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Follow-up actions to the recommendations of the International Conference on Population 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

The International Planned Parenthood Federation (IPPF) is a non-governmental organization in General Consultative status with ECOSOC. We are both a service provider and an advocate of sexual and reproductive health and rights and their critical importance to development. We have 152 Member Associations active in 180 countries forming a worldwide movement of national organizations working with and for communities and individuals. We welcome consideration of "Population distribution, urbanization, internal migration and development" as the theme for the 41st session of the Commission on Population and Development.

Population distribution, urbanization, internal migration and development are all areas that impact upon the sexual and reproductive health and rights of urban and rural populations. It is timely, therefore, that the theme of this Commission on Population and Development coincides with the year in which the number of urban dwellers equals, for the first time in history, the number of people living in rural areas.[1] Projections suggest the world can expect the urban population to increase to 4.9 billion by 2050 from 3.2 billion in 2005.[2] It is estimated that ninety three per cent of this increase will occur in the developing world.[3] At present basic infrastructure and services in many developing countries are unable to keep pace with the process of urbanization.

"Urban growth, with associated poverty and unmet sexual and reproductive health needs, calls for an innovation in service delivery if we are to provide accessible services for all who desire them. Services must be sensitive to local needs, well-planned, have continuity of supplies, combat stigma and discrimination, incorporate monitoring and evaluation, and be sufficiently funded. The participation of service users, particularly young people and people living with HIV, should be actively encouraged. No one group will be able to achieve poverty reduction and respond to the challenges of urbanization on its own — the involvement of civil society and communities is essential."[4]

Urban growth is predominantly fuelled by natural population increase rather than migration. It is, therefore, incumbent upon policy-makers and governments alike to ensure long-term investment in sexual and reproductive health, family planning and the empowerment of women and girls as well as in addressing factors contributing to migration. There are many reasons for poor access to sexual and reproductive health care and services. These include: a lack of adequate distribution systems for reproductive health supplies in-country; under-resourced health and education systems; cost; a lack of

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[1] See IX. Conclusion and recommendations, Point 75, United Nations Expert Group Meeting On Population Distribution, Urbanization, Internal Migration And Development, (14 January 2008), New York, UN/POP/EGM-URB/2008/01

[2] Commission on Population and Development, Background Release, POP/953, 5 April 2007, "CPD to focus on opportunities offered by world demographic shift' during 9-13 April 2007 meeting.

[3] See Remarks by Patricia Leidl, Media Advisor/Senior Editor, UNFPA at the Canadian Launch of UNFPA's State of the World Population Report 2007 at http://www.acpd.ca/acpd.cfm/en/section/unfpa2007/articleID/392 [accessed 22 January 2008]

[4] Dr. Gill Greer, Director General, IPPF speech at the 6th International Dialogue on Population and Sustainable Development, Berlin, Germany, 8 October 2007

sexual and reproductive health supplies; a lack of information on rights and services and a lack of prioritisation by governments, donors and the international community. The rising demand for sexual and reproductive health supplies is not being met — as is demonstrated by the rapid growth of urban populations.

Such