

The Health System Cost of Postabortion Care in Uganda

- The provision of postabortion care in 2010 cost an estimated \$13.9 million per year, a substantial portion of Uganda's total expenditure on reproductive health.
- The cost of treating complications resulting from abortion procedures (almost all of which are unsafe in Uganda) represents approximately 4% of total spending on maternal and newborn health (public and private) and an equivalent proportion of all government spending on health care.
- However, many women requiring treatment do not receive care. Satisfying all demand for postabortion care would raise the national cost to \$20.8 million per year.
- On average, the provision of postabortion care costs \$131 per patient and may address a range of conditions, including incomplete abortion, sepsis, shock, vaginal or cervical lacerations, and uterine perforations.
- Most postabortion care expenditures are concentrated in health centers (\$8.4 million, or 61%); district hospitals account for \$4.0 million, or 29%, and regional hospitals for \$1.5 million, or 11%.

COSTS OF PERSONNEL, DRUGS AND SUPPLIES

- Costs of drugs and supplies range from \$22 per case at health centers to \$41 per case at regional hospitals, where more severe complications tend to be treated.
- The average cost of labor per case was \$10 at health centers and \$15 at district and regional hospitals.
- Treatment of lacerations and incomplete abortions had the lowest average labor cost (\$12–13); labor associated with treating sepsis and shock cost \$15–16; and labor for repairing a perforated uterus cost approximately \$26.
- The costs of drugs and supplies for outpatients were found to be dramatically lower than for inpatients. All but the least severe complications are treated on an inpatient basis.

HOSPITALIZATION COSTS

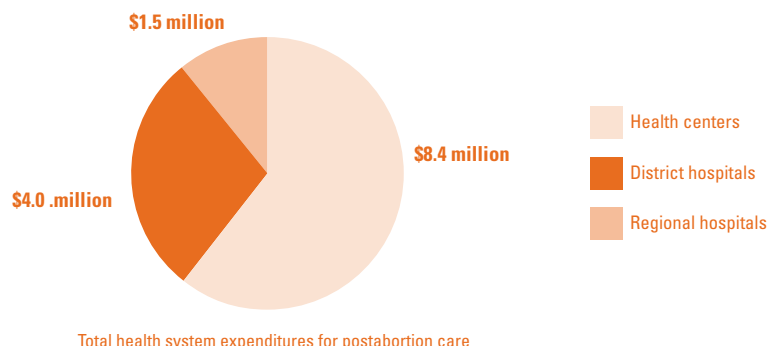
- Hospitalization (accommodation and meals only) accounted for 7–19% of total direct costs.
- District hospitals had considerably higher postabortion care costs (\$11 per case) than did regional hospitals (\$5.40) or health centers (\$2.50).
- Sepsis cases incurred the highest hospitalization costs on average (\$11), followed by treatment of perforations (\$7.50).
- The average length of stay varied both by type of facility and by type of complication. Postabortion care patients spent an average of 3.8 days in regional hospitals but only 1.6 days in health centers.
- In regional hospitals, patients treated for incomplete abortion stayed an average of 1.4 days, while women with uterine perforations remained hospitalized for an average of 7.3 days.

INDIRECT COSTS

- At health facilities of all levels, overhead costs are a significant component of the total cost of providing postabortion care.
- The annual overhead cost per facility attributable to providing postabortion care was \$10,000 for regional hospitals, \$2,800 for district hospitals and \$1,100 for health centers.
- The cost of infrastructure attributable to postabortion care was

Cost of Postabortion Care

The cost of treating postabortion complications in Uganda in 2010 was \$13.9 million.



Health System Burden of Postabortion Care

Estimated number of postabortion care cases per year, 2010

	Regional hospitals	District hospitals	Health centers*	All facilities
Incomplete abortion	3,100	15,200	55,200	73,500
Sepsis	1,500	4,200	15,200	20,900
Shock	600	2,300	4,000	6,900
Lacerations	600	1,300	1,600	3,500
Perforations	400	500	300	1,200
All complications	6,100	23,500	76,200	105,900

*Health centers include private midwives.

considerable, ranging from \$158 per case for regional hospitals to \$55 per case for health centers.

RECOMMENDATIONS

- Improving and expanding the provision of family planning services will reduce unintended pregnancy—the root cause of most abortions.
- Greater investments in family planning will also save money. Every dollar spent on family planning will save more than five dollars in postabortion care services averted. The cost of providing contraception in Uganda for one year has been

estimated at around \$22 per user, while the overall cost per case for treating postabortion complications is \$131.

- Changes in policy that increase investments in family planning present a win-win situation: Maternal morbidity and mortality would be reduced, and there would be substantial net savings to the health system.

The data in this fact sheet are drawn from Vlassoff M et al., The health system cost of postabortion care in Uganda, Health Policy and Planning, 2014, Vol. 29, pp. 56–66.



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