

JUST THE NUMBERS

The Impact of Canadian International Assistance for Family Planning, 2017–2018



Canada has made a strong and bold commitment to position itself as an international leader in the health, rights and well-being of women and girls. In 2017, Global Affairs Canada—the Canadian government department that administers international assistance under the new Feminist International Assistance Policy—dedicated CA\$650 million (US\$506 million) over a three-year period (2017–2020) for the sexual and reproductive health and rights of women and girls. This funding comes in addition to Canada’s 2015–2020 commitment of CA\$3.5 billion (US\$2.7 billion) to maternal, newborn and child health, which also includes components of sexual and reproductive health services and information.

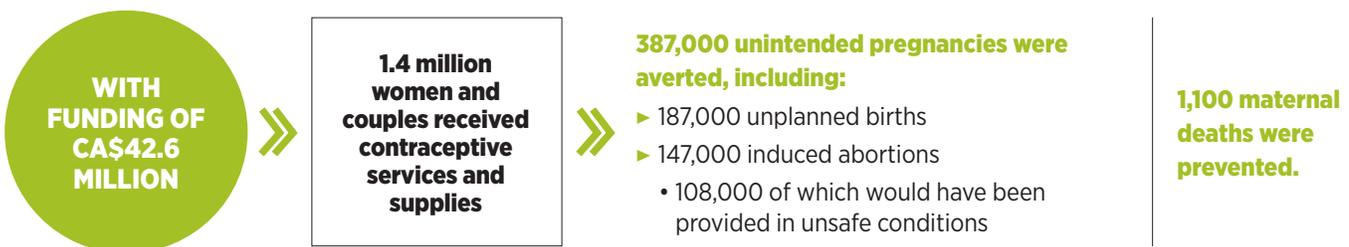
Sexual and reproductive health and rights are essential for sustainable development, gender equality and women’s well-being; maternal, newborn, child and adolescent health; and economic development and environmental sustainability.¹ A comprehensive package of sexual and reproductive health services includes contraceptives and maternal and newborn care, as well as other indispensable services, such as safe abortion care, comprehensive sexuality education, gender-based violence interventions and services to meet the needs of neglected populations, e.g., adolescents and people in humanitarian crises. Addressing the full range of sexual and reproductive health and rights needs of all people throughout their lives is essential to ensuring a healthy society.

Family planning is a fundamental component of comprehensive sexual and reproductive health. Ensuring that women control their own fertility benefits women, their children and their families. Empowered decision making means fewer unintended—and often high-risk—pregnancies and fewer abortions, which are often performed under unsafe conditions in developing regions and countries with restrictive abortion laws. It also makes for healthier mothers, babies and families, and pays far-reaching dividends at the family, society and national levels.

Family planning is one part of Canada’s comprehensive program to promote sexual and reproductive health and rights. This document analyzes the family planning component of Canada’s commitment and Canada’s potential to take further action to enhance its role as a world leader in sexual and reproductive health and rights.

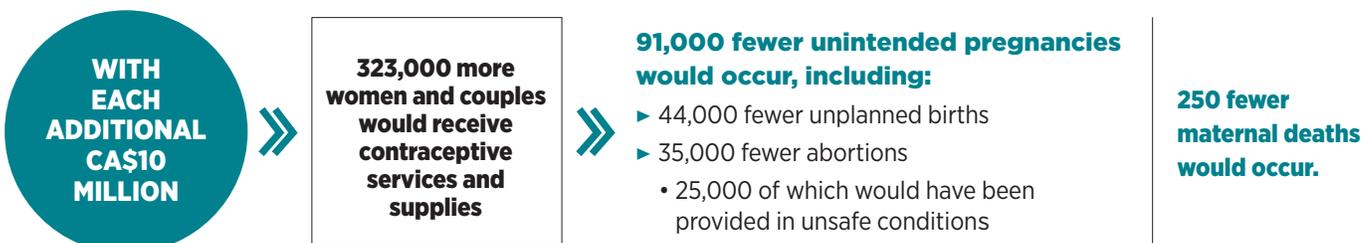
The Benefits of Canada’s International Assistance for Family Planning

In federal fiscal year 2017/18, a total of CA\$460 million (US\$358 million) was spent on Canada’s international assistance for sexual and reproductive health and rights, of which CA\$42.6 million (US\$33.2 million) was spent on family planning.² This level of funding achieved the following:



