

# Estimating the Impact of USAID-Funded Contraceptives: Liberia



## Overall Contraceptive Use by Method

### Estimated Contraceptive Users, 2020-2024

	2020	2021	2022	2023	2024
<b>Condoms</b>	19,000	20,000	21,000	22,000	23,000
<b>Pills</b>	39,000	41,000	43,000	46,000	48,000
<b>Injectables</b>	192,000	202,000	213,000	225,000	237,000
<b>Implants</b>	63,000	67,000	70,000	74,000	78,000
<b>IUD</b>	1,000	1,000	1,000	1,000	2,000
<b>Sterilization</b>	1,000	1,000	1,000	1,000	2,000
<b>Other</b>	5,000	5,000	6,000	6,000	6,000
<b>Total</b>	320,000	337,000	355,000	375,000	396,000

Source: Method Mix from 2019-20 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>	2,525,250	1,851,750	0	517,500	730,500
<b>Pills</b>	766,080	0	234,000	0	0
<b>Injectables</b>	583,000	0	73,000	0	0
<b>Implants</b>	0	25,000	0	0	0
<b>IUD</b>	1,500	10,200	0	0	0
<b>Other</b>	1,500	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>	\$721,938	\$529,307	\$357,983	\$254,000	\$172,672
<b>USAID</b>	\$736,686	\$232,304	\$210,500	\$16,871	\$23,814
<b>Other Donor</b>	\$0	\$0	\$343,961	\$365,500	\$0
<b>NGO/SMO</b>	\$0	\$0	\$201,000	\$0	\$127,300
<b>Other</b>	\$0	\$0	\$170,850	\$0	\$0
<b>UNFPA Co Financing</b>	\$12,910	\$0	\$0	\$0	\$0
<b>Total</b>	\$1,471,534	\$761,611	\$1,284,294	\$636,371	\$323,786
<b>% USAID</b>	50%	31%	16%	3%	7%

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>	32,500	1,900	30,600	6%
<i>Live births averted</i>	14,700	800	13,900	5%
<i>Abortions averted</i>	13,400	800	12,600	6%
<b>Health impacts</b>				
<i>Maternal deaths averted</i>	110	6	104	5%
<i>Child deaths averted*</i>	520	30	490	6%
<i>Unsafe abortions averted</i>	11,420	680	10,740	6%
<b>Couple Years of Protection (CYPs)</b>				
<i>Total CYPs (FP only)</i>	66,478	6,088	60,390	9%

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.