

Investing in Sexual and Reproductive Health in Sub-Saharan Africa

- 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 reduced transmission of HIV and other STIs. Long-term benefits range from greater family savings to stronger national economies.
- Though progress has been made, Sub-Saharan Africa lags far behind other world regions on measures of sexual and reproductive health. It is home to only 15% of women aged 15–49 in developing regions but accounts for 63% of maternal deaths and 89% of HIV infections transmitted from mothers to infants in those regions.

DEATHS AND DISABILITIES ARE FAR TOO HIGH

- Each year, 183,000 women die in Sub-Saharan Africa from pregnancy-related causes, and 1.2 million newborns die in the first month of life. Most of these deaths could be prevented with adequate medical care.
- An estimated 244,000 infants annually become infected with HIV during pregnancy and delivery (115,000) or breast-feeding (129,000). The vast majority of these infections could be prevented if all mothers living with HIV were to receive antiretroviral treatment to prevent transmission.

- Each year, about 50 million women are infected with one of four major curable STIs—chlamydia, gonorrhea, syphilis or trichomoniasis. Most do not know they are infected and do not receive treatment. Untreated STIs can lead to pelvic inflammatory disease, infertility, pregnancy complications and serious health problems in newborns.

MILLIONS OF WOMEN LACK ESSENTIAL SERVICES

- In 2014, more than four in 10 women of reproductive age (15–49) in Sub-Saharan Africa want to avoid a pregnancy. But more than half of these women—55 million—are not using an effective contraceptive method. These women account for a disproportionate 93% of unintended pregnancies.
- Less than half of the 36 million women who give birth each year receive at least four antenatal checkups (46%) or give birth in a health facility (48%)—two strategies recommended by the World Health Organization (WHO) for ensuring the well-being of mothers and babies.
- Less than a quarter (22%) of women who need care for medical complications of pregnancy and delivery actually receive it. The same proportion of newborns receive needed care for major health complications during or soon after birth.
- Only 27% of the 1.4 million pregnant women living with HIV receive antiretroviral medicines that would protect their health and prevent the transmission of HIV to their newborns.

- Unmet need for sexual and reproductive health services is heavily concentrated among the poor. In Sub-Saharan Africa, only 26% of women from the poorest households deliver their babies in a health facility, compared with 81% of women from the wealthiest households.

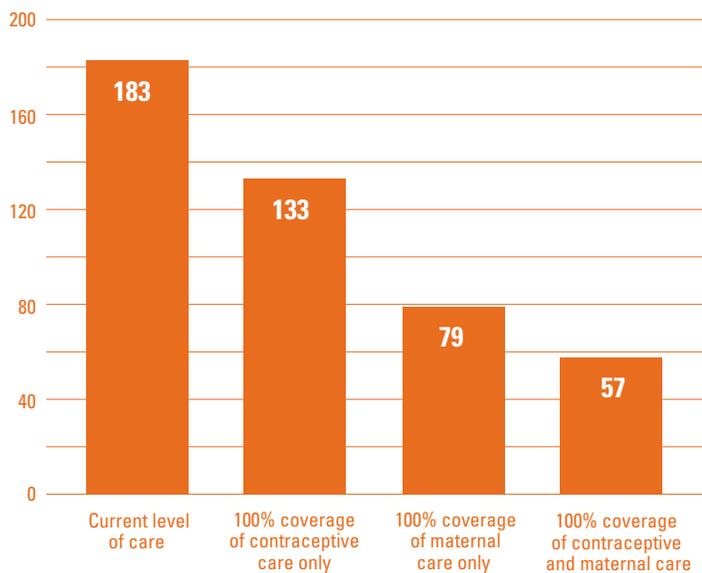
MAJOR BENEFITS ACCRUE FROM MEETING THE NEED FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES

- Providing all women and their newborns in Sub-Saharan Africa with the services they need at standards recommended by WHO would result in major health gains.
- If all unmet need for modern contraception were satisfied,
 - unintended pregnancies would drop by 83%, from 18 million to three million per year; and
 - unsafe abortions would decline by 84%, from 5.7 million to 0.9 million.
- If full provision of modern contraception were combined with adequate care, including HIV-related service, for all pregnant women and newborns,
 - maternal deaths would drop by 69%, from 183,000 to 58,000 per year;
 - newborn deaths would drop by 82%, from 1.2 million to 213,000; and
 - HIV infections among newborns would decline by 93%, from 115,000 to 8,000.
- Other long-term gains 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.

Investing in Women's Health

Fulfilling unmet need for modern contraception and maternal health care saves lives.

Maternal deaths in Sub-Saharan Africa (000s)



GREATER INVESTMENT IS NEEDED

- Meeting all women's needs for modern contraception in Sub-Saharan Africa would cost \$3.2 billion annually, up from the \$0.4 billion spent in 2014. This investment includes improved quality of care for current users and coverage for new users. Because modern contraceptive use is currently very low, particularly in Eastern Africa, Middle and Western Africa, substantial investments in facilities, management, training and community outreach will be essential to providing all women with quality services.

- If all needs for modern contraception were met, the annual cost of pregnancy-related care would be \$13.3 billion. This includes care for women having live births, miscarriages, stillbirths and abortions. It also includes \$3.1 billion to provide HIV testing for all pregnant women and their newborns, as well as 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 \$0.7 billion annually.

- Together, these investments would bring the total cost of sexual and reproductive health care in Sub-Saharan Africa to \$17.2 billion annually, almost five times current spending for these services.

THESE INVESTMENTS ARE COST-EFFECTIVE

- By reducing unintended pregnancies, fully satisfying women's modern contraceptive needs makes other health care investments more affordable.

- Each additional dollar spent on contraception reduces the cost of pregnancy-related care in Sub-Saharan Africa by \$1.52.

- Fully meeting the need for maternal and newborn care

would cost \$17.6 billion annually at current levels of contraceptive use. Fully satisfying the need for modern contraception would lower this cost to \$13.3 billion because with fewer unintended pregnancies, fewer women and newborns will require care.

- Annually, it would cost \$76 per woman of reproductive age, or \$18 per person, to provide all women in the region with a total package of care that includes

- 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 spending—and from international donors and NGOs.

- Along with increases in spending, programs should 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 and 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, save lives and are cornerstones of sustainable development.

CREDITS

The information reported in this fact sheet is based on analyses of data from 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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605 Third Avenue
New York, NY 10158 USA
Tel: +1.212.297.5000
Fax: +1.212.370.0201
hq@unfpa.org

www.unfpa.org



125 Maiden Lane
New York, NY 10038 USA
Tel: +1.212.248.1111
info@guttmacher.org

www.guttmacher.org