



Setting a Roadmap for
Quantifying the Impact of
U.S. Government Policy
Shifts on Family Planning

Analyses and Next Steps

12 MARCH 2025

Photo: Images of Empowerment

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Important, seismic U.S. policy shifts are underway. And what we all want to know is what are the impacts of these policy changes, what is the gap in family planning financing being created, and what will this mean for women and girls' access to family planning around the world? These are crucial questions, but not easy ones to answer.

There are lots of different perspectives on how to quantify the impacts of what is taking place right now. What I will share today is the tip of the iceberg and is thanks to the tireless work of the organizations listed here, namely the Reproductive Health Supplies Coalition, Avenir, FP2030, Guttmacher, JSI, KFF, and UNFPA. I am presenting today on the collective work of all our organizations.

Our goal is to start to share a roadmap for how we can resolve some of the uncertainty and get more consensus over the next months leading up to ICFP on measuring impact and understanding the gaps that are being created in the field right now. Our family planning policies and programs, and the millions of women and couples they serve, depend on it.

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In this presentation, we've put together a roadmap, pictured here, which lays out the different categories of impacts, some of which we do have estimates for and some of which we still need to better understand and measure.

We will start in the outer ring of the circle, talking about the higher-level data on the share of total donor funding for global health. We'll then move down a level to look specifically at donor funding for family planning and then we will move the next level down to look at programmatic and health systems components that support family planning service delivery, with a specific emphasis on how donor funding relates to procurement. So, we will be able move from the outer ring of these concentric circles through the inner rings to women at the middle, who are the ones impacted by all these changes.

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TOTAL COST OF GLOBAL HEALTH



But there are important gaps and a lot we still don't have data on.

To start with, we are going to focus today just on what we know about donor funding, but we know for global health and family planning there is much more than just the donor financing piece we need to consider. National government funding also plays an important role, and with the changes happening with donor funding, Governments are going to have to make different and hard decisions about how their funding it spent. However, we do not yet have visibility into these potential changes, and as such, we are not including national government funding in what we are covering today, and we'll just focus on donor funding.

Within the donor funding, we know more about country funding and there are gaps in what we know about the impact of important funding at the regional and global levels. We need to agree how to represent and measure that.

And while we can speak to impacts on procurement today, there are also impacts on programmatic and health systems strengthening costs that we don't have reliable estimates of right now.

