

# Estimating the Impact of USAID-Funded Contraceptives: Cameroon



## Overall Contraceptive Use by Method

### Estimated Contraceptive Users, 2020-2024

	2020	2021	2022	2023	2024
<b>Condoms</b>	582,000	619,000	657,000	699,000	737,000
<b>Pills</b>	70,000	75,000	79,000	84,000	89,000
<b>Injectables</b>	217,000	231,000	245,000	261,000	275,000
<b>Implants</b>	140,000	149,000	158,000	168,000	178,000
<b>IUD</b>	49,000	52,000	55,000	59,000	62,000
<b>Sterilization</b>	14,000	15,000	16,000	17,000	18,000
<b>Other</b>	42,000	45,000	47,000	51,000	53,000
<b>Total</b>	1,114,000	1,186,000	1,257,000	1,339,000	1,412,000

Source: Method Mix from 2018 DHS applied to modern user estimates from FP2030 2025 Report

## USAID's Contribution to Contraceptive Procurement

### USAID-Funded Contraceptive Commodities Procured, 2020-2024

	2020	2021	2022	2023	2024
<b>Condoms</b>	1,422,000	940,005	675,000	1,265,325	1,414,000
<b>Pills</b>	0	0	0	0	0
<b>Injectables</b>	0	0	0	0	0
<b>Implants</b>	0	0	0	0	0
<b>IUD</b>	0	0	0	0	0
<b>Other</b>	0	0	0	0	0

Source: RH Viz, April 2025

Note: "Other" includes emergency contraception, syringes and accessories, standard days method, and trocars. Condom values have been adjusted to exclude condoms procured for HIV programs. For USAID, an assumption was made that 75% of condoms were procured for HIV programs (based on reporting from GHSC-PSM)

## Estimating the Comparative Value of USAID's Contraceptive Procurement

### Total USD Value of Donor-Funded Contraceptive Products Procured, by Funder, 2020-2024

	2020	2021	2022	2023	2024
<b>UNFPA Supplies</b>	\$2,882,087	\$840,442	\$1,367,491	\$2,417,779	\$1,613,774
<b>USAID</b>	\$78,394	\$119,833	\$99,456	\$84,939	\$115,920
<b>Other Donor</b>	\$0	\$0	\$0	\$0	\$0
<b>NGO/SMO</b>	\$0	\$0	\$43,200	\$60,580	\$42,500
<b>Other</b>	\$0	\$0	\$0	\$0	\$51,470
<b>UNFPA Co Financing</b>	\$0	\$0	\$5,164	\$0	\$0
<b>Total</b>	\$2,960,481	\$960,275	\$1,515,311	\$2,563,298	\$1,823,664
<b>% USAID</b>	3%	12%	7%	3%	6%

Source: RH Viz, April 2025

Note: Values are only for the commodities and do not include estimates of the shipping and associated costs to get those products to the country. Values exclude personal lubricants. Condom values have been adjusted to exclude condoms procured for HIV programs. For USAID, an assumption was made that 75% of condoms were procured for HIV programs (based on reporting from GHSC-PSM) and for Global Fund, an assumption was made that 100% of condoms were procured for HIV.

## Estimating the Impacts of Donor-Funded Contraceptives and USAID's Contribution

### Estimated Impacts of Contraceptive Products Procured in 2024

	Impacts of Total Commodities (all funders)	Impacts of USAID-funded Commodities only	Impacts of Total Commodities <u>without</u> USAID-funded Commodities	% of Total Impact that came from USAID
<b>Demographic impacts</b>				
<i>Unintended pregnancies averted</i>	341,600	3,700	337,900	1%
<i>Live births averted</i>	150,700	1,600	149,100	1%
<i>Abortions averted</i>	147,200	1,500	145,700	1%
<b>Health impacts</b>				
<i>Maternal deaths averted</i>	1,010	11	999	1%
<i>Child deaths averted*</i>	5,920	60	5,860	1%
<i>Unsafe abortions averted</i>	129,700	1,400	128,300	1%
<b>Couple Years of Protection (CYPs)</b>				
<i>Total CYPs (FP only)</i>	703,382	11,783	691,598	2%

Notes: Impact estimates are Service-Lifespan impacts based on default Impact2 Model values; RH Viz does not specify implant or injectable type, so implant procurement was split evenly into 5-year and 3-year implants, and injectables were assumed to be 3-month injectables; 2025 commitments (in terms of \$ or products) not available, so 2024 is a proxy to estimate the impact of USAID funded FP commodity procurement

\* Estimates of child deaths averted may be unreliable because there is currently very limited data about the linkages between CPR, birth spacing and child mortality. This part of Impact 2 will be updated as improved research becomes available.