

ADDING IT UP

The Benefits of Investing in Sexual and
Reproductive Health Care



EXECUTIVE SUMMARY

Sustained and increased investment in sexual and reproductive health services in developing countries promises tremendous benefits to women, families and societies. In addition to improved health, sexual and reproductive health services contribute to economic growth, societal and gender equity, and democratic governance. To better appreciate the substantial returns on sexual and reproductive health investments, policymakers need both a fuller accounting of these broad benefits than has been available to date and more complete information about costs.

Sexual and reproductive health services encompass three main areas: contraceptive services, maternal health services and services related to sexually transmitted infections (STIs), including HIV/AIDS, and other gynecologic and urologic problems. Their benefits fall into two large categories—medical and nonmedical.

The medical benefits of improved sexual and reproductive health are the most obvious and perhaps the easiest to measure.

- Sexual and reproductive ill health accounts for one-third of the global burden of disease among women of reproductive age and one-fifth of the burden of disease among the population overall.
- HIV/AIDS accounts for 6% of the global burden of disease.
- The need for sexual and reproductive health services, and thus the potential benefit of meeting the need, is greatest among the poorest women, men and children in the world's lowest-income countries.
- Satisfying the unmet need for contraceptive services in developing countries would avert 52 million unintended pregnancies annually, which, in turn, would save more than 1.5 million lives and prevent 505,000 children from losing their mothers.
- The cost of providing contraceptive services to the 201 million women in developing countries with unmet need (those using traditional methods or no method) would be \$3.9 billion per year.

Understanding the full benefits of sexual and reproductive health services requires looking beyond medical outcomes to broader individual, family and societal benefits.

- Improved sexual and reproductive health underpins all of the Millennium Development Goals.
- By keeping young adults healthy and productive, by allowing parents to have smaller families and thus devote greater time and financial resources to each child, and by reducing public expenditures on education, health care and other social services, sexual and reproductive health services contribute to economic growth and equity.
- By enabling young women to delay childbearing until they have achieved education and training goals and preventing stigmatizing medical conditions, sexual and reproductive health services contribute toward improving women's social position and increasing their community and political participation.

Turning back the HIV/AIDS pandemic, helping women balance work and family, and preventing maternal deaths depend on mobilizing new resources for sexual and reproductive health services.

- More than three-quarters of spending on sexual and reproductive health care is currently provided by individuals, governments and nongovernmental organizations in developing countries.
- Donors in developed countries, in particular, have fallen far short of their commitments made at the 1994 International Conference on Population and Development. In 2000, these countries provided \$2.6 billion for sexual and reproductive health services—less than half of what they had pledged for that year.

ADDING IT UP

The Benefits of Investing in Sexual and
Reproductive Health Care

Susheela Singh
Jacqueline E. Darroch
Michael Vlassoff
Jennifer Nadeau



ACKNOWLEDGMENTS

This report, *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*, is based on the work of many staff of The Alan Guttmacher Institute (AGI). The research was conducted by Jacqueline E. Darroch, senior vice president and vice president for science, Susheela Singh, director of research at AGI, and Michael Vlassoff, independent consultant. Akinrinola Bankole, associate director of international research, with the assistance of Rubina Hussain, senior research assistant, contributed to data analyses; Erin Carbone, research associate, provided research support throughout the project. The report was written by Jennifer Nadeau, director of communications, and edited by Alex Marshall, independent consultant, and Patricia Donovan, director of publications. Kathleen Randall, with the assistance of Michael Greelish and Judith Rothman, was responsible for production of the report. Rose MacLean provided editorial support.

Special thanks go to the following individuals: Sara Seims, who helped develop the report, and AGI colleagues Ann Biddlecom, Susan Cohen, Beth Fredrick, Dore Hollander and Cory Richards, who reviewed and provided comments on drafts. The authors are also grateful to the following colleagues who reviewed an earlier draft of the report and made many helpful suggestions: Arnab J. Acharya, Research Triangle Institute; David Bloom, Harvard University; Kwesi Botchwey, Harvard University; Lynn Freedman, Columbia University; Barbara Janowitz, Family Health International; and Thomas Merrick, the World Bank.

The authors also thank the following colleagues for reviewing a draft of Vlassoff M et al., *Costs and Benefits of Providing Sexual and Reproductive Health Services: A Review*, Occasional Report, New York: The Alan Guttmacher Institute, 2004, No. 11 (forthcoming),

which provides the methodological foundation for this report: John Stover, The Futures Group International; John Bongaarts, Population Council; Rudolfo Bulatao, independent consultant; and John Ross, The Futures Group International, who deserves special thanks for also providing advice, data and information for the estimates presented in Chapter 3 of this report.

