

Saving and Improving Lives through Increased Access to Contraceptives



DELIVER 2002

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, 13.5 percent of married women in Bangladesh currently have an unmet need for family planning.¹

In 2014, approximately 6 million Bangladeshi women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.^{1,2} As a result, more than 1.8 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—

- **2,000** women died from pregnancy-related causes^{2,4}
- **34,000** infants died in their first year of life⁵
- **9,800** children likely died before their fifth birthday due to below-optimal birth spacing.⁶

USAID Contraceptive Investment

At the request of the Government of Bangladesh, 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 **\$20.9 million** to purchase more than—

- **7.9 million** doses of Depo-Provera® (DMPA) injectable
- **37.7 million** cycles of oral contraceptives
- **30,500** implants (Jadelle®)
- **194,000** Copper T-380A IUDs
- **30 million** condoms.⁷

From FY2009-2014 USAID invested

\$20.9 MILLION
in commodities

1.4 MILLION
unintended pregnancies **PREVENTED**

27,800
infant deaths **PREVENTED**

1,800
maternal deaths **PREVENTED**

\$70 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 **5.6 million** Bangladeshi couples.⁸ In the hands of women and men who need them, these contraceptives prevented approximately—

- **1.4 million** unintended pregnancies
- **643,000** induced abortions
- **27,800** infant (under the age of one) deaths
- **7,200** child (under age five) deaths due to improved birth spacing
- **1,800** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Bangladeshi families and the public health system saved an estimated **U.S. \$70 million** in direct healthcare spending.⁹

Why Invest in Supply Chains?

USAID has been a leader in efforts to meet the reproductive health needs of women in Bangladesh and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Bangladeshi government expands its efforts to improve the health of its women and children, continued USAID investment in **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 Bangladesh, by Fiscal Year (FY)⁹

	FY2009	FY2010	FY2011	FY2012	FY2013 ¹⁰	FY2014	Totals
CYP generated by commodities shipped	1,324,800	729,100	1,594,000	1,740,900	0	250,000	5,638,800
Unintended pregnancies averted	335,200	335,200	405,000	375,700	45,800	100,900	1,368,500
Unintended Live births averted	134,100	134,100	162,000	150,300	18,300	40,400	547,500
Abortions averted	157,500	157,500	190,400	176,600	21,500	47,400	643,200
Infant (U1) deaths averted	7,300	7,300	8,200	7,400	900	1,800	27,800
Child (U5) deaths averted due to improved birth spacing	1,800	1,800	2,100	2,000	200	500	7,200
Maternal deaths averted	500	500	500	500	100	100	1,800
Direct healthcare costs savings (\$U.S. 2014)	\$ 17,106,300	\$ 17,106,300	\$ 20,669,100	\$ 19,175,800	\$ 2,336,100	\$ 5,151,500	\$ 69,843,000

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 Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. *Bangladesh Demographic and Health Survey 2011*. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. <http://dhsprogram.com/pubs/pdf/FR265/FR265.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)
- 10 No USAID-funded contraceptives were shipped in FY2013