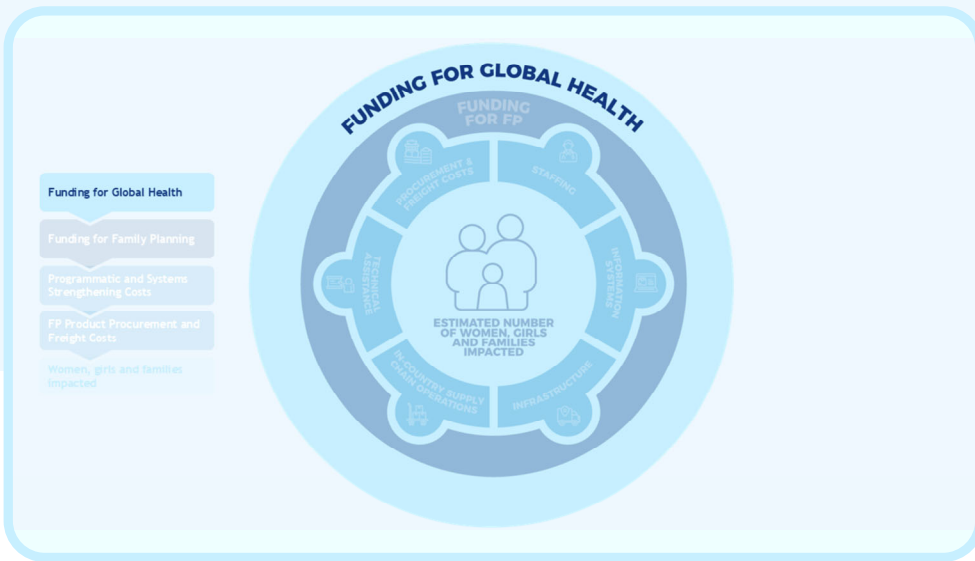
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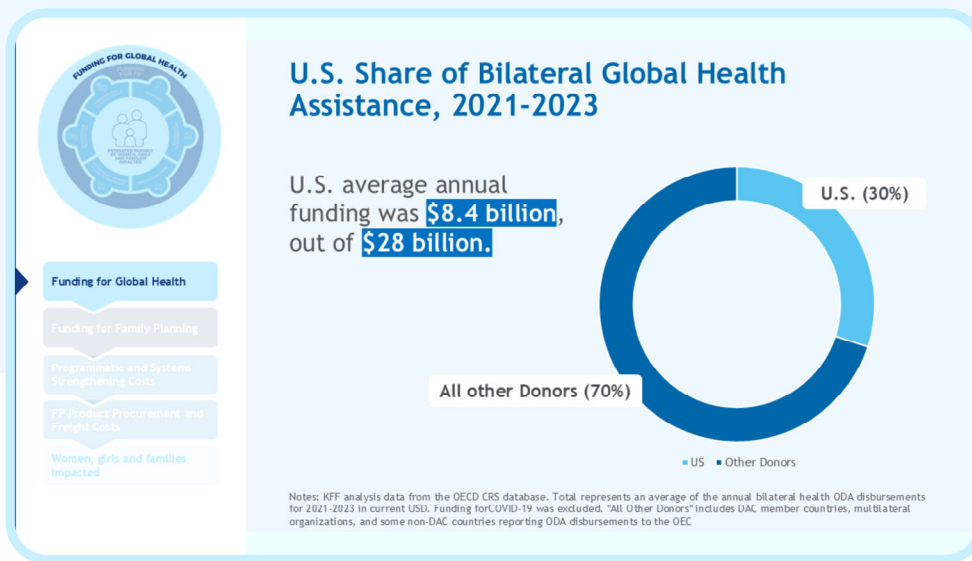
What is presented here today will provide insight into the impact of US policy and funding shifts on family planning, but it is providing the bare minimum view with the data we have at this point in time. Our understanding of the impacts will grow as we fill in some of the missing pieces to better understand the whole picture of what the impacts are of these current shifts in funding.

And as such, what we share today is intended to be the starting point for helping us to estimate the magnitude and scope of the gap that has been created. Our aim as a collective group across all the organizations contributing to this work is to build on and expand these estimates in advance of ICFP so that we come together in November with one cohesive story, which focuses on how our data can help mitigate the impact on women, girls, and families. Because that is really who is at the center of all of us.

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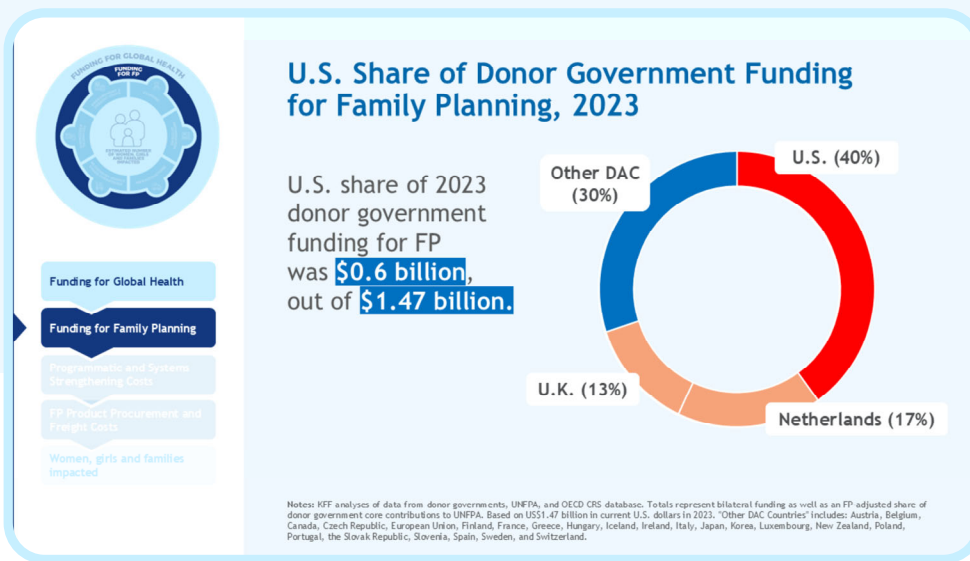


Let's start by looking at the total Funding for global health, as quantified using the Official Development Assistance (ODA).



