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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 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

- 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.

- Live Birth: 66%
- Miscarriage: 14%
- Stillbirth: 1%
- Safe abortion: 8%
- Unsafe abortion: 11%

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)

<table>
<thead>
<tr>
<th>Year</th>
<th>4+ antenatal care visits</th>
<th>Facility delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>63 (51%)</td>
<td>68 (55%)</td>
</tr>
<tr>
<td>2014</td>
<td>71 (57%)</td>
<td>82 (66%)</td>
</tr>
</tbody>
</table>

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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

- **Developing world**: 51% in 2008, 57% in 2014
- **Africa**: 45% in 2008, 47% in 2014
- **Asia**: 49% in 2008, 58% in 2014
- **Latin America and the Caribbean**: 79% in 2008, 88% in 2014
- **69 poorest countries**: 42% in 2008, 46% in 2014
- **Higher-income countries**: 69% in 2008, 82% in 2014

* Developing countries with a per capita GNI of $2,500 or less in 2010.
† Developing countries with a per capita GNI of more than $2,500 in 2010.
Progress in antenatal care between 1990 and 2014 varied greatly among countries

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

- Bangladesh
- Colombia
- Dominican Republic
- Ethiopia
- India
- Rwanda
- Uganda

Years


% 0 20 40 60 80 100
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:

- Developing world: 55% in 2008, 66% in 2014
- Africa: 45% in 2008, 51% in 2014
- Asia: 55% in 2008, 70% in 2014
- Latin America and the Caribbean: 87% in 2008, 91% in 2014
- 69 poorest countries: 41% in 2008, 53% in 2014
- Higher-income countries: 85% in 2008, 94% in 2014

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

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

- Developing world: 66%
- Eastern Africa: 42%
- Western Africa: 47%
- South Asia: 53%
- Middle Africa: 62%
- Northern Africa: 64%
- Southeast Asia: 69%
- Caribbean: 77%
- Western Asia: 79%
- Central America: 86%
- Southern Africa: 87%
- South America: 94%
- Central Asia: 95%
- Eastern Asia: 99%

69 poorest countries*: 53%
Higher-income countries†: 94%
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.
Supply- and demand-side barriers prevent some women from using facility-based delivery care

- **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

- 38% receive antiretroviral care to prevent transmission only (Option B)
- 36% receive ongoing antiretroviral care (Option B+)
- 26% receive no antiretroviral medication (None)
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

Sources: Guttmacher.org; #AddingItUp
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...

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of women (millions)</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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Wanting to Avoid</th>
<th>Using Modern Contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>720</td>
<td>510 (71%)</td>
</tr>
<tr>
<td>2008</td>
<td>817</td>
<td>596 (73%)</td>
</tr>
<tr>
<td>2014</td>
<td>877</td>
<td>652 (74%)</td>
</tr>
</tbody>
</table>
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:
- Poorest: 73%
- Poor: 65%
- Middle: 60%
- Rich: 53%
- Richest: 46%

Asia*:
- Poorest: 40%
- Poor: 35%
- Middle: 32%
- Rich: 30%
- Richest: 29%

Latin America & Caribbean:
- Poorest: 31%
- Poor: 25%
- Middle: 23%
- Rich: 19%
- Richest: 19%

*Excludes Eastern Asia and Oceania
Prevalence of key reasons for nonuse of contraception, by region

Unaware of methods
Lack of access
PP amenorrhea/bstfding
Infrequent or no sex
Opposition
Side effects/ health risks

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

- **21%** want to postpone next birth at least two years.
- **43%** want to stop childbearing.
- **36%** are not sexually active, want child, pregnant or infecund.

**1,556 million women of reproductive age, 2014**

**877 million women who want to avoid pregnancy, 2014**

Not using modern contraceptives:** 26%

Using modern contraceptives:** 74%
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)

<table>
<thead>
<tr>
<th></th>
<th>Cost of care for intended pregnancies</th>
<th>Cost of care for unintended pregnancies</th>
<th>Cost of modern contraceptive care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current care</td>
<td>$9.9</td>
<td>$4.3</td>
<td>$4.1</td>
</tr>
<tr>
<td>Expanded MNH care only</td>
<td>$10.5</td>
<td>$2.7</td>
<td>$9.4</td>
</tr>
<tr>
<td>Expanded contraceptive and MNH care</td>
<td>$25.3</td>
<td>$25.3</td>
<td>$9.4</td>
</tr>
<tr>
<td></td>
<td>$40.0</td>
<td>$37.5</td>
<td></td>
</tr>
</tbody>
</table>
Why invest in reproductive health?

ADD IT UP

$1 + $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/AIU  #AddingItUp
Providing sexual and reproductive health services for all women and newborns would cost $39.2 billion each year.
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
- 24 million fewer abortions (15 million of which would be unsafe)
- 600,000 fewer stillbirths
- 6 million fewer miscarriages
- 21 million fewer unplanned births
Providing medicine to HIV-infected pregnant women prevents mother-to-child transmission

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

- No medicines provided: 495
  - Infected through breast-feeding at age 6 weeks or older: 286
  - Infected perinatally by age 6 weeks: 209
- Current levels of care: 273
  - Infected through breast-feeding at age 6 weeks or older: 130
  - Infected perinatally by age 6 weeks: 143
- Full needs met: 57
  - Infected through breast-feeding at age 6 weeks or older: 45
  - Infected perinatally by age 6 weeks: 12

90% reduction in infant infections.
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
  - Deaths related to unintended pregnancies: 200
  - Deaths related to intended pregnancies: 90

- Expanded contraceptive care only: 219
  - Deaths related to unintended pregnancies: 200
  - Deaths related to intended pregnancies: 19

- Expanded maternal care only: 127
  - Deaths related to unintended pregnancies: 96
  - Deaths related to intended pregnancies: 31

- Expanded contraceptive and maternal care: 96
  - Deaths related to unintended pregnancies: 96
  - Deaths related to intended pregnancies: 0
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

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