In addition, the authors appreciate the advice, information and materials provided by the following individuals: Lori Bollinger, The Futures Group International; John Cleland, London School of Hygiene and Tropical Medicine; Helga Fogstadt, World Health Organization; Gavernick Matheny, Johns Hopkins University; Bill McGreevy, The Futures Group International; Anthony Measham, the World Bank; Anne Mills, London School of Economics; Philip Musgrave, George Washington University; Malcom Potts, University of California at Berkeley; Iqbal Shah, World Health Organization; Eva Weissman, United Nations Population Fund (UNFPA); George Zeidenstein, Harvard University; and Hania Zlotnick, United Nations Population Division.

Finally, special thanks are due to Stirling Scruggs, UNFPA, whose initiative and vision were essential to the creation of this report, and to Stan Bernstein, UNFPA, who assisted in planning the report, reviewed drafts and provided valuable guidance and data.

The research for and the preparation and publication of this report were supported by a grant from UNFPA. The views expressed in this publication are those of the authors and do not necessarily represent the views of UNFPA, the United Nations or any of its affiliated organizations.

TABLE OF CONTENTS

Chapter 1: Introduction	4
Chapter 2: Existing Approaches to Measuring Costs and Benefits	8
Chapter 3: Returns on Investment in Contraceptive Services	16
Chapter 4: A Broader Approach to Measuring Costs and Benefits	22
Chapter 5: Summary and Conclusions	28
References	31
Appendix: Definitions, Methodology and Data Sources	34

INTRODUCTION

Policymakers routinely project the costs and benefits of possible interventions, to permit comparisons and guide investment choices for their limited resources. Yet costs may be difficult to compare if interventions are priced in different ways, and benefits, especially from health interventions, can be difficult to pin down—they may be social rather than medical or economic, or they may be hard to express in monetary terms. Sexual and reproductive health services have unusually broad social impacts, and policymakers need better tools for assessing these interventions and comparing differences between them.

This report seeks to address that need. It suggests better ways to interpret and use existing studies to evaluate the impact of sexual and reproductive health investments and also argues for broader approaches to assessing the costs and benefits of these investments. The report systematically outlines a wide range of benefits from sexual and reproductive health services, including some that have not yet been quantified or may not be quantifiable. It may be possible to capture these benefits by making better use of existing approaches, and by developing different methodologies.

The report is intended to help decision-makers and resource allocators at all levels—local and national governments, bilateral and multilateral donors, and nongovernmental organizations—to take the broader contributions of sexual and reproductive health interventions into account when prioritizing health and development investments.

The report examines costs and benefits in the three major areas of sexual and reproductive health interventions:

- contraceptive services, which enable couples to prevent unintended pregnancy and thus control whether and when to have children;
- maternal health services, including prenatal care, obstetric services, postpartum care and abortion-related services;* and
- prevention, diagnosis and treatment of sexually transmitted infections (STIs), including HIV/AIDS, and other gynecologic and urologic health care.

Within this broad look at sexual and reproductive health interventions, the report focuses particularly close attention on contraceptive services, using available data to illustrate a comprehensive and flexible approach to evaluating investment in these services, and a variety of ways to measure outcomes.

Sexual and reproductive health interventions promise both medical and nonmedical benefits

Individuals value good health for itself. Policymakers also see it as essential to achieving broader development objectives, such as higher levels of education, social equity, economic growth and productivity.

*Abortion-related services include management of complications of unsafe abortion, postabortion family planning counseling and (where consistent with national law) safe abortion.

Investments in health care services, including those related to sexual and reproductive health, can make valuable contributions to wider development goals.

Health care services on their own do not ensure a healthy population. On the most basic level, people need adequate food, water and shelter to stay healthy. On the policy level, legal systems must recognize individuals' right to health care, regardless of gender, age or income. In practice, this means that services must be available, and people who need them must be able to get them. There are also less tangible requirements: Social norms must discourage discrimination in health care and encourage healthy behaviors, including the use of health services when needed.

However, even without these broader changes, investments in health care services, including those related to sexual and reproductive health, can make valuable contributions to wider development goals. For example, family planning allows women to achieve higher levels of education and a better balance between family and work. Prenatal care and obstetric care protect the health of both mothers and children and strengthen the family. Education about STIs, including HIV/AIDS, helps promote a healthy workforce and reduces the stress that these infections impose on communities.

