Costs of Legal Abortion

- **Direct costs.** The estimated direct cost of legal abortion at specialized facilities is $45; it is four to five times as much at higher-level facilities, ranging from $189 at tertiary facilities to $213 at secondary facilities (Table 2). As with postabortion care, labor costs were the main driver of the direct cost of providing legal abortion, accounting for more than four-fifths of the total cost at all three facility types (85–90%, not shown).

  In part, the large difference between higher-level facilities and private specialized facilities in the direct cost of legal abortion is related to the methods of abortion used at these facilities. Inpatient D&C, either alone or in combination with abortion medication (e.g., misoprostol), was the method most commonly used at secondary and tertiary facilities; eight in 10 legal abortions at these facilities were carried out using this technique, and few used misoprostol (Table 3, page 120). In contrast, private specialized facilities generally used outpatient MVA, misoprostol or a combination of the two. They also performed, on average, a far greater number of abortions than did higher-level facilities (906 vs. 6–12).

### Comparison Between Costs of Legal Abortion And Postabortion Care

The direct cost of providing a legal abortion at a secondary or tertiary facility in Colombia ($189–$213; Table 2) was greater than that of treating complications of unsafe abortion at such facilities ($141; Table 1). At private specialized facilities, however, providing a legal abortion cost the same amount as providing postabortion care ($44–45). Even if the comparison between providing legal abortion and postabortion care at higher-level facilities is limited to the treatment of incomplete abortion, which under normal circumstances should be an identical procedure (at these facilities, inpatient D&C is typically used for both the treatment of incomplete abortion and the provision of legal abortion), the cost of providing legal abortion was significantly higher than the cost of treating an incomplete abortion.

The cost of labor was largely responsible for the higher price of legal pregnancy termination than of postabortion care at higher-level facilities. While the costs of medical supplies for legal abortion at secondary and tertiary facilities ($21–22; Table 2) were similar to the corresponding costs of treating incomplete abortion at these facilities ($18–19; Table 1), labor costs were more than twice as high ($168–191 vs. $69–80). At specialized facilities, the costs of both medical supplies ($7) and labor ($38) were much lower than the corresponding costs at higher-level facilities, and were identical to the estimated direct cost of treating incomplete abortion.

The higher cost of labor at tertiary and secondary facilities was largely driven by the greater amount of time providers at these facilities spent on each case during the course of treatment. The total number of minutes that all types of providers spent treating a typical case of legal abortion was more than twice the number of minutes spent for incomplete abortions (Table 4, page 120), at both secondary facilities (804 vs. 347) and tertiary facilities (950 vs. 452). At specialized facilities, the number of minutes spent providing a legal abortion was similar to the time spent treating incomplete abortion (243 vs. 197), and was less than a third of the number spent at higher-level facilities.

The differences between the amount of time providers at higher-level facilities spent with patients who received legal abortions and the amount they spent with patients who were treated for incomplete abortion were in part due to the longer hospital stays for the former (an average of three days, and in some cases as long as seven days) than for the latter (an average of one day; data not shown). In contrast, specialized facilities provide legal abortion only as an outpatient service.

### Sensitivity Analysis

Among medical supplies, variations in the cost and number of units of packed red blood cells had the greatest effect on our direct cost estimates, reducing or increasing the total cost per postabortion complication case by about $2;