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

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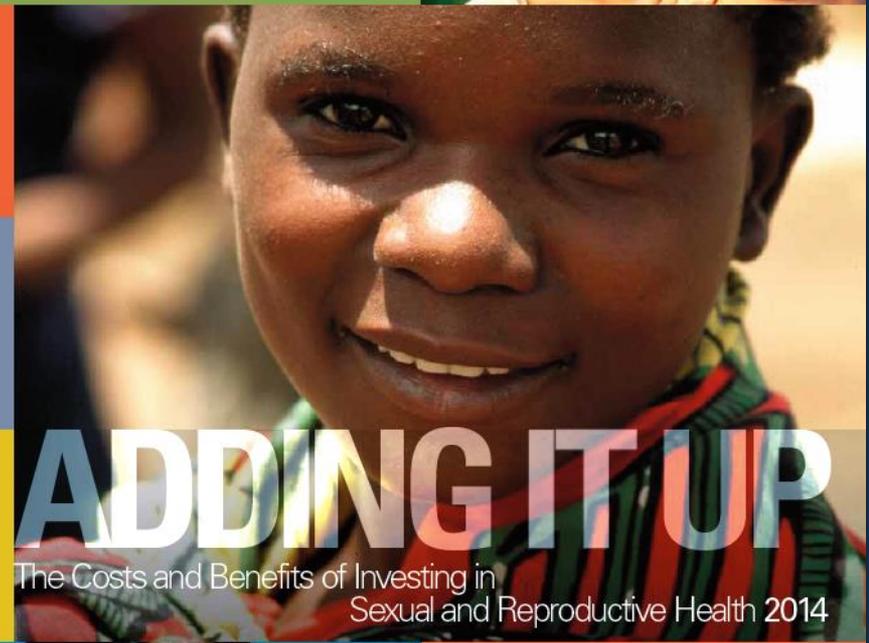




**ADD**  
The Benefits  
Reproductive

**Adding It**

**THE COSTS AND  
INVESTING IN  
MATERNAL AND**



**ADDING IT UP**

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



# Objectives and approach

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

# Major data sources

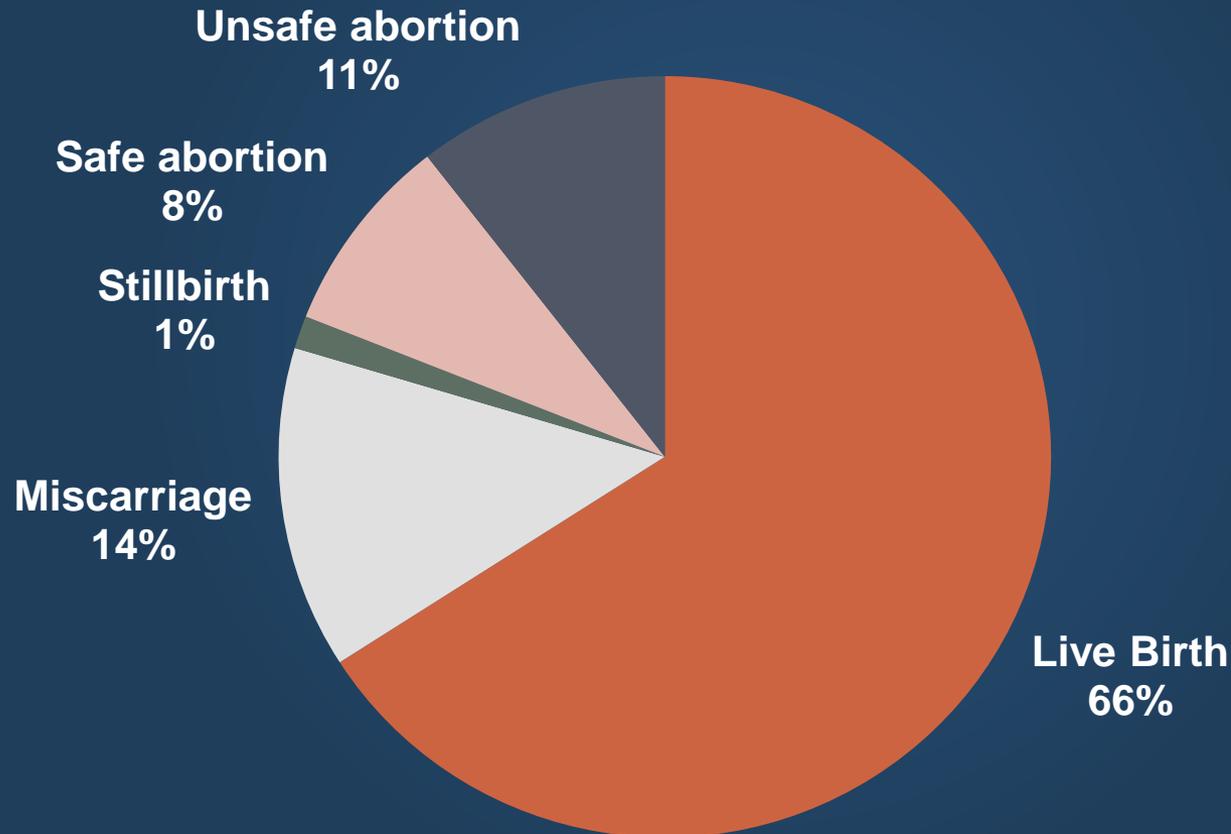
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- Surveys of women
- Data from key international health and demographic organizations
- Published literature
- Models estimating effect of health interventions



# **Key Findings on Women's Need for Sexual and Reproductive Health Services**

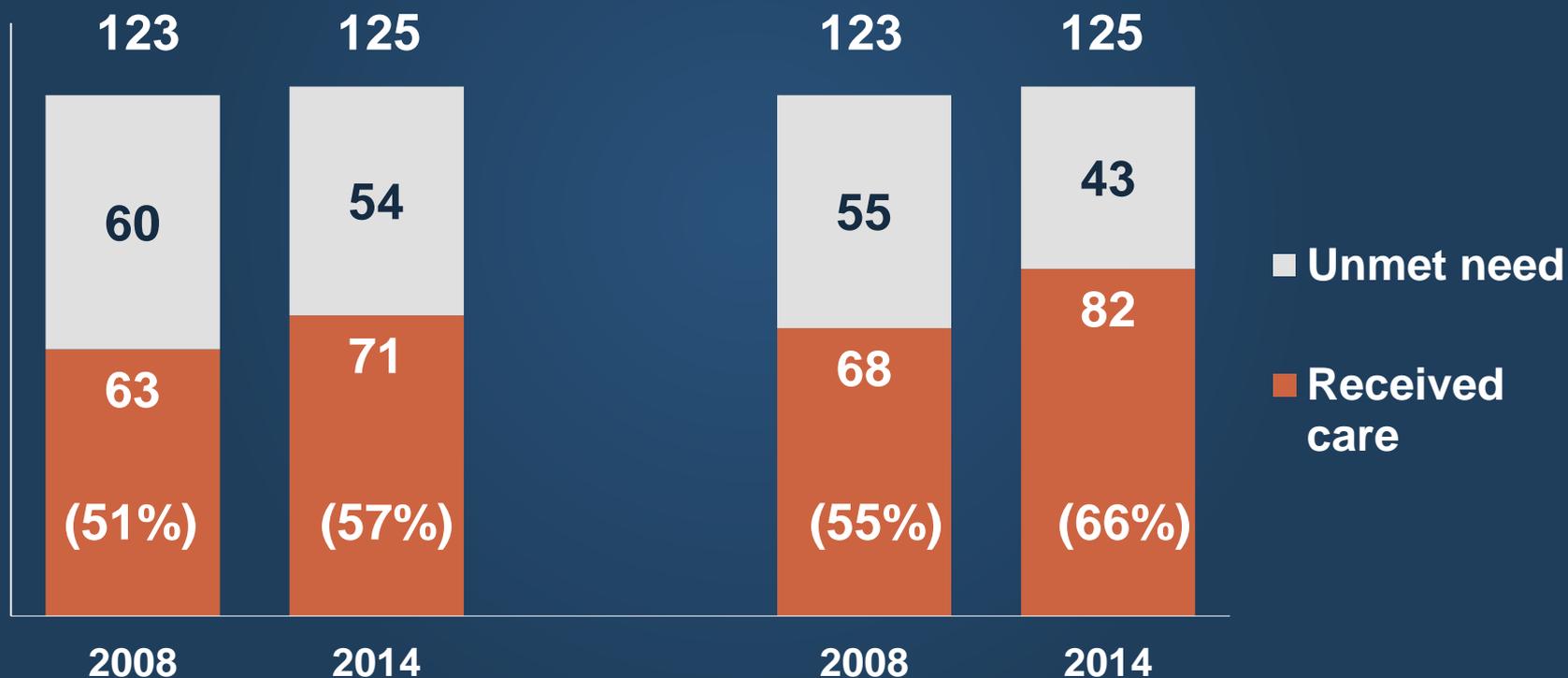
# Each year in developing regions, 125 million pregnancies result in live births



190 million pregnancies, 2014

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

No. of women giving birth (millions)

