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General debate on national experience in population matters: Fertility, reproductive health and development

Statement submitted by the International Planned Parenthood Federation, a non-governmental organization in consultative status with the Economic and Social Council

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.

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Statement*

1. The International Planned Parenthood Federation (IPPF) welcomes the theme of the 44th Session of the Commission on Population and Development, '*Fertility, reproductive health and development*'.

2. Working through the volunteers and staff of 153 Member Associations in 174 countries, IPPF is committed to implementing the Programme of Action (PoA) of the International Conference on Population and Development, the Platform for Action (PfA) of the Fourth World Conference on Women and the Millennium Development Goals (MDGs). IPPF recognizes the breadth and continuing relevance of the ICPD and welcomes the General Assembly resolution calling for the continued implementation of the PoA and an UNGASS review in 2014 but urges increased priority of implementation and not just increased time to implement the PoA. It should be stressed that any new development framework following the MDGs in 2015 will need to prioritize those issues at the core of the ICPD PoA, in particular women's right to control their fertility, the importance of sexual and reproductive health and rights, the health and well-being of young people and the importance of these issues to sustainable development, equity and human rights if it is to be successful. These issues need to be addressed in the 2013 MDG Review.

3. In September 2010 world leaders and non-governmental organizations including IPPF, pledged to address women's and children's health through the Global Strategy (GSWACH). This involves prioritizing high impact interventions and integrating efforts across diseases and sectors to improve the lives of women and children and achieve development. ICPD's PoA is particularly relevant to this promising initiative.

4. Universal access to reproductive health target (MDG5b) is central to both the ICPD and the MDGs. Few development interventions have as far reaching and profound impacts as enabling women to determine whether and when to become pregnant. Ensuring gains in reproductive health and rights is one of the most cost-effective ways to empower women, accelerate development and equity, and alleviate poverty. Each MDG is affected by human reproduction and none can be achieved unless women have the right and means to control their own fertility. This is a powerful development tool. The demographic transition of Brazil in the last 50 years has been equivalent to up to a half a per cent increase in national economic growth annually.[1] In Bangladesh, $50m invested in family planning saves $327m expenditure on other MDGs.[2]

5. When women can choose the number and spacing of their children they will generally choose more for their children, not more children, resulting in improved health and well-being for their families. Family planning prevents at least one in three maternal deaths, and saves children's lives. It contributes to the fight against

* The present statement is being issued without formal editing.

[1] Birdsall, N. Kelly, A. C. Sinding, S.W (2001) Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World cited by Dr. Gill Greer, Director-General of IPPF during her speech at the United Nations General Assembly informal session in preparation of the 2010 MDG Summit.

[2] Achieving the MDGs: The Contribution of Family Planning: Bangladesh, USAID/HPI cited by Dr. Gill Greer, Director-General of IPPF during her speech at the UN General Assembly informal session in preparation of the 2010 MDG Summit.

HIV and AIDS, and helps governments and communities achieve sustainable, social, environmental and economic development. As Professor Sachs stated, '*Family planning is one of the great success stories of modern times*'.[3] There are clear links between higher educational achievements, fewer, healthier children, reduced health expenditure, higher aspirations, more employment of women and economic growth. Family Planning was recognized as a human right in the 1968 Teheran Proclamation of the United Nations Conference on Human Rights. As Nafis Sadik stated, '*a woman's freedom to choose the number and spacing of her children is the freedom from which all other freedoms flow*'.

6. Good reproductive health care, including family planning, is inexpensive: one of the 'best bargains', as measured by the World Bank in reductions in morbidity and mortality. It is easily incorporated into efforts to strengthen health systems — efforts partly guided by the goal of improving the health of women and children — usually the poorest and most neglected by health systems. The large unmet need and demand for family planning services, if satisfied, would also help to slow the rate of population growth, so reducing pressure on diminishing resources, and vastly improving the health and resilience of women, families, and communities.

7. However, globally 215 million women have an unmet need for family planning, 45 per cent of them in Southern and Central Asia and 22 per cent in sub-Saharan Africa where the percentage of unmet need is highest. This level of unmet need will be multiplied as the world's largest generation ever of young people enter their reproductive lives, increasing demand for contraception by 40 per cent by 2050.[4]

8. It is therefore vital for individual, family, community, national and global well-being that young people's *access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms*[5] is secured. Research demonstrates that in a number of sub-Saharan African countries girls and boys want fewer children than their parents but have little or no access to services, information or commodities. This represents a crisis for health, human rights, and development. It is also vital we *provide young people both in and out of school with comprehensive education on human sexuality, sexual and reproductive health and gender equality*[6] in order for them to deal positively and responsibly with their sexuality from a human rights based perspective. As such sexual rights, a component of human rights and an evolving set of entitlements related to sexuality also need to be addressed.

9. Universal access to reproductive health services is central to the goals of the ICPD, but was the only major goal from the development conferences of the 1990s excluded from the MDGs. That omission is an important reason for the disappointing progress in achieving the MDGs. Despite evidence showing the cost-effectiveness and impacts of family planning, the international investment in family planning nearly halved between 1997 and 2006, from $653m to $394m.[7] In many countries, the trend towards lower fertility has now stalled, or reversed, because

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[3] The Lancet, Volume 372, Issue 9649, Pages 1535-1536, 1 November 2008.

