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

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

- 11 million women of reproductive age want to avoid a pregnancy
- 2.1 million of them have an unmet need for modern contraception

**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

**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

<table>
<thead>
<tr>
<th>Investing in sexual and reproductive health care in Southern Africa would greatly reduce risks for women and newborns</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual no. at current levels of care</strong></td>
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<tr>
<td>Unintended pregnancies</td>
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<tr>
<td>Unplanned births</td>
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<td>Unsafe abortions</td>
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<td>Maternal deaths</td>
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<td>Newborn deaths</td>
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<tr>
<td>HIV infections in babies ≤6 weeks</td>
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<tr>
<td>Cases of infertility caused by untreated STIs</td>
</tr>
</tbody>
</table>

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


### 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.

Acknowledgments

This fact sheet was made possible by UK Aid from the UK Government and grants from the Bill & Melinda Gates Foundation, The Children’s Investment Fund Foundation and the Dutch Ministry of Foreign Affairs. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the donors.

Good reproductive health policy starts with credible research
guttmacher.org

125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org