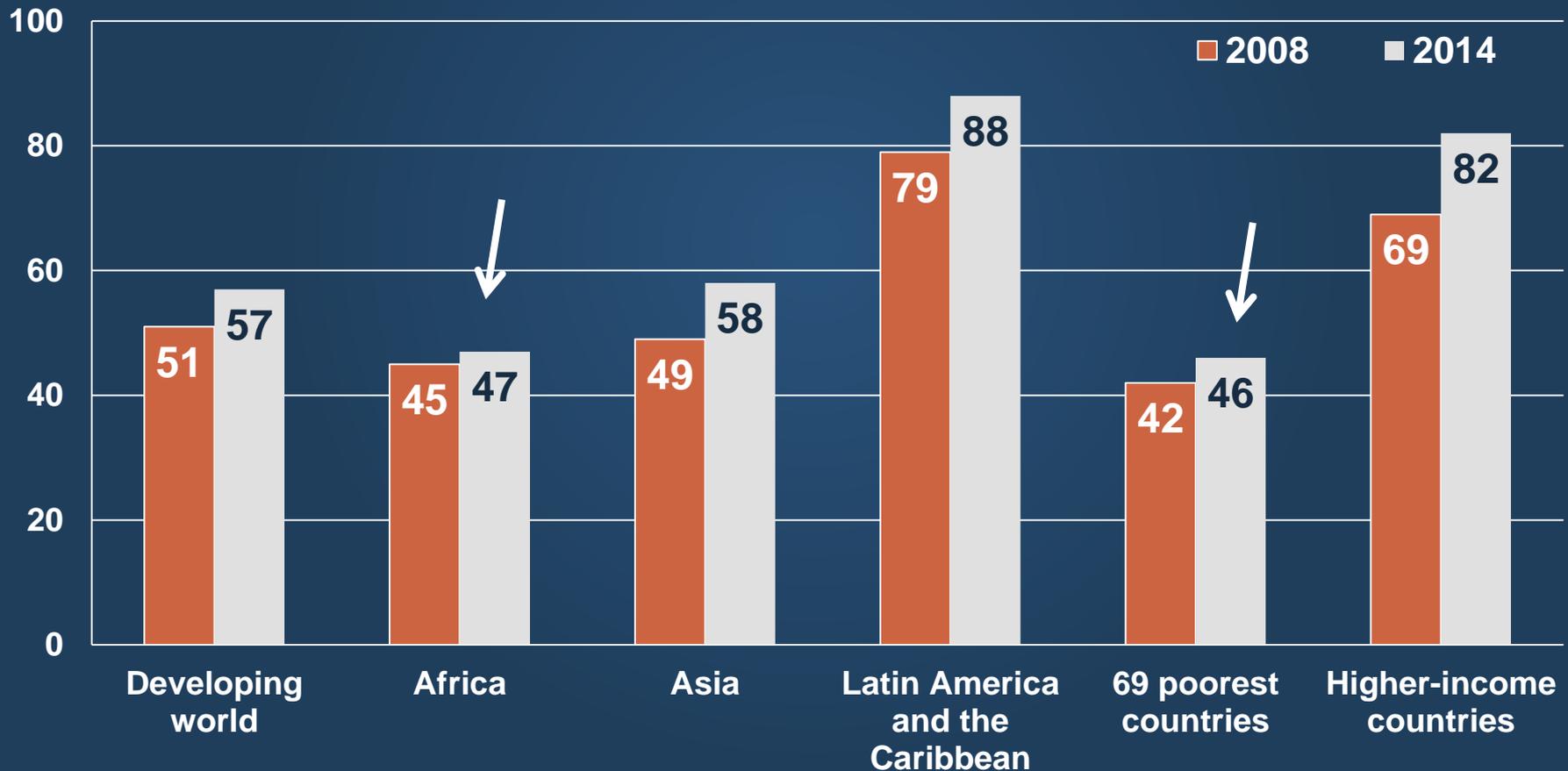


4+ antenatal care visits

Facility delivery

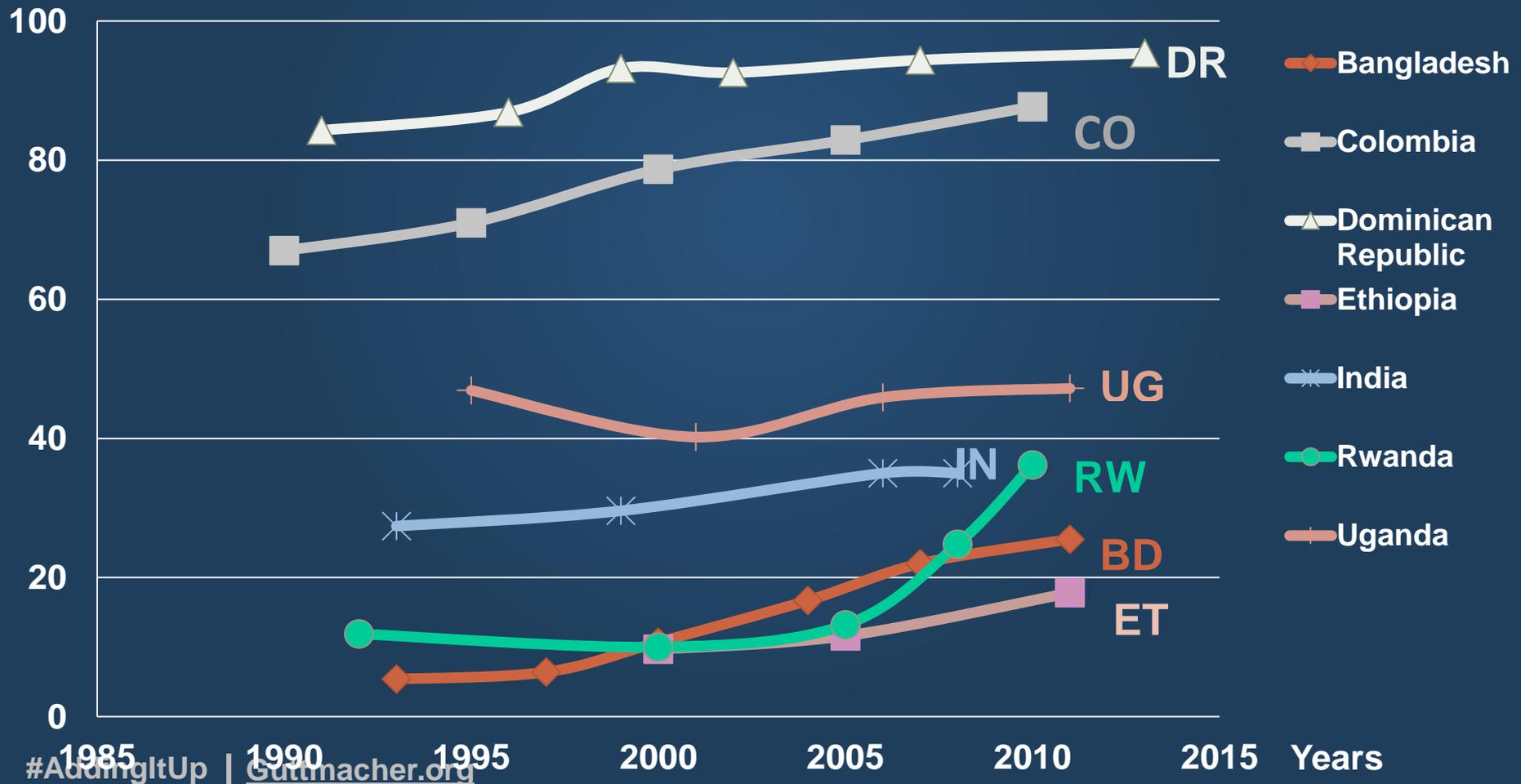
# Fewer than half of women giving birth make the recommended number of antenatal care visits in Africa and the poorest countries