Increased Commitment Would Improve Outcomes

An increase in funding would amplify these benefits. An additional CA\$10 million (US\$7.8 million) in Canadian international family planning assistance would result in the following:



Methodology and Sources

Canada's funding for family planning allocations by country and region include bilateral amounts coded to the Development Assistance Committee (DAC) Purpose Code 13030 (Family Planning) as well as core funding to United Nations Population Fund based on its 2017 Annual Report, and UN Women, based on Global Affairs Canada (GAC) estimates, allocated to family planning.³ Figures represent Fiscal Year (FY) 2017/18 (April 1 to March 31) in Canadian dollars. Amounts do not include family planning delivered through humanitarian assistance which is coded to the DAC Emergency Response Purpose Codes.² Conversion to US\$ is based on the OECD-DAC 2017/2018 monthly average (CA\$1.283497083 to US\$1). GAC considers FY 2017/18 funding information preliminary until final verification in March 2019. Estimates of cost and impact are based on the following: **Numbers of modern contraceptive users**—Calculated by dividing family planning allocations to countries and regional offices for FY 2017/18 by estimated 2017 country-level costs per user taken from the most recent comprehensive analysis of costs and benefits of family planning in developing countries,⁴ revised to incorporate new data for India.^{5,6} **Numbers of unintended pregnancies and other events prevented by users of modern contraceptives supported by Canada'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 annual number of events that would occur if women relied on traditional or no methods while remaining sexually active and not wanting to become pregnant.^{4,6} The main sources of data used for these estimates are national surveys of women's pregnancy intention and method use,^{5,7} contraceptive service costs,^{8,9} contraceptive use-failure analyses,^{10,11} proportions of births that had not been wanted at the time or ever,^{5,12} estimates of the numbers of women having induced abortions^{6,13} and estimates of numbers and causes of maternal deaths.^{14,15}

Acknowledgments

This fact sheet was made possible by a grant from the Bill & Melinda Gates Foundation. The views expressed are those of the authors and do not necessarily reflect the positions and policies of the donor.

References

1. Starrs AM et al., Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, *Lancet*, 391(10140):2642–2692.
2. Special tabulations of data from the Global Affairs Canada financial database.
3. United Nations Population Fund (UNFPA), *United Nations Population Fund Statistical and Financial Review, 2016*, New York: United Nations, 2017.
4. Guttmacher Institute, Adding it up: investing in contraception and maternal and newborn health, 2017, *Fact Sheet*, New York: Guttmacher Institute, 2017.
5. India: Standard Demographic and Health Survey (DHS), 2015–2016 dataset, DHS Program, ICF International.
6. Singh S et al., The incidence of abortion and unintended pregnancy in India, 2015, *Lancet Global Health*, 2018, 6(1):e111–e120.
7. Guttmacher Institute, Special analysis of data from Demographic and Health Surveys, Multiple Indicator Cluster Surveys, Performance Monitoring and Accountability 2020 and other national survey data files.
8. Guttmacher Institute, Special analysis of contraceptive commodity and supply costs from UNFPA, Reproductive Health Interchange database; Management Sciences for Health, *International Drug Price Indicator Guide*, 2015; and United Nations Children's Fund, Supply Catalogue, 2016.
9. Serje J et al., Global health worker salary estimates: an econometric analysis of global earnings data, *Cost Effectiveness and Resource Allocation*, 2018, 16:10.
10. Bradley SEK et al., Global contraceptive failure rates: Who is most at risk? paper presented at the annual meeting of the Population Association of America, Chicago, Apr. 27–29, 2017.
11. Trussell J, Contraceptive failure in the United States, *Contraception*, 2011, 83(5):397–404.
12. Bearak J et al., Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model, *Lancet Global Health*, 2018, 6(4):e380–e389.
13. Sedgh G et al., Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends, *Lancet*, 2016, 388(10041):258–267.
14. World Health Organization (WHO), *Trends in Maternal Mortality: 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*, Geneva: WHO, 2015.
15. Institute for Health Metrics and Evaluation (IHME), Global burden of disease study 2015 results, Seattle, WA, USA: IHME, 2016, <http://ghdx.healthdata.org/gbd-results-tool>.