It is particularly important when evaluating contraceptive services to assess their nonmedical as well as their medical benefits, because the condition contraceptives are intended to prevent—pregnancy—is not a disease, and bearing children is not an illness. Ideally, and often, childbearing is a healthy, planned reproductive act voluntarily undertaken by a woman and her partner in their desire to build a family. Nevertheless, contraceptive use does confer

health benefits: It protects women and infants from the medical risks of pregnancy, delivery and the postpartum period—in particular, those associated with unplanned pregnancies, closely spaced pregnancies or pregnancies among women who are very young.

In addition, contraception can avert significant economic, social and psychological costs, especially those arising from a mistimed or unwanted pregnancy. Such nonmedical costs can limit life options for women and undermine the well-being of families. They can also hold back social and economic development, and hinder efforts toward gender equality and poverty reduction.

This report builds on an extensive body of work

In the early 1990s, the World Bank, the World Health Organization and others set out to assess the societal burden of disease and ill health, and the cost of prevention and treatment. This rich body of work establishes the value of health—including sexual and reproductive health—interventions. However, nearly all of these studies take a strictly medical perspective, measuring effectiveness only in terms of improved health. They ignore or underestimate social and economic factors that may contribute to disease or inhibit use of health care, and overlook the social and economic impact of improvements in health.

Several obstacles complicate comprehensive analyses of costs and benefits.¹ First, it may be impossible to predict all benefits. Averting an unwanted birth, for example, may have a variety of social, eco-

MILLENNIUM DEVELOPMENT GOALS

In the September 2000 Millennium Declaration, world leaders agreed to a broad agenda aimed at reducing poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. By 2002, this agenda had been refined into eight concrete goals, each paired with a set of measurable targets. Improved sexual and reproductive health directly underpins goals 3–8 and indirectly affects the achievement of goals 1 and 2.¹

1. “Eradicate extreme poverty and hunger”

Smaller families and wider birth intervals as the result of contraceptive use allow families to invest more in each child's nutrition and health, and can reduce poverty and hunger for all members of a household. At the national level, fertility reduction may enable accelerated social and economic development.

2. “Achieve universal primary education”

Families with fewer children, and children spaced further apart, can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority than that of boys in the family. In addition, girls who have access to contraceptives are less likely than those who do not to become pregnant and drop out of school.

3. “Promote gender equality and empower women”

Controlling whether and when to have children is a critical aspect of women's empowerment. Women who can plan the timing and number of their births also have greater opportunities for work, education and social participation outside the home.

4. “Reduce child mortality”

Prenatal care and the ability to avoid high-risk births (e.g., those to very young women and those spaced closely together) help prevent infant and child deaths. Children in large families are likely to have reduced health care, and unwanted children are more likely to die than wanted ones.

5. “Improve maternal health”

Preventing unplanned and high-risk pregnancies and providing care in pregnancy, childbirth and the postpartum period save women's lives.

6. “Combat HIV/AIDS, malaria and other diseases”

Sexual and reproductive health care includes preventing and treating sexually transmitted infections, including HIV/AIDS. In addition, reproductive health care can bring patients into the health care system, encouraging diagnosis and treatment of other diseases and conditions.

7. “Ensure environmental sustainability”

Providing sexual and reproductive health services, and avoiding unwanted births, may help stabilize rural areas, slow urban migration and balance natural resource use with the needs of the population.

8. “Develop a global partnership for development”

Affordable prices for drugs to treat HIV/AIDS and a secure supply of contraceptives would greatly advance reproductive health programs, and are especially needed in the least-developed countries.

economic and health effects at the personal, household and societal levels. This report will outline the broad personal, family and societal benefits that sexual and reproductive health services can bring.

Second, certain benefits do not translate well into monetary terms. It is hard to place a monetary value on health, and quantifying the nonmedical benefits of health interventions can be even more challenging. This report will suggest, and where possible illustrate, ways to quantify a range of positive outcomes, using measures that may include dollars and physical units (years of life saved or disability averted, for example), but also less easily quantifiable outcomes, such as increased productivity, greater satisfaction with life,

The direct costs of an intervention are usually more predictable, shorter-term and easier to measure than its benefits. However, when weighing one potential intervention against another, it is important to measure costs in the same way. Existing estimates of the costs of different sexual and reproductive health interventions show wide variations in the scope of what is measured and the ways costs are estimated, making comparisons difficult.² Indirect costs and opportunity costs are also difficult to quantify, and analysts have paid little attention to them. This report will highlight some key questions to consider when evaluating cost estimates.

Sexual and reproductive health services are

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_20549