[4] Making the Case for U.S. International Family Planning Assistance, p. 2 at http://www.prb.org/pdf09/makingthecase.pdf .

[5] See CPD 2009/1 OP15.

[6] See CPD 2009/1 OP7.

[7] Guttmacher/UNFPA (2009). Adding it Up, cited by DFID, March 2010.

women do not have access to the contraceptives or services they desperately want. As a consequence, MDG 5 remains the most off-track MDG. In sub-Saharan Africa a woman has a 1 in 22 risk of dying from childbirth and pregnancy-related causes, in the developed world that risk is just 1 in 7,300. Every year, 360,000 women die from pregnancy related complications. Another 10-15 million suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth,[8] and 250,000 die annually from cervical cancer. This could be largely addressed through the provision of sexual and reproductive health services from adolescence onwards.

10. Achievement of the other MDGs, especially 1, 3, 4 and 6, is also greatly diminished through failure to provide accessible sexual and reproductive health services.

11. AIDS and complications of pregnancy and childbirth are the two leading causes of death in women of reproductive age. In Eastern and Southern Africa there is a strong connection between maternal mortality and HIV where the virus is hampering the reduction of maternal mortality.[9] Dual prevention through condoms, combined with other contraception methods, will prevent HIV transmission and unplanned pregnancy, and Prevention of Mother To Child Transmission (PMTCT). *Governments need to integrate HIV and AIDS prevention, treatment care and support into primary healthcare programmes, including family planning and reproductive health programmes. This will also protect human rights and empower all women, including those living with HIV to exercise their right to decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination and violence.*[10]

12. Since 1990, the number of women dying in pregnancy and childbirth has declined by over 50 per cent in Asia and 25 per cent sub-Saharan Africa.[11] While significant, and evidence demonstrates that access to family planning, skilled attendance at birth and access to emergency obstetric care are successful interventions, the annual rate of decline is less than ***half*** of what is needed to reduce the maternal mortality ratio by 75 per cent between 1990 and 2015. Reduced funding for family planning and epidemic levels of violence, drives increases in the number of closely spaced and unwanted pregnancies, pregnancy related complications such as fistula, sexually transmitted infections (STIs) and increased levels of unsafe abortion.

13. Young women aged 15-20 are twice as likely to die in childbirth as those in their twenties while girls under the age of 15 are five times more likely to die.[12] Children are also more likely to die, or become ill when their mothers are young. Increasing school retention rates improves the likelihood of women choosing later, more widely spaced births, so giving them opportunities for engaging in meaningful employment. This also contributes to reduced pressure on scarce resources, such as food supplies so increasing resilience and equity.

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[8] Giving birth should not be a matter of life and death, UNFPA, at http://www.unfpa.org/webdav/site/global/shared/safemotherhood/docs/9_14%20maternal%20health%20fact%7.5et.pdf.

[9] Ibid.

[10] See CPD 2009/1 PP18.

[11] Ibid.

[12] Ibid.

14. In 2007, 1.3 billion of 1.5 billion young people aged 12-24 lived in low and middle-income countries.[13] 42 per cent lived in poverty and many lacked access to basic health services, particularly sexual and reproductive health services, as well as to education. Over 500,000 young people are newly infected with a sexually transmitted infection each day (excluding HIV)[14] while over 50 per cent of all new HIV infections occur among young people aged 15-24.[15] Girls and young women bear a disproportionate burden of ill health related to sexual and reproductive health. Meeting the unmet need and demands of young people is crucially important. *Information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction (ICPD para. 7.41).*

15. For these challenges to be met we must ensure funding for sexual and reproductive health, including family planning services, information, and commodities and accelerated implementation of the ICPD PoA.

16. As we build on the achievements of the ICPD, we must also respond to new challenges which are relevant to population dynamics and sustainable development including those related to migration and the growing inequality between rich and poor, adults and youth and the situation of the 75 per cent of the world's poor living in middle income countries.[16]

17. It is clear that governments alone cannot achieve the goals of the ICPD, Beijing or the MDGs. Civil society has already achieved remarkable success in advocating for sexual and reproductive health and rights and delivering services, information and education. It is essential that civil society be given funding, the space and opportunity to work in meaningful partnership at every level with governments and UN agencies including the recently launched UN Women to serve people in the communities where they live and work. The reach and expertise of civil society organizations can complement government services to assist governments to achieve their development goals and deliver their promises.

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[13] World Development Report 2007, World Bank (2007) pp. 4.

[14] UNFPA (2009) Breaking the cycle of sexually transmitted infections. See: http://www.unfpa.org/rh/stis.htm.women.

[15] WHO (2006) Preventing HIV in Young People: A systematic review of the evidence from developing countries. WHO Technical report Series 938, Geneva WHO.

[16] "*Global poverty and the new bottom billion: Three-quarters of the World's poor live in middle-income countries*", Institute of Development Studies, Sumner, A. - 03-Sep-10.