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VIEWPOINT PAPER

*Benefits and Costs of the Women's Health Targets
for the Post-2015 Development Agenda*

Ann Starrs

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Post-2015 Consensus

Ann Starrs
Guttmacher Institute

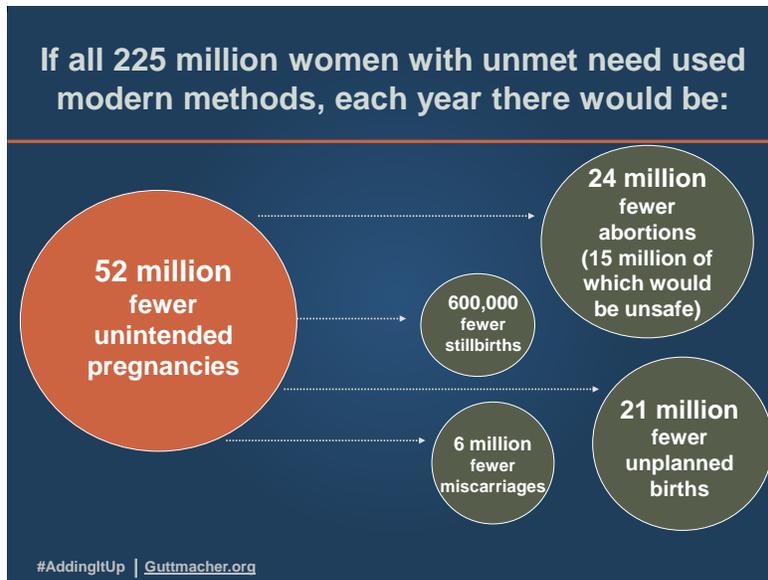
The landmark 1993 World Development Report¹ first brought global attention, and solid evidence and analysis, to the argument that investing in health has economic benefits. The understanding that healthier populations are better educated and more productive helped to transform health into a development priority. As the United Nations and its Member States grapple with the challenge of defining the Sustainable Development Goals and setting effective targets and indicators for the 2015-2030 era, it is essential that the global community recognize the importance of universal access to sexual and reproductive health to all aspects of the development goals, from girls' education to reducing poverty to enhancing sustainable economic growth.

In December 2014 the Guttmacher Institute launched a new report – Adding It Up: The costs and benefits of investing in sexual and reproductive health – that offers the evidence to support this argument. The report presents current data on coverage rates for and benefits of key sexual and reproductive health services in 149 developing countries. It analyzes what governments, donors and families are spending on these services; the gaps between current coverage and needs; and what it would cost and what lives would be saved if those gaps were filled.

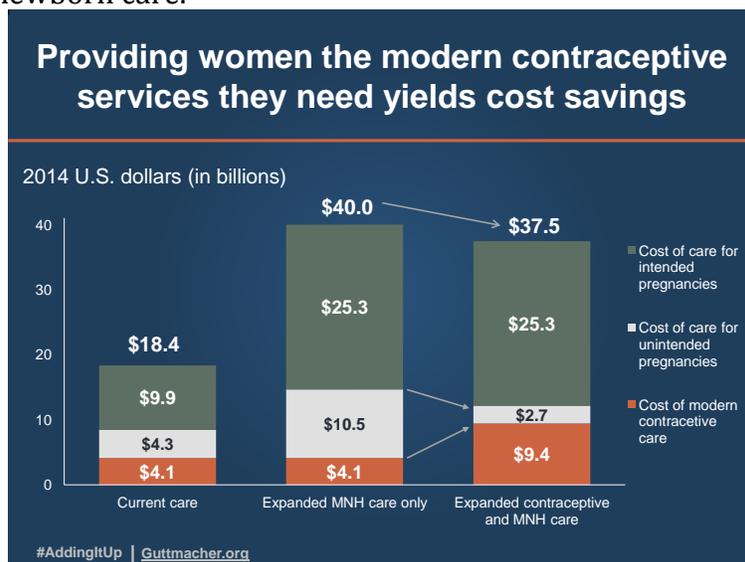
The report encompasses services essential to the survival, health and well-being of women and their babies, including contraception; maternity care, which includes care during and immediately after pregnancy and childbirth for both mothers and their newborn babies; testing and treatment for pregnant women living with HIV, as well as for their babies; and prevention and treatment of four common and curable sexually transmitted infections. A key element of the analysis is the concept of women who have an “unmet need” for modern contraception – who want to delay or stop childbearing, but are not using an effective method to prevent pregnancy. That number stands at 225 million today.