The U.S. has consistently been the largest donor to global health. Between 2021 to 2023, KFF estimates the U.S. accounted for one-third of total bilateral health assistance, providing an average of \$8.4 billion per year. The U.S. also contributes to the "all other donors" category through multilateral funding (e.g., contributions to the Global Fund and GAVI), but this is not teased-out here. We will look to incorporate this in the lead up to ICFP so that we are capturing the full scale of the U.S. investments in global health.

For more information on the slide above, please contact Adam Wexler at awexler@kff.org.



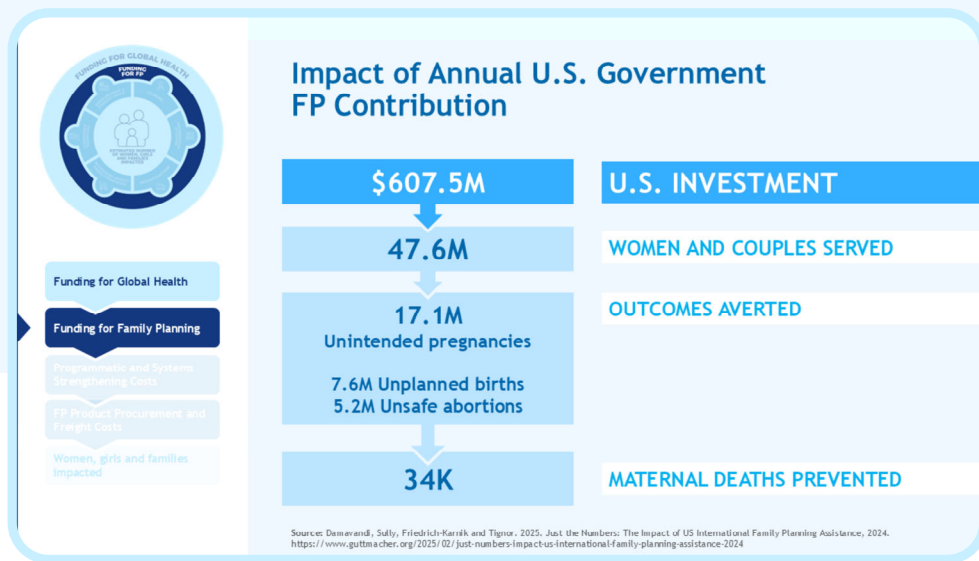
Now let's move from the total funding for global health to the donor funding for family planning. In a recent analysis, KFF estimated that the U.S. government accounted for approximately 40% of total donor government funding for FP, or about \$0.6 billion dollars in 2023 out of \$1.47 billion spent across donors, though excluding philanthropic donor contributions. This contribution from the U.S. government has been steady around \$0.6 billion for the past decade.

If the current U.S. policy shifts hold, then the \$0.6 billion per year contribution from the U.S. government will leave the FP ecosystem. [click to show red]. And this will have an important impact on women and families around the world.

It should also be noted that the other two biggest donors' funding, UK and Netherlands, is also at risk, with both countries having announced significant reductions in their ODA.

In total, we are looking at 70% of donor funding for FP either having been removed or at risk.

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Just looking at the impact from a loss of U.S. funding, estimates at Guttmacher show that for FY2024—the \$607.5 million—serves over 47 million women and couples with modern contraceptive care, averting 17.1 million unintended pregnancies, including 7.6 million unplanned births and 5.2 million unsafe abortions. Without this annual contribution, 34,000 women could die from preventable maternal deaths each year. This is what is at stake in 2025 with this funding being cut.

