger M, Fry K, and Hopkins K. 2015. *Impact 2 v3: An innovative tool for estimating the impact of reproductive health programmes—methodology paper*. London: Marie Stopes International. <http://mariestopes.org/sites/default/files/Impact-2v3-Methodology-and-Assumptions.pdf> (Accessed April 1, 2015)

5 U.S. Census Bureau International DataBase. <http://www.census.gov/population/international/data/idb/region.php> (Accessed March 1, 2015)

6 Marie Stopes International. 2015. *Impact 2 (v3): An innovative tool for measuring the impact of reproductive health programmes*. London: Marie Stopes International. <http://www.mariestopes.org/impact-2> (Accessed April 1, 2015)

7 USAID | DELIVER PROJECT. 2014. 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 (Accessed March 1, 2015)

9 All figures were calculated using the Impact 2 (v3), Marie Stopes International, 2015 tool and data from the My Commodities database except for infant deaths averted. For infant deaths averted, the figures were calculated using the Impact 2(v3) tool, My Commodities database, and the annual infant mortality rates (IMR) listed in the U.S. Census Bureau International DataBase. <http://www.census.gov/population/international/data/idb/region.php> (Accessed March 1, 2015)