

**Statement by
Sharon Camp, Ph.D.
President and CEO of The Alan Guttmacher Institute (AGI) on
*Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care***

Nearly one-fifth of the worldwide burden of illness and early death among all people – men and women – is due to poor sexual and reproductive health. Worldwide, among women of reproductive age, it is one-third. That's one-third of all illness and early death, stemming largely from problems related to pregnancy and to sexually transmitted infections, including HIV/AIDS.

Investing in health services to prevent these illnesses and deaths would not only yield large health benefits, but would also bring important additional economic and social gains. Yet, these benefits have been vastly undervalued by policy makers, governments and donor agencies.

The global community can afford to make the investment needed to close the growing gap in sexual and reproductive health care for women. Indeed, we cannot afford to do otherwise.

In *Adding It Up*, we've done the math: When we add up the number of years of productive life lost to death or disability because of poor sexual or reproductive health..... it totals 250 million years.

In this report, we present new information that will increase awareness and recognition of the value of investing in sexual and reproductive health care. The return on investment in family planning, maternal health and sexual health is huge. In a typical low-fertility Latin American country, for example, each dollar spent on contraceptive services, saves up to \$12 in health and education costs alone.

Providing contraceptive supplies and services to the more than 200 million women around the world who still need them—thereby allowing couples to have only children they want and plan for— would cost the world \$3.9 billion per year, of which wealthy countries would be expected to cover one-third, based on the proportions established at the 1994 International Conference on Population and Development at Cairo.

What would we get from this additional global investment? It would save more than 1.5 million maternal and infant lives every year. It would prevent the loss of 27 million years of healthy life. It would spare over half a million children the tragedy of losing a mother.

Our report, *Adding It Up*, goes beyond older research on the cost-effectiveness of investments in family planning. It spells out the broad-ranging medical benefits of comprehensive sexual and reproductive health care and illustrates the ways access to these services can:

- Empower women to take charge of their lives,
- Enhance personal fulfillment for both men and women,
- Permit higher levels of educational attainment, and
- Promote economic growth.

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Meeting sexual and reproductive health care needs can contribute to economic productivity inside and outside the home, for example, by preventing high risk pregnancies that may result in long-term disability. Smaller families can lead to greater investments in children by both families and societies. Accidental pregnancies and HIV/AIDS and other sexually transmitted infections disproportionately strike men and women in their twenties, when they are entering their most productive years. Prevention and treatment programs thus deliver big dividends in economic development in addition to the benefits they bring to individuals and families.

Failure to invest now in preventive measures, on the other hand, raises the future cost of meeting basic health care needs substantially. For example, although both are essential, it is 28 times more cost-effective to prevent a new HIV infection now than to provide antiretroviral therapy later.

At Cairo, the world's wealthy countries pledged financial support for major new investments in family planning, safe motherhood and the prevention and treatment of sexually transmitted infections, including HIV, but ten years later, expenditures are flat or declining. We are a third short of what was estimated to be needed.

Women and governments in poor countries have recognized the value of investing in sexual and reproductive health care and have shown their commitment: three fourths of these costs are borne by consumers and governments in the developing world. The rest of us need to do our part too. Developed countries, most notably the United States, provided less than half of what they had pledged in Cairo.

Our report, *Adding it Up*, underscores what is at stake in failing to meet these Cairo commitments. The costs of poor sexual and reproductive health are enormous. But the returns on investment in better healthcare will keep on adding up for years and years to come. We can turn back the HIV/AIDS pandemic, we can help women balance work and family, we can prevent maternal deaths.

We can afford to close the gap.