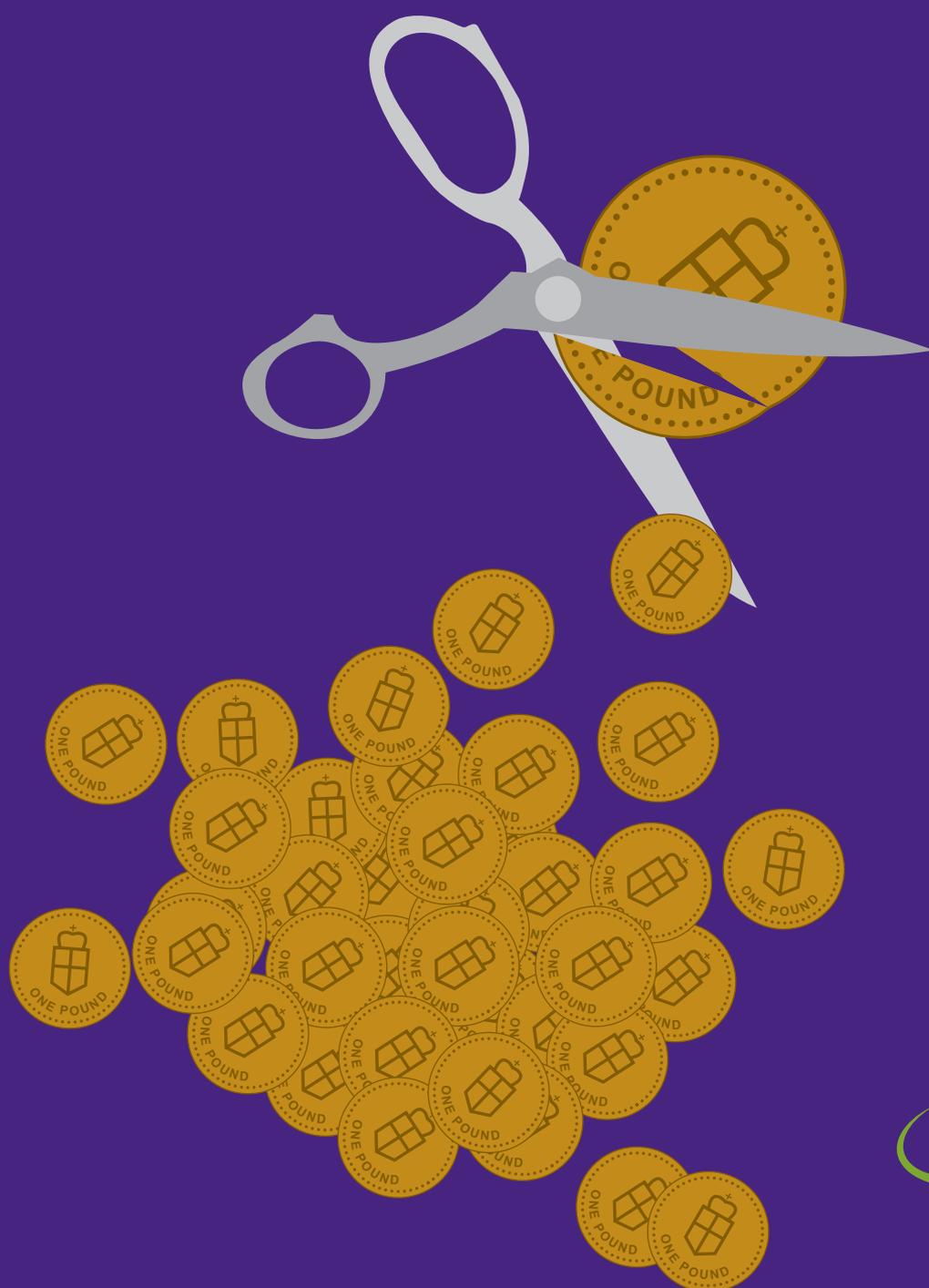


Unprotected Nation 2015

An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services

Executive summary

to the report by Development Economics on behalf of FPA



talking sense about sex

About the author

Stephen Lucas is an economist with over 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.

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This report is an update to the 2013 report, *Unprotected Nation – The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services*.

The 2013 report was produced on behalf of FPA and Brook as part of their **XES – We Can't Go Backwards** campaign and was funded by and developed in partnership with Reckitt Benckiser Healthcare (UK) Ltd.

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Foreword

In 2013, the first *Unprotected Nation* report warned that austerity measures which directly impact on sexual health and contraceptive services are a false economy. What is considered to be 'saving' millions now can actually result in having to spend billions further down the line on outcomes including increased unintended pregnancies and sexually transmitted infections (STIs).

