

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

In 2014, approximately 803,400 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 274,700 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—

- **1,000** women died from pregnancy-related causes^{2,4}
- **13,000** infants died in their first year of life⁵
- **7,200** children likely died before their fifth birthday due to below-optimal birth spacing.⁶

USAID Contraceptive Investment

At the request of the Government of 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 2014**, the USG has spent over **\$6.2 million** to purchase more than—

- **8.4 million** cycles of oral contraceptives
- **2.1 million** doses of Depo-Provera® (DMPA) injectable
- **61,000** implants (Jadelle®)
- **42,900** Copper T-380A IUDs
- **7,500** sets of CycleBeads.⁷

From FY2009-2014 USAID invested

\$6.2 MILLION
in commodities

361,200
unintended pregnancies **PREVENTED**

19,600
infant deaths **PREVENTED**

1,500
maternal deaths **PREVENTED**

\$20.2 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 **1.5 million** Malian couples.⁸ In the hands of women and men who need them, these contraceptives prevented approximately—

- **361,200** unintended pregnancies
- **130,100** induced abortions
- **19,600** infant (under the age of one) deaths
- **10,600** child (under age five) deaths due to improved birth spacing
- **1,500** 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. \$20.2 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 ¹⁰	FY2013	FY2014	Totals
CYP generated by commodities shipped	216,200	147,900	264,600	0	595,200	329,500	1,553,400
Unintended pregnancies averted	52,200	23,100	74,300	6,300	102,800	102,500	361,200
Unintended Live births averted	26,200	11,600	37,200	3,100	51,500	51,400	181,000
Abortions averted	18,800	8,300	26,800	2,300	37,000	36,900	130,100
Infant (U1) deaths averted	3,000	1,300	4,100	300	5,500	5,400	19,600
Child (U5) deaths averted due to improved birth spacing	1,500	700	2,200	200	3,000	3,000	10,600
Maternal deaths averted	300	100	300	0	400	400	1,500
Direct healthcare costs savings (\$U.S. 2014)	\$2,934,000	\$1,300,400	\$4,175,900	\$352,800	\$5,776,400	\$5,759,100	\$20,298,600

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 (CPS/SSDSPF), Institut National de la Statistique (INSTAT/MPATP), INFO-STAT et ICF International, 2014. *Enquête Démographique et de Santé au Mali 2012-2013*. Rockville, Maryland, USA : CPS, INSTAT, INFO-STAT et ICF International. <http://dhsprogram.com/pubs/pdf/FR286/FR286.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, 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)
10. Following the March 2012 coup d'état, the USG suspended all contraceptive commodities donations in FY2012. Donations resumed in FY2013.