

# Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014

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ADD

The Benefits  
Reproductive

Adding It



THE COSTS AND  
INVESTING IN  
MATERNAL AND



ADDING IT UP

The Costs and Benefits of Investing in  
Sexual and Reproductive Health 2014



# Data Sources

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- Surveys of women
- Data from key international health and demographic organizations
- Results from clinical trials and analyses of effect of health care interventions

# Estimation approach

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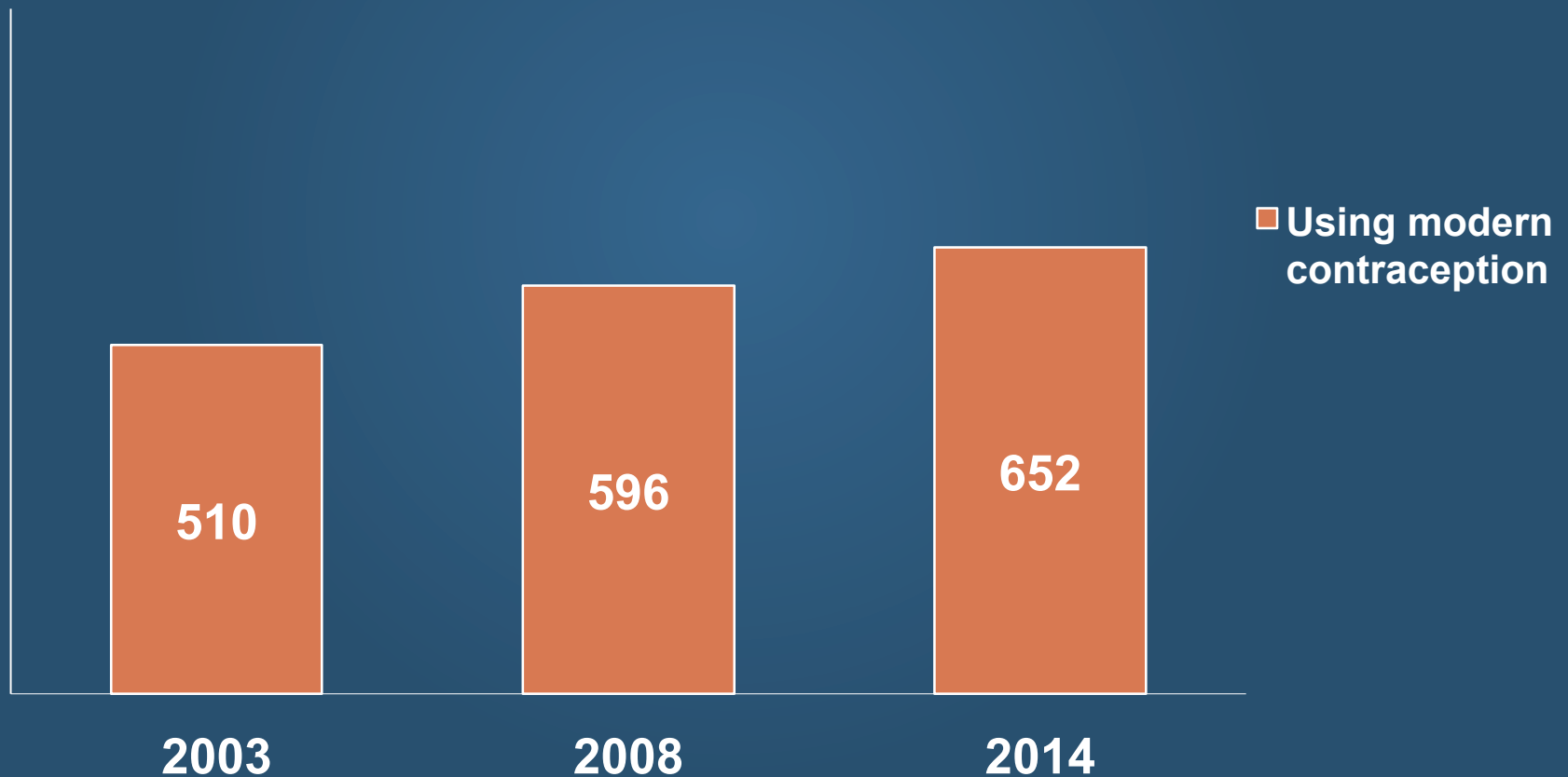
- Present estimates for 2014
- Cover all developing regions and all women 15-49
- Use United Nations regional groupings
- Compare three scenarios of coverage:
  - No care, current status, 100% needs met
- Identify synergies between SRH areas
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# **Key Findings on Women's Need for Sexual and Reproductive Health Services**

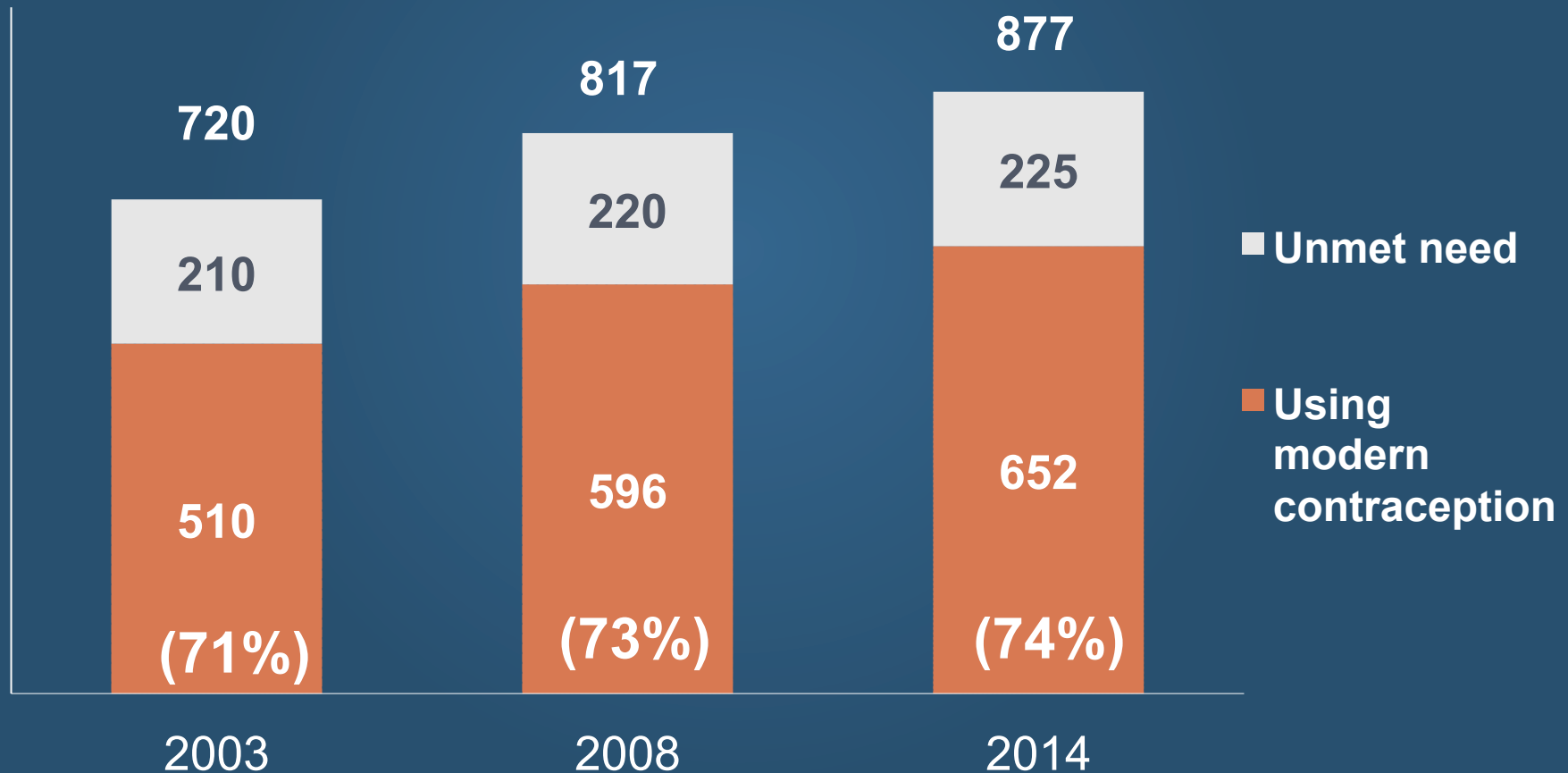
# Modern contraceptive use grew by a large margin over the last decade...

