

ADDING IT UP

Investing in Sexual and Reproductive Health in Southern Africa

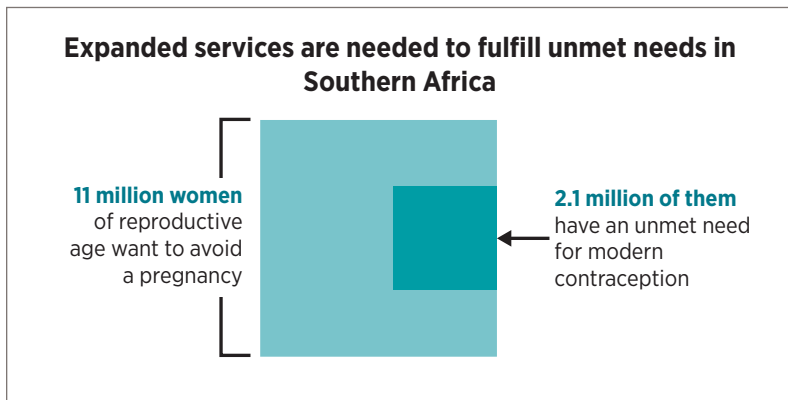


The Adding It Up study examines the need for, impact of and cost of fully investing in sexual and reproductive health care—services that together ensure people can decide whether and when to have children, experience safe pregnancy and delivery, have healthy newborns, and have a safe and satisfying sexual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

WHO: Women of reproductive age (15–49) in five low- and middle-income countries (LMICs)* in Southern Africa in 2019

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

Unmet needs for services in Southern Africa



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

- 155,000 have abortions in unsafe conditions
- 2,100 die from causes related to pregnancy and childbirth
- 2.5 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 (23% versus 19%).

Each year, 1.4 million women in Southern Africa give birth, and many do not receive needed care

- 300,000 make fewer than four antenatal care visits
- 74,000 do not deliver in a health facility
- 41,000 do not receive the care they need following a major obstetric complication
- 68,000 have newborns who do not receive needed care for complications

Cost of meeting all service needs in Southern Africa

\$37.49 per capita annually—\$25.24 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 \$1.71 in maternal, newborn and abortion care because contraception reduces the number of unintended pregnancies.

* Countries classified by the World Bank as having a 2018 gross national income per capita of \$12,375 or less. LMICs in this subregion are Botswana, Eswatini, Lesotho, Namibia, and South Africa.

Impacts of expanding and improving services

Investing in sexual and reproductive health care in Southern Africa would greatly reduce risks for women and newborns

	Annual no. at current levels of care	–	Annual no. if all needs are met	=	No. averted if all needs are met	% change if all needs are met
Unintended pregnancies	1.5 million		0.5 million		1.0 million	-66%
Unplanned births	738,000		253,000		486,000	-66%
Unsafe abortions	155,000		52,000		102,000	-66%
Maternal deaths	2,100		900		1,200	-58%
Newborn deaths	18,000		6,000		11,000	-64%
HIV infections in babies ≤6 weeks	7,000		2,700		4,300	-62%
Cases of infertility caused by untreated STIs	43,000		0		43,000	-100%

Notes: Based on 2019 data. Numbers are rounded. Percentage change was calculated from unrounded data.

For additional detail, see appendix to the full report at <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>.

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.

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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Find the full report and appendix tables at <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>.