

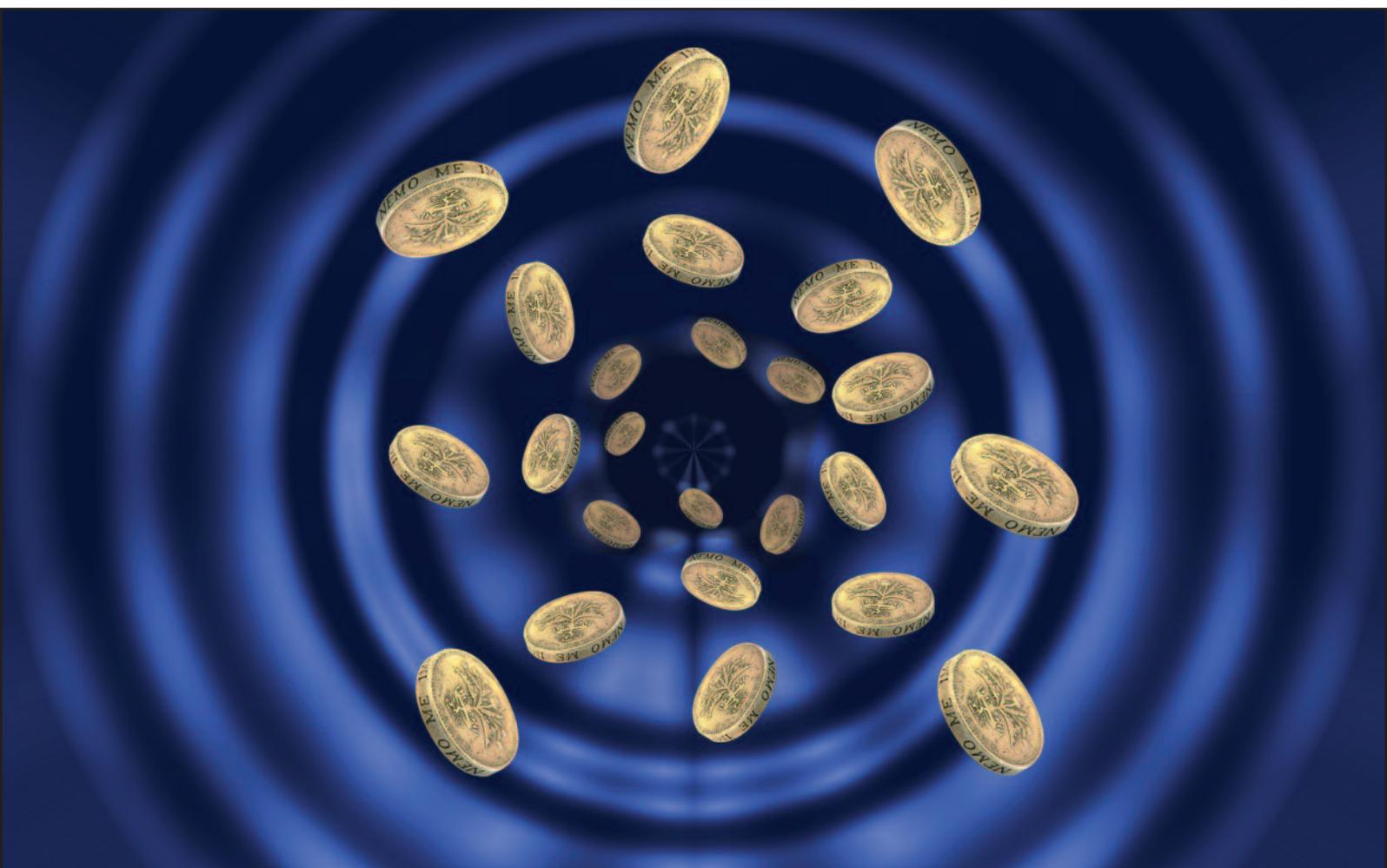
# Unprotected Nation

## The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services

### Executive Summary

to Report by Development Economics

January 2013



**X92** WE CAN'T GO  
BACKWARDS

# About the Author

Stephen Lucas is an economist with 20 years' experience in economic, demographic and social policy and regeneration consulting. His expertise lies in economic impact assessment, economic regeneration, feasibility studies and project appraisal. Stephen is a co-founder and Managing Director of Development Economics Limited, a company that specialises in the economics of regeneration and social development policy. He regularly advises public and private sector clients and partnerships on economic strategy, project feasibility, impact assessment and funding.

Recent government clients include: the Department for Communities and Local Government (DCLG), the Department for Work and Pensions (DWP) and Scottish Government. Stephen has undertaken more than 50 *Green Book*-compliant economic appraisals and cost-benefit analyses of major infrastructure and development projects over the past eight years, representing total public sector investment of well over £10 billion. He also works extensively with the private sector, where recent clients have included Scottish Widows, Aviva, Visa Europe, Peel Holdings and Gladman Developments.

# Contents

<b>Foreword</b> .....	<b>4</b>
<b>Executive Summary</b> .....	<b>5</b>
<b>Methodology</b> .....	<b>6</b>
<b>NHS Costs</b> .....	<b>6</b>
<b>Public Sector Costs</b> .....	<b>9</b>
<b>Combined Costs</b> .....	<b>10</b>
<b>Impacts on Earnings and Poverty</b> .....	<b>11</b>
<b>Conclusions</b> .....	<b>12</b>
<b>Commentary</b> .....	<b>13</b>
<b>References</b> .....	<b>14</b>

Production of this report was funded and developed in partnership with Reckitt Benckiser Healthcare (UK) Ltd. Brook and FPA retained complete editorial control.

# Foreword

Austerity measures have had an impact on our communities, our health, our education system and our pockets. The nation is in a period of great difficulty and everyone is feeling the pinch.