% of women giving birth who had 4+ antenatal care visits

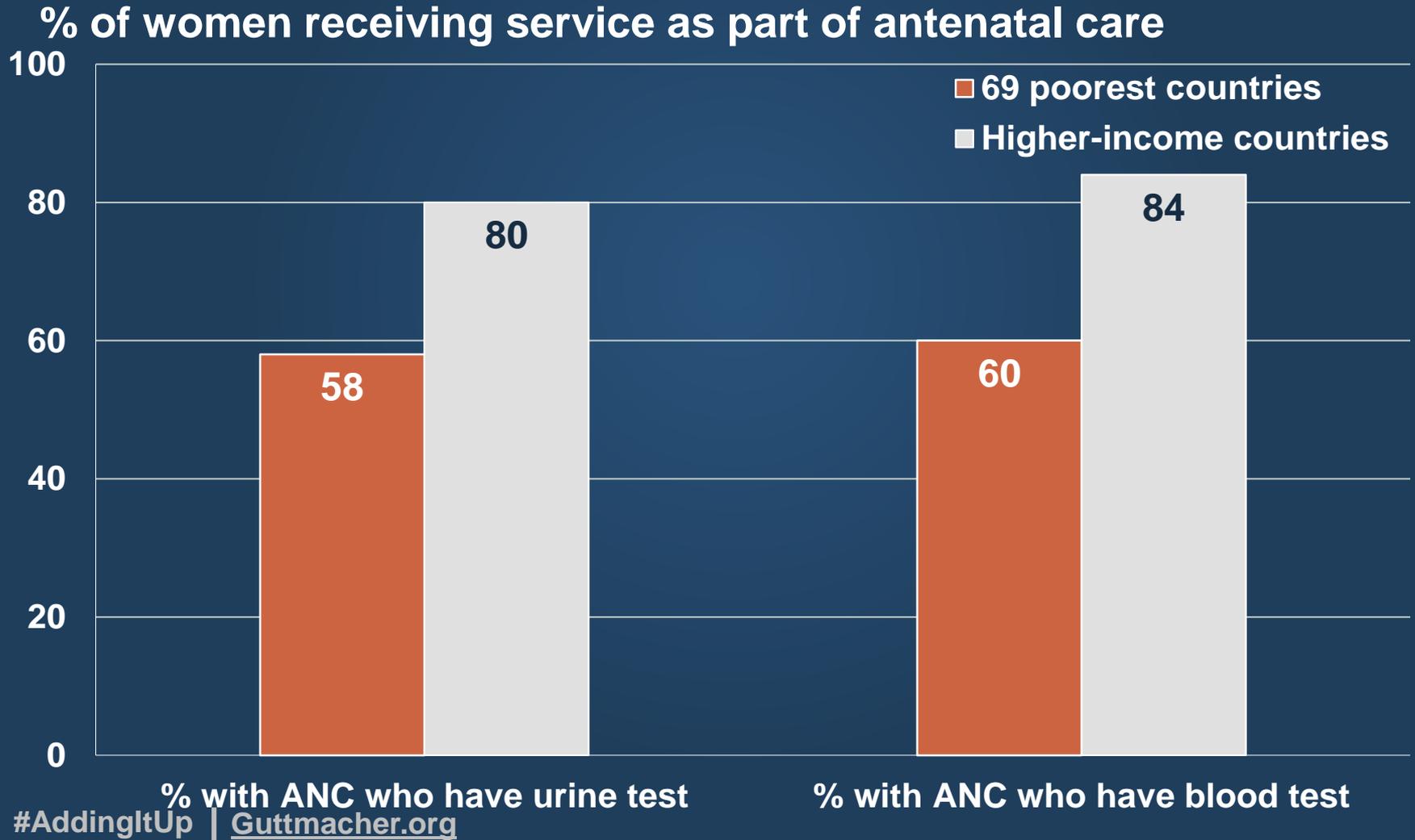


# Progress in antenatal care between 1990 and 2014 varied greatly among countries

% of women giving birth who had 4+ antenatal care visits

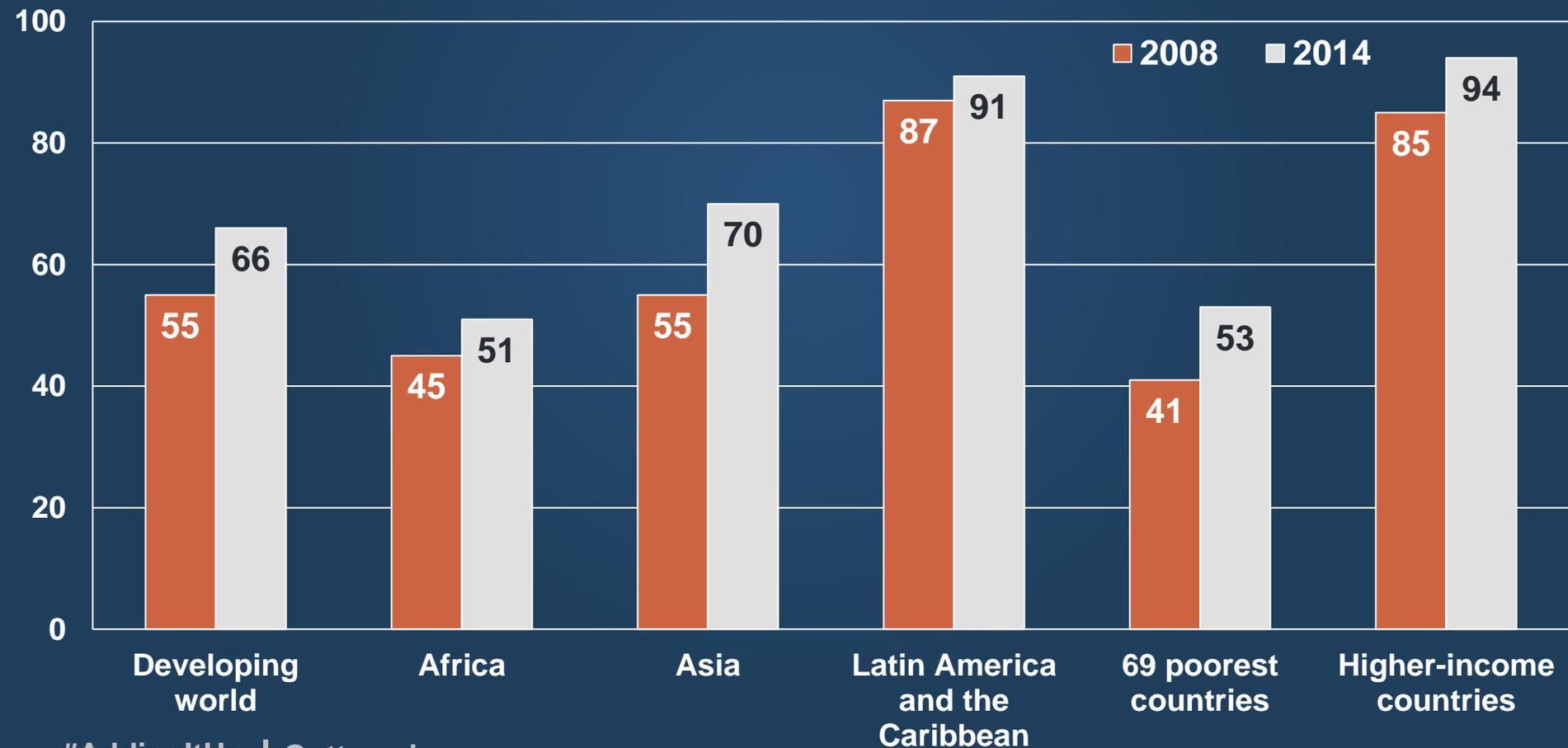


# Many pregnant women do not get all of the services they need, even though they get some antenatal care



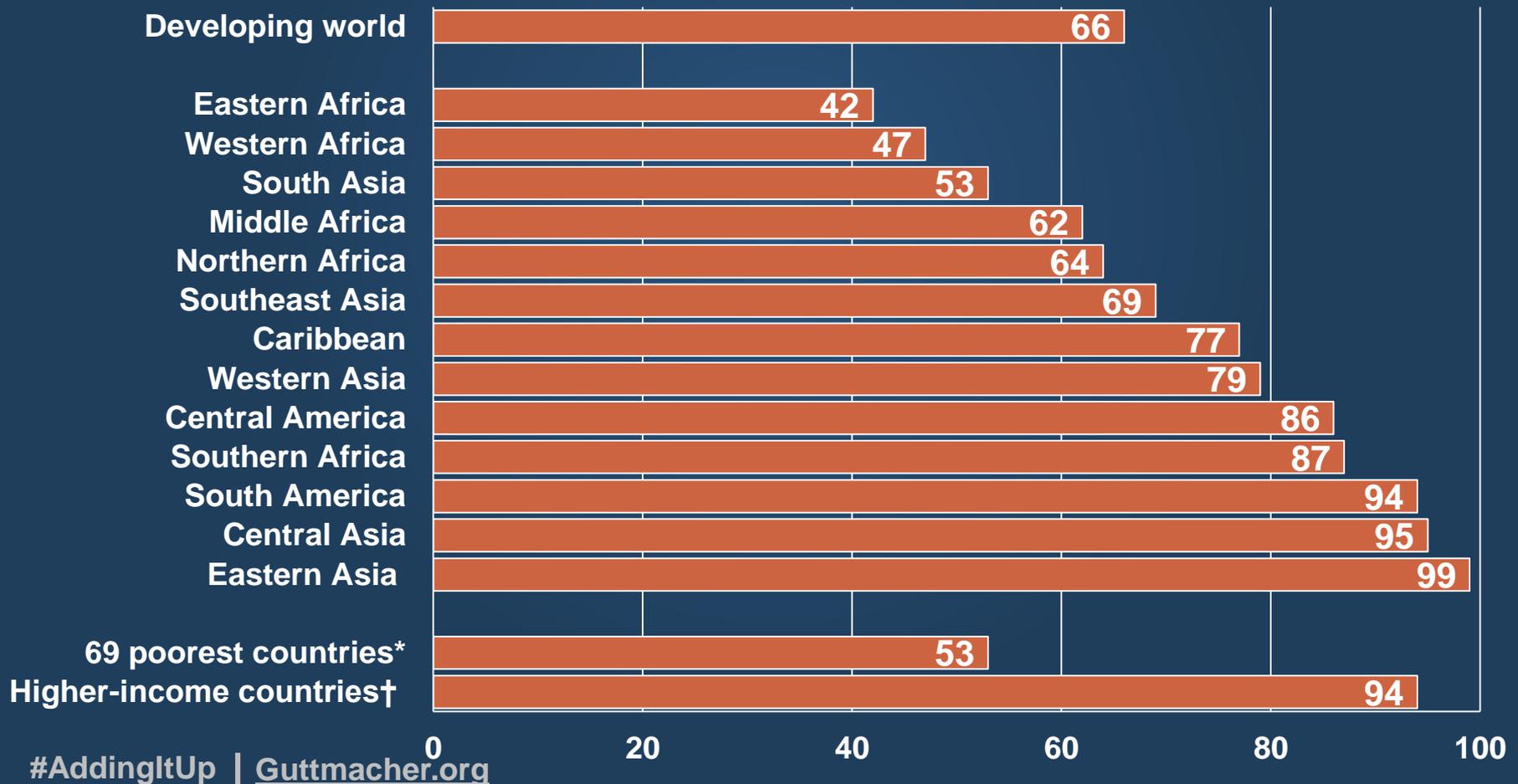
# Moderate gains in the proportion of women delivering in health facilities were achieved between 2008 and 2014

