



Just the Numbers: The Impact of U.S. International Family Planning Assistance, 2018

April 2018

The United States—through its Agency for International Development (USAID)—has long been a global leader in enabling women’s access to contraceptive services in the world’s poorest countries. Empowering women with control over their own fertility yields benefits for them, their children and their families. It means fewer unintended—and often high-risk—pregnancies and fewer abortions, which in poor countries are often performed under unsafe conditions. Better birth spacing also makes for healthier mothers, babies and families, and pays far-reaching dividends at the family, society and country levels.

The Benefits of U.S. International Family Planning Assistance

In federal fiscal year (FY) 2018, a total of \$607.5 million was appropriated for U.S. assistance for family planning and reproductive health programs. This level of funding makes it possible to achieve the following:

- 25 million women and couples receive contraceptive services and supplies;
- 7.5 million unintended pregnancies, including 3.3 million unplanned births, are averted;
- 3.2 million induced abortions are averted (2.1 million of which would have been provided in unsafe conditions); and
- 14,600 maternal deaths are averted.

The \$607.5 million total includes the U.S. contribution to the United Nations Population Fund (UNFPA) of \$32.5 million. In March 2018, the Trump administration announced that it would once again block funding to UNFPA. As in FY 2017, the funds will be reprogrammed for other family planning, maternal health and reproductive health activities.

Cuts Would Translate to Significant Setbacks

All the benefits detailed above would be erased if U.S. assistance for international family planning and reproductive health programs was eliminated. Moreover, each decrease of \$10 million in U.S. funding would result in the following:

- 416,000 fewer women and couples would receive contraceptive services and supplies;
- 124,000 more unintended pregnancies, including 54,000 more unplanned births, would occur;
- 53,000 more abortions would take place (35,000 of which would be provided in unsafe conditions); and
- 240 more maternal deaths would occur.

Funding reductions of different magnitudes would have proportional effects. For example, a \$20 million cut would result in double the impact described above.

Methodology and Sources

The estimates for FY 2018 and FY 2017 (as published in July 2017) are based on an updated methodology and are not directly comparable to iterations of this analysis prior to FY 2017. At the time of this analysis, neither FY 2017 nor FY 2018 funds for UNFPA had been allocated for other family planning, reproductive health or maternal health programs. Therefore, this FY 2018 analysis continues to include the impact of the \$32.5 million contribution as though it had been contributed to UNFPA. These estimates are based on the following sources: **Funding for family planning and reproductive health and allocations by country and region**—U.S. State Department and United Nations Population Fund.^{1,2} **Numbers of modern contraceptive users**—Calculated by dividing family planning allocations to countries and regional offices for FY 2017 by estimated 2017 country-level costs per user taken from the most recent comprehensive analysis of costs and benefits of family planning in developing countries,³ revised to incorporate new data for India.^{4,5} **Numbers of unintended pregnancies and other events prevented by users of modern contraceptives supported by U.S. funds**—Calculated as the difference between the annual number of events that would occur if women wanting to avoid pregnancy used modern methods and the number that would occur if they relied on traditional or no methods while remaining sexually active and not wanting to become pregnant.³⁻⁵ The main sources of data used for these estimates are national surveys of women’s pregnancy intention and method use,^{4,6} contraceptive service costs,^{7,8} contraceptive use-failure analyses,^{9,10} proportions of births that had not been wanted at the time or ever,^{4,11} estimates of the numbers of women having induced abortions,^{5,12} and estimates of numbers and causes of maternal deaths.^{13,14}

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