



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

For 50 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 birthspacing 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 2015. This level of funding makes it possible to achieve the following:

- 28 million women and couples receive contraceptive services and supplies;
- 6 million unintended pregnancies, including 3 million unplanned births, are averted;
- 2.4 million induced abortions are averted (1.9 million of them unsafe); and
- 12,000 maternal deaths are averted.

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:

- 460,000 fewer women and couples would receive contraceptive services and supplies;
- 97,000 more unintended pregnancies, including 45,000 more unplanned births, would occur;
- 39,000 more abortions would take place (of which 30,000 would be unsafe); and
- 200 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

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 2015 by estimated 2014 country-level costs per user, adjusted to FY2015 US\$, taken from the most recent comprehensive analysis of costs and benefits of family planning in developing countries.³ **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 The main sources of data used for these estimates are national surveys of women’s pregnancy intention and method use,⁴ contraceptive use-failure analyses,⁵ proportions of births that had not been wanted at the time or ever,⁶ regional estimates of the numbers of women having induced abortions under safe and unsafe conditions;⁷ and World Health Organization estimates of maternal deaths.⁸

¹ Darroch JE, Guttmacher Institute, special tabulations of data from U.S. State Department, Foreign Assistance Dashboard, < <http://www.foreignassistance.gov/dataview.aspx>>, accessed March 20, 2015.

² United Nations Population Fund (UNFPA), *United Nations Population Fund Statistical and Financial Review, 2013*, New York: United Nations, 2014.

³ Guttmacher Institute, special tabulations of data for Singh S, Darroch JE and Ashford LS, *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, New York: Guttmacher Institute, 2014.

⁴ Audam S, Guttmacher Institute, special tabulations of data from Demographic and Health Survey and Multiple Indicator Cluster Survey files.

⁵ Ali MM, Cleland J and Shah IH, *Causes and Consequences of Contraceptive Discontinuation: Evidence from 60 Demographic and Health Surveys*, Geneva: World Health Organization, 2012.

⁶ Sedgh G, Singh S and Hussain R, Intended and unintended pregnancies worldwide in 2012 and recent trends, *Studies in Family Planning*, 2014, 45(3):301–314.

⁷ Sedgh G et al., Induced abortion: incidence and trends worldwide from 1995 to 2008, *Lancet*, 2012, 379(9816):625–632.

⁸ WHO, *Trends in Maternal Mortality: 1990 to 2013: Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division*, Geneva: WHO, 2014.