Addressing that unmet need is one of the most fundamental – and potentially far-reaching – challenges we face in public health. Helping women and families avoid an unwanted pregnancy saves lives and money, as Adding It Up demonstrates. Figure 1 shows that if the unmet need for contraception in the developing world were addressed, the number of unintended pregnancies, abortions (most of which are unsafe), stillbirths, and miscarriages would drop dramatically. This, in turn, would have a huge impact on mortality; the number of maternal deaths would drop by 70,000 per year, and there would be half a million fewer newborns dying every year. Fully satisfying the unmet need for modern contraception would also make health care investments more affordable overall. For every additional dollar invested in contraception, the cost of pregnancy-related care is reduced by about \$1.50

¹ World Development Report 1993: Investing in Health. Washington, DC: The World Bank, 1993. <https://openknowledge.worldbank.org/handle/10986/5976>.



For developing countries as a whole, the financial payoff of addressing the unmet need for modern contraception is significant. In 2014, as shown in Figure 2 (first column), the total amount being spent for reproductive health services was \$18.4 billion, of which \$4.1 billion was being spent on contraception. If maternal and newborn health care were expanded to address current needs, but contraceptive services were left at their current level, the cost of maternal and newborn care would increase significantly, for both intended and unintended pregnancies, from just over \$14 billion to almost \$36 billion. Addressing the unmet need for contraceptive services would cost just over \$9 billion (third column, orange section of the bar). However, by preventing 52 million unintended pregnancies and 21 million unintended births per year, addressing the unmet need for modern contraception would reduce the cost of pregnancy and newborn care for unintended pregnancies from \$10.5 billion to \$2.7 billion. In short, investing an additional \$5 billion to provide contraceptives to women with unmet need would save almost \$8 billion that would not need to be spent on maternal and newborn care.



This analysis has focused primarily on the costs and benefits of investing specifically in contraception, because there are clear cost savings from doing so – preventing unintended pregnancies offsets the expense that would otherwise be incurred providing care for those pregnancies and newborns. As *Adding It Up* also makes clear, however, there are much broader health benefits, as well as social and economic benefits, to providing the full range of reproductive health services. Sexual and reproductive health services often serve as an entry point for women into the larger health system, which means women can be screened and treated for a range of other health problems, including anemia, malaria (depending on where they live), and cervical cancer. They can also help women get access to other services they may need, such as counseling and referral in cases of sexual assault or domestic violence.

There are also benefits beyond the health sector, difficult to quantify but no less important. Enabling women to decide on the number and timing of their pregnancies, and enabling them to go through pregnancy and childbirth safely, generally means smaller families and improved health for both women and their children; these in turn contribute to greater economic productivity, higher incomes for households, and improved education and status of girls and women. One analysis estimated that investing an additional \$5 per person in reproductive and child health in countries with high rates of maternal, newborn and child mortality could yield up to nine times that value in economic and social benefits².

Clearly, sexual and reproductive health services are a “best buy”. We need to make sure that their value is recognized, and that governments, donors, and families themselves invest in making sure quality services are available to all who need them.

² K. Stenberg et al. advancing social and economic development by investing in women’s and children’s health: A new Global Investment Framework. *Lancet*, 2014, 383(9925): 1333-1354.
<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962231-X/abstract>

This paper was written by Ann Starrs, President, Guttmacher Institute. The project brings together 60 teams of economists with NGOs, international agencies and businesses to identify the targets with the greatest benefit-to-cost ratio for the UN's post-2015 development goals.

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