

# UNSAFE ABORTION: A high cost for Sierra Leone

THE ESTIMATED COSTS OF TREATING UNSAFE ABORTION COMPLICATIONS		
	FINANCIAL	HEALTH CARE PERSONNEL
SEVERE CASE	\$ \$272	20.2 hours ⌚
SIMPLE CASE	\$ \$35	10.5 hours ⌚

Safe abortion with manual vacuum aspiration **SAVES RESOURCES** **SAVINGS \$121,000** to the health system per year

Each year in Sierra Leone, roughly 1,000 women die from pregnancy-related causes, per 100,000 live births—giving it the fourth highest maternal mortality ratio in the world. Unsafe abortion is a major contributing factor to maternal and pregnancy-related injuries and deaths in Sierra Leone, where abortion laws are restrictive and clandestine and thus, unsafe abortions are common.

In 2011, the Sierra Leone Ministry of Health and Sanitation and Ipas undertook three studies to examine the impact of unsafe abortion on the country. The first assessment sought input from stakeholders, health providers and the public, throughout the country. The other two studies examined the burden of unsafe abortion on women and the health system.

- Unwanted pregnancies were identified in all regions of Sierra Leone as a significant problem, contributing to thousands of maternal deaths and injuries, infertility, poverty and orphaned children.
- The major contributors to unsafe abortion are poverty, sexual violence, girls' desire to continue their education, extramarital pregnancies, the refusal of partners to take responsibility for pregnancies, the prohibitive cost of safe care, and abortion stigma.
- Overall, Sierra Leoneans think the abortion law, which is still on the books from 1861, is restrictive and outdated. They would like to see the government liberalize abortion as part of its commitment to reduce unsafe abortions and maternal mortality.
- Based on actual data collected, there were an estimated 1,632 post-abortion cases treated in 19 secondary and tertiary public hospitals in 2011. It is estimated that if all cases treated in the hospital were recorded, the number of cases would be as many as 3,374.
- A simple postabortion care case that does not include additional medical or surgical

treatment costs the country's health system roughly U.S. \$35 (Le150,000). Treating a severe case requiring surgery costs almost eight times more, on average: U.S. \$272 (Le1,169,600).

- Health-care personnel spend 10.5 hours to treat a case of abortion complications. For severe cases the time spent is 20.2 hours.
- Dilatation and curettage (D&C)—considered obsolete by the World Health Organization (WHO) for induced abortion or treatment of unsafe abortion complications is still widely used in Sierra Leone. D&C is typically expensive since it is usually performed by doctors and it involves a longer stay in hospital due to the use of general anesthesia. D&C also has much higher complication rates than manual vacuum aspiration (MVA), the WHO-recommended treatment method.
- The Sierra Leonean government spent between U.S. \$112,000 (Le481,600,000) and U.S. \$230,000 (Le989,000,000) annually in personnel and medical supplies to treat postabortion cases. This cost only accounts for women who were able to receive care at a public hospital and not those who either died at home or sought treatment from other private health-care providers.

By contrast, the cost estimate for the government to provide safe abortion services using MVA for the same number of cases is an estimated U.S. \$109,000. Sierra Leone would have saved an estimated U.S. \$121,000 alone by providing safe abortion care using MVA.



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