No. of women wanting to avoid pregnancy (millions)



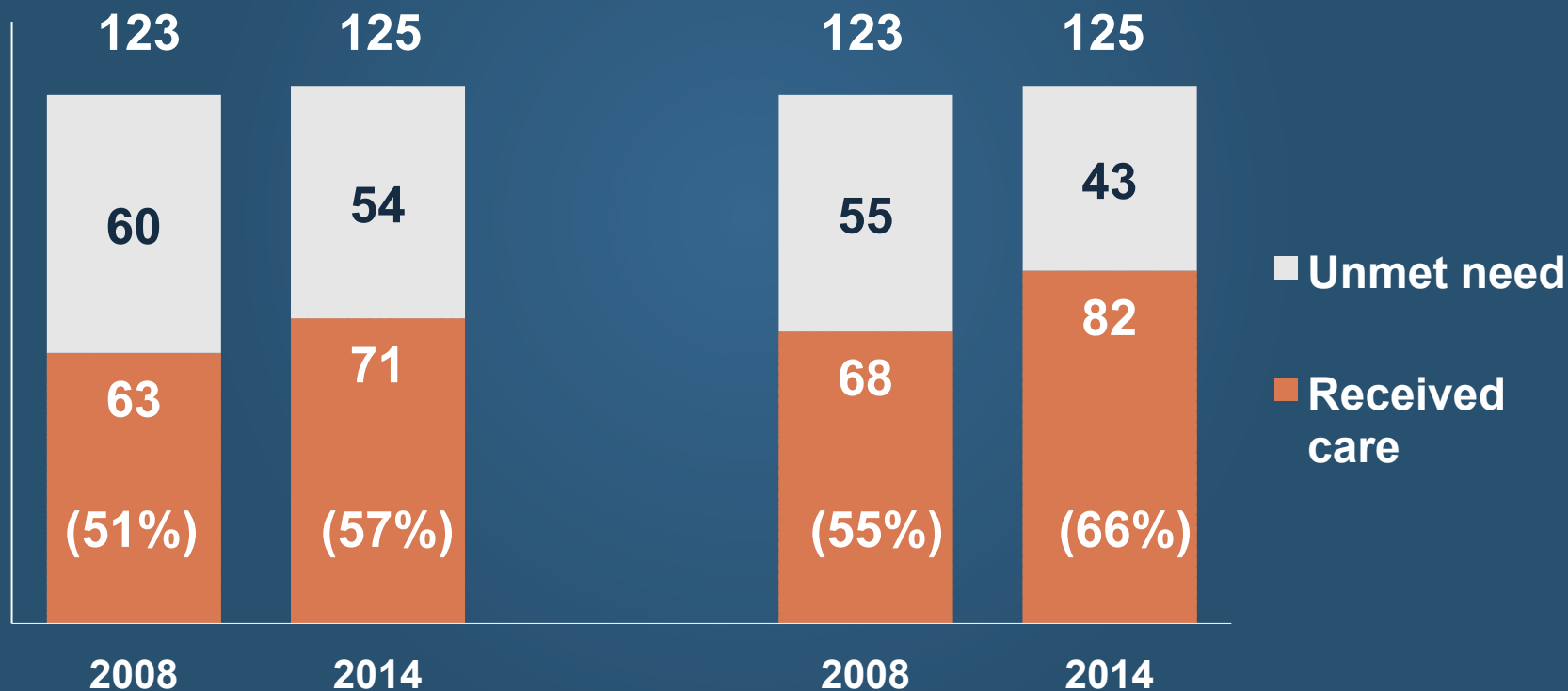
## ... but unmet need did not decline

No. of women wanting to avoid pregnancy (millions)



# Pregnancy-related care increased, 2008–2014, but millions of women still lack essential services

No. of women giving birth (millions)