For more information on the slide above, please contact the Guttmacher Institute at esully@guttmacher.org.

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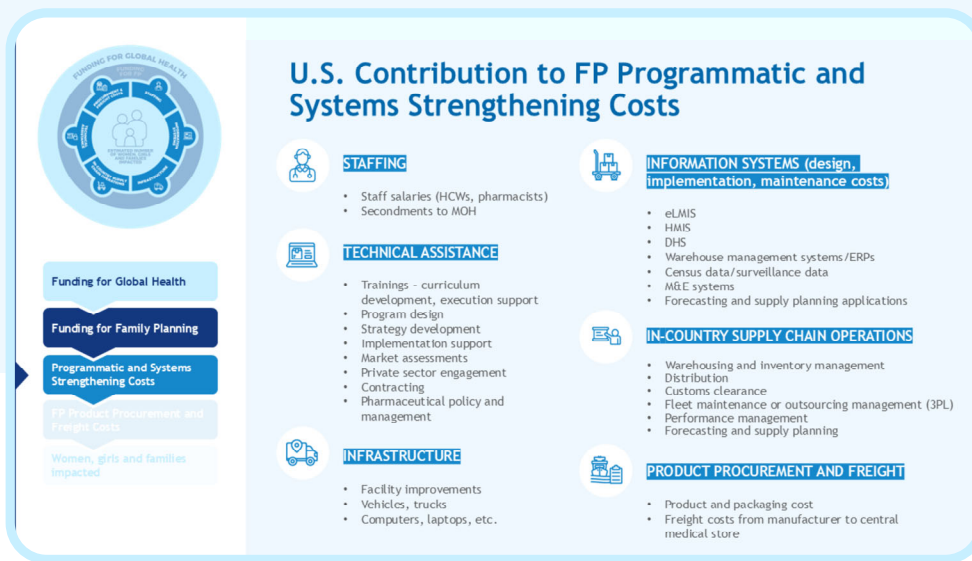
And this impact will not be felt evenly across all countries. The overall impact of these cuts will be influenced by the amount of U.S. funding being received, as well as how reliant countries are on U.S. family planning compared to other donor and domestic sources.

Just looking at the amount of U.S. funding going to countries, the *Just the Numbers 2024* analysis at Guttmacher looked at the budget appropriations data to see how the \$607.5 million that KFF reported was then split across countries. You can see here the range of what funding was budgeted for different countries, with the largest funding of over \$20 million in FY2023 going to Ethiopia, Jordan, Nigeria, and Uganda.

- 20-26 million: Ethiopia, Jordan, Nigeria, Uganda
- 15-20 million: Afghanistan, Bangladesh, DRC, Kenya, Mozambique, Tanzania,
- 10-15 Million: Angola, Benin, Burkina Faso, Burundi, Cote d'Ivoire, Egypt, Ghana, Guatemala, Haiti, Madagascar, Malawi, Mali, Nepal, Niger, Philippines, Senegal, Zambia
- 5-10 million: Guinea, India, Liberia, Mauritania, Pakistan, Rwanda, Sierra Leone, South Sudan, Togo, Yemen
- <5 million: Cambodia, Cameroon, Chad, Timor, Zimbabwe

