JUST THE NUMBERS

The Impact of Swedish International Assistance for Modern Contraception, 2024

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Executive Summary

Access to comprehensive sexual and reproductive health and rights (SRHR)—including modern contraception—saves lives, advances gender equality and supports education, economic participation and sustainable development. Sweden has long been a leading donor in this area, contributing to programs that strengthen health systems and support the health and rights of women, adolescents, LGBTQI+ people and underserved populations worldwide.

Sweden's international assistance for modern contraception in 2024 is conservatively estimated at approximately **458 million SEK.** This investment enabled an estimated **3.6 million women and couples** in low- and middle-income countries to access modern contraceptive services. It also helped avert approximately:

- **1.3 million unintended pregnancies, including**
  - **507,000 unplanned births**
  - **388,000 unsafe abortions**
- **1,521 maternal deaths**

These results represent only one part of Sweden's broader SRHR contribution. Swedish assistance also supports maternal and newborn health, safe abortion care where legal, HIV and sexually transmitted infection services, comprehensive sexuality education, prevention of and response to gender-based violence, and stronger rights-based health systems.

At a time of declining development assistance, mounting humanitarian and climate-related crises, and growing opposition to SRHR, reductions in Swedish funding would have immediate consequences. A **40 million SEK annual decrease** would mean approximately **316,000 fewer women and couples** receiving modern contraceptive services. This could result each year in an estimated **111,000 additional unintended pregnancies, 44,000 additional unplanned births, 34,000 additional unsafe abortions and 133 additional maternal deaths.** Maintaining Sweden's investment and international leadership is therefore essential to protecting health and human rights, advancing gender equality and sustaining progress toward the 2030 Agenda for Sustainable Development.[1]

Methods: Using an established methodology developed by the Guttmacher Institute as part of its Just the Numbers series, we estimated the amount of Sweden's international development assistance for modern contraception and its impacts on reproductive health outcomes. Sweden's 2024 funding for modern contraception was estimated using Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee disbursement data and the revised Muskoka methodology. US dollar values were converted to Swedish krona using Sveriges Riksbank's 2024 annual average exchange rate.[2] Health impacts were modeled by the Guttmacher Institute using 2024 costs per contraceptive user and outcome ratios from the Adding It Up 2024 study[3] and the Family Planning Investment Impact Calculator methodology.[4] Because integrated programs and flexible funding cannot be fully identified in OECD reporting, the funding and impact estimates are conservative.

Sweden's Support for SRHR

Access to comprehensive SRHR, including modern contraceptive services, is essential for improving health outcomes and advancing gender equality. Investments in SRHR contribute to healthier lives while supporting education, economic participation and sustainable development across the life course.[5]

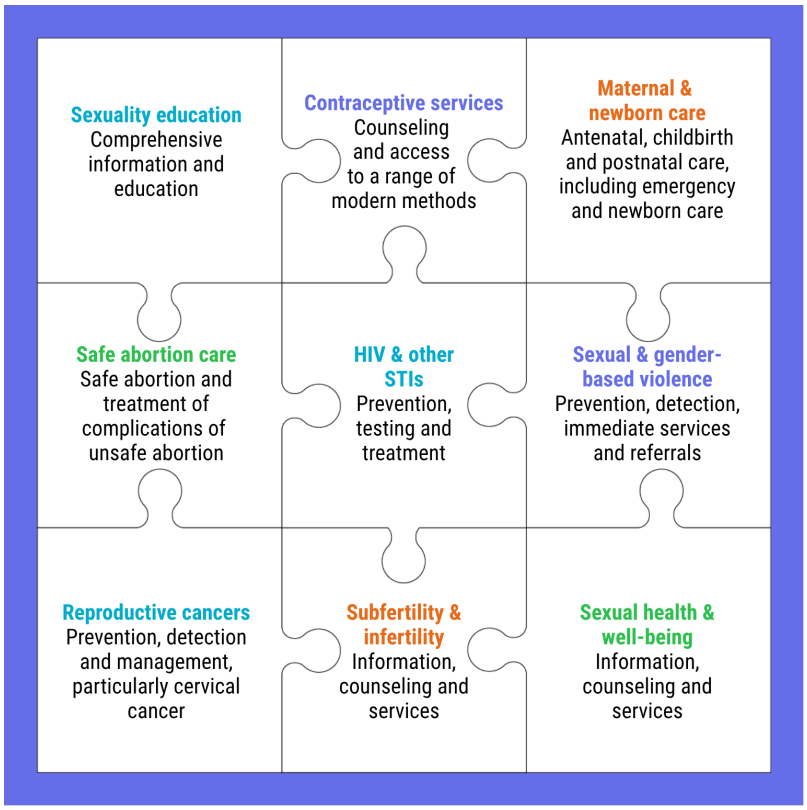
Sweden has a strong record of investments in SRHR. Through its international development cooperation, it has advanced the health and rights of women; adolescents; lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) individuals and other marginalized groups, while strengthening health systems and promoting gender equality. In 2024, Sweden