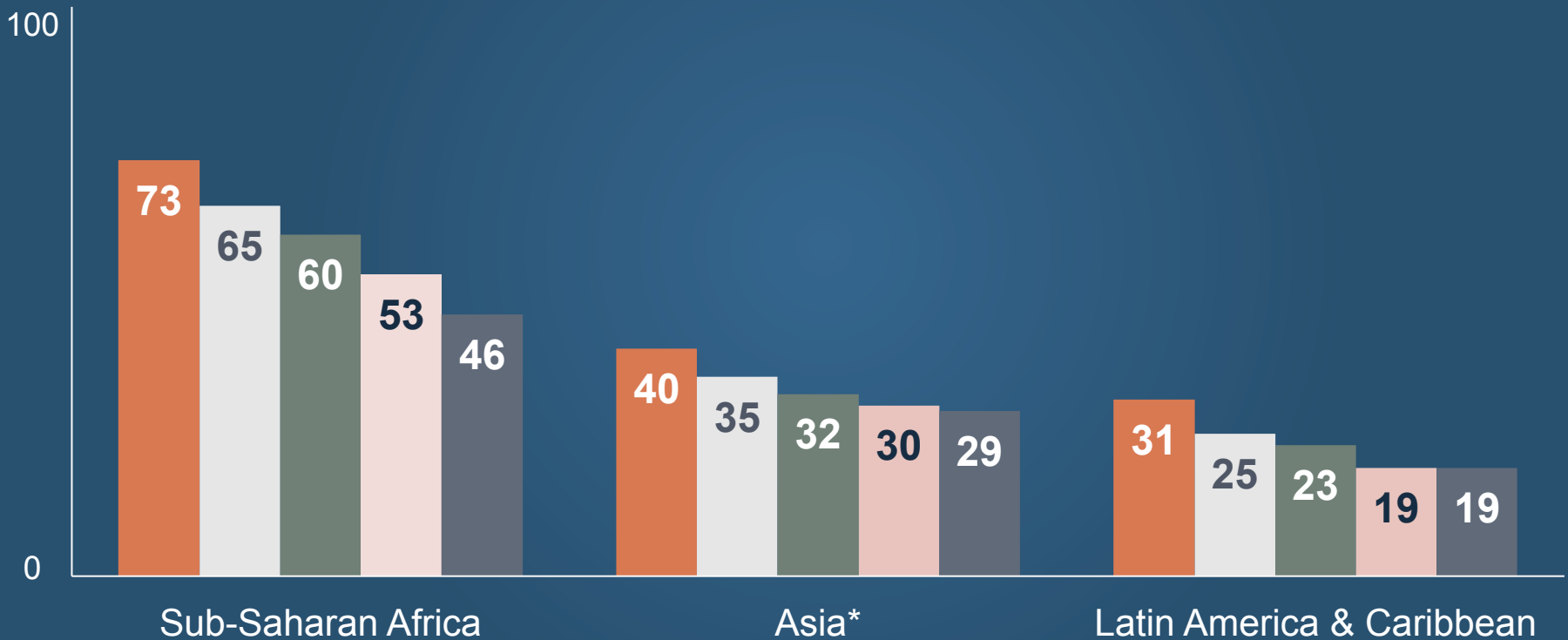
4+ antenatal care visits

Facility delivery



# Levels of unmet need for modern contraception are highest among the poorest women

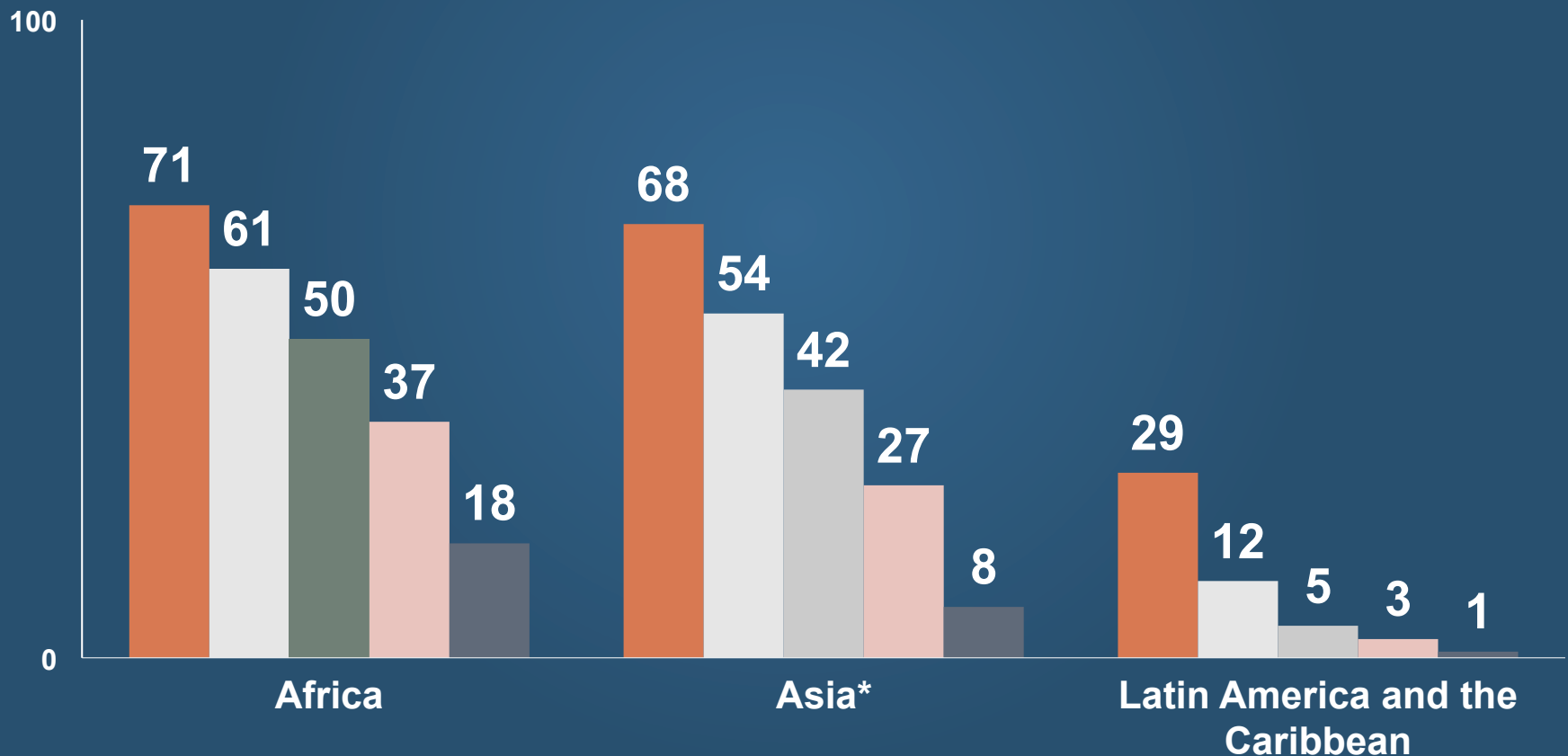
% of women wanting to avoid pregnancy who have an unmet need, 2014



Wealth quintile: ■ Poorest ■ Poor ■ Middle ■ Rich ■ Richest

# Across developing regions, unmet need for delivery in a health facility is highest among the poorest women.

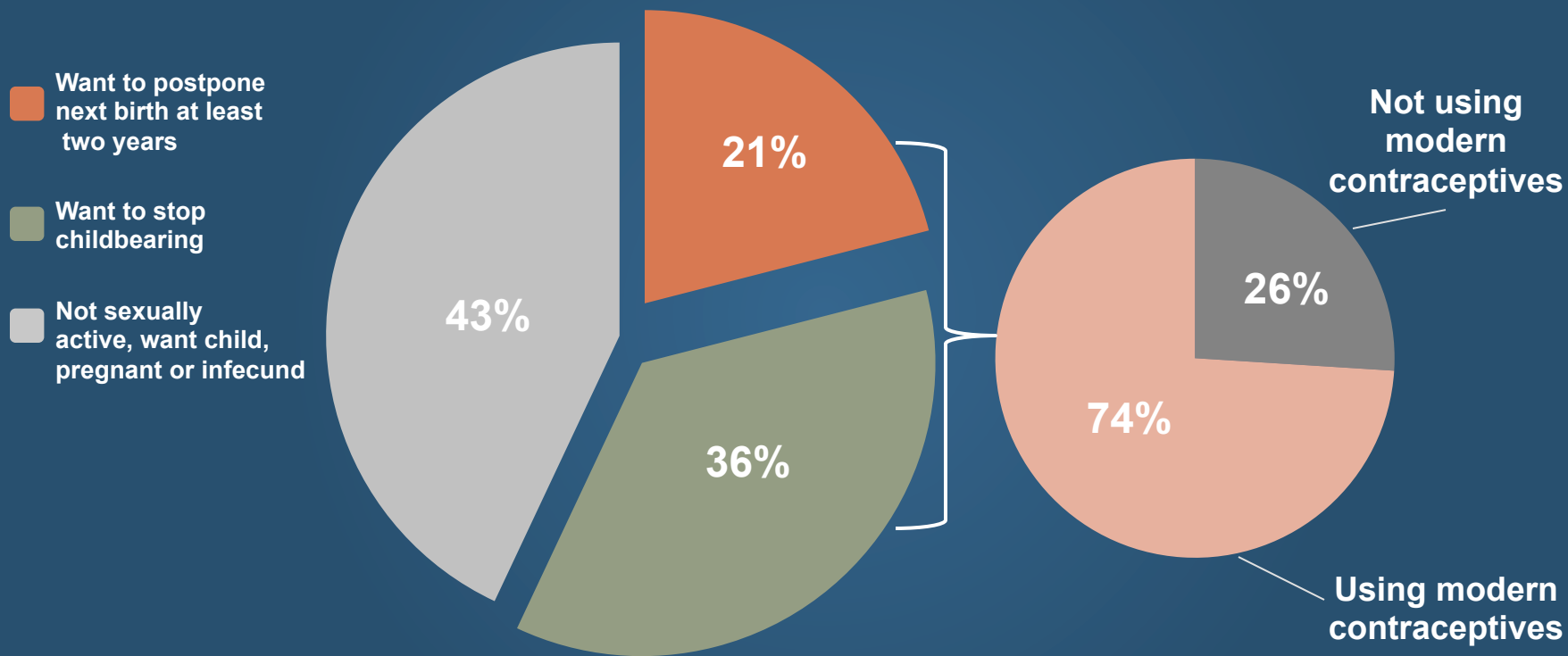
% of women giving birth who do not delivery in a facility, 2014



Wealth quintile: **Poorest** **Middle** **Rich** **Richest**  
#AddingItUp | [Guttmacher.org](http://Guttmacher.org)

\*Excludes Eastern Asia and Oceania.

