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 53 low- and middle-income countries (LMICs)* in Africa in 2019

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

### Unmet needs for services in Africa

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

- **139 million women** of reproductive age want to avoid a pregnancy
- **58 million** have an unmet need for modern contraception

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

- **8.3 million** have abortions in unsafe conditions
- **208,700** die from causes related to pregnancy and childbirth
- **42 million** do not receive the treatment they need for chlamydia, gonorrhea, syphilis and trichomoniasis

**Among women who want to avoid a pregnancy, unmet need is higher for adolescents aged 15–19 than for all women aged 15–49 (55% versus 42%)**

**Each year, 43 million women in Africa give birth, and many do not receive needed care**

- **21M** make fewer than four antenatal care visits
- **17M** do not deliver in a health facility
- **8.7M** do not receive the care they need following a major obstetric complication
- **7M** have newborns who do not receive needed care for complications

### Cost of meeting all service needs in Africa

**$22.50 per capita annually—$16.54 more per capita than current costs—would provide all women in need with:**

- Modern contraception
- Maternal and newborn care
- Abortion services
- STI treatment

**Every $1 spent on contraceptive services beyond the current level would save $2.77 in maternal, newborn and abortion care because contraception reduces the number of unintended pregnancies**

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*Countries classified by the World Bank as having a 2018 gross national income per capita of $12,375 or less. We include LMICs in Eastern, Middle, Northern, Southern and Western Africa. All countries in Eastern, Middle, Northern, Southern and Western Africa are LMICs, with the exception of Seychelles.*
**Impacts of expanding and improving services**

<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>27 million</td>
<td>6 million</td>
<td>21 million</td>
<td>-78%</td>
</tr>
<tr>
<td>Unplanned births</td>
<td>13 million</td>
<td>3 million</td>
<td>10 million</td>
<td>-78%</td>
</tr>
<tr>
<td>Unsafe abortions</td>
<td>8.3 million</td>
<td>1.8 million</td>
<td>6.4 million</td>
<td>-78%</td>
</tr>
<tr>
<td>Maternal deaths</td>
<td>209,000</td>
<td>75,000</td>
<td>134,000</td>
<td>-64%</td>
</tr>
<tr>
<td>Newborn deaths</td>
<td>1.1 million</td>
<td>0.3 million</td>
<td>0.8 million</td>
<td>-71%</td>
</tr>
<tr>
<td>HIV infections in babies ≤6 weeks</td>
<td>95,000</td>
<td>12,000</td>
<td>83,000</td>
<td>-87%</td>
</tr>
<tr>
<td>Cases of infertility caused by untreated STIs</td>
<td>1 million</td>
<td>0</td>
<td>1 million</td>
<td>-100%</td>
</tr>
</tbody>
</table>

Notes: Based on 2019 data. Numbers are rounded.

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**Investing for the future**

- 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.

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**Source**


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**Good reproductive health policy starts with credible research**

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