% of women giving birth who delivered in a facility

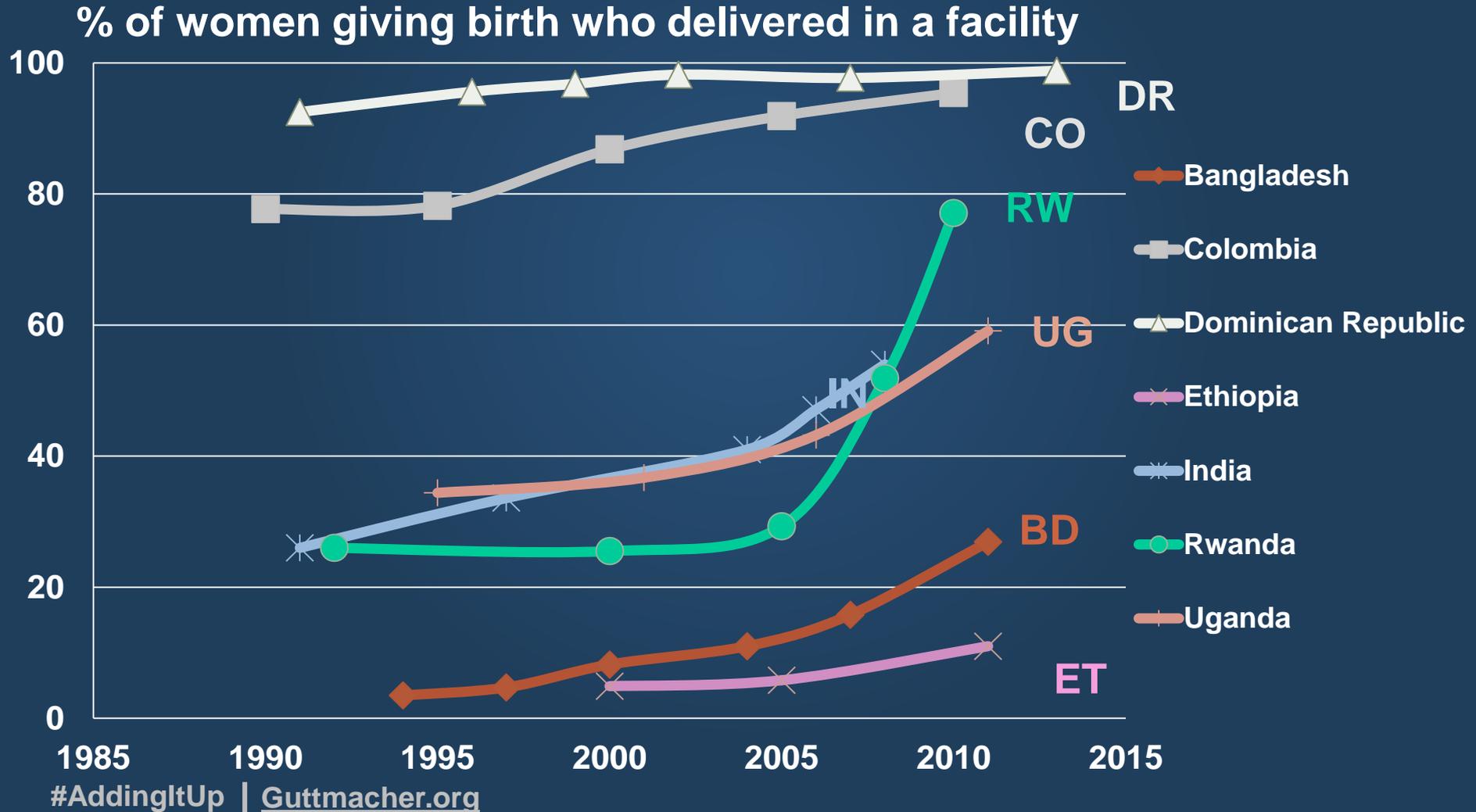


# Delivery in health facilities varies widely across subregions of the developing world

% of women giving birth who delivered in a health facility, 2014



# Some countries have made impressive progress in expanding the share of women delivering in health facilities



# 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

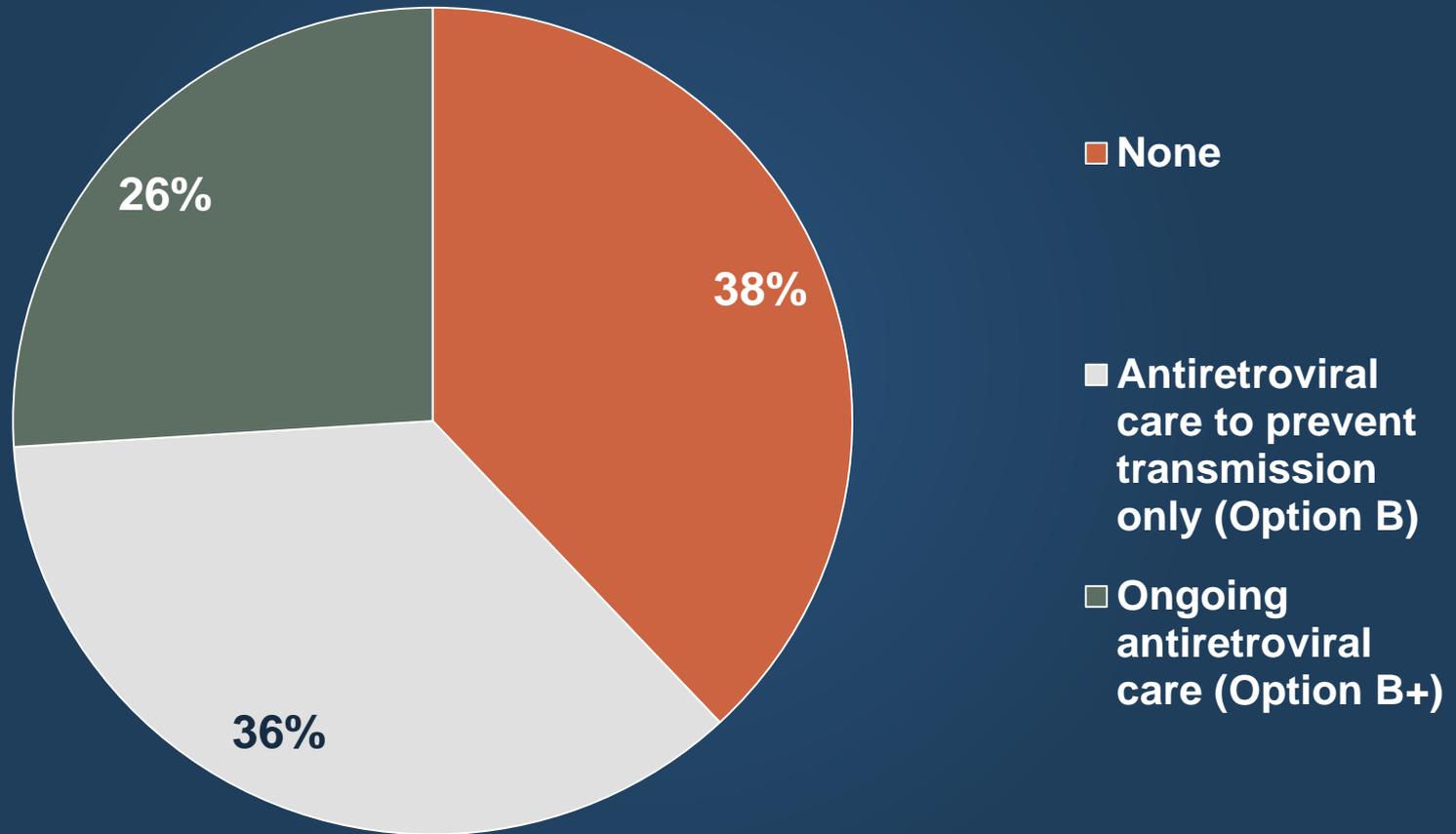


# Supply- and demand-side barriers prevent some women from using facility-based delivery care

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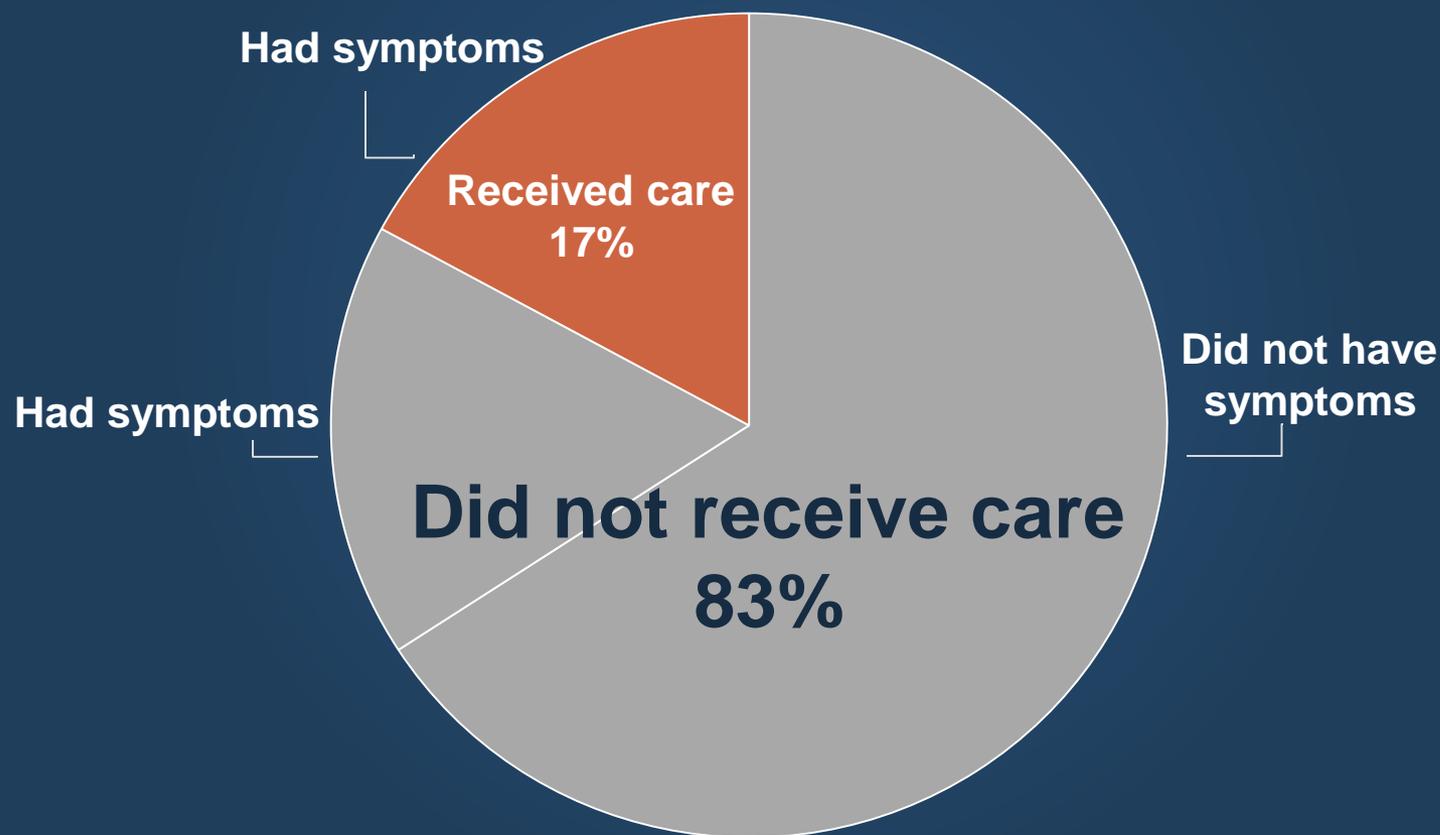
- **Supply-side**
  - Cost and distance
  - Lack of transportation
  - Quality of care
- **Demand-side**
  - Not customary or necessary
  - No female provider
  - Husband or family did not allow