allocated 5.29% of its official development assistance to SRHR.[6] In July 2026, Sweden's government announced an additional 60 million SEK for the United Nations Population Fund (UNFPA)'s Midwifery Accelerator initiative.[7] This support is vital amid declining development investment, mounting humanitarian and climate-related crises, and growing opposition to SRHR in some countries. Swedish development cooperation shows that support for SRHR and gender equality is closely linked to socially constructed norms.[8] Therefore, sustained funding and advocacy are essential to deliver services, protect rights and enable lasting social change.

Comprehensive SRHR includes a broad package of essential services,[5] as shown in Figure 1. This analysis focuses specifically on one component, modern contraceptive services. Sweden's international assistance for modern contraception in 2024 was estimated at approximately 458 million SEK. In addition, funding is frequently integrated into broader programs and flexible funding modalities that cannot be fully captured using OECD Development Assistance Committee reporting and the revised Muskoka methodology (see Methodology and Sources section).

FIGURE 1

Access to modern contraception is one component in an essential package of sexual and reproductive health and rights interventions recommended by the Guttmacher-Lancet Commission[5]



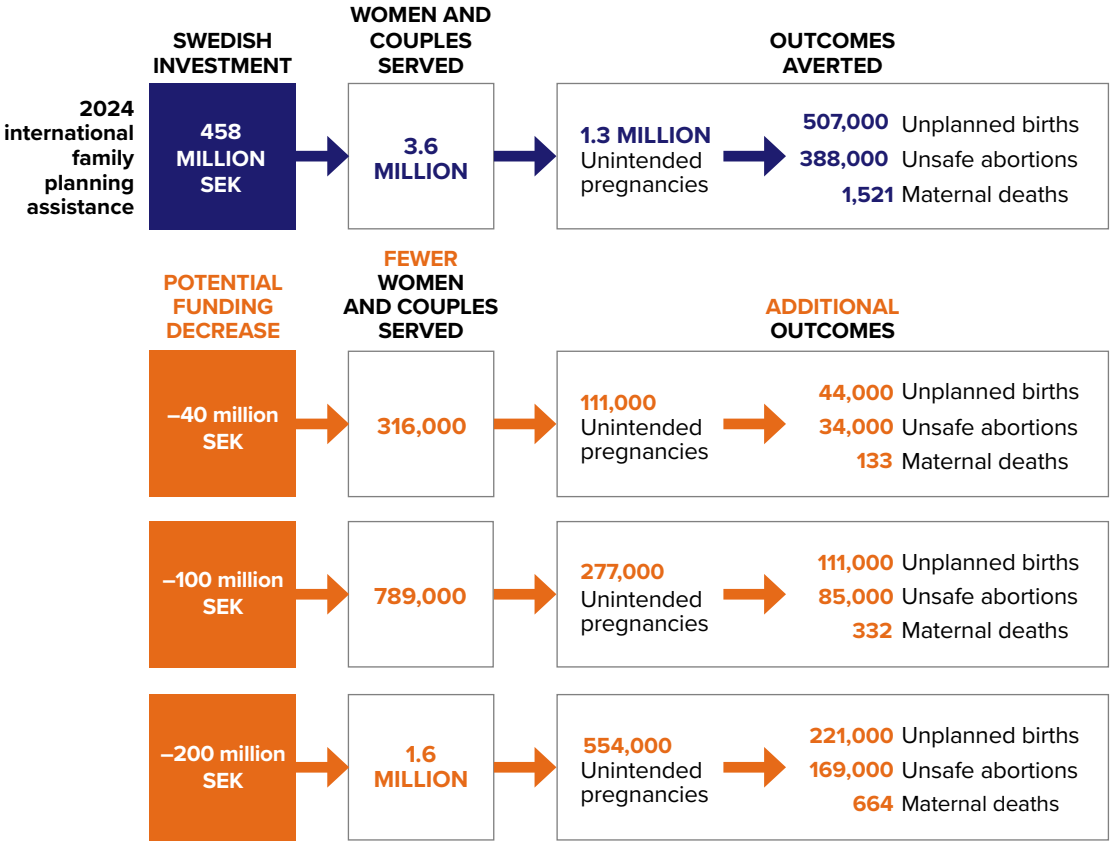
Impact of Swedish Investment in Modern Contraception

In 2024, Sweden's funding for modern contraception is estimated to have provided 3.6 million women and couples with such services, resulting in approximately 1.3 million unintended pregnancies averted and, consequently, 507,000 unplanned births, 388,000 unsafe abortions and 1,521 maternal deaths averted in low- and middle-income countries.