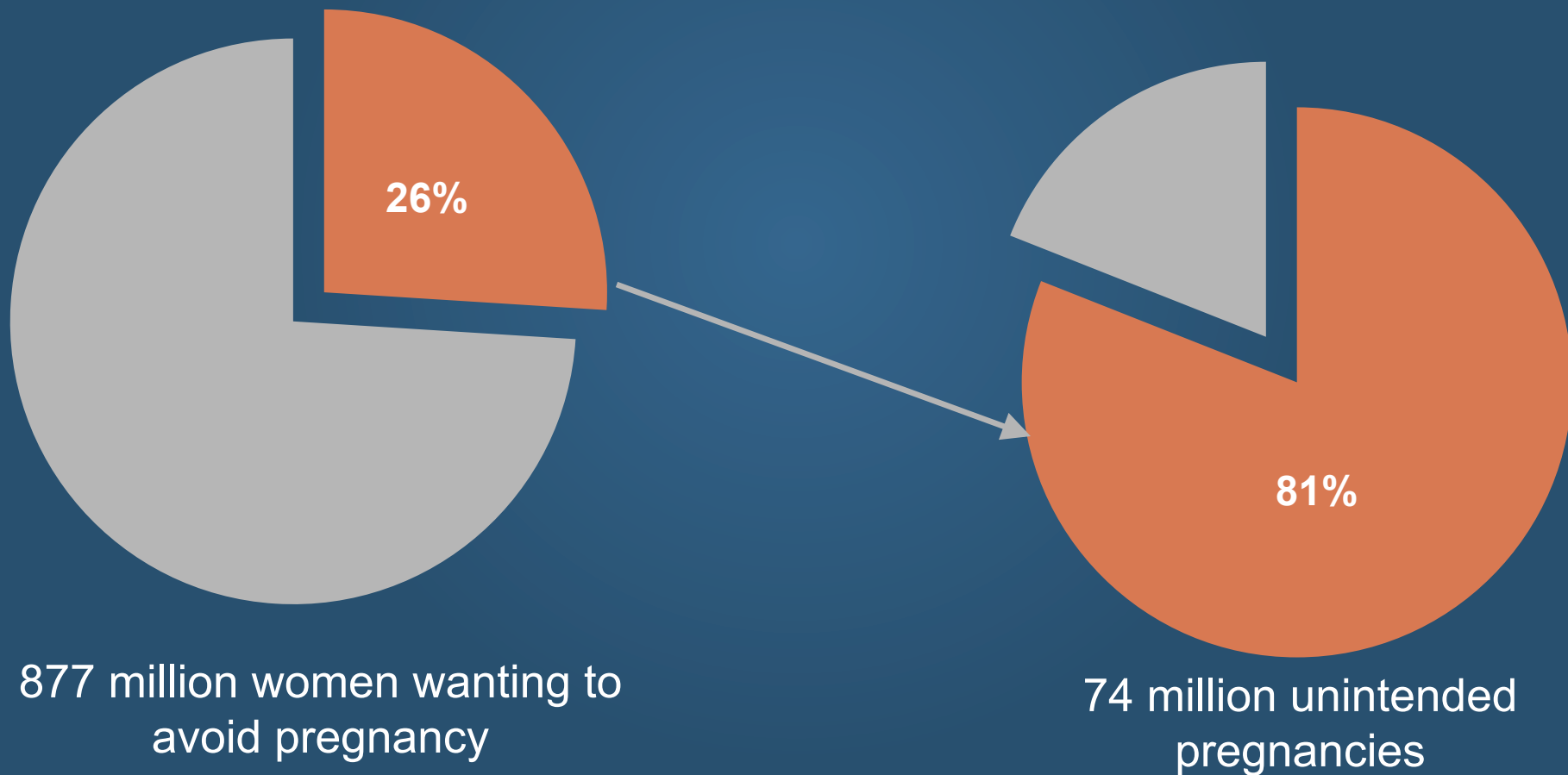
# In developing regions, the majority of reproductive-age women want to avoid pregnancy but many of them are not using effective contraceptives



1,556 million women of reproductive age, 2014

877 million women who want to avoid pregnancy, 2014

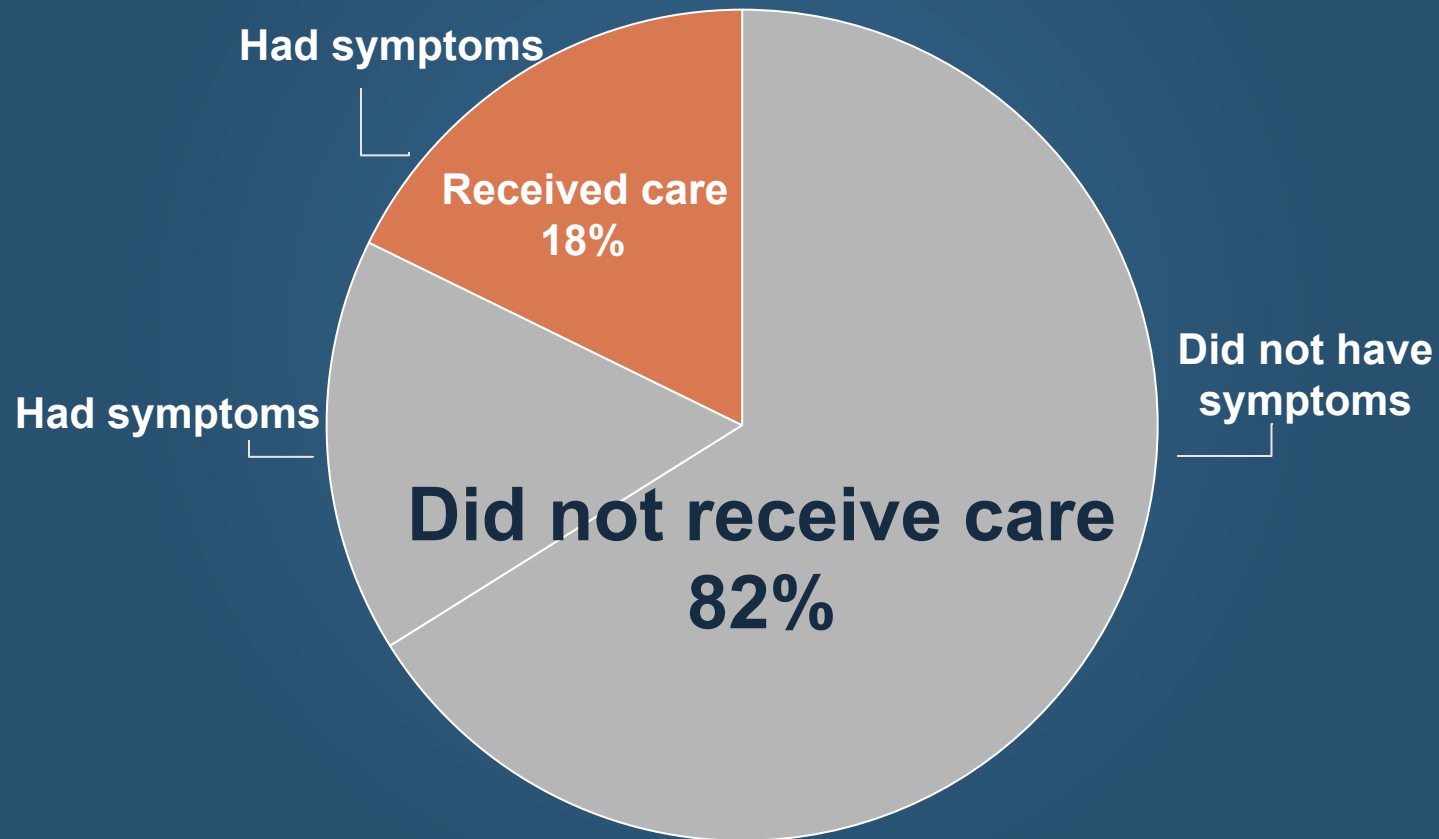
# The 26% of women who want to avoid pregnancy and are not using modern contraception account for 81% of unintended pregnancies



