



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

For more than 40 years, the United States—through its Agency for International Development (USAID)—has been a global leader in enhancing 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, most of which in the developing world are 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

A total of \$610 million (of which \$35 million is designated for the United Nations Population Fund) is appropriated for U.S. assistance for family planning and reproductive health programs for FY 2012. This level of funding makes it possible to achieve the following:

- 31.6 million women and couples receive contraceptive services and supplies;
- 9.4 million unintended pregnancies, including 4.1 million unplanned births, are averted;
- 4 million induced abortions are averted (3 million of them unsafe);
- 22,000 maternal deaths are averted;
- 2.8 million fewer healthy years of life (DALYs) are lost among women; and
- 96,000 fewer children lose their mothers.

Eliminating U.S. assistance for international family planning and reproductive health programs would eliminate all benefits detailed above.

More Cuts Would Translate to More Setbacks

These gains would be seriously jeopardized if this already modest funding for the program were to be cut again. For example, each decrease of \$10 million in U.S. international family planning and reproductive health assistance would result in the following:

- 520,000 fewer women and couples would receive contraceptive services and supplies;
- 150,000 more unintended pregnancies, including 70,000 more unplanned births, would occur;
- 70,000 more abortions would take place (of which 50,000 would be unsafe);
- 400 more maternal deaths would occur;
- 50,000 more DALYs would be lost; and
- 2,000 more children would lose their mothers.

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

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 estimated family planning allocations to countries and regional offices for FY 2012 by estimated 2012 country-level costs per user, taken from the most recent comprehensive analysis of costs and benefits of family planning in 2008 in developing countries, adjusted for inflation to 2012.^{3,4} **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 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.^{4,5} The main sources of data used for these estimates are Demographic and Health Survey reports of women's pregnancy intention and method use,⁶ contraceptive use-failure,⁷ proportions of births that had not been wanted at the time or ever⁸ and, among those wanting to avoid pregnancy, the average number of living children;⁶ regional estimates of the numbers of women having induced abortions under safe and unsafe conditions;⁹ and World Health Organization estimates of maternal deaths¹⁰ and DALYs.¹¹

¹ Darroch JE, Guttmacher Institute, special tabulations of data from U.S. State Department, Foreign Assistance Dashboard, < <http://www.foreignassistance.gov/dataview.aspx/>>, accessed Apr. 23, 2012.

² United Nations Population Fund (UNFPA), *United Nations Population Fund Statistical and Financial Review*, 2010, New York: UN, 2011.

³ Singh S et al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and UNFPA, 2009.

⁴ Bureau of Labor Statistics, CPI Inflation Calculator, no date, <<http://data.bls.gov/cgi-bin/cpicalc.pl?cost1=1&year1=2008&year2=2012>>, accessed Feb. 28, 2012.

⁵ Darroch JE and Singh S, *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health—Estimation Methodology*, New York: Guttmacher Institute, 2011.

⁶ Audam S, Guttmacher Institute, special tabulations of data from Demographic and Health Survey files.

⁷ Cleland J, Ali MM and Shah I, Dynamics of contraceptive use, in: Department of Economic and Social Affairs, Population Division, UN, *Levels and Trends of Contraceptive Use as Assessed in 2002*, New York: UN, 2006, pp. 87–115.

⁸ Singh S, Sedgh G and Hussain R, Unintended pregnancy: worldwide levels, trends, and outcomes, *Studies in Family Planning*, 2010, 41(4):241–250.

⁹ Sedgh G et al., Induced abortion: estimated rates and trends worldwide, *Lancet*, 2007, 370(9595):1338–1345.

¹⁰ World Health Organization (WHO), *Trends in Maternal Mortality: 1990 to 2008: Estimates Developed by WHO, UNICEF, UNFPA and The World Bank*, Geneva: WHO, 2010.

¹¹ WHO, Mortality and burden of disease estimates for WHO member states in 2004, 2009, <http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls>, accessed May 2, 2009.