

## Summary of an analysis of Resource Requirements for Reproductive Health

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The following is a brief description of the resource requirement analysis conducted in the Background Paper for the UN Millennium Project report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*.

**BACKGROUND:** In the decade since resource requirements for a basic reproductive health and population package were generated for the International Conference on Population and Development additional information on detailed intervention costs have become available, allowing several adjustments:

- Costs of specific family planning interventions can now be estimated, allowing system costs to be added explicitly (rather than included in the total unit cost)
- The focus on primary healthcare system delivery of safe delivery services has improved data available on resource requirements for maternal health interventions and emergency obstetric care in particular
- The list of HIV/AIDS prevention interventions has expanded, and the relative contribution of focused SRH interventions within the new list of components is clearer
- The data needs for health and population policy can be better estimated, supplementing the original proxy of per capita census estimates
- Requirements for improvements in the health system in general and for the scaling up to universal coverage of services can be better approximated.

**RESULTS:** The new estimates use detailed disaggregated direct service delivery cost estimates for family planning and other basic maternal and reproductive health services (including safe delivery, emergency obstetric care and neonatal survival interventions, STI prevention and treatment interventions and a broad range of HIV/AIDS prevention efforts; see the attached Annex table) and supplement them with:

- Overhead costs (e.g., maintenance, power, basic facility supplies, support staff, administration, communications, etc.)
- System improvement costs related to management, improved monitoring and evaluation and capacity for research and evaluation needs (based on UN Millennium Project 2005).

The results of these analyses (Table 1) demonstrate that resource requirements for the basic SRH package will be significantly higher than estimated over a decade ago. By 2015 the required annual costs will be about US\$36 billion, US\$14 billion more than originally anticipated.

**Table 1: Revised total costs for achieving the ICPD Programme of Action**

US\$ (2005) billions			
Components of Reproductive Health/Population package	2005	2010	2015
Basic reproductive health services (including family planning)	13.9	19.4	24.4
Sexually transmitted diseases and HIV/AIDS activities	4.1	9.7	11.1
Basic research data and population and development policy analysis	0.3	0.8	0.4
Total	18.2	29.8	35.8

The above estimate uses the fertility projection of the current UN medium variant projection. The new methodology also captures the health expenditure savings due to the projected fertility declines. Higher family planning costs and lower overall service delivery costs result if fertility declines to levels that satisfy current unmet need for family planning.

The estimates do not include the increased capital investment costs for increasing and upgrading facilities, the added training costs to increase human resources for service delivery (though the direct service delivery costs are included), community level health worker and social mobilization expenditures or other supportive investments (including other investments in gender equality) necessary to enable implementation of the expansion of service access and quality. Such costs require additional separate analysis.

REFERENCE:

Vlassoff, M. and S. Bernstein. 2006. *Resource Requirements for a Basic Package of Sexual and Reproductive Health Care and Population Data in Developing Countries: ICPD Costing Revisited*. Background paper prepared for the United Nations Millennium Project. [www.unmillenniumproject.org](http://www.unmillenniumproject.org).

## ANNEX 1. SRH interventions used for cost estimation in the UNFPA Reproductive Health Costing Tool

<b>ANC and Delivery Care</b>	
1	Antenatal Care (ANC)
2	Malaria Prevention within ANC
3	Malaria Treatment within ANC
4	Delivery Care
5	Postpartum Care
<b>Obstetric Complications</b>	
6	Prolonged Labor (>18 hours)
7	Forceps or vacuum-assisted Delivery (AVD)
8	Cesarean Section (C-Section)
9	Postpartum Hemorrhage
10	Puerperal Sepsis
11	Hypertensive Disorders of Pregnancy
12	Post-abortion Complications (PAC)
<b>Other Maternal Conditions</b>	
13	Obstetric Fistula (OF)
14	Urinary Tract Infection (UTI)
15	Mastitis
<b>Newborn Interventions</b>	
16	Prevention of Ophthalmia Neonatorum
17	Treatment of Neonatal Complications (LBW, Sepsis, etc.)
18	Prevention of Mother-to-Child Transmission of HIV (PMTCT)
<b>Sexually Transmitted Diseases</b>	
19	Chlamydia
20	Gonorrhea
21	Syphilis
22	Trichomonas
23	Pelvic Inflammatory Disease (PID)
<b>Family Planning</b>	
24	Condom, Male (MC)
25	Condom, Female (FC)
26	Oral Contraceptives (Pill)
27	Emergency Contraception (EC)
28	Spermicides
29	Intrauterine Device (IUD)
30	Injectable
31	Implant (Norplant)
32	Female Sterilization (FS)
33	Male Sterilization (MS)

## ANNEX 2. HIV/AIDS interventions used for cost estimation

### A. Detailed Interventions from UNAIDS for full continuum of care (UNAIDS 2004)

Youth-focused interventions	CSWs <sup>1</sup> and clients
Condom social marketing	Public and commercial condoms
STI management	VCT
Workplace	Prevention for PLHA
Special populations	Blood safety
PMTCT	Mass media
Harm reduction	MSM <sup>2</sup>
PEP	Safe injection
Universal precautions	Cost for palliative care
Testing costs	Cost for treatment for OI
Cost for prophylaxis for OI	Cost for HAART labs
Cost for HAART	Other prevention
Orphan care	Policy, advocacy, administration and research + Program costs

### B. Share of 19 HIV/AIDS prevention interventions included under the SRH rubric.

HIV/AIDS Prevention Intervention	SRH Share
Mass media	70%
Community mobilization	80%
Voluntary counseling and testing	90%
Youth in school	80%
Youth out of school	80%
Interventions focused on CSWs and their clients	90%
Interventions focused on MSMs	90%
Harm reduction programs	20%
Workplace	20%
Prevention programs for people living with HIV	50%
Special populations	100%
Condom social marketing	100%
Public and commercial sector condom provision	100%
Improving STI management	100%
Prevention of mother-to-child transmission	50%
Blood safety	10%
Post-exposure prophylaxis	20%
Safe injections	0%
Universal precautions	25%

<sup>1</sup> Commercial sex worker

<sup>2</sup> Men having sex with men