ADDING IT UP Investing in Sexual and Reproductive Health in South America

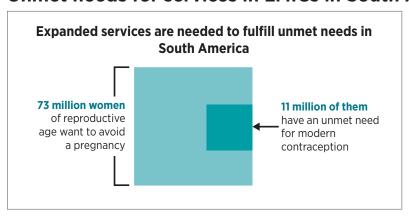


The Adding It Up study examines the need for, impact of and cost of fully investing in sexual and reproductive health care—services that together ensure people can decide whether and when to have children, experience safe pregnancy and delivery, have healthy newborns, and have a safe and satisfying sexual life.

WHO: Women of reproductive age (15-49) in 10 low- and middle-income countries (LMICs)* in South America in 2019

WHAT: Contraceptive services, maternal care, newborn care, abortion services and treatment for the major curable STIs

Unmet needs for services in LMICs in South America



give birth, and many do not receive needed care

Among women who want to avoid a

pregnancy, unmet need is slightly higher for adolescents aged 15-19 than for all women aged 15-49 (16% versus 15%).

Each year, 6.2 million women in South America

423,000 make fewer than four antenatal care visits

205,000 do not deliver in a health facility

161,000
do not receive the care they need following a major obstetric complication

240,000
have newborns
who do not receive
needed care for
complications

Lack of high-quality sexual and reproductive health care puts women at risk.

- 2.7 million have abortions in unsafe conditions
- 4,500 die from causes related to pregnancy and childbirth
- 13 million do not receive the treatment they need for chlamydia, gonorrhea, syphilis and trichomoniasis

Cost of meeting all service needs in LMICs in South America



Every \$1 spent on contraceptive services beyond the current level would save \$3.03 in maternal, newborn and abortion care because contraception reduces the number of unintended pregnancies.

^{*} Countries classified by the World Bank as having a 2018 gross national income per capita of \$12,375 or less. LMICs in this subregion are Argentina, Bolivia, Brazil, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, and Venezuela.

Impacts of expanding and improving services

Investing in sexual and reproductive health care in LMICs in South America would greatly reduce risks for women and newborns

	Annual no. at current levels - of care	Annual no. – if all needs = are met	No. averted = if all needs are met	% change if all needs are met
Unintended pregnancies	7.6 million	3.7 million	3.9 million	-51%
Unplanned births	3.1 million	1.5 million	1.6 million	-52%
Unsafe abortions	2.7 million	1.3 million	1.4 million	-51%
Maternal deaths	4,500	1,600	2,900	-65%
Newborn deaths	54,000	24,000	29,000	-55%
HIV infections in babies ≤6 weeks	600	90	520	-86%
Cases of infertility caused by untreated STIs	225,000	0	225,000	-100%

Notes: Based on 2019 data. Numbers are rounded. Percentage change was calculated from unrounded data.

For additional detail, see appendix to the full report at https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019.

Investing for the future

- → The interventions that make up the recommended care have proven feasible to implement in diverse settings around the world.
- → Investing in them provides national and local governments, the private sector and international development partners with good value for money.
- → By saving lives and improving women's health and well-being, sexual and reproductive health care benefits individuals and families and contributes to countries' social and economic development. Such care would also enable people to exercise their sexual and reproductive rights.

Source

The information in this fact sheet can be found in Sully EA et al., Adding It Up: Investing in Sexual and Reproductive Health 2019, New York: Guttmacher Institute, 2020.

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Good reproductive health policy starts with credible research

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