A comprehensive, human rights approach for SRHR budgeting in a time of limited resources

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Webinar: Universal Health Coverage and SRHR during COVID-19 and Beyond
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This analysis draws from *Adding It Up*, a long-running study that estimates SRH service needs, impact and costs.

*Adding It Up* 2019 includes 90+ services, covering:
- Modern contraception
- Pregnancy-related care
- Newborn care
- STI treatment

**Evidence for 1.6 billion women of reproductive age in 132 low- and middle-income countries**

We demonstrate why policymakers should invest in rights-based, comprehensive SRH as part of UHC.
To demonstrate the interrelated nature of SRH service provision, we use three service bundles of preventive and impacted care:

- Abortion-related care
- STI management
- Safe childbirth services

And three scenarios:

1) Current coverage
2) Met need: impacted services
3) Met need: all services

We also provide country- and region-specific costs for all costed interventions – a first from *Adding It Up* – in our paper.
Offering safe abortion to all women who need an abortion would save $633 million annually in direct costs in low- and middle-income countries.

A rights-based approach to abortion services would reduce direct health systems costs by 45%.

Total direct cost (millions) (2019 USD) for providing care by intervention and within scenario to women of reproductive age in all low- and middle-income countries
Bundling services reveals opportunities for cost savings and highlights the impact of expanding access to preventive care.

### STI and pelvic inflammatory disease management

<table>
<thead>
<tr>
<th></th>
<th>PID treatment</th>
<th>Gonorrhea treatment</th>
<th>Chlamydia treatment</th>
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</thead>
<tbody>
<tr>
<td><strong>Total direct cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(2019 USD)</strong></td>
<td>299</td>
<td>167</td>
<td>466</td>
</tr>
<tr>
<td>1) Current service levels</td>
<td>127</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>3) All-needs-met: Preventive &amp; impacted services</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

The need for and costs of PID treatment are eliminated when all chlamydia and gonorrhea is treated.

Total direct cost (millions) (2019 USD) for providing care by intervention and within scenario to women of reproductive age in all LMICs
Bundling services reveals opportunities for cost savings and highlights the impact of expanding access to preventive care.

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<th>STI and pelvic inflammatory disease management</th>
<th>Safe childbirth services (costs for impacted services only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PID treatment</td>
<td>Newborn sepsis treatment</td>
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<tr>
<td>Gonorrhea treatment</td>
<td>Newborn local infections treatment</td>
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<tr>
<td>Chlamydia treatment</td>
<td>Postpartum hemorrhage treatment</td>
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<td></td>
<td>Obstetric fistula repair</td>
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<tr>
<td></td>
<td>Maternal sepsis case management</td>
</tr>
</tbody>
</table>

1) Current service levels

3) All-needs-met: Preventive & impacted services

Total direct cost (millions) (2019 USD) for providing care by intervention and within scenario to women of reproductive age in all LMICs

- PID treatment: 188 vs. 315
- Gonorrhea treatment: 127 vs. 313
- Chlamydia treatment: 23 vs. 19

- Newborn sepsis treatment: 0 vs. 313
- Newborn local infections treatment: 1 vs. 19
- Postpartum hemorrhage treatment: 299 vs. 712
- Obstetric fistula repair: 0 vs. 1
- Maternal sepsis case management: 127 vs. 315

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As COVID19 stretches health system resources, we must safeguard gains in SRH and plan for better service delivery.

- The pandemic is limiting access to SRH care and contributing to negative reproductive health outcomes.

  - 10% reduction in contraception in low- and middle-income countries
  - 15.4 million more unintended pregnancies
  - 28,000 more maternal deaths
  - 3.3 million more unsafe abortions

- The pandemic is also providing insight as to how we can better:
  - Plan for availability of and support for health care workers where needed.
  - Coordinate procurement and distribution of SRH supplies.
  - Measure and track service quality.
  - Work together for overall health systems strengthening.

Efforts towards UHC will benefit from these lessons.
For More Information

The full paper for this analysis is available now at Sexual and Reproductive Health Matters.

Website
Guttmacher.org/

COVID-19 SRHR Commentary:
Gu.tt/COVID19LMICs

Adding It Up 2019 (available in July):
Gu.tt/AddingItUp

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