



## **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 newborns and their families. It means fewer unintended—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 \$615 million (of which \$40 million is designated for the United Nations Population Fund) is appropriated for U.S. assistance for family planning and reproductive health programs for the remainder of FY 2011, a cut of about \$33 million below the FY 2010 amount. This level of funding makes it possible for

- 37.4 million women and couples to receive contraceptive services and supplies;
- 11.7 million unintended pregnancies and 5.1 million unplanned births to be averted;
- 5.1 million induced abortions to be averted (3.7 million of them unsafe);
- 32,000 maternal deaths to be averted;
- 3.6 million fewer healthy years of life (DALYs) to be lost among women; and
- 140,000 fewer children to 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:

- 610,000 fewer women and couples would receive contraceptive services and supplies;
- 190,000 more unintended pregnancies, and 82,000 more unplanned births, would occur;
- 83,000 more abortions would take place (of which 60,000 would be unsafe);
- 500 more maternal deaths would occur;
- 59,000 more years of healthy life (DALYs) would be lost; and
- 2,300 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 data<sup>1</sup> and the most recent United Nations Population Fund reports of family planning funding and expenditures.<sup>2,3</sup> **Numbers of modern contraceptive users**—Estimated by dividing family planning allocations to countries and regional offices for FY 2010 by country-level costs per user taken from a recent analysis of costs and benefits of family planning in developing countries.<sup>4</sup> **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.<sup>4,5</sup> The main sources of data used for these estimates are Demographic and Health Survey reports of women's pregnancy intention and method use,<sup>6</sup> contraceptive use-failure,<sup>7</sup> proportions of births that had not been wanted at the time or ever<sup>8</sup> and, among those wanting to avoid pregnancy, average number of living children;<sup>6</sup> regional estimates of the numbers of women having induced abortions under safe and unsafe conditions;<sup>9</sup> and World Health Organization estimates of maternal death<sup>10</sup> and DALY levels.<sup>11</sup>

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<sup>1</sup> Darroch JE, Guttmacher Institute, special tabulations of data from U.S. State Department, Foreign Assistance Dashboard, < <http://www.foreignassistance.gov/dataview.aspx/>>, accessed Jan. 31, 2011.

<sup>2</sup> United Nations Population Fund (UNFPA), *Annual Report 2009*, New York: UNFPA, 2010.

<sup>3</sup> UNFPA, *United Nations Population Fund Statistical and Financial Review*, 2009, New York: UN, 2010.

<sup>4</sup> 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.

<sup>5</sup> Darroch JE and Singh S, Estimating unintended pregnancies averted by couple-years of protection (CYP), New York: Guttmacher Institute, 2011, <http://www.guttmacher.org/pubs/2011/01/24/Guttmacher-CYP-Memo.pdf>, accessed March 7, 2011.

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

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

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

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

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

<sup>11</sup> WHO, Mortality and burden of disease estimates for WHO member states in 2004, 2009, <[http://www.who.int/healthinfo/global\\_burden\\_disease/gbddeathdalycountryestimates2004.xls](http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls)>, accessed May 2, 2009.