The Adding It Up study examines the need for, impact of and cost of fully investing in sexual and reproductive health care—services that together ensure people can decide whether and when to have children, experience safe pregnancy and delivery, have healthy newborns, and have a safe and satisfying sexual life.

**WHO:** Women of reproductive age (15–49) in 132 low- and middle-income countries (LMICs; see map) in 2019

**WHAT:** Contraceptive services, maternal care, newborn care, abortion services and treatment for the major curable STIs

### Unmet needs for services in LMICs

**Expanded services are needed to fulfill unmet needs in LMICs**

- **923 million women** of reproductive age want to avoid a pregnancy
- **218 million of them** have an unmet need for modern contraception

**Unmet need for modern contraception is disproportionately high among adolescents**

- **43%** 15–19-year-olds
- **24%** 15–49-year-olds

**111 million unintended pregnancies occur in LMICs each year, accounting for 49% of all pregnancies in those countries**

**Unmet needs for services are greatest in the poorest countries**

- This is apparent when examining the proportion of women who deliver their babies in a health facility

- **59%** Low-income countries
- **70%** Lower-middle-income countries
- **97%** Upper-middle-income countries

**Each year, 127 million women in LMICs give birth, and many do not receive needed care**

- **50M** make fewer than four antenatal care visits
- **31M** do not deliver in a health facility
- **16M** do not receive the care they need following a major obstetric complication
- **13M** have newborns who do not receive needed care for complications

**Lack of high-quality sexual and reproductive health care puts women at risk**

- 35 million have abortions in unsafe conditions
- 299,000 die from causes related to pregnancy and childbirth
- 133 million do not receive the treatment they need for chlamydia, gonorrhea, syphilis and trichomoniasis
Cost of meeting all service needs

An additional $4.80 per capita annually in LMICs would meet all women's needs for essential sexual and reproductive health services.

- **Annual per capita cost**: $5.80 current + $4.80 add’l = $10.60
  - Services provided: Modern contraception, Maternal and newborn care, Abortion services, STI treatment

**Annual total cost**:
- Current: $38 billion
- Add’l: $31 billion
- Total: $69 billion

Contraceptive services yield cost savings:
- $1.00
- $3.00

Every $1 spent on contraceptive services beyond the current level would save $3 in the cost of maternal, newborn and abortion care because contraception reduces unintended pregnancies.

The additional investment needed annually for sexual and reproductive health care totals $31 billion in LMICs and varies widely across subregions:

- **Africa**
  - Western Africa: $8.2 billion
  - Eastern Africa: $6.2 billion
  - Middle Africa: $3.6 billion
  - Northern Africa: $1.9 billion
  - Southern Africa: $1.7 billion

- **Asia**
  - Southern Asia: $4.4 billion
  - Eastern Asia: $2.2 billion
  - Southeast Asia: $1.2 billion
  - Western Asia: $602 million
  - Central Asia: $139 million

- **The Americas**
  - South America: $570 million
  - Central America: $212 million
  - Caribbean: $34 million

- **Oceania**
  - Oceania: $32 million

- **Europe**
  - Southern Europe: $93 million
  - Eastern Europe: $20 million

Full investment would improve the quality of sexual and reproductive health care for women who currently receive services and would expand services to reach all women in need.
The interventions that make up the recommended care have proven feasible to implement in diverse settings around the world.

Investing in them provides national and local governments, the private sector and international development partners with good value for money.

By saving lives and improving women’s health and well-being, sexual and reproductive health care benefits individuals and families and contributes to countries’ social and economic development. Such care would also enable people to exercise their sexual and reproductive rights.

### Investing in sexual and reproductive health care in LMICs would reduce risks for women and newborns

<table>
<thead>
<tr>
<th></th>
<th>Annual no. at current levels of care</th>
<th>Annual no. if all needs are met</th>
<th>No. averted if all needs are met</th>
<th>% change if all needs are met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended pregnancies</td>
<td>111 million</td>
<td>35 million</td>
<td>76 million</td>
<td>−68%</td>
</tr>
<tr>
<td>Unplanned births</td>
<td>30 million</td>
<td>9 million</td>
<td>21 million</td>
<td>−71%</td>
</tr>
<tr>
<td>Unsafe abortions</td>
<td>35 million</td>
<td>10 million</td>
<td>26 million</td>
<td>−72%</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>299,000</td>
<td>113,000</td>
<td>186,000</td>
<td>−62%</td>
</tr>
<tr>
<td>Newborn deaths</td>
<td>2.5 million</td>
<td>0.8 million</td>
<td>1.7 million</td>
<td>−69%</td>
</tr>
<tr>
<td>HIV infections in babies ≤6 weeks</td>
<td>110,000</td>
<td>14,000</td>
<td>96,000</td>
<td>−88%</td>
</tr>
<tr>
<td>Cases of infertility caused by untreated STIs</td>
<td>3.5 million</td>
<td>0</td>
<td>3.5 million</td>
<td>−100%</td>
</tr>
</tbody>
</table>

Notes: Based on 2019 data. Numbers are rounded.

- **Unintended pregnancies, unsafe abortions and maternal deaths would drop by about two-thirds** if all women in LMICs wanting to avoid a pregnancy were to use modern contraceptives and all pregnant women were to receive care that meets international standards.

- **Newborn deaths would drop by two-thirds, and new HIV infections among babies six weeks and younger would drop by almost nine-tenths**, if all mothers and newborns received the recommended care.

- **Cases of pelvic inflammatory disease and infertility caused by chlamydia or gonorrhea would be eliminated** if all women infected with these STIs were given effective and timely treatment.
Adding It Up 2019 presents estimates for low- and middle-income countries

Per World Bank classifications, “low-income” corresponds to a 2018 gross national income per capita of $1,025 or less, “lower-middle-income” to $1,026–3,995, and “upper-middle-income” to $3,996–12,375.

Source
The information in this fact sheet can be found in Sully EA et al., Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute, 2020.

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Good reproductive health policy starts with credible research

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