Figure 2 below shows the benefits of current Swedish investments and what is at risk if this funding is cut. Even relatively small decreases in international assistance for modern contraception would lead to fewer women and couples receiving contraceptive services and increases in unintended pregnancies, unsafe abortions, unplanned births and maternal deaths. For example, a 40 million SEK decrease in funding would result in approximately 316,000 fewer women and couples receiving modern contraceptive services per year, leading to an estimated 111,000 additional unintended pregnancies, 44,000 additional unplanned births, 34,000 additional unsafe abortions and 133 additional maternal deaths.

FIGURE 2

Estimated impact of Swedish international assistance for modern contraception in 2024 and projected consequences of potential reductions in funding



Notes: Impacts estimated using Adding It Up 2024 data from the Guttmacher Institute. SEK=Swedish krona.

Maintaining Swedish Leadership in SRHR Funding

Sweden's investments in SRHR and particularly modern contraceptive services have had significant, measurable impacts. They have saved lives, improved health and helped ensure that women and girls can decide if, and when, they want to have children. These investments also can contribute to broader development gains, including girls' education, women's economic participation, gender equality and stronger health systems.[5,9]

Importantly, the estimates in this analysis capture only one part of Sweden's broader SRHR contribution. The full impact is substantially larger, as Swedish investments also contribute to maternal and newborn health, safe abortion care where legal, HIV and sexually transmitted infection services, gender-based violence prevention and response, comprehensive sexuality education and wider efforts to strengthen rights-based health systems.[5,10]

Sweden has consistently been among the leading international donors supporting SRHR. At a time when global financing for SRHR is under increasing pressure, maintaining Sweden's influence and investment in modern contraception and comprehensive SRHR will be critical for protecting women's health, advancing gender equality and human rights, and sustaining progress toward the 2030 Agenda for Sustainable Development[1] and beyond.

Methodology and Sources

Modern contraceptive funding data

For this analysis, the Guttmacher Institute estimated Sweden's international assistance for modern contraceptive funding for calendar year 2024. Modern contraceptive disbursements data at the country level were derived from 2024 Organisation for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC) data using the revised Muskoka methodology. The Muskoka2 methodology estimates the proportion of bilateral and multilateral contributions that support reproductive, maternal, newborn and child health using official development assistance data reported to the OECD DAC.[11,12]

At the 2012 London Summit on Family Planning, donor governments agreed to a revised Muskoka methodology for estimating aid to modern contraception specifically.[13] For bilateral funding, shares were applied to relevant DAC purpose codes; for multilateral core contributions, fixed shares were applied to total disbursements: 20% for UNFPA, 5% for the World Health Organization, 1% for International Development Association contributions to the World Bank and 5% for the Global Fund.[6(p.110–111)] Disbursements were organized by recipient country or location where possible, including funding to regions and unspecified recipients.

This methodological approach represents a relatively conservative estimate of Swedish bilateral and multilateral funding for modern contraception in 2024 (over US$43 million, or approximately 458 million SEK) compared with some other available sources, with one reporting an amount close to three times higher than this analysis for Sweden's bilateral funding and contraception–adjusted share of core contributions to UNFPA.[14] For sources listing US dollars, a 2024 exchange rate of 10.56 SEK per US dollar was applied per Sveriges Riksbank's 2024 annual average estimate.[2]

Modeled estimates for health outcomes

The impacts of current and any potential decreased investments in this analysis are based on costs and impacts from Adding It Up 2024[3] and the Family Planning Investment Impact Calculator methodology.[4] The number of women and couples who would receive contraceptive care at a given funding level was estimated by dividing the annual investment by the average annual cost of contraceptive care per user. This average cost reflects the distribution of contraceptive methods in use and the cost of annual use of each method in the recipient country as of 2024. It encompasses both direct contraceptive service delivery costs and associated program and system costs necessary to support the broader health system in providing this care.

Ratios of health outcomes per contraceptive user served, drawn from Adding It Up 2024, were applied to estimate the number of unintended pregnancies, unsafe abortions, unplanned births and maternal deaths averted at each funding level. Outcomes are based on costs in the current service provision environment and do not account for the additional indirect costs that would be required to scale up services to reach many additional users, such as new infrastructure development or workforce expansion.

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