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



1.5 million pregnant women living with HIV

# 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

# 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

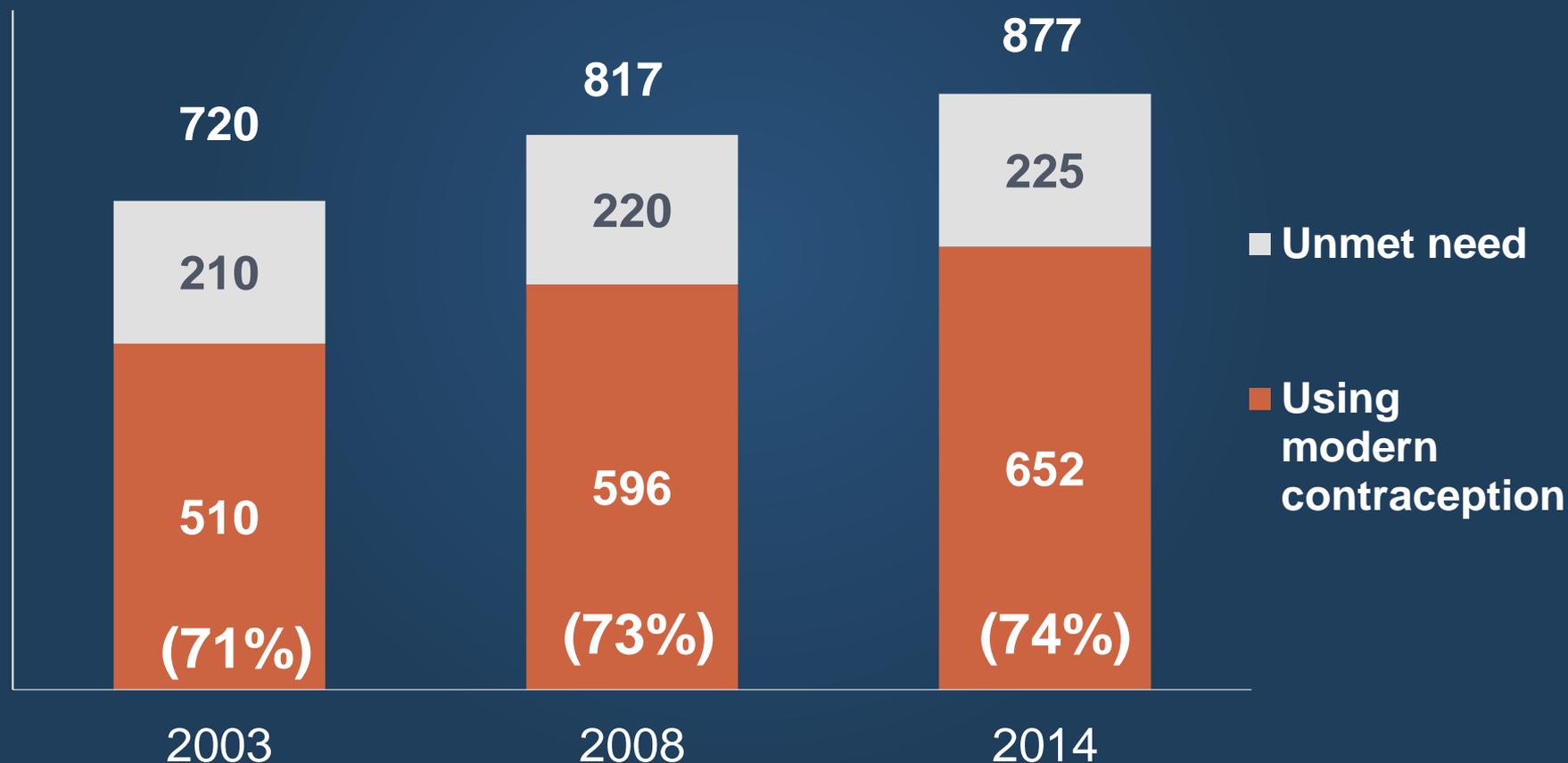
# Modern contraceptive use grew by a large margin over the last decade...

No. of women (millions)



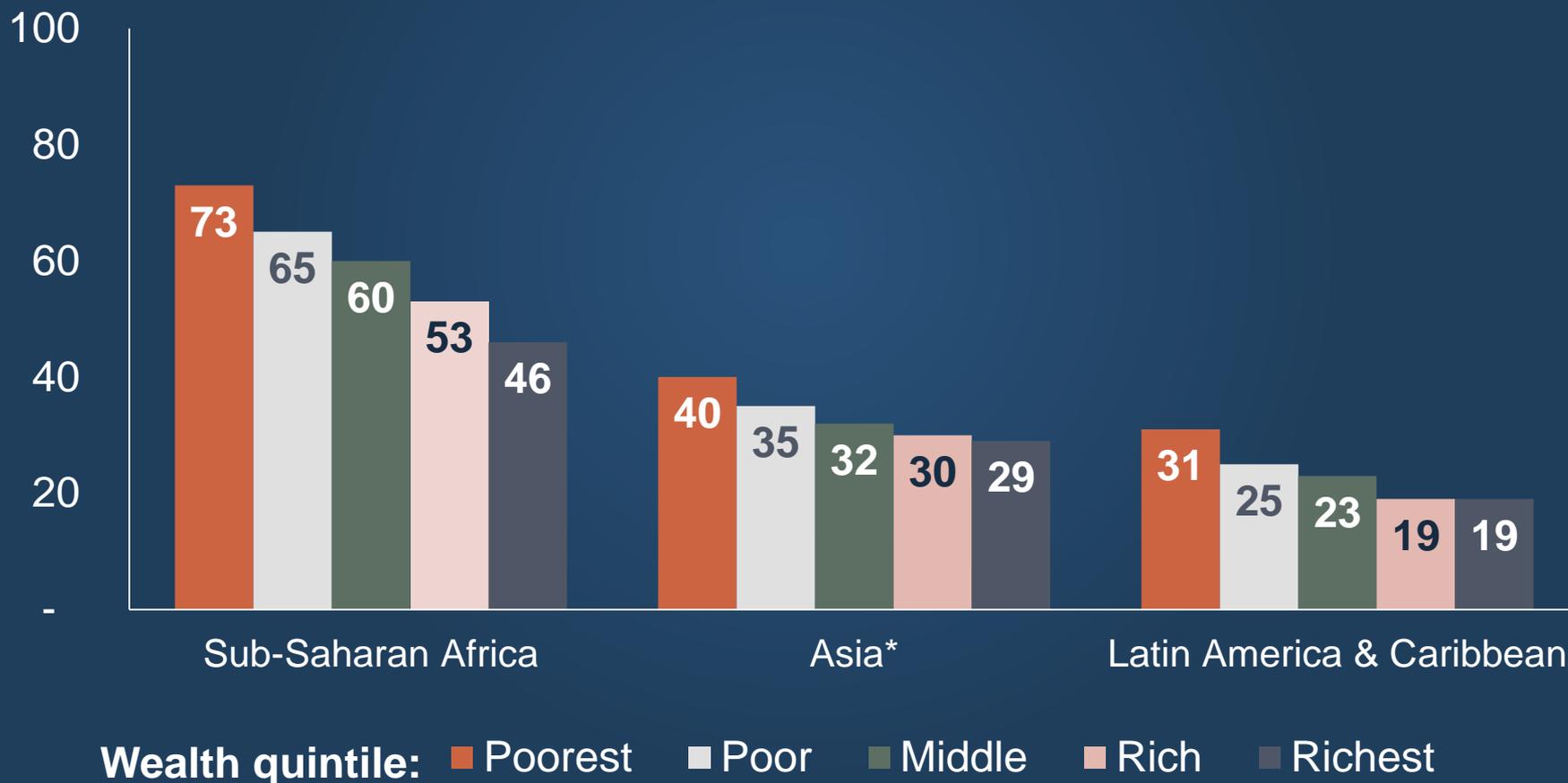
# ... but unmet need did not decline

No. of women wanting to avoid pregnancy (millions)