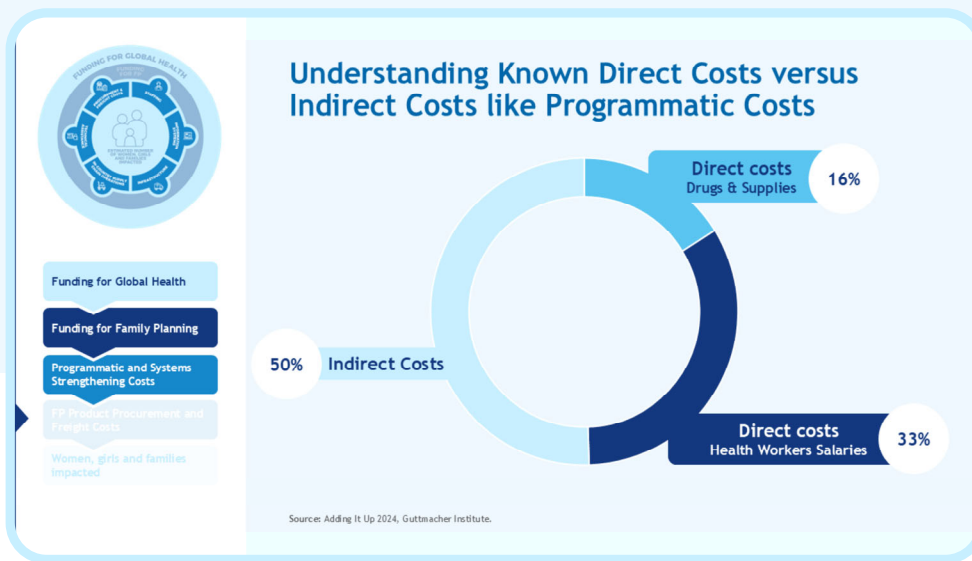
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Moving from funding down to programming—the third ring—it’s important for us to acknowledge the full range of different programmatic and health systems strengthening work that U.S. investment was supporting. This includes areas such as in-country staffing, technical assistance, information systems, supply chain operations and infrastructure, and product procurement and freight.

We’ll do a deeper dive in just a second to the procurement and freight costs, but it’s important to situate these in the larger landscape of what needs to be invested in to support family planning service delivery. But our goals leading up to ICFP is to start to fill in some of these other components. That breakdown is important to get closer to understanding and to quantifying on-the-ground country impacts of the cuts. It is also crucial to prioritizing how we respond and how we can fill the gap that this funding covered.

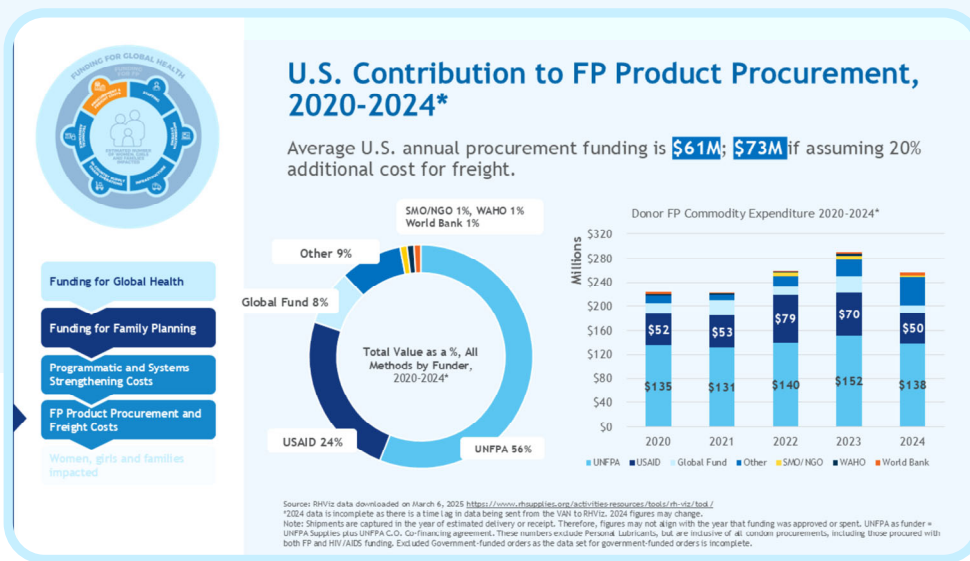


What we do know is generally the proportion of total costs that these different buckets of costs fall into. Work done at Guttmacher on *Adding It Up* estimates that product, drugs, and supplies are about 16% of the total costs for providing contraceptive care, with direct costs on health workers salaries at about 33% and then the rest of the costs fitting into more indirect or program and systems costs at around 50%.

