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General Debate 3 (a): Actions for the further implementation of the Programme of Action of the International Conference on Population and Development at the global, regional and national levels

(b) Review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development

Statement submitted by C-Fam Inc., a non-governmental organization in special consultative status with the Economic and Social Council²

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ [E/CN.9/2019/1](#).

² The present statement is issued without formal editing.



Statement

C-Fam is an organization based in New York and Washington, D.C. that has worked for two decades to promote the status of the family and the protection of human life in the context of international institutions.

As we approach a quarter century of policies inspired by the Programme of Action of the International Conference on Population and Development, within the context of the Sustainable Development Goals, the global community has seen progress toward poverty reduction, improvements in health, while important gaps remain. It is therefore important to consider whether the solutions proposed in such policies are well aligned with the problems they are intended to solve, and in line with global consensus.

The United Nations Population Fund has set out three main goals: to eliminate preventable maternal deaths, to eliminate the “unmet need” for family planning, and to eliminate gender-based violence and harmful practices. In each of these areas, we propose ways in which the work of the international community can improve.

It is widely agreed that women should have access to the best available health care in the process of giving life and ensuring safe childbirth for mother and child has been a key part of Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, and the Sustainable Development Goals. While global progress has been made toward reducing maternal mortality, large inequities remain both between and within countries.

Although maternal deaths are a relatively rare occurrence, it is essential that they are recorded and correctly classified, particularly in regions where many births take place outside hospitals or other health facilities. Efforts must be made to ensure that all pregnant women have access to prenatal care, good nutrition, skilled birth attendants, and emergency obstetric care, including timely transportation to facilities that can provide it. To meet these needs will require improvements in maternal health services as well as contributions from other sectors, including the building of roads and healthcare facilities, programs to educate health workers within communities, and robust food supply systems.

At the level of international institutions, care must be taken to define and measure maternal health goals in terms of safe motherhood, not merely the reduction in the number of maternal deaths. The most widely-used statistic is the maternal mortality ratio (maternal deaths per 100,000 live births). This measurement not only allows for comparison between regions, countries, and time points but it also critically does not take into account changes in fertility rates. Statistical tools that attempt to project maternal deaths averted often incorporate the impact of pregnancy prevention by family planning, which may reduce the number of deaths by reducing the number of pregnancies, independent of reducing the maternal mortality ratio.

This approach risks shifting focus from addressing the complications of pregnancy and childbirth toward a focus on treating pregnancy and childbirth themselves as complications.

It is important that we prioritize ensuring a safe outcome for mothers and their babies and not incorporate anti-natalist approaches into maternal and child health programming. It is also critical that maternal and child health policies keep the mother-baby dyad at the center of their work, and never treat the two patients’ health outcomes as zero-sum. While the Programme of Action of the International Conference on Population and Development called upon countries to address the harm to women resulting from complications of abortion, it also strongly stated that the legality of abortion is a matter for individual states’ governments to determine.

In keeping with this standard, efforts must be renewed and expanded to provide women with alternatives to abortion, to assist those suffering from complications of abortion, and to recognize that if maternal health is centered on the mother-baby dyad, abortion is often “unsafe” for the mother, even if legal, and never safe for the child.

The concept of “unmet need” for family planning gained momentum in the ICPD consensus and has been praised by family planning advocates as a bridge between the demographic rationale for reducing fertility and a focus on women’s empowerment. However, “unmet need” has also been criticized as a paternalistic and misleading measurement, as it does not include any actual measure of access to family planning, nor any intention on the part of women or couples to use it.

Unfortunately, many in the family planning community continue to mischaracterize the estimate of over 200 million women described as having “unmet need” as lacking access to family planning, including United Nations entities. According to the Guttmacher Institute, only five percent of “unmet need” in the developing world is due to self-reported lack of access, while far more women surveyed cite health concerns, side effects, and personal objections to contraception. Therefore, the elimination of all “unmet need” would require measures that would constitute a violation of many people’s human rights, not a fulfilment of them.

To the extent that “unmet need” is widely misused, broadly misunderstood, and inadequate as a proxy measure for access to family planning in an increasingly saturated market, its elimination – as an indicator broadly used by international agencies – could indeed be a desirable outcome.

Women’s and girls’ empowerment and equal rights cannot exist in a world where they are targeted with violence and intimidation. While international agencies have an important role in helping spread human rights norms and provide assistance to those who have suffered violations of their rights, there has been a disturbing tendency on the part of many international agencies to promote standards of human rights that are not internationally agreed and ways that exceed the mandates as set by global consensus.

In recent years, this has included attempts to erode the functional definition of the family set forth in the Universal Declaration of Human Rights, the promotion of controversial curricula under the name of “comprehensive sexuality education,” and the inclusion of so-called “safe abortion” in humanitarian service packages and other aid policies. When these agendas are promoted under the rubric of human rights by international entities operating outside their mandates, the entire framework of human rights is called into question.

The elimination of female genital mutilation, forced marriage, violence against women and girls, and the inclusion of women and girls in educational and economic opportunity are important goals embraced by the international community and included within broadly accepted human rights standards. But the elimination of harmful practices will be best achieved if the agencies working toward that end are not themselves promoting additional divisive – and often harmful – practices that fall outside their mandate.

We call on the United Nations and its partners and agencies to redouble their efforts to fulfil the call of Programme of Action of the International Conference on Population and Development to improve maternal health, recognizing the futility of investing lasciviously in contraception as a way to achieve safe pregnancy, and abortion is a legal matter for member states, not international institutions, to determine. We ask that measurements and targets regarding family planning be limited to measures of prevalence and self-reported access, and the misleading and misunderstood concept of “need” be retired. Finally, we call on international agencies

to operate within their mandates, particularly where controversial issues – particularly, those which have prevented consensus on policies to implement the Programme of Action of the International Conference on Population and Development outcomes in the past – are concerned.