Two years on and our fears are being realised. Since the Advisory Group on Contraception (AGC) reported in 2012 that there were already widespread restrictions in place, we have continued to hear about difficulties accessing services.

The All-Party Parliamentary Group on Sexual and Reproductive Health's inquiry into accountability within service commissioning, published earlier this year, heard evidence of restrictions in access to contraception and STI testing based on age and where people lived.

And in June, the Chancellor of the Exchequer announced a £200 million reduction to the current public health budget, prompting this updated report.

The findings highlight the intricate economics of sexual and reproductive health, and sometimes it is difficult to digest the reality of such enormous numbers – costs in coming years that total many billions of pounds. It's crucial we remember that behind these numbers are real people facing the real consequences and challenges of these changes.

It has become increasingly apparent in recent years that sexual health has been relegated as a public health priority, despite it being one of few areas of health which affects everybody in some way for a large proportion of their lives.

It is perhaps an easy target; our hard won rights of contraceptive choices and access to sexual and reproductive health services can feel like the status quo we don't need to worry about – Sexual health? We've got it sorted. But this is a false sense of security.

Despite the legacy of the Teenage Pregnancy Strategy resulting in the lowest rates of pregnancy among under-18s on record, the UK still has some of the highest rates in Europe. And our STI rates remain high, with young people most at risk. This is our current situation, before any cuts, and at a time when we are already hearing about sexual health and contraceptive services lacking investment, and primary care under increasing pressure.

This is not the time to cut spending; to do so would be short-sighted and counterproductive. It makes economic sense to invest, but beyond that, having the means to enjoy good sexual and reproductive health should be a basic fact of life in 2015, not something we have to keep fighting for.

Natika H Halil
Chief Executive, FPA

Executive summary

What is *Unprotected Nation 2015*?

This report presents updated findings of a study published in January 2013: *Unprotected Nation – The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services*.

The 2013 study revealed that unintended pregnancies and sexually transmitted infections could have a substantial cost for the UK over the period 2013–2020. This expenditure included spending on health services, but also spending on areas such as social welfare, housing and education.

Why have we produced *Unprotected Nation 2015*?

This 2015 update has been produced because of concerns that the availability of sexual health and contraceptive services across the UK are under threat due to anticipated cutbacks in public health expenditure.

In particular, on 4 June 2015 the Chancellor announced a £200 million cut in public health budgets devolved to local authorities.¹ It is unclear how these cuts will be administered locally, but the uniform reduction of 6.2 per cent spending across each authority does not take into account varying local needs or current states of service provision. It is likely that sexual health and contraceptive services would be greatly affected given that they account for around 10 per cent of overall public health spending.

Key findings

This update study confirms that unintended pregnancies and sexually transmitted infections (STIs) are expected to have very significant impacts on public expenditure over the next 5–10 years.

Based on the 10 per cent reduced access scenario detailed on page 7, the total cost of unintended pregnancies and STIs could be as much as **£77.750 billion** over the period 2015–2020 and **£259.012 billion** over the period 2015–2025.

This includes up to **£8.658 billion** of additional public sector costs (health and non-health related) over the period 2015–2020, and up to **£31.869 billion** over the period 2015–2025, which are estimated costs incurred directly as a result of reduced access to services.

¹ HM Treasury, Chancellor announces £4.5 billion of measures to bring down debt, 4 June 2015. Available at: <https://www.gov.uk/government/news/chancellor-announces-4-billion-of-measures-to-bring-down-debt>

This means that cutting millions of pounds from sexual and reproductive health services now could cost billions of pounds in the future.

Within the additional costs identified, over the next five years unintended pregnancies could cost as much as an extra **£8.295 billion**.

Cuts could cause an extra **72,299 STI diagnoses** by 2020, equating to a cost of **£363 million**. This includes almost **20,000 additional gonorrhoea cases**, at a time when we are seeing the emergence of antibiotic-resistant strains of the bacterial infection.

Despite having record low levels of teenage pregnancies in the UK, this report warns that cutting expenditure now could push us back to much higher 2003 levels.

If the cuts to public health spending already announced become the norm over the next five years, every **£1 of expenditure** cut could cost as much as **£86** further down the line.

Over 10 years, **each £1 ‘saved’ could actually cost the country £159**.

If the cuts to public health spending already announced become the norm over the next five years, every **£1** that is cut by the Government could cost the country as much as **£86** down the line.



