

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

In 2013, approximately 9.5 million Pakistani women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.^{1,2} As a result, more than 2.7 million women experienced an unintended pregnancy which can have serious consequences for mothers and children.³ In 2013 alone, out of those unintended pregnancies that resulted in a live birth, an estimated—

- **2,600** women died from pregnancy-related causes^{2,4}
- **67,000** infants died in their first year of life²
- **28,000** children likely died before their fifth birthday due to below-optimal birth spacing.⁵

USAID Contraceptive Investment

At the request of the Government of Pakistan, 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 FY2010 to 2013**, the USG has spent almost **\$63 million** to purchase more than—

- **896 million** condoms
- **53.1 million** cycles of oral contraceptives
- **16.7 million** doses of Depo-Provera® (DMPA) injectable
- **3.4 million** Copper T-380A IUDs
- **45,000** implants (Implanon® and Jadelle®).⁶



Derek Brown for USAID

From FY2010-2013 USAID invested

\$63 MILLION
of commodities

Potential Impact

6.8 MILLION
unintended pregnancies
PREVENTED

270,000
infant deaths **PREVENTED**

9,700
maternal deaths **PREVENTED**

\$483 MILLION
in direct
healthcare spending
SAVED

Potential USAID Investment Impact

The USAID-funded contraceptives purchased from **FY2010 to 2013**, when in hands of women and men who need them, have the potential to meet the needs of more than **30.9 million** Pakistani couples⁷ and prevent approximately—

- **6.8 million** unintended pregnancies
- **1.1 million** induced abortions
- **270,000** infant (under the age of one) deaths
- **113,000** child (under age five) deaths due to improved birth spacing
- **9,700** maternal deaths.

By avoiding the direct cost of unintended pregnancy and delivery care and of treating complications from unsafe abortions, Pakistani families and the public health system can in turn save an estimated **U.S. \$483 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 Pakistan and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Pakistani 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. Potential Impact of USAID Contraceptive Commodity Support in Pakistan, by Fiscal Year (FY)⁸

	FY2010	FY2011	FY2012	FY2013	Totals
Couple-years of protection (CYP) generated by commodities shipped	1,165,700	6,806,600	6,966,700	16,040,500	30,979,500
Unintended pregnancies averted	355,200	1,605,700	1,512,500	3,316,600	6,790,000
Unintended Live births averted	231,200	1,045,100	984,400	2,158,600	4,419,300
Abortions averted	59,800	270,500	254,800	558,600	1,143,700
Infant (U1) deaths averted	15,100	66,200	60,300	128,200	269,800
Child (U5) deaths averted due to improved birth spacing	5,900	26,700	25,100	55,100	112,800
Maternal deaths averted	500	2,300	2,200	4,700	9,700
Direct healthcare costs savings (\$U.S.2013)	25,275,600	114,255,100	107,621,700	235,994,400	483,146,800

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

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

1 National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. *Pakistan Demographic and Health Survey 2012-13*. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

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*.