I'm going to move in just a second to talking about what we know about the commodity gaps that are being created by lost U.S. funding right now, but the group of people working on the data we are sharing today have agreed to continue to work together between now and ICFP to try to estimate the impact of the lost U.S. funding on all of these different elements and to work to align methodologies for how we are measuring and capturing these.

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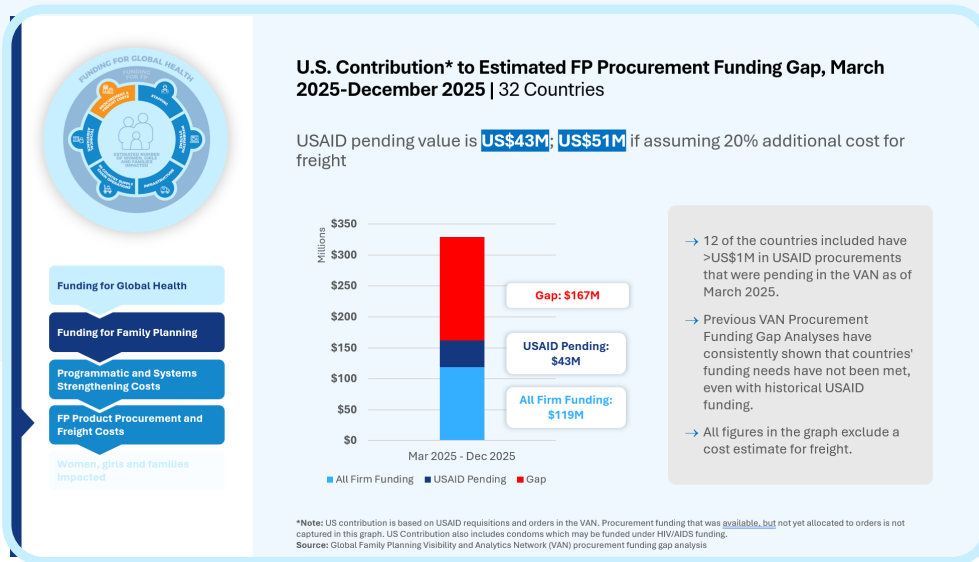
So what do we know about the impacts on procurement and freight costs?

As part of its mandate, the Reproductive Health Supplies Coalition focuses on the flow of reproductive health supplies into low-resource countries and has been asked by the community over the last 20 years to help understand and quantify who is procuring FP products, what are they procuring, and how those products fulfill country needs. The public facing dashboards from the Global FP Visibility and Analytics Network, or VAN, allow RHSC to quantify the U.S. contribution to average annual procurement funding spent by donors.

RHSC estimates that the U.S. government represents about 24% of the total, or about \$61 million dollars per year, on average, out of around \$250 million per year on family planning product procurement. If we add the usual 20% for freight costs on top, that is a total of about \$73 million per year spent by the U.S. on procurement.

For more information on the slide above, please contact the Reproductive Health Supplies Coalition at jwhite@rhsupplies.org.

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Thanks to the VAN data and partnerships, RHSC is also able to estimate the impact of a loss in the U.S. government funding in 2025 against what country governments need to maintain their desired family planning stock levels in the public sector as well as some NGO supply chains.

RHSC was able to estimate the gap across March to December 2025 with a point-in-time analysis based on the known procurement funding commitments as of March 2025. RHSC has results for 32 VAN Member countries, which covers all of the countries included in last year's VAN estimated procurement funding gap + some additional countries not included last year.