Breakdown of the key findings – cost (£ billions) of unplanned pregnancies and STIs to the country over the next five and 10 years

Expenditure theme	2015–2020	2015–2025
Health costs with no cuts – current access	11.831	24.263
Non-health costs with no cuts – current access	57.261	202.880
Additional health costs as a result of cuts – reduced access	1.455	3.489
Additional non-health costs as a result of cuts – reduced access (maximum)	7.203	28.380
Total additional costs under reduced access (maximum)	8.658	31.869
Overall costs under reduced access (maximum)	77.750	259.012

Methodology

To generate the findings in this 2015 update, a very similar methodology was used to the original 2013 study, in particular:

- a review has been undertaken of national demographic trends, and also of rates of conception, abortions, miscarriages, stillbirths and live births over the 2000–2014 period
- a review has been undertaken on recent trends in rates of sexually transmitted infections
- a review has been undertaken of up-to-date estimates of health and other relevant aspects of public expenditure across the UK and (where expenditure is devolved) its constituent countries.

How were the costs worked out?

In considering the future, two forward-looking “what if?” scenarios were developed to assess the potential impact on health and wider public expenditure of potential cutbacks to sexual health and contraceptive services. The scenarios were:

- **Current access scenario.** Under this scenario, it is assumed that the current (2015) level of service availability is maintained. The 2013 rates of unintended pregnancy and associated outcomes – abortions, miscarriages, stillbirths and live births – are maintained, but these are applied to a growing and changing population, so levels of unintended pregnancy will still change year-on-year in line with expected demographic trends. Moreover, with respect to sexually transmitted infections (STIs), it is assumed that the trajectory of change identified by infections data published by Public Health England² (applied to the UK as a whole) will continue.
- **Reduced access scenario.** This scenario considers the potential longer term health and wider public expenditure implications of a 10 per cent cut in sexual health and contraceptive services expenditure across the UK. Specifically, under this scenario it is assumed that progress made over the past decade with respect to reducing rates of unintended pregnancy would be reversed. It is also assumed that STI rates (which in some cases are already increasing significantly) will worsen.

² Public Health England. *Health Protection Report Sexually Transmitted Infections and Chlamydia Screening in England, 2014*. Published 23 June 2015, available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437433/hpr2215_STI_NCSP_v6.pdf

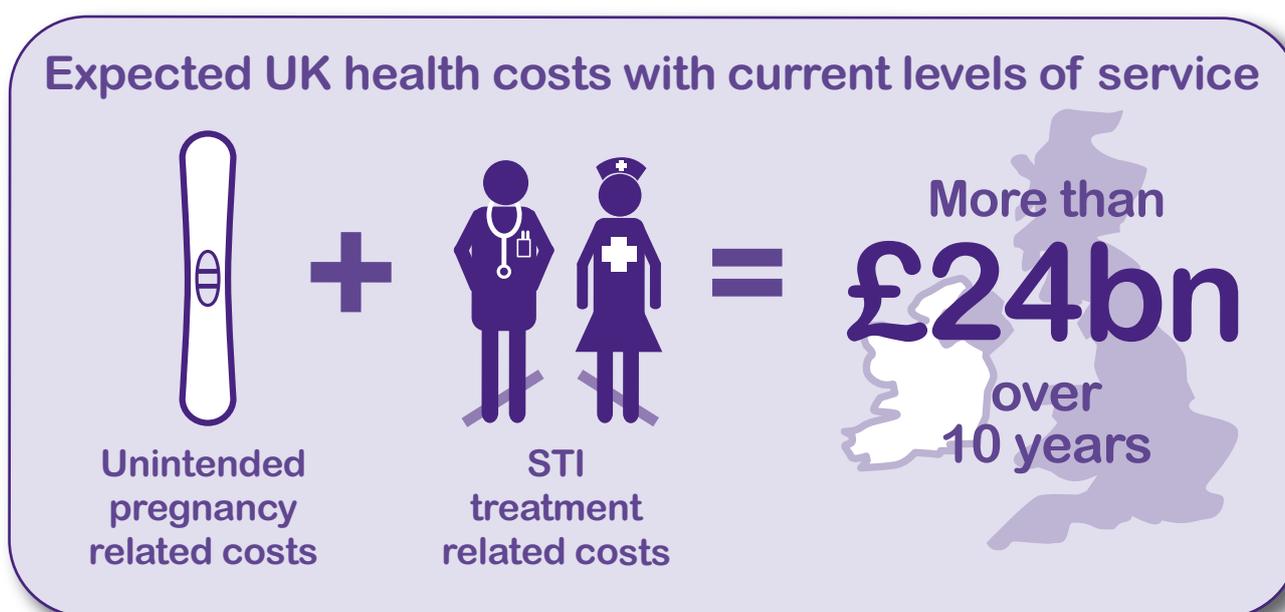
Outlining the findings

Table 1-1 provides a summary of the expected future public spending implications of unintended pregnancies and sexually transmitted infections (STIs) under the **current access scenario**. The figures in the table underline that even if current levels of service are maintained, the future health spending implications are very substantial.