877 million women wanting to avoid pregnancy

74 million unintended pregnancies

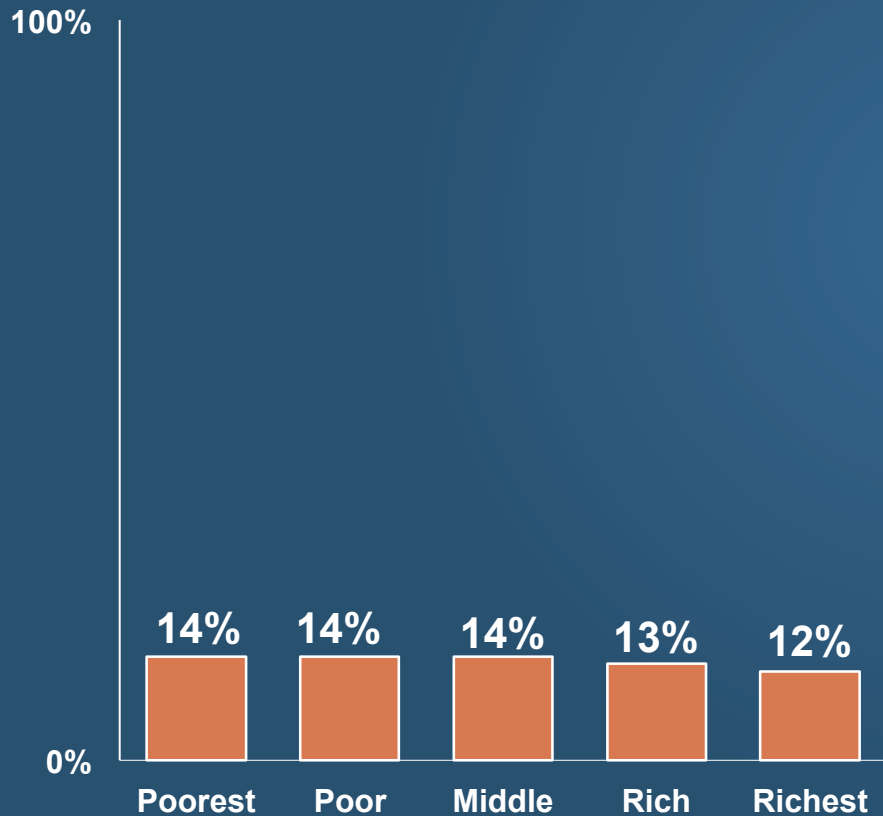
# In developing regions, an estimated eight in 10 women with a curable STI received no medical care



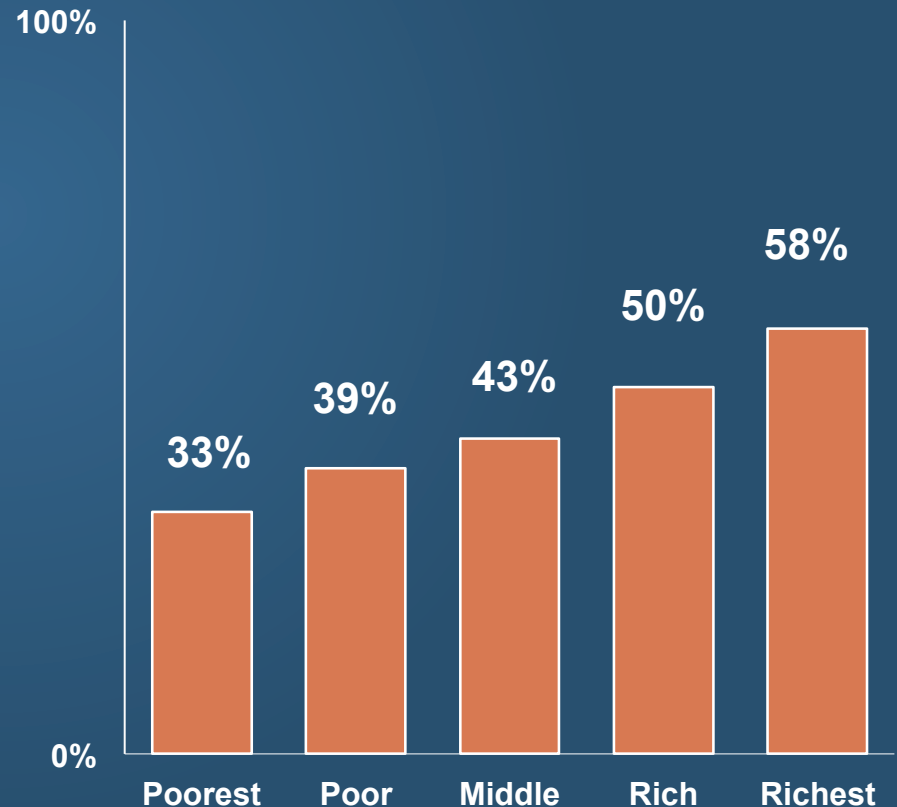
204 million women with a curable STI, 2014

# STIs affect women evenly across income strata, but medical care is skewed toward those who are better off.

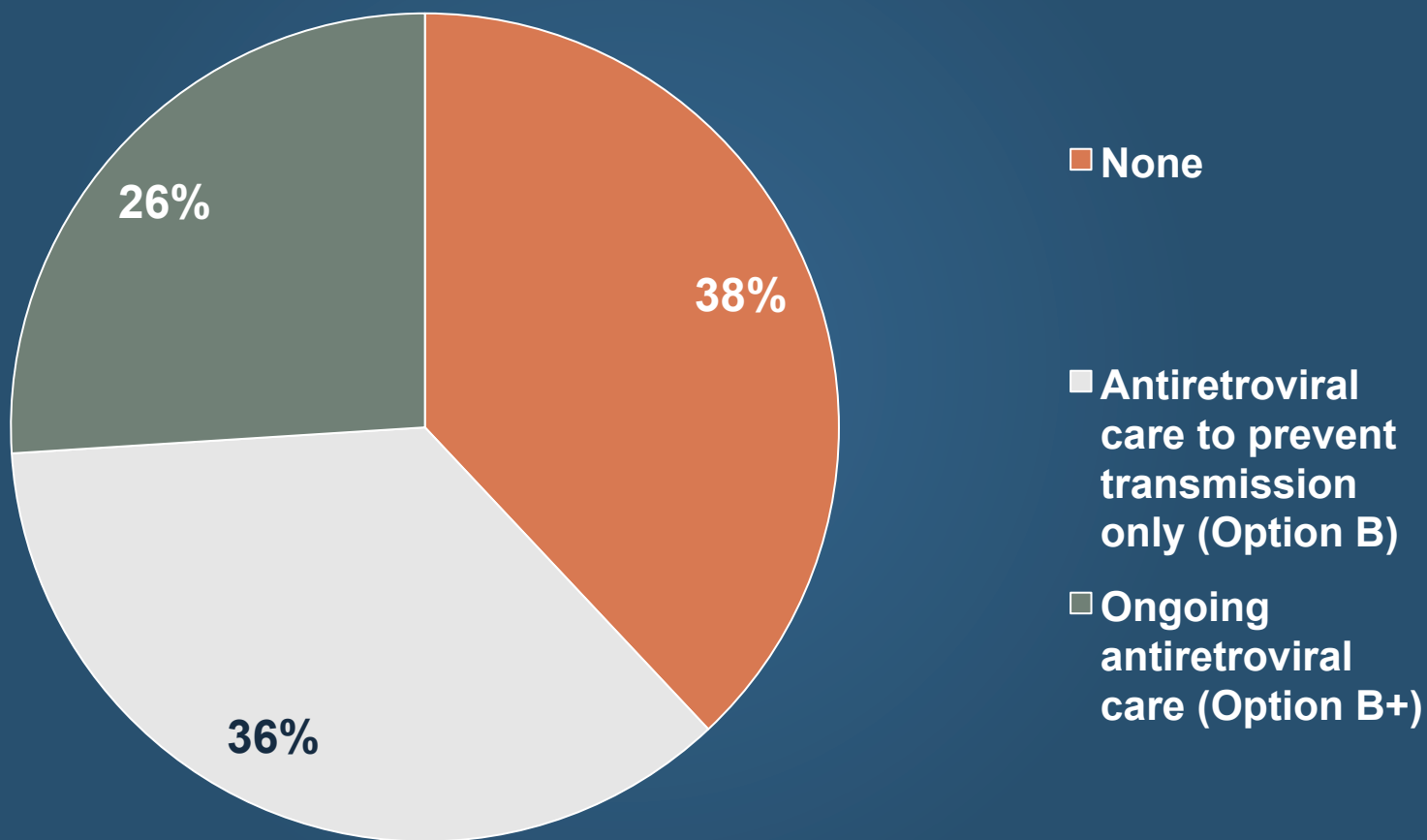
% of women with an STI or STI symptoms in the last year