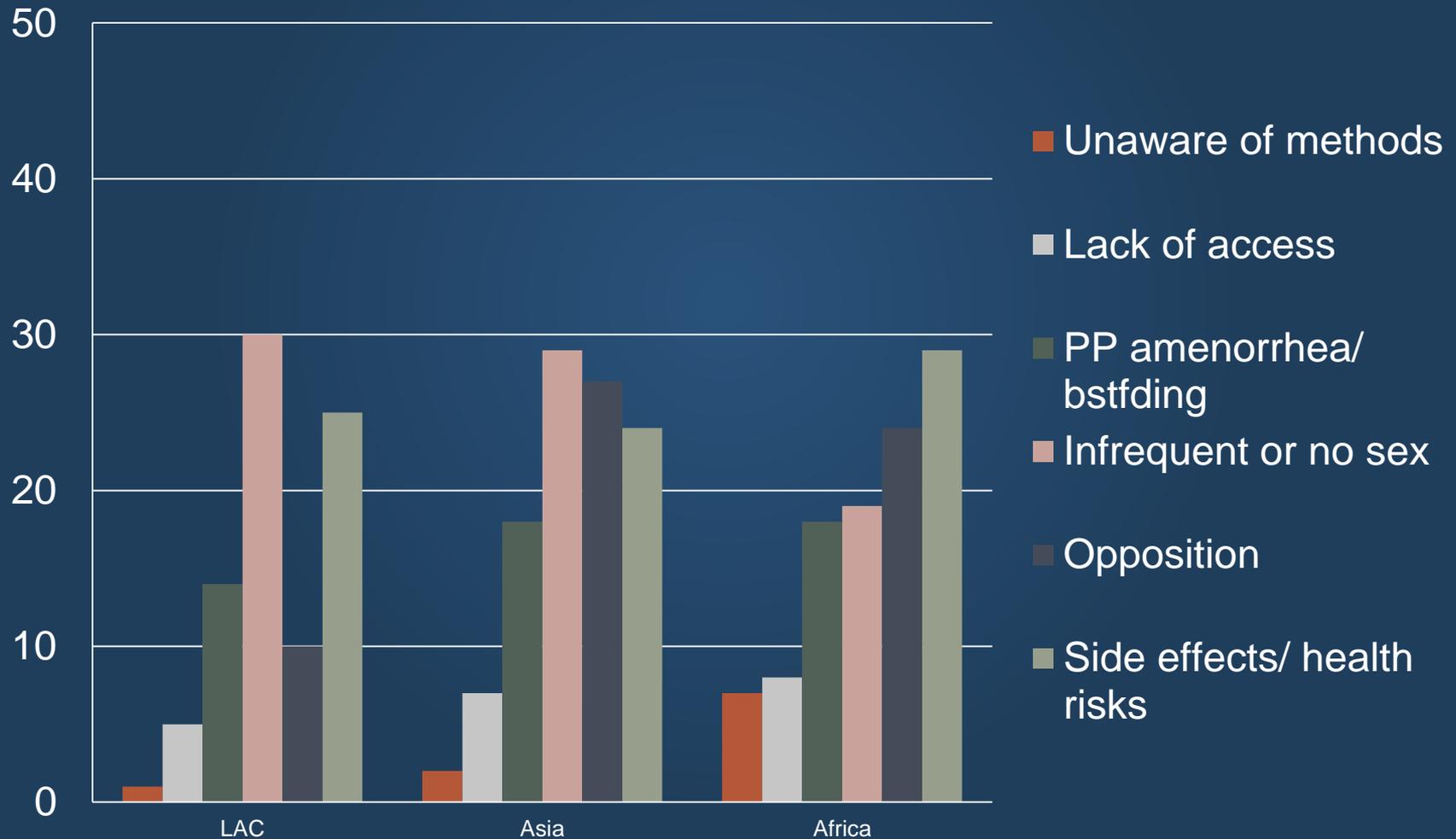


# Levels of unmet need for modern contraception are highest among the poorest women

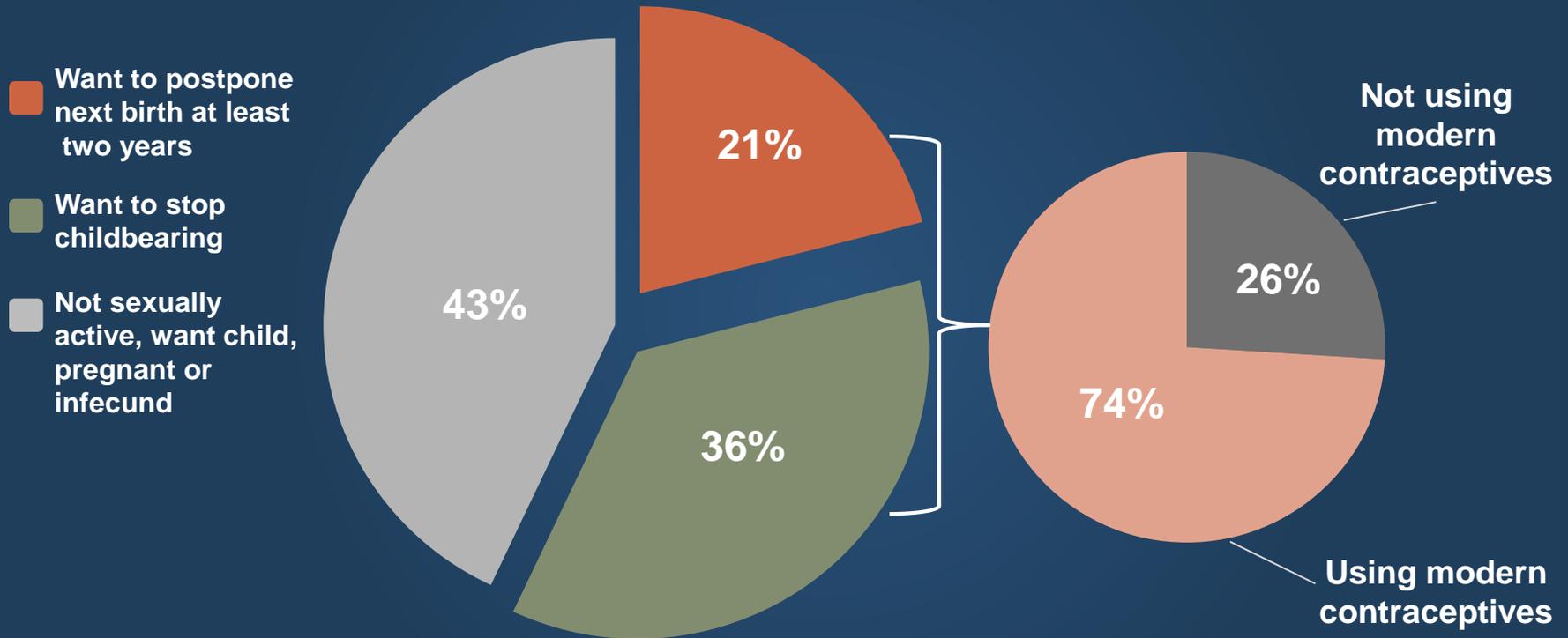
% of women wanting to avoid pregnancy who have an unmet need, 2014



# Prevalence of key reasons for nonuse of contraception, by region



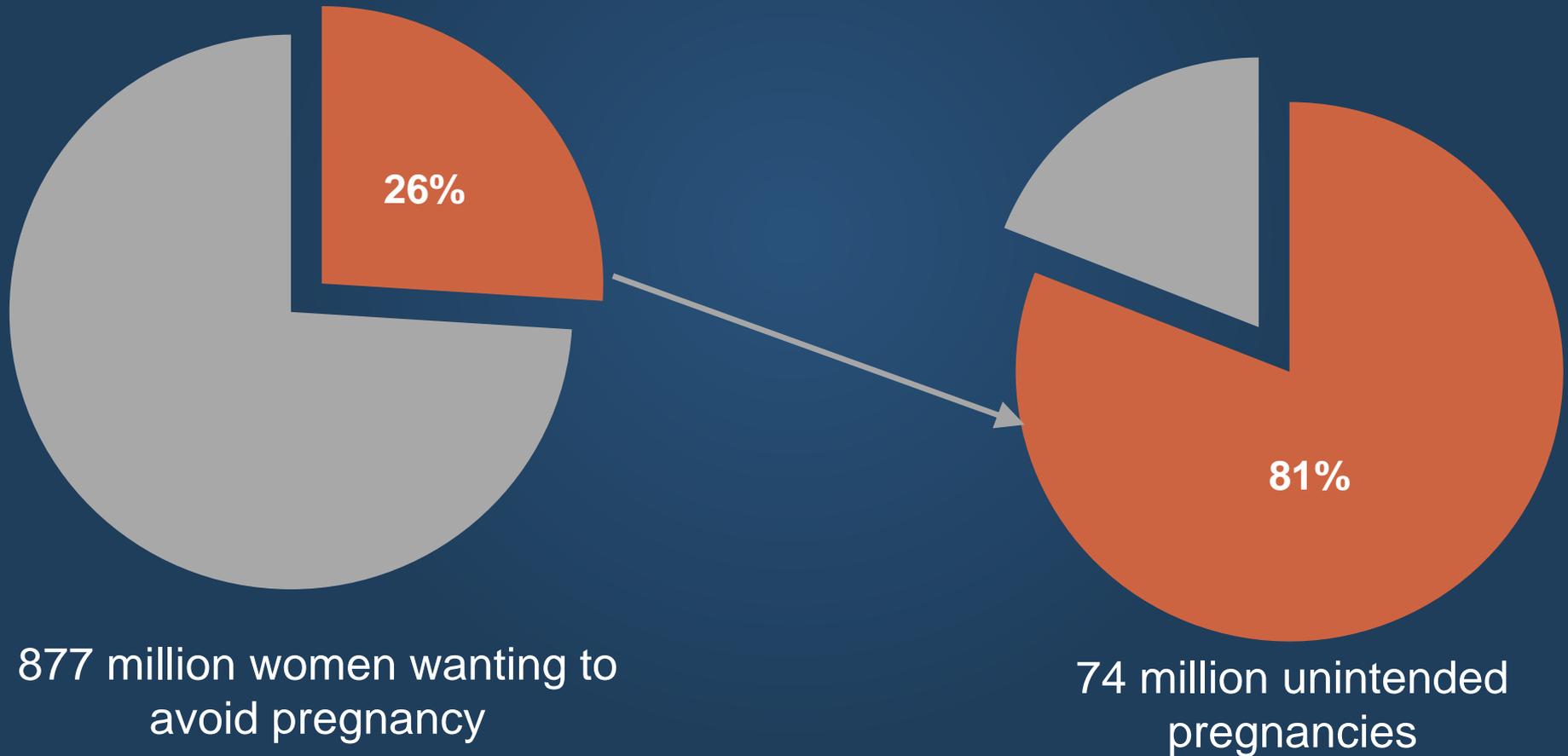
# In developing regions, the majority of reproductive-age women want to avoid pregnancy but many of them are not using effective contraceptives



