ADDING IT UP Sexual and Reproductive Health Investment Needs in the African Union



In recent decades, most African countries have increased the availability of sexual and reproductive health care, yet many people still lack access to these essential services. This fact sheet presents evidence as of 2019 on the need for, impact of and cost of fully investing in sexual and reproductive health services among women aged 15–49 in 53 African Union member states.

The African Union has made health and development a continental priority, with a number of strong policy frameworks that encompass sexual and reproductive health and rights. This fact sheet highlights these frameworks, illustrating key commitments for areas of investment, and the need for such investment.

African Union policy commitments

- Agenda 2063 includes a roadmap that highlights the importance of investing in women and young people, to realize a vision of Africa where development is peopledriven and people-centered.
- Other policies that focus on population, development, and reproductive health and rights include the Addis Ababa Declaration on Population and Development in Africa Beyond 2014, the Maputo

KEY POINTS

- → African Union policies call for investing in sexual and reproductive health and rights (SRHR) as part of development efforts.
- → Current sexual and reproductive health care does not meet recommended standards and does not reach everyone in need.
- → Modern contraception is an essential, cost-saving component of SRHR. Each additional dollar spent on contraceptive services would reduce the cost of maternal, newborn and abortion care in Africa by US\$2.77.

Protocol, the Maputo Plan of Action 2016-2030, and the AU Roadmap on Harnessing the Demographic Dividend Through Investments in Youth.

 The African Union has aligned its commitments with the Sustainable Development Goals—specifically Goal 3, Target 3.7—to ensure universal access to sexual and reproductive health care services by 2030.

Need for investment

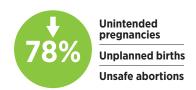
 Sexual and reproductive health services currently cost US\$7.8 billion annually in Africa—or about US\$6 per capita per year—and this includes programs and systems support and service delivery costs.

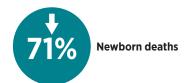
- Current sexual and reproductive health care does not meet recommended standards and does not reach everyone in need. It would cost US\$22.50 per capita per year in Africa to satisfy all women's needs for these essential services.
- Expanded contraceptive services help offset the cost of improving pregnancy-related and newborn care by reducing unintended pregnancies. Every US\$1 spent on contraceptive services beyond what is currently spent would save US\$2.77 in the cost of improved maternal, newborn and abortion care.

Impact of fully investing in essential services

 Unintended pregnancies, unplanned births and unsafe abortions would each decline by 78%.

Fully investing in essential services would result in declines across outcomes







- Maternal deaths would decline by 64%.
- Newborn deaths would decline by 71%.
- Cases of infertility caused by untreated STIs would be eliminated.

Actions

African Union member states should establish domestic and continental financing mechanisms to improve access to affordable, quality sexual and reproductive health services. Investments should focus on meeting essential sexual and reproductive health needs and providing care for populations most at risk and most chronically underserved, including adolescents.

Find this fact sheet and related fact sheets in a five-part series, Investing in Sexual and Reproductive Health in the African Union, at https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-african-union.

Source

The information in this fact sheet can be found online in the appendix tables accompanying Sully EA et al., Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute, 2020, https://doi.org/10.1363/2020.31593. Data pertain to all member states of the African Union except Seychelles and the Sahrawi Arab Democratic Republic (Western Sahara).

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Good reproductive health policy starts with credible research

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