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

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Objectives and approach

• Present updated estimates – for 2014
• Striking gains achieved in the last decade, but disparities remain wide
• Cover all developing regions* & all women 15-49
• Compare three scenarios of coverage:
  - No care, current status, 100% needs met
• Identify synergies between SRH areas

*UN definition
Major data sources

• National surveys of women
• Data from key international health and demographic organizations
• Published literature
• Models estimating effect of health interventions
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: UNPD (currently married) and national data (formerly and never married)
- Risk for pregnancy and STIs: DHS/MICS/RHS
Data sources:
Service need and coverage

- Need for and service use - Contraception, MNH healthcare, and 4 common STIs:
  - National surveys
  - Estimates and analyses from WHO and other sources
- HIV prevalence and ART use: Spectrum AIDS Impact Model (AIM)
- STI incidence: WHO
- Standards of care: WHO recommendations
Data sources: Service costs

- Commodities and supplies
  - Contraceptive donor costs (Reproductive Health Interchange); international supply costs (MSH); UNAIDS’ Global Price Reporting Mechanism

- Personnel costs
  - Time and level from prior work, literature and expert opinion; salaries estimated from WHO CHOICE database; UNAIDS’ Global Price Reporting Mechanism

- Indirect costs
  - Regional estimates from UNFPA/WHO
Data sources: Impact of services

- Health interventions - LiST and literature
- PMTCT intervention - SPECTRUM AIM model
- Deaths and DALYs - WHO maternal mortality estimates; CHERG neonatal mortality, Say et al., 2014; WHO Global Health Estimates (DALYs)
Differences in costing compared to other studies

- Including indirect costs not only direct cost
- Total costs versus cost of additional services
- Using a one-year time frame versus cumulative costs over a number of years
- Calculating costs by specific inputs versus average cost per case for each service
- Targeting fulfilling all versus part of need
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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>510</td>
</tr>
<tr>
<td>2008</td>
<td>596</td>
</tr>
<tr>
<td>2014</td>
<td>652</td>
</tr>
</tbody>
</table>
... but unmet need did not decline

No. of women wanting to avoid pregnancy (millions)

- 2003: 720
  - 210 (71%)
  - 510 (73%)

- 2008: 817
  - 220 (73%)
  - 596 (74%)

- 2014: 877
  - 225 (74%)
  - 652 (74%)

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Pregnancy-related care increased between 2008 and 2014, but millions of women still lack essential services.

<table>
<thead>
<tr>
<th>No. of women giving birth (millions)</th>
<th>2008</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>123</td>
<td>125</td>
</tr>
<tr>
<td>4+ antenatal care visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet need</td>
<td>60</td>
<td>54</td>
</tr>
<tr>
<td>Received care</td>
<td>63</td>
<td>71</td>
</tr>
<tr>
<td>(%)</td>
<td>51%</td>
<td>57%</td>
</tr>
<tr>
<td>Facility delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet need</td>
<td>55</td>
<td>68</td>
</tr>
<tr>
<td>Received care</td>
<td>68</td>
<td>82</td>
</tr>
<tr>
<td>(%)</td>
<td>(55%)</td>
<td>(66%)</td>
</tr>
</tbody>
</table>

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

Sub-Saharan Africa: 73, 65, 60, 53, 46
Asia*: 40, 35, 32, 30, 29
Latin America & Caribbean: 31, 25, 23, 19, 19

*Excludes Eastern Asia and Oceania
Across developing regions, unmet need for delivery in a health facility is highest among the poorest women.

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

Wealth quintile:
- Poorest
- Middle
- Rich
- Richest

*Excludes Eastern Asia and Oceania.
Levels of unmet need for reproductive health services are highest in the poorest countries.

- Among women wanting to avoid a pregnancy, 48% who have unmet need for modern methods.
- % of women with live births who make <4 antenatal visits: 61% in low-income countries, 50% in lower-middle income countries, 18% in upper-middle income countries.
- % of women with live births not delivering in a health facility: 54% in low-income countries, 44% in lower-middle income countries, 5% in upper-middle income countries.
In developing regions, the majority of reproductive-age women want to avoid pregnancy but many of them are not using effective contraceptives.

- 43% Want to postpone next birth at least two years
- 36% Want to stop childbearing
- 21% Not sexually active, want child, pregnant or infecund

- 74% Using modern contraceptives
- 26% Not using modern 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.

- **Did not receive care**: 83%
- **Received care**: 17%

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:
- Poorest: 14%
- Poor: 14%
- Middle: 14%
- Rich: 13%
- Richest: 12%

% of women with an STI or STI symptoms who obtained STI care:
- Poorest: 33%
- Poor: 39%
- Middle: 43%
- Rich: 50%
- Richest: 58%
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)

- **Current care**: $18.4
  - Cost of care for intended pregnancies: $9.9
  - Cost of care for unintended pregnancies: $4.3
  - Cost of modern contraceptive care: $4.1

- **Expanded MNH care only**: $25.3
  - Cost of care for intended pregnancies: $10.5
  - Cost of care for unintended pregnancies: $4.1

- **Expanded contraceptive and MNH care**: $25.3
  - Cost of care for intended pregnancies: $4.1
  - Cost of care for unintended pregnancies: $2.7
  - Cost of modern contraceptive care: $9.4

Source: Guttmacher.org
Why invest in reproductive health?

ADD IT UP

+$1 = $1.47

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/AlU  #AddingItUp
Providing sexual and reproductive health services for all women and newborns would cost $39.2 billion each year.

Modern contraceptive care

Maternal and newborn care (live births)

Care for women with miscarriages and stillbirths

HIV-related care for pregnant women and newborns

Abortion-related care

Care for women with other STIs

$39.2 billion total

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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
- 21 million fewer unplanned births
- 24 million fewer abortions (15 million of which would be unsafe)
- 600,000 fewer stillbirths
- 6 million fewer miscarriages
Providing medicine to HIV-infected pregnant women prevents mother-to-child transmission

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

- No medicines provided:
  - Infected through breast-feeding at age 6 weeks or older: 286
  - Infected perinatally by age 6 weeks: 209
  - Total: 495

- Current levels of care:
  - Infected through breast-feeding at age 6 weeks or older: 130
  - Infected perinatally by age 6 weeks: 143
  - Total: 273

- Full needs met:
  - Infected through breast-feeding at age 6 weeks or older: 45
  - Infected perinatally by age 6 weeks: 12
  - Total: 57

90% reduction in infections when full needs are met.
Fulfilling unmet need for modern contraception and maternal health care saves women’s lives

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

- Current levels of care: 290
- Expanded contraceptive care only: 219
- Expanded maternal care only: 127
- Expanded contraceptive and maternal care: 96

- Deaths related to unintended pregnancies
- Deaths related to intended pregnancies
Fully meeting women’s service needs would greatly reduce mortality and morbidity

- Meeting all women’s family planning and maternal and newborn service needs would:
  - Avert 557 million DALYs
  - Reduce DALYs by 89%

- The average cost for these services is $67 per DALY averted

Maternal and newborn DALYS averted
World Bank country income groups

- Low-income, 23%
- Lower-middle, 53%
- Upper-middle and high, 24%
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

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

- 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”
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The number of modern method users in FP2020 rose an estimated 8-9 million between 2012 and 2013.
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% of women aged 15-29 using modern contraception, 2012 – 2014

- 2012 Rolling estimate: 32.0
- 2013: 32.6
- 2012 w/ Population & marital status adjustment: 29.7
- 2013: 30.3
- 2014: 30.8

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Family Planning 2020

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