% of women with an STI or STI symptoms who obtained STI care in the last year



# More than one-third of pregnant women living with HIV receive no antiretroviral medication.



1.5 million pregnant women living with HIV

# Millions of women and newborns don't receive essential pregnancy and delivery care



**43 M**

don't give birth  
in a health  
facility



**21 M**

don't receive  
care for  
pregnancy  
or delivery  
complications



**550,000**

HIV-infected  
women don't  
receive medicine  
to prevent  
mother-to-child  
transmission



**33 M**

newborns  
don't receive  
needed care for  
complications

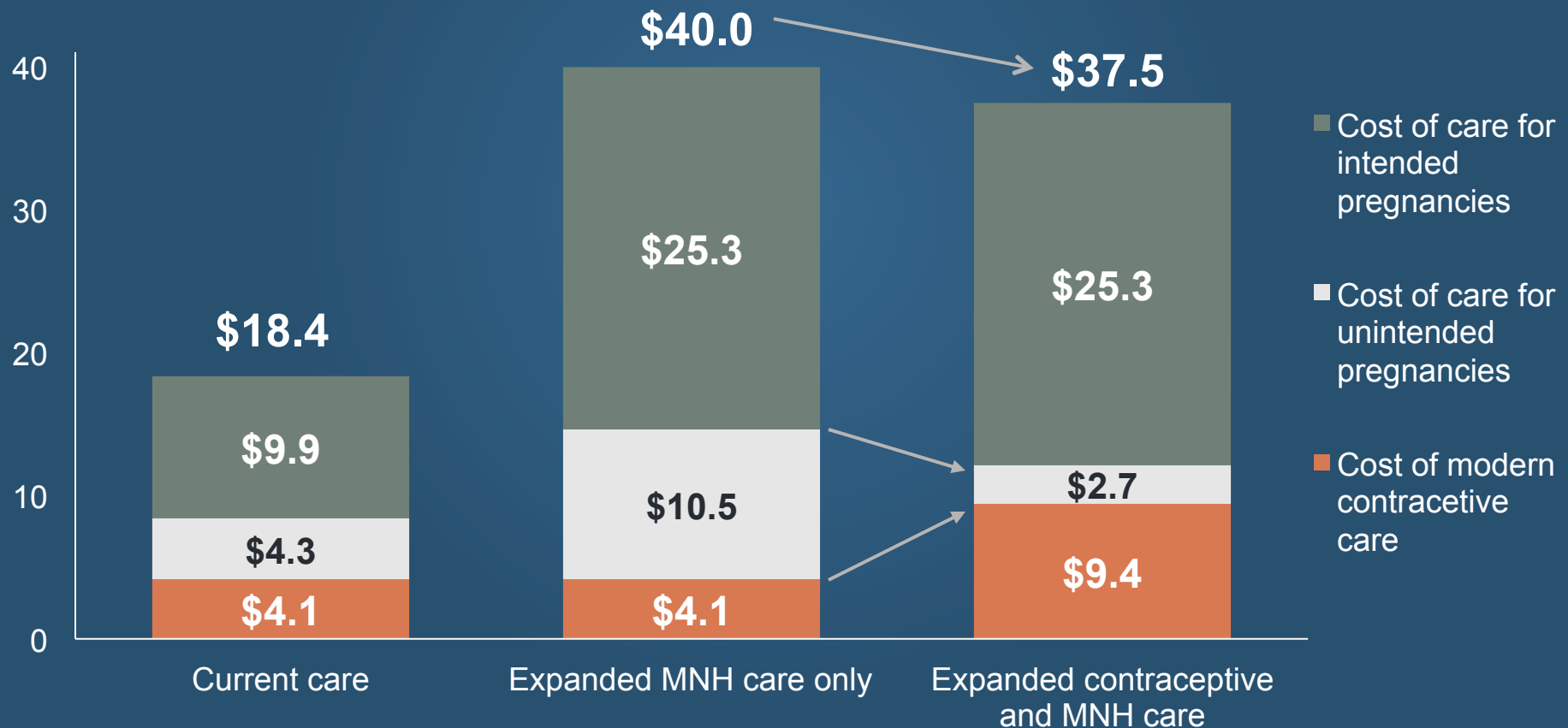




**Investing in Sexual and  
Reproductive Health Care  
is Cost-Effective**

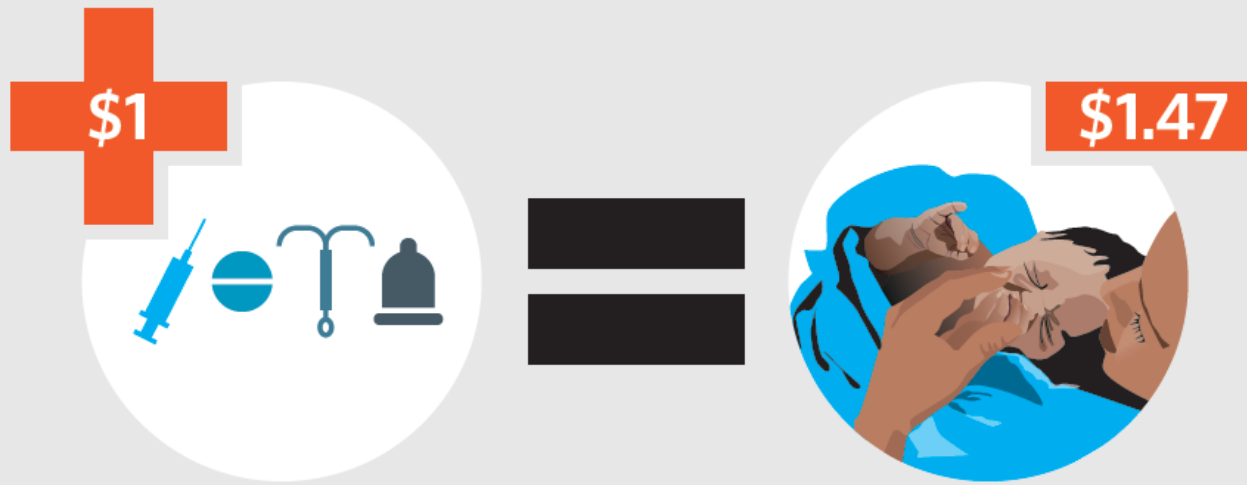
# Providing women the modern contraceptive services they need yields cost savings