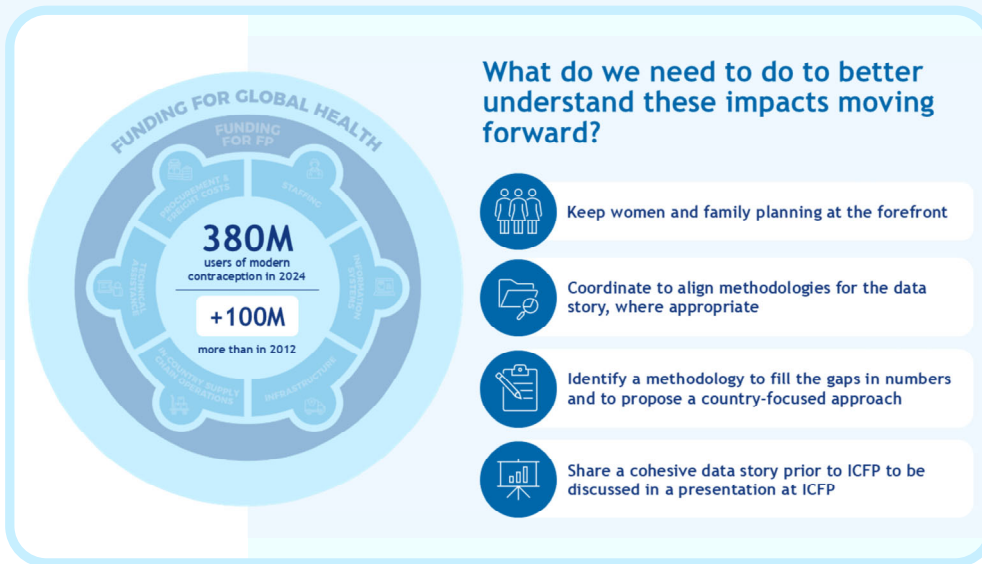
Here, all firm procurements are at the bottom of the graph. This includes funding from UNFPA, Global Fund, Governments, etc. The pending commitments from USAID in the VAN as of March 2025 are in the middle. The unfunded gap for countries to maintain their desired stock levels is at the top.

Adding together the bottom and the USAID block shows us that roughly \$162 million is necessary to keep the status quo. Adding in the block at the top of the bar shows us what is needed to cover the universe of need in order to maintain the desired family planning stock levels in the public sector and some NGO supply chains.

We know from previous VAN funding gap analyses, that there is a pre-existing and perennial funding gap for FP product procurement. If the pending USAID commitments do not materialize this year, then the funding gap for these countries could increase by \$43 million, or 25%. In addition, 12 of the 32 countries included have greater than \$1 million of USAID-funded FP procurements pending, which can have a significant impact on FP product availability.

For more information on the slide above, please contact the Reproductive Health Supplies Coalition at jwhite@rhsupplies.org.

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So, what does this all mean? It means that governments and other donors will have some important decisions to make in terms of figuring out how to continue to meet needs in a world without U.S. government contributions. There will be competing priorities across health areas, and there will be competing priorities within FP itself.

Do governments and other donors lean into supporting products or programs, or a bit of both? We have heard the rallying cry of "no product, no program" over the years, but it is also true, "no program, no product." Difficult decisions will have to be made to understand the whole system and how these parts work together. It will be crucial to understand with more precision what is happening at the country level and what governments want to prioritize to make precise decisions that help make every dollar go as far as it can.

Bottom line: data and insight will be critical, and we will all need to work together to coordinate and collaborate to stretch every dollar.

So, what do we need to do to better understand these impacts moving forward:

- First, our work is really about women and their families, as you see at the center of the circles. After all, in 2024 it was estimated that there are over 380 million users of modern contraception in low- and lower-middle income countries—that is 100 million

more women using a modern method than there were in 2012. And yet, many women continue to have an unmet need for contraceptive care. Millions of women are counting on us to continue to reach them. We must keep these women and their families at the forefront of our work.

- The group that put together the slides here is committed to continue to coordinate to align data sets, methodologies, and estimates for a more cohesive and impactful story.
- We will work together on a methodology that could allow us to start to estimate the gaps in numbers related to programmatic and systems strengthening, to give the much wider overall picture of costs and impacts.
- And we pledge to bring the updated numbers from the outlined coordination to be shared with the community prior to ICFP and discussed in a panel at ICFP.

All of this will be so that we can speak with one, unified and strong voice. Clear about the risk to women around the world. Clear about the need to prioritize and fund family planning. And clear about important action that must be taken to protect our field, the critical work that we do and the people we serve.

For more information on the slide above, please contact Jason Bremner at jbremner@fp2030.org and Shiza Farid at sfarid@fp2030.org.