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

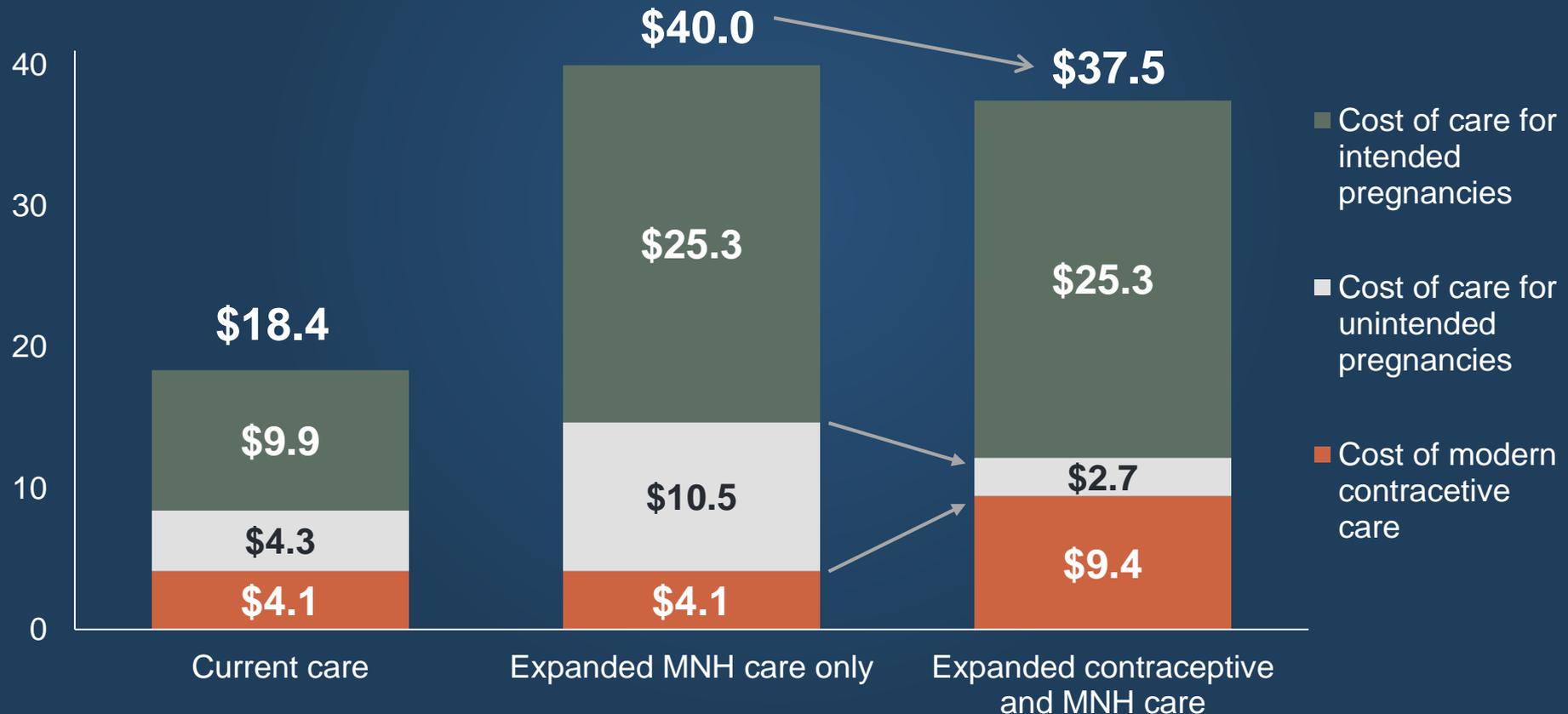
74 million unintended pregnancies



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

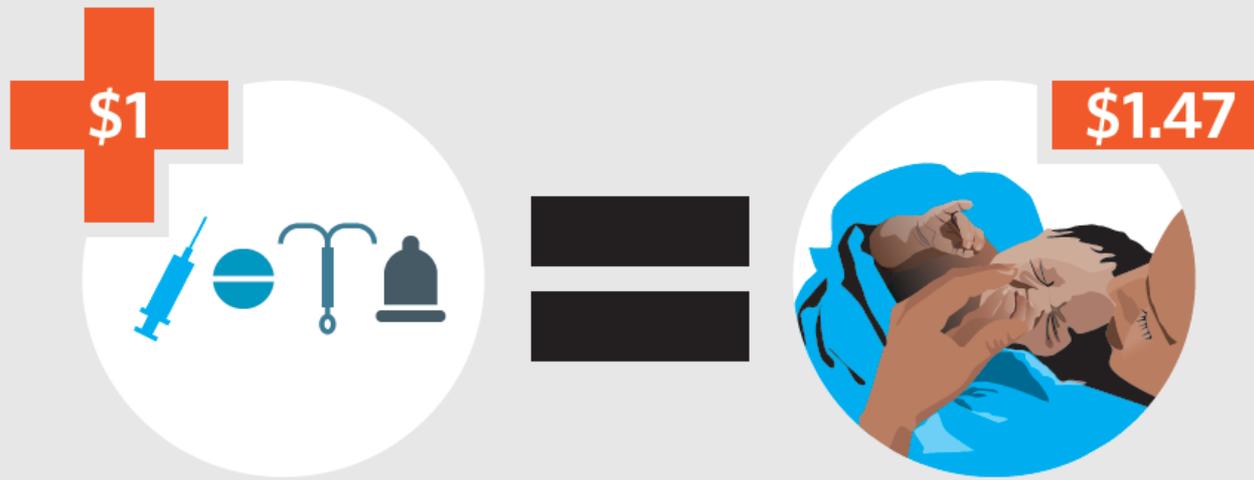
# Providing women the modern contraceptive services they need yields cost savings

2014 U.S. dollars (in billions)



# Why invest in reproductive health?

# ADD IT UP



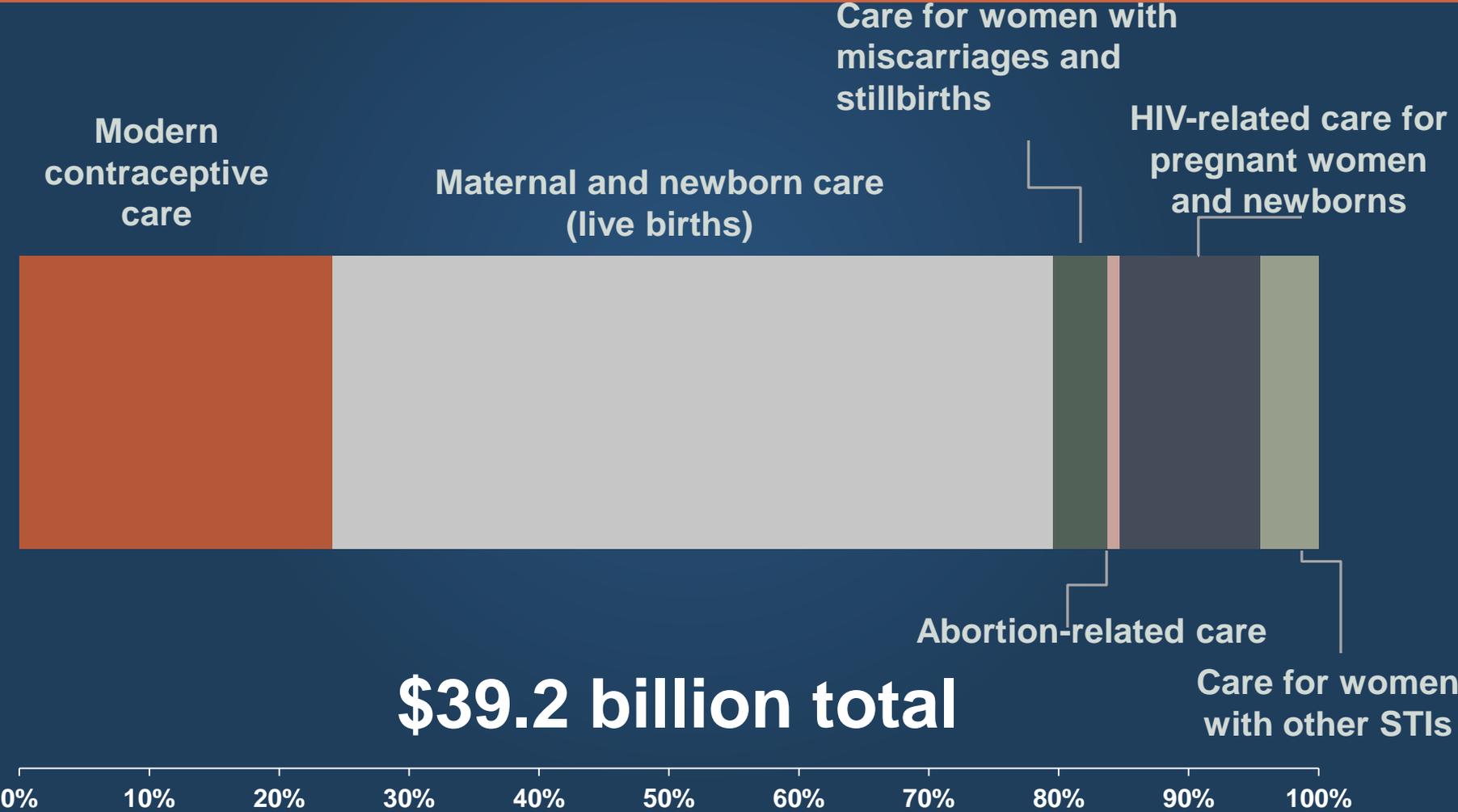
For every additional dollar invested in contraceptive services...