2014 U.S. dollars (in billions)



# Why invest in reproductive health?

# ADD IT UP



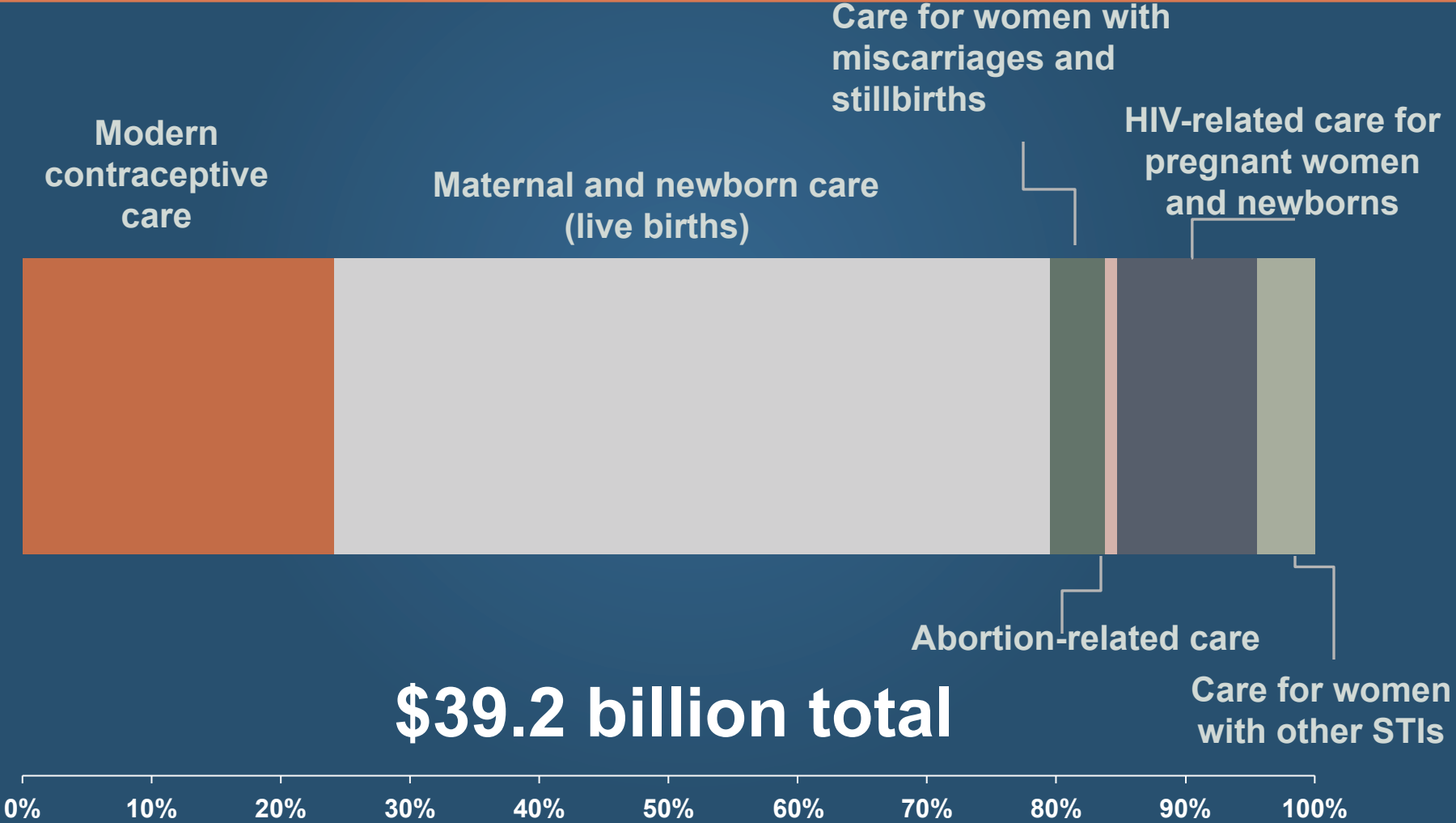
For every additional dollar invested in contraceptive services...

the cost of pregnancy-related care, including HIV care for women and newborns, is reduced by \$1.47



<http://gu.tt/AIU> #AddingItUp

# Providing sexual and reproductive health services for all women and newborns would cost \$39.2 billion each year



**\$39.2 billion total**

# Providing sexual and reproductive services for all women: a smart investment

Providing women the care  
they need would cost just

**\$25** per woman  
per year

# If all 225 million women with unmet need used modern methods, each year there would be:

**52 million  
fewer  
unintended  
pregnancies**

The infographic features a large orange circle on the left containing the text '52 million fewer unintended pregnancies'. Four dotted arrows point from this circle to four smaller olive-green circles on the right. The top arrow points to a circle with '24 million fewer abortions (15 million of which would be unsafe)'. The middle arrow points to a circle with '600,000 fewer stillbirths'. The bottom arrow points to a circle with '6 million fewer miscarriages'. A final dotted arrow points from the top and middle circles to a larger olive-green circle on the right containing '21 million fewer unplanned births'.

**600,000  
fewer  
stillbirths**

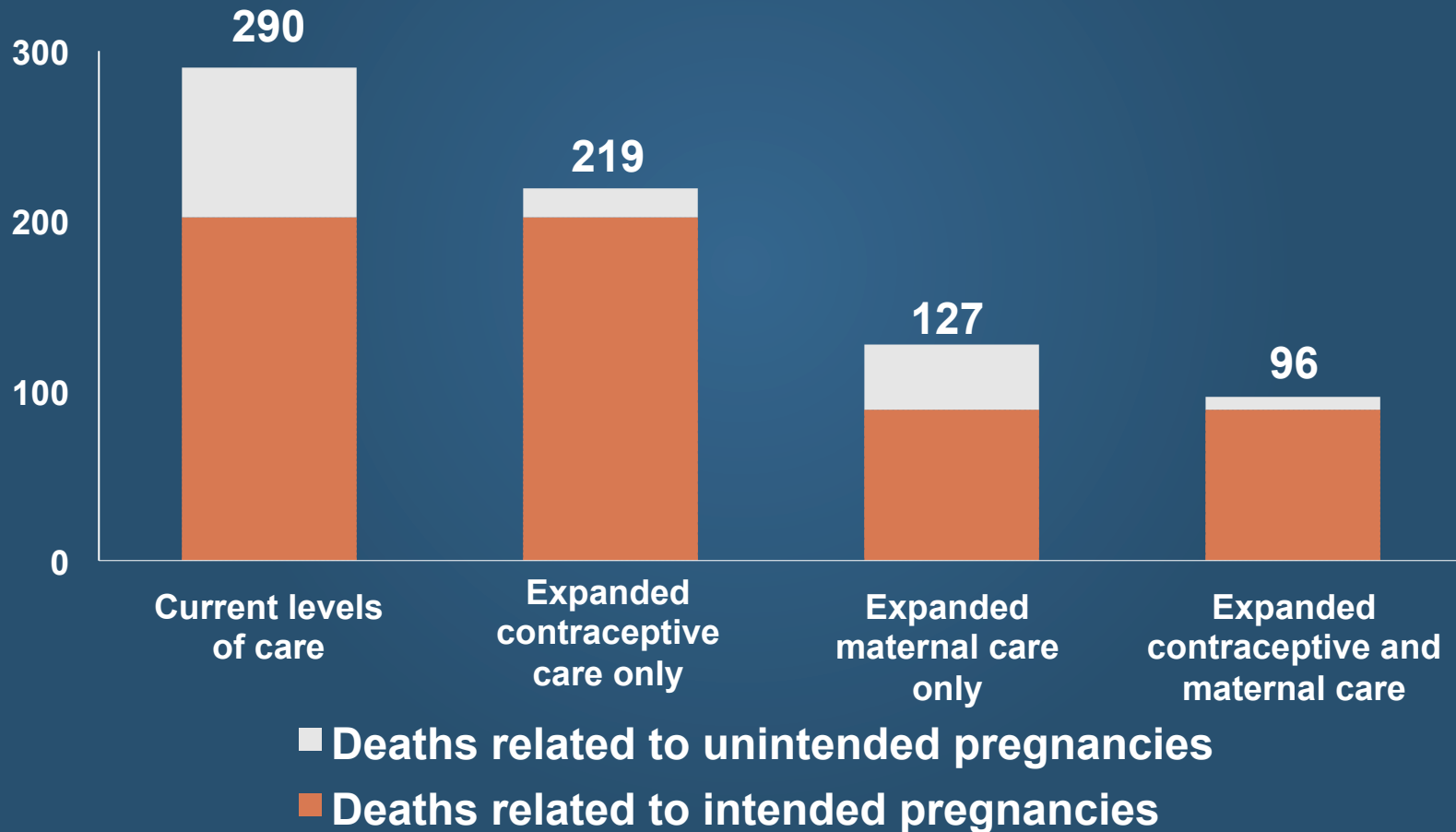
**24 million  
fewer  
abortions  
(15 million of  
which would  
be unsafe)**