Last year, we learnt from the Advisory Group on Contraception (AGC) about restrictions and cuts to contraceptive and sexual health services. As the UK's leading sexual health charities, Brook and FPA commissioned this report on the long-term financial implications of these cuts.

The results have been startling. Policies that cut and restrict contraceptive and sexual health services now will result in greater numbers of unintended pregnancies and sexually transmitted infections (STIs). This will cost billions more in health and welfare expenditure in the future.

But it doesn't have to be that way. A policy focus in the past on teenage pregnancy, chlamydia screening, sexual health and HIV means we know what to do to improve sexual health in the UK. That's why we've launched the *XES – We Can't Go Backwards* campaign to fight cuts and restrictions to services.

Ensuring good access for all to contraceptive choices and accurate, evidence-based information on sexual health is essential if we are to improve the nation's health and reduce the cost of unintended pregnancy and STIs. We mustn't return to a time when such choices didn't exist.

*XES – We Can't Go Backwards* and this report show what could happen if we do.



**Simon Blake OBE**  
Chief Executive, Brook



**Dr Audrey Simpson OBE**  
Acting Chief Executive, FPA

# Executive Summary

Access to the full range of contraceptive methods at a location and time that meets the needs of women is vital to minimise the risks and consequences of unintended pregnancy. But according to a report<sup>1</sup> published in April 2012 by the Advisory Group on Contraception (AGC), 3.2 million women aged between 15 and 44 experience restrictions in obtaining sexual health and contraceptive services.

Their research found that the average abortion rate was around 9.7% higher in areas where services were restricted, compared with areas with no restrictions. This provides an indication that restrictions to contraceptive services could result in significantly more unintended pregnancies.

Concerned by these findings, sexual health charities Brook<sup>2</sup> and FPA<sup>3</sup> launched the XES – *We Can't Go Backwards* campaign to demonstrate the importance of high-quality contraceptive and sexual health services.

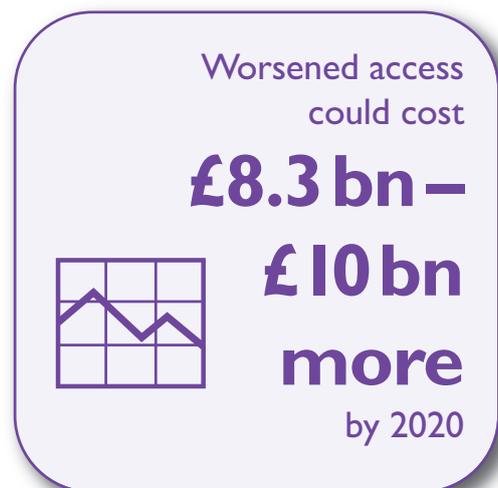
*Unprotected Nation – The Financial and Economic Impacts of Restricted Contraception Services* was commissioned as part of the XES campaign, and considers the potential financial consequences of increased restrictions on access to contraceptive and sexual health services in the UK. To understand this position in better detail, three scenarios are evaluated. These are based on current, improved and worsened access to services.

Key findings based on maintaining **current access** levels of contraceptive and sexual health services show that, between 2013 and 2020, unintended pregnancy and STIs could cost the UK between £84.4 billion and £127 billion (Table S4) comprising:

- £11.4 billion (cumulative costs) of NHS costs as a result of unintended pregnancy and STI costs (Tables S1 and S2)
- between £73 and £115.3 billion (cumulative costs) of wider public sector costs (Table S3).

If cuts continue and there is **worsened access** – with more people being denied access to contraceptive methods and information – the additional cost to the NHS plus wider public sector costs could total between £8.3 billion and £10 billion (Table S4). To put this in context the total NHS budget for 2012-13 was £108.8bn<sup>4</sup>.

If on the other hand there is **improved access**, cost savings to the NHS and public sector of between £3.7 billion and £5.1 billion could be made compared to the current access scenario (Table S4).



## Methodology

To generate the findings presented in this report:

- an extensive review was undertaken of national and international trends in unintended pregnancy and STI rates, the health spending associated with these, and with the children born as a result of unintended pregnancy;
- a review was undertaken of available data on rates and trends for conceptions, abortions, miscarriages and STIs, and of Office of National Statistics projections of the UK population;
- a range of plausible future scenarios for unintended pregnancy and the various alternative outcomes (abortions, live births etc) was developed;
- these scenarios were used to generate estimates of future health-related and non-health public expenditure.

Three scenarios were used to consider the impact of restrictions to contraceptive services:

- i. the **current access scenario** considers the impact of maintaining (2011) rates and trends in unintended pregnancy and STIs;
- ii. an **improved access scenario** considers the impact of removing restrictions to contraceptive services, or improving the prevention of STIs;
- iii. a **worsened access scenario** considers the potential impact of increasing restrictions to contraceptive advice and methods, or increased diagnosis of STIs.

## NHS Costs

### Unintended Pregnancies

Numbers of abortions, miscarriages and live births expected under each of the three scenarios, and the costs of these, were considered and these are shown in Table S1 overleaf.

Based on **current access** levels, the annual costs of unintended pregnancies to the NHS between 2013 and 2020 will be £662 million; a cumulative total of more than £5.2 billion over 8 years (Table S1).

To put this figure in context, the costs for 2013–2015 alone amount to more than £2 billion, representing just over 10% of the 20 billion of efficiency savings the NHS needs to find by 2015.<sup>5</sup>

If there was an **improved access** scenario with fewer restrictions on access to contraceptive services, the cost of unintended pregnancies to the NHS would be reduced by £24 million each year; cumulative savings of almost £196 million between 2013 and 2020.

If there is **worsened access**, these costs could rise by around £299 million (6%) by 2020.





