Table 1-1: Summary of expected future health-related public spending under the current access scenario (£ millions, 2014 prices)		
Expenditure theme	2015–2020	2015–2025
Abortions, miscarriages, stillbirths and births	4,975	9,051
Postnatal care and children's healthcare	3,225	8,565
STIs	3,631	6,647
Total	11,831	24,263

Source: Development Economics

Even if current levels of service are maintained, unintended pregnancies and STIs are expected to cost the UK's health budgets around £11.8 billion over the 2015–2020 period, and over £24 billion over the 2015–2025 period.



Having considered the potential implications of reduced sexual health and contraception services for three separate areas of future health expenditure, Table 1-2 provides a summary of the findings. The table presents the potential additional expenditure, net of the **current access scenario** (that is it presents the difference between the **reduced access scenario** and the **current access scenario** for each of the two time periods).

Table 1-2: Summary of overall potential increases in public health expenditure under the reduced access scenario compared to the current access scenario (£ millions, 2014 prices)		
Expenditure theme	2015–2020 reduced access vs current access scenario	2015–2025 reduced access vs current access scenario
Abortions, miscarriages, stillbirths and births	642	1,178
Postnatal care and children’s healthcare	450	1,201
STIs	363	1,110
Total	1,455	3,489

Source: Development Economics

Overall, the potential additional increase in health expenditure over the period 2015–2020, resulting from anticipated cutbacks to sexual health and contraceptive services, could amount to £1.455 billion compared to the expected situation under the **current access scenario**.

Over the longer period, 2015–2025, the potential additional increase in health expenditure resulting from cutbacks could amount to £3.489 billion compared to the **current access scenario**.

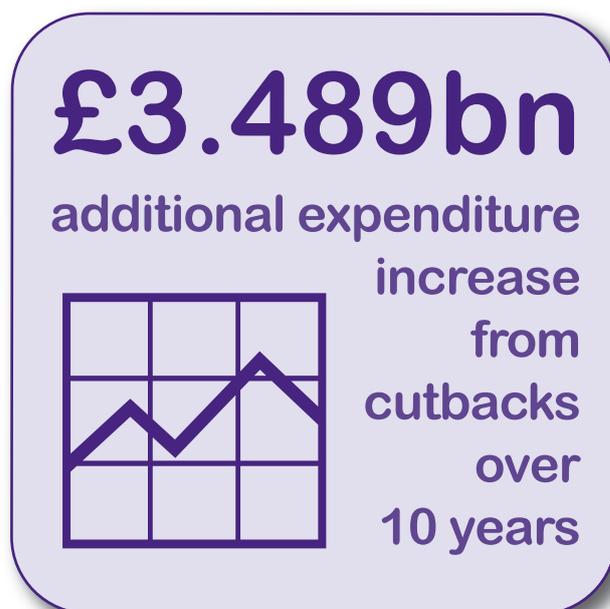


Table 1-3 provides a summary of the expected future wider public spending implications of unintended pregnancy under the **current access scenario**.

The figures in the table underline that if even current levels of service are maintained, the future public spending implications for social welfare, housing benefits and education budgets would be very large indeed.

Table 1-3: Summary of expected future wider public spending implications under the current access scenario (£ millions, 2014 prices)		
Expenditure theme	2015–2020	2015–2025
Social welfare (minimum)	10,118	30,137
Personal social services (minimum)	1,441	4,291
Housing	3,049	9,081
Education	12,712	70,193
Total (minimum)	27,320	113,702
Social welfare (maximum)	35,850	106,778
Personal social services (maximum)	5,650	16,828
Housing	3,049	9,081
Education	12,712	70,193
Total (maximum)	57,261	202,880

Source: *Development Economics*

Even if current levels of service are maintained, unintended pregnancies and STIs are expected to cost the UK's social welfare, housing benefits and education budgets between £27 billion and £57 billion between 2015 and 2020, and between £113 billion and £203 billion over the 2015–2025 period.

Having considered the potential implications of reduced sexual health and contraception services for four additional areas of future public expenditure, Table 1-4 provides a summary of the findings. The table presents the potential additional expenditure net of the **current access scenario** (that is presents the difference between the **reduced access scenario** and the **current access scenario** for each of the two time periods).

