Investing in Sexual and Reproductive Health in Latin America and the Caribbean

- Sexual and reproductive health services enable women and couples to have the number of children they want, when they want them; to deliver their babies safely and have healthy newborns; and to have healthy sexual lives, free from HIV and other sexually transmitted infections (STIs).

- The immediate health benefits of these services include fewer unintended pregnancies, lower rates of death and disability among women and newborns, and lower incidence of HIV and other STIs. Broader benefits range from greater family savings to stronger national economies.

- Large disparities among and within countries continue to exist. Across Latin America and the Caribbean, women who are disadvantaged socially and economically, including those who are young, poor, have little education or live in rural areas, have the greatest difficulty obtaining the services they need to prevent unintended pregnancies, remain healthy throughout pregnancy and childbearing, and ensure the health of their newborns.

- Millions of women lack essential services

  - In Latin America and the Caribbean, 62% of women aged 15–49 want to avoid a pregnancy. However, 22% of these women—23 million in 2014—are not using an effective contraceptive method. These women, who are defined as having an unmet need for modern contraception, account for a disproportionately high 75% of all unintended pregnancies in the region.

  - Each year, 54% of women who need care for medical complications of pregnancy and delivery—such as hypertension, infection or obstructed labor—do not receive it. Likewise, 55% of newborns do not receive needed care for major health complications during or soon after birth.

  - Unmet need for sexual and reproductive health services is concentrated among the poor. Just 71% of women from the poorest households deliver their babies in a health facility, compared with 99% of women from the wealthiest households.

  - Other long-term benefits from meeting women’s sexual and reproductive health needs include improvements in women’s educational attainment, labor-force participation, productivity and earnings, as well as higher household savings and assets.

- Greater investment is needed

  - Meeting all women’s needs for modern contraception in Latin America and the Caribbean would cost US $1.7 billion annually, up from $1.1 billion spent in 2014. This investment would provide improved quality of care for current users, as well as coverage for new contraceptive users.

  - With contraceptive needs fully met, the annual cost of improved pregnancy-related care for women and their newborns would be $3.0 billion. This total includes care for women having live births, miscarriages, stillbirths and abortions. It also includes HIV testing for all pregnant women and their newborns and antiretroviral treatment for up to six weeks after delivery for those living with HIV.

  - The cost of treating all women of reproductive age for four major curable STIs—chlamydia, gonorrhea, syphilis and trichomoniasis—would be $0.5 billion annually, up from $0.1 billion annually.

  - Together, these investments would increase the total cost of sexual and reproductive health care in Latin America and the Caribbean from the current annual level of $4.4 billion to $5.2 billion.
THESE INVESTMENTS ARE COST EFFECTIVE

- By reducing unintended pregnancies, fully satisfying women’s need for modern contraception makes other health care investments more affordable.
- In Latin America and the Caribbean, each additional dollar spent on contraception reduces the cost of pregnancy-related care by $2.03.
- Meeting the need for maternal and newborn care would cost $4.2 billion annually at current levels of contraceptive use. Fully satisfying the need for modern contraception would lower this cost to $3.0 billion because with fewer unintended pregnancies, fewer women and newborns will require care.
- Each year, it would cost only $31 per woman of reproductive age, or $8 per person, to provide all women in the region with a total package of care that would include
  - modern contraceptive services;
  - maternal and newborn health care;
  - HIV testing and counseling and antiretroviral treatment for women during pregnancy and after delivery;
  - HIV testing and treatment for newborns; and
  - treatment for four major curable STIs.

GOVERNMENTS AND DONOR AGENCIES MUST ACT

- The additional funds required to fully meet the need for sexual and reproductive health services would come from national governments and individuals who receive the services—which together account for the bulk of current spending—and from international donors and NGOs.
- Along with increases in spending, programs should actively adopt a human rights approach to health care delivery, which takes into account the particular needs of poor and marginalized groups, ensures quality of care, protects privacy, promotes informed and voluntary choice, and is free from discrimination.
- As governments and international agencies consider development goals for 2015 and beyond, they should address the need for greater investments in sexual and reproductive health services. These investments are cost-effective; have enormous benefits for women, families and society; and are cornerstones of sustainable development.

CREDITS

The information reported in this fact sheet is drawn from further analyses of data published in the following report, which contains information on data sources and estimation methodology: Singh S, Darroch JE and Ashford LS, Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health—2014, New York: Guttmacher Institute, 2014.

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