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



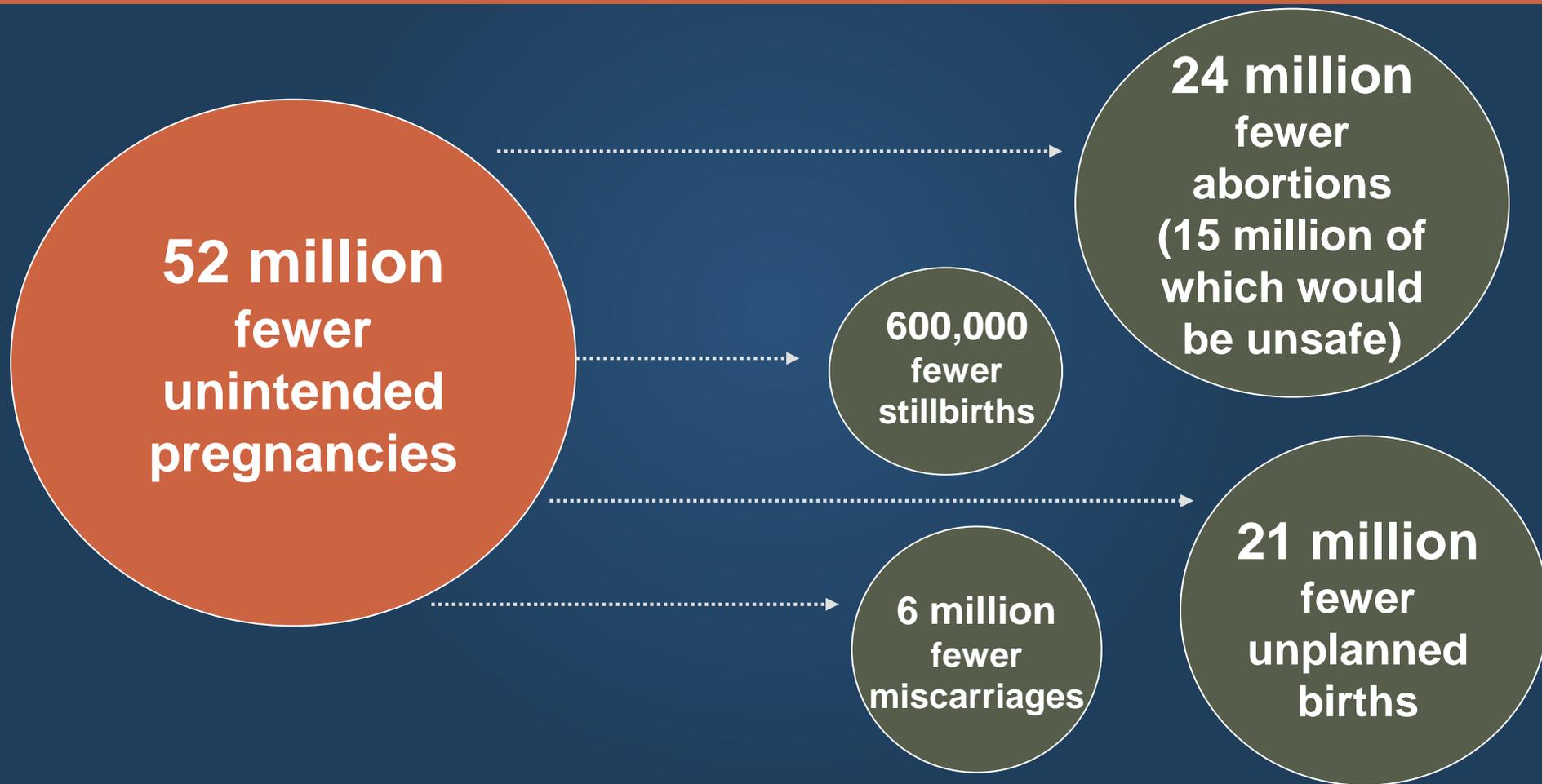
**\$39.2 billion total**

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

Providing women the care  
they need would cost just

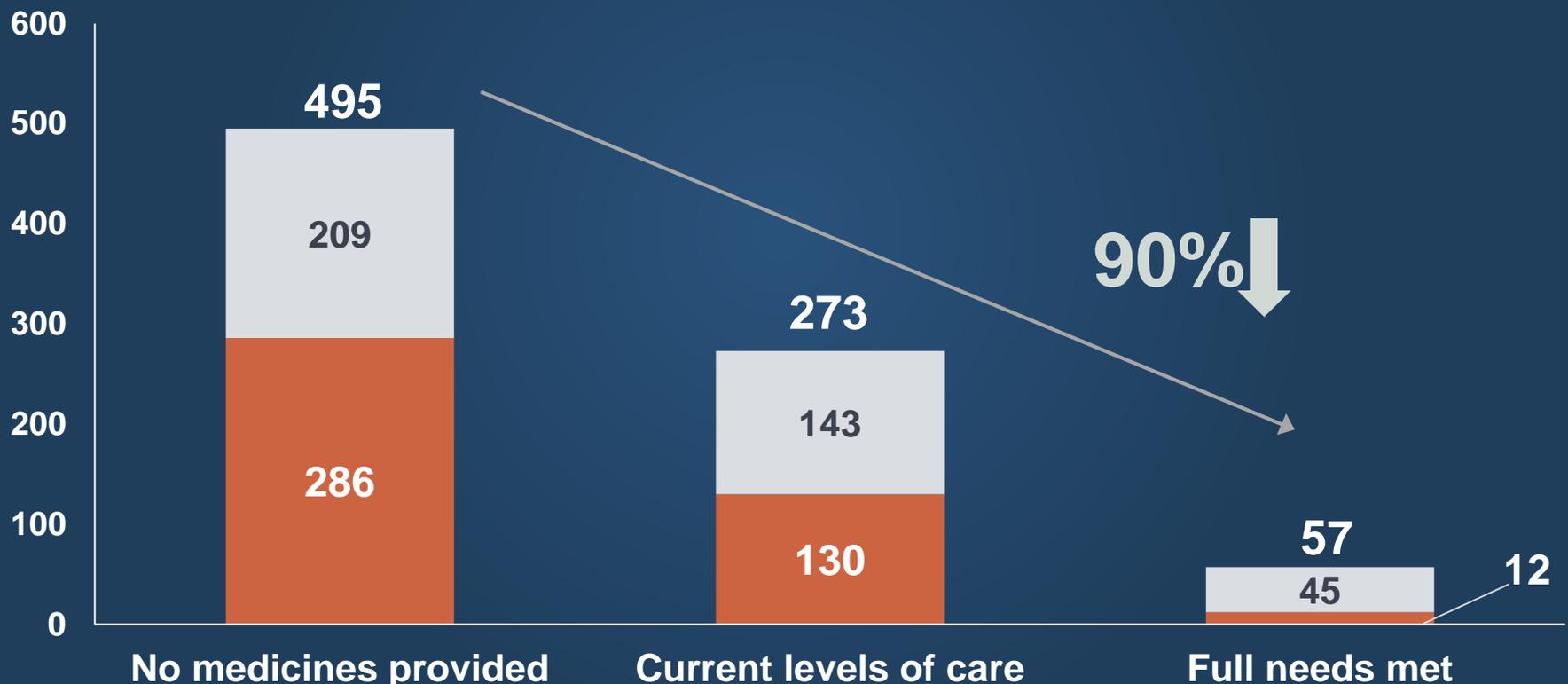
**\$25** per woman  
per year

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



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

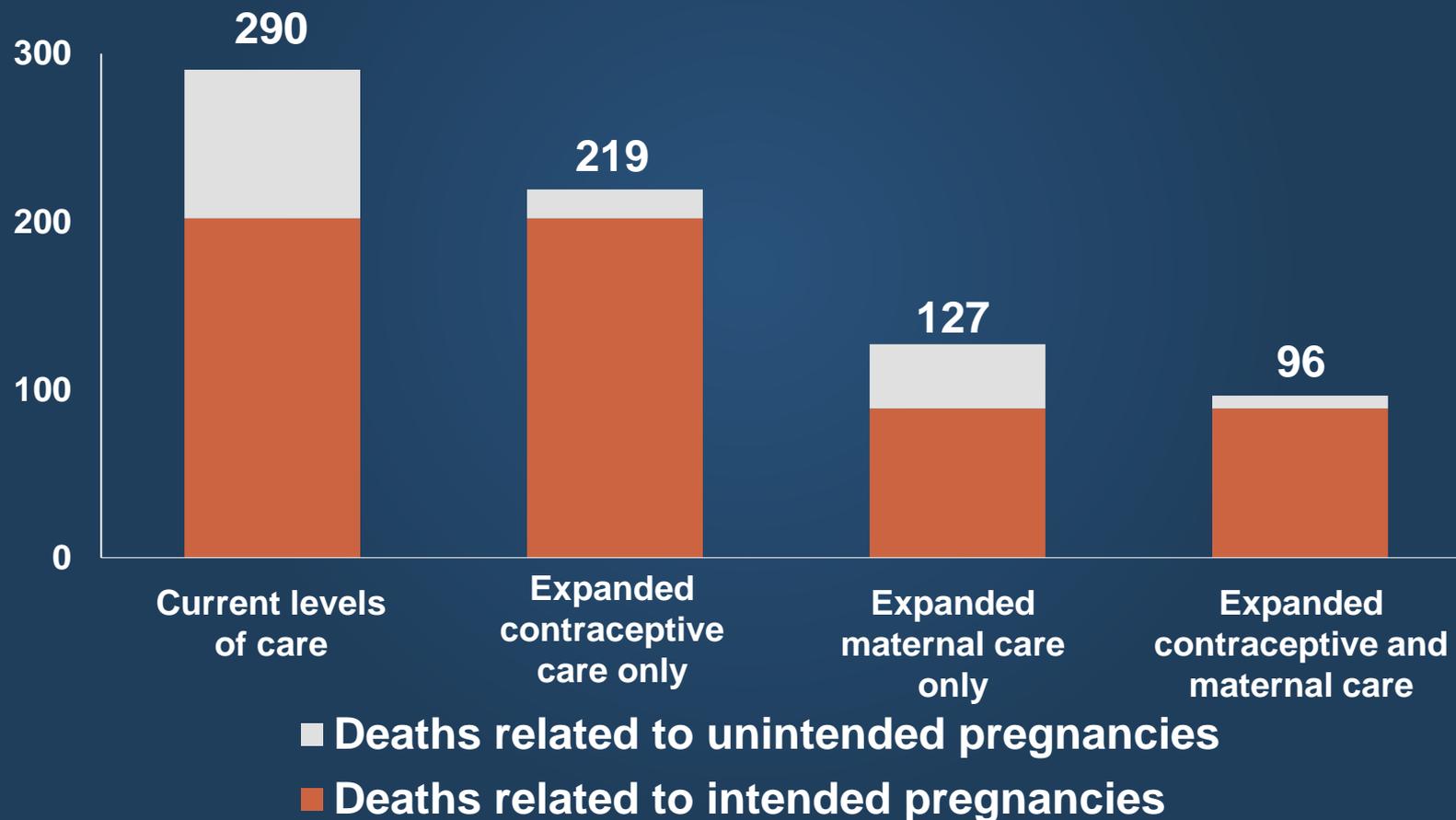
Infant infections (000s) due to mother-to-child transmission



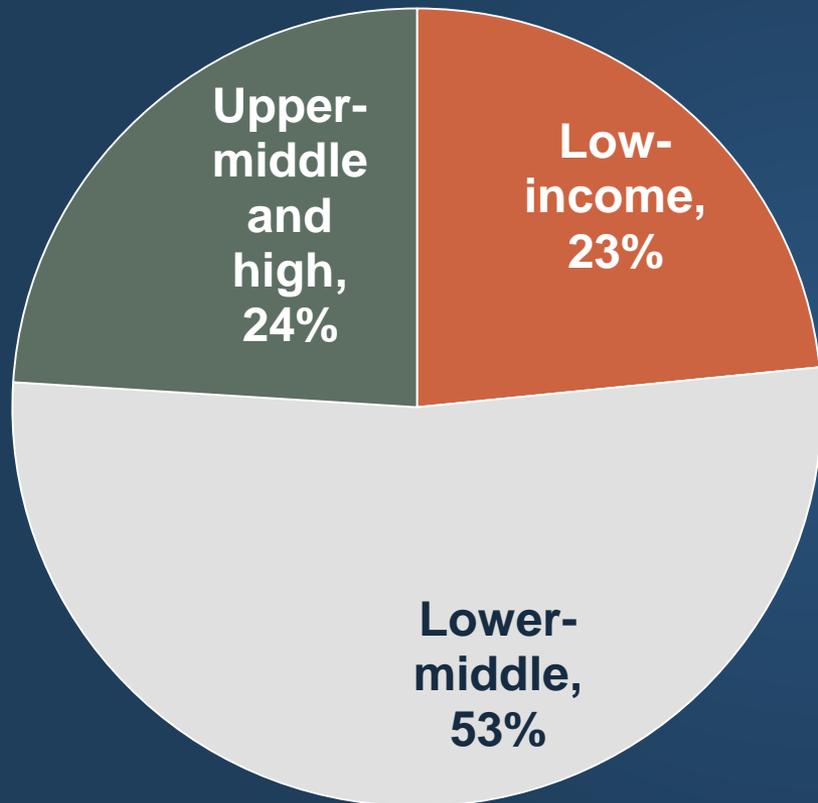
- Infected through breast-feeding at age 6 weeks or older
- Infected perinatally by age 6 weeks

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

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



# Fully meeting service needs would greatly reduce mortality and morbidity



- Meeting 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

**557 Million maternal and newborn DALYs averted**

World Bank country income groups

# 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



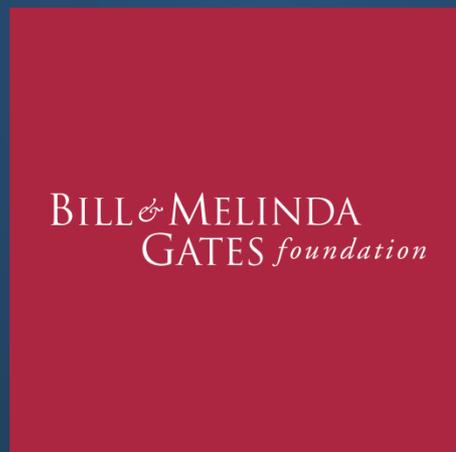
# Conclusions

# 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”

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

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