For two of the themes (social welfare and personal social services) the differences are presented in two rows, reflecting the minimum and maximum differences respectively. For this reason the overall totals are also presented as a range.

Table 1-4: Summary of overall potential increases in wider public expenditure under the reduced access scenario compared to the current access scenario (£ millions, 2014 prices)		
Expenditure theme	2015–2020 reduced access vs current access scenario	2015–2025 reduced access vs current access scenario
Social welfare (minimum)	1,411	4,997
Social welfare (maximum)	4,222	14,958
Personal social services (minimum)	201	601
Personal social services (maximum)	787	2,357
Housing	425	1,272
Education	1,769	9,793
Total (minimum)	3,806	16,663
Total (maximum)	7,203	28,380

Source: *Development Economics*

Overall, the potential net additional increase in wider public spending associated with additional unintended pregnancies over 2015–2020 is expected to lie within the range £3.806 billion and £7.203 billion.

Over the longer period 2015–2025, the potential net additional increase in wider public spending associated with additional unintended pregnancies is expected to lie within the range £16.663 billion and £28.380 billion.

Conclusions

This report makes it clear that cuts to sexual and reproductive health service expenditure are a false economy and counterproductive.

The impact of unintended pregnancies and sexually transmitted infections described in the current access scenario show the enormous costs we already face as a country, without the added burden of creating even more expense through short-sighted cuts.

Unprotected Nation 2015 sets out clearly why this is the time for investment in sexual and reproductive health services, not for the Government to turn its back on this area of public health.

Commentary

When the first *Unprotected Nation* report was published in 2013, I said it made for stark reading for clinicians who are concerned about the impact of service restrictions on people's lives, as well as for those who make financial decisions. Since then we have seen further evidence of cuts already biting into sexual and reproductive health around the country; services closing, contraception seemingly pushed down the agenda, and a lack of investment in professionals' training.

A study by the Advisory Group on Contraception (AGC) in 2014 found 2.9 million women in England were living in an area where contraceptive services were being commissioned without a proper assessment of services, outcomes and experience. Further, one-third of councils in England said they had no plan in place to reduce unintended pregnancies in their area.

This updated report, covering the potential impact of unplanned pregnancies and sexually transmitted infections on public spending over the next decade, makes for even starker reading and gives a very clear warning how an already difficult commissioning environment could become even worse.

It is so clear that investment in services, as part of an overall sexual and reproductive health programme – which must also include a stronger focus on education – at the very least makes good economic sense. More than that, clinicians need investment so we can fulfil our duty of care to the people who access our services.

Dr Anne Connolly

GP: Bevan Healthcare, Bradford and

Chair of the Primary Care Women's Health Forum

Produced by Development Economics on behalf of FPA.

For a copy of the full report *Unprotected Nation 2015 – An Update on the Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services* please visit www.fpa.org.uk/UN2015

About FPA



talking sense about sex

We're the UK's leading sexual health charity for all ages. We give straightforward information, advice and support on sexual health, sex and relationships to everyone in the UK.

Our vision is good sexual health for everyone.

Advocate

We work with politicians and policy makers across the UK to advocate and lobby around sexual health issues and make sexual health a public health priority.

Inform

We answer thousands of questions about sexual health through our website, leaflets and other publications. We help parents talk to their children about growing up with our award-winning Speakeasy programme. And our training courses, factsheets and newsletters make sure professionals always have up-to-date facts at their fingertips.

Educate

Our specialist sexual health services work with vulnerable young people and people with learning disabilities to provide vital sex and relationships education, and support with personal development. Our bestselling booklets for young people are used by schools, parents and youth workers to answer all-important questions about puberty, growing up, sex and relationships.

Campaign

Our annual Sexual Health Week campaign raises public awareness of sexual health issues and supports health professionals delivering vital services around the UK.

We work for equal abortion rights for all women in the UK through our Time for Change campaign and, as part of the Sex Education Forum, we fight for the rights of all young people to have high-quality sex and relationships education.

Support

In Northern Ireland we run the only free, impartial pregnancy choices and post-abortion counselling service, supporting hundreds of women each year.

We can only keep going thanks to the generosity of donors and supporters. If you'd like to help, visit www.fpa.org.uk/support or text 'FPAA11 £5' to 70070 to donate £5 now. Thank you.

This report has been verified with independent assurance of the social return on investment calculations (SROI) provided by Oxford Economics.



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23–28 Penn Street
London N1 5DL
Tel: 020 7608 5240
www.fpa.org.uk

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