**6 million  
fewer  
miscarriages**

**21 million  
fewer  
unplanned  
births**

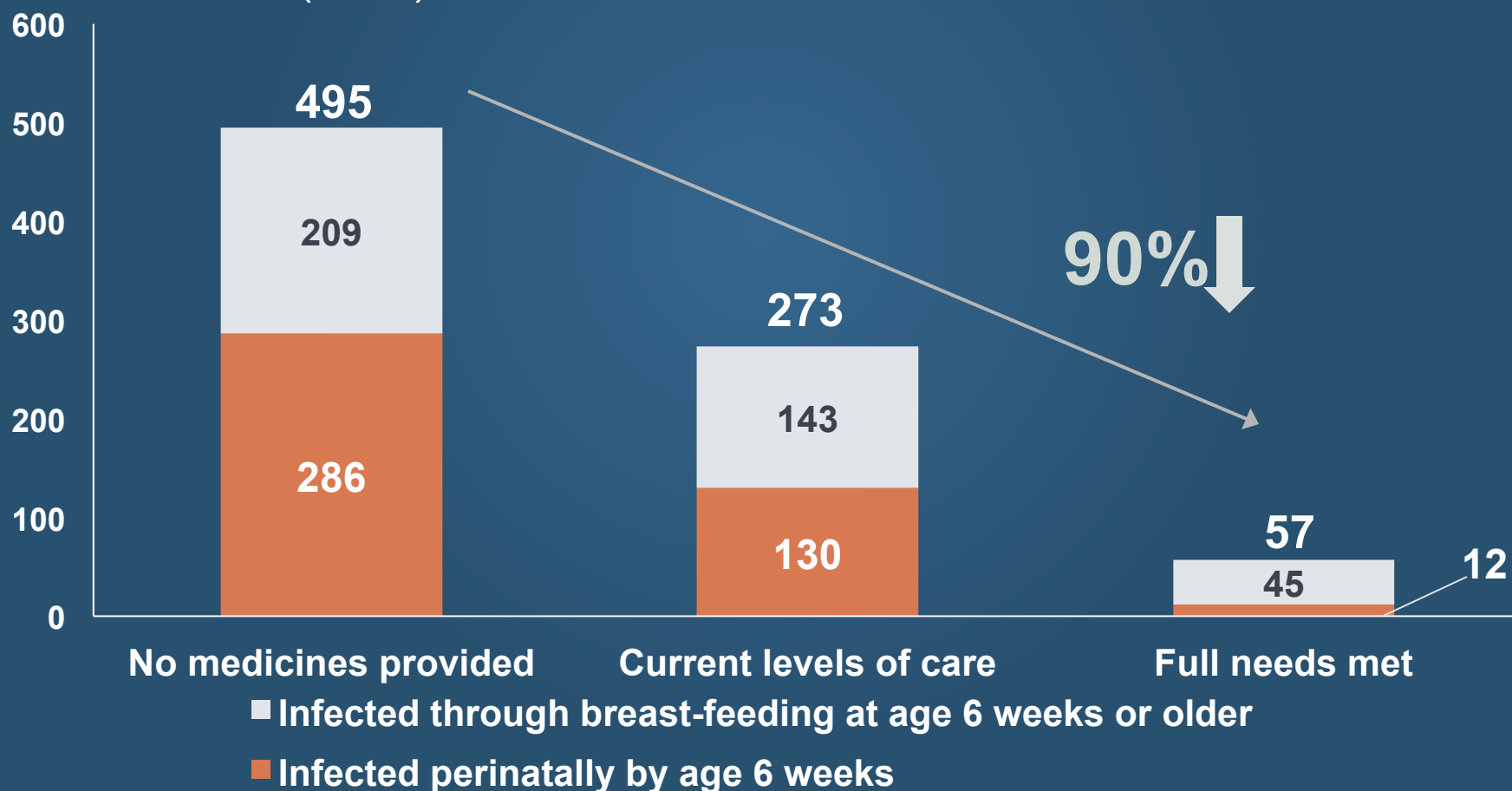
# Fulfilling unmet need for modern contraception and maternal health care saves women's lives

No. of maternal deaths (in 000s), 2014



# Providing medicine to HIV-infected pregnant women prevents mother-to-child transmission

Infant infections (000s) due to mother-to-child transmission





# Why invest in reproductive health?

## LONG-TERM BENEFITS

Women who are able to plan their births...



are better able to complete their education



participate more fully in the labor force



have increased productivity and earnings



enjoy higher household savings and assets



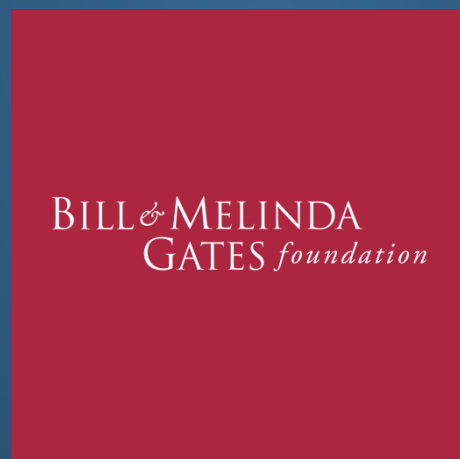
# Conclusions

# Investing in sexual and reproductive health care saves lives and is cost-effective

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- Substantial progress has been made in the past decade
- However, large gaps still remain
- Enormous benefits would result from investing in sexual and reproductive services
- Investing in SRH services is a “best buy”

*We gratefully acknowledge the financial support of UK aid, the Bill & Melinda Gates Foundation and UNFPA*



*Findings and conclusions are those of the authors and do not necessarily reflect positions or policies of these donors.*

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# Estimation approach

- Present a coherent and comprehensive set of estimates covering all developing regions
- Compare scenarios of coverage for needed care: None, current, 100% of recommended care
- Identify synergies between SRH focus areas and illustrate the need for addressing SRH in unified ways
- Put disparate research findings into the fuller context of women's lives

# Estimation implications of a comprehensive approach

- Estimates must be set in common context:
  - 2014 and 2014 US\$
  - Used a common demographic framework
- Data specific to varying geographic groupings must be transformed to same level
  - We transformed to country level
- Missing values must be estimated
  - We usually used subregional averages of countries with data

# Major data sources: Demographic framework

- Population, births: UN World Population Prospects, 2012 revision
- Pregnancies by intention, miscarriages, safe and unsafe abortions: DHS, Guttmacher and WHO
- Marital status: UN (currently married) and national data (formerly and never married)
- Deaths and DALYs: WHO maternal mortality; CHERG neonatal mortality; Say et al., 2014-causes of maternal mortality; Global Health Estimates DALYs and causes of newborn mortality



# Major data sources: Service need and coverage

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- Standards of care: WHO recommendations
- Need for and service use - Contraception, MNH healthcare, and 4 common STIs:
  - DHS, CDC, MICS and independent surveys
  - WHO and other analyses and estimates
  - LiST
- HIV prevalence and ART use: Spectrum AIDS Impact Model (AIM)
- STI incidence: WHO

# Major data sources: Service impact and costs

- Costs per unit of service
  - Commodities and supplies – contraceptive donor costs (Reproductive Health Interchange); international supply costs (MSH and UNICEF); WHO Global Price Reporting Mechanism
  - Personnel costs – time and level from prior work, literature and expert opinion; salaries from WHO CHOICE database
  - Indirect costs – regional estimates from UNFPA/WHO
- Impact: WHO and Trussell, 2011 (contraceptive use-effectiveness); LiST (MNH interventions); literature