



Institute of
Development Studies

**The economic costs and impact of
abortion-related maternal death and
ill-health**

Hilary Standing

*Presentation to the EuroNGOs 2009
Conference "Investing in Sexual and
Reproductive Health in Times of Economic
Crisis" Riga, Latvia, 7.09.09*

Unsafe abortion is a powerful proxy for global inequality

- Almost 20 million episodes of unsafe abortion annually, 96% from the poorest countries.
- Up to 70,000 deaths of women and girls, and many more morbidities
- For every death, an estimated 20 to 30 women suffer permanent damage to uterus, cervix, fallopian tubes, intestines or bladder
- Over 5 million women require hospital admission for serious abortion related conditions
- Highest rates in Africa and Latin America
- It is a major contributor to maternal deaths in developing countries, for instance, a UNFPA study indicates that in refugee settings, maternal deaths due to unsafe abortions are anywhere from 25% to 50%
- Studies show that women seek to end pregnancies that they find intolerable regardless of legal or other restrictions
- Access to services is largely shaped by socio-economic inequality. Both where services are legally restricted and where they are available, the better off are more likely to be able to find and afford safe, or safer services

Reasons for resort to unsafe abortion

- Highly restrictive laws and policies which are particularly prevalent in the poorest countries
- Inadequate and inaccessible contraceptive and safe abortion services
- But access to available safe abortion services often restricted by lack of information, shame in coming forward, reluctance of providers to support or advertise safe services

Research has found

- Groups most affected are adolescent girls and women under 25 (particularly in Africa, Latin American and the Caribbean) and in Asia, married women over the age of 30 with existing children with inadequate access to contraception
- Links to girls' difficulties in negotiating non-gender equal sexual relationships
- Links with gender based violence, sexually coercive relationships
- Links with difficulties in accessing contraceptive services
- Context specificity – e.g. Pakistan, 40% of seekers of induced abortion are married, frequent use of unsafe abortion after spontaneous abortion, high levels of unsafe abortion by *qualified* medics

Why examine economic impact/costs?

Impact based arguments

- Growing evidence of the impact of ill health at macro and micro level
 - Economy level losses of human capital, production, costs of managing health and social consequences
 - Household shocks in terms of lost livelihoods and welfare

Cost based arguments

- Unsafe abortion is preventable through very cost effective measures
 - improved access to contraceptive services to pre-empt need
 - availability of safe abortion services and/or post abortion services

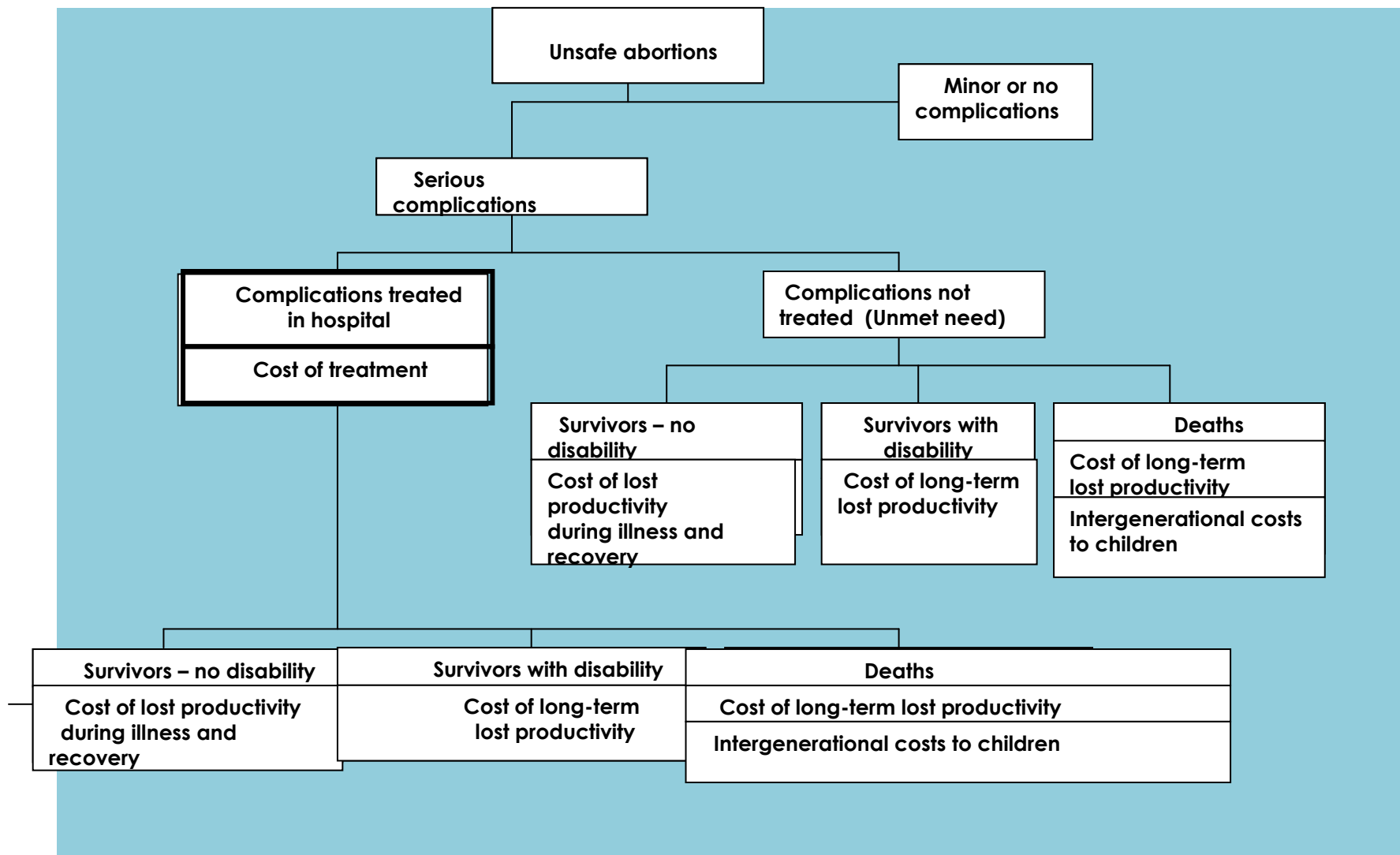
Strategic arguments

- It can support building of a strategic case for policy change and for improved implementation, especially where rights based arguments for safe abortion are less likely to make headway

Conceptualising and measuring the economic impact of unsafe abortion related mortality and morbidity

Complex and underresearched issue

- Impact and cost at what level – individuals, households, services, economies?
- What causes what? Evidence a problem, e.g. Do poor people have more unsafe abortions? Does unsafe abortion make you poor?
- What should count as a cost?
 - Direct v indirect costs
 - The distribution of public services is skewed against poor people in poor countries so costs to services are often notional rather than actual.
- What is the comparator or counterfactual?
- What is the timeframe for measuring impact/costs?
- Abortion carries stigma, is often hidden and underreported. In particular, legal restrictions placed on abortion raise challenges in engaging with both research and policy constituencies.



Some global /regional cost estimations

- \$463 - \$555 million – health-system costs for PAC (depending on costing approach)
- \$373 million – notional health-system cost of meeting unmet need for PAC
- \$23 million – cost of treating minor complications of unsafe abortion
- \$6 billion – possible cost to treat all post-abortion infertility cases
- \$200 million – out-of-pocket expenses in sub-Saharan Africa for PAC treatment
- \$400 million – out-of-pocket expenses for income lost before, during and after treatment
- \$9 million – economic cost, in lower productivity, from mortality due to unsafe abortion
- \$419 million – economic cost, in lost income, from long-term disability due to infertility caused by unsafe abortion
- \$503 million – economic cost, in lost income, from long-term disability due to PID caused by unsafe abortion

Unsafe abortion and economic crisis

A compelling but largely intuitive link?

- We don't have systematic international evidence on the impact of economic crisis on resort to unsafe abortion but some studies show rise during times of economic crisis – Argentina 2000; Timor-Leste 2009, lots of anecdotal evidence
- Uses and abuses of economic arguments – just as rights arguments can be appropriated, so can economic arguments:
 - abortions cause/contribute to economic crisis: “50.5 million surgical abortions since 1970 have cost the U.S. an astonishing \$35 trillion dollars in lost Gross Domestic Product.” (Aquilano 2009)
 - Vital to strengthen and “proof” methodologies that support informed debate

Evidence and policy dialogue

- From existing evidence, protect and increase funding for contraceptive services and PAC with specific attention to those most vulnerable
- Explore concept of unsafe abortion as a potential barometer/proxy for impact of economic deterioration on SRH.
- Refine and systematise methodologies for assessing impact/costs
- Need for more dynamic studies of economic impact
 - poverty links
 - Links to economic and livelihood shocks
- Examine costs of unsafe abortion compared with costs and benefits of providing safe abortion in given environments as basis for policy case.

This presentation draws on.....

- **Michael Vlassoff, Henry Lucas, Jessica Shearer and Damian Walker (2008) *Economic Impact of Unsafe Abortion-Related Morbidity and Mortality: Evidence and Estimation Challenges*. Research Report 59, Institute of Development Studies, University of Sussex**
- **Haris Gazdar (2008) *Measuring the Economic Costs of Unsafe Abortion Related Morbidity and Mortality in Pakistan: A Review of Methodology and Approaches*. Unpublished Paper**
- **WHO Guide to Identifying the Economic Consequences of Disease and Injury (2009). Department of Health Systems Financing, Health Systems and Services. Geneva, World Health Organization**

A special thanks to The William and Flora Hewlett Foundation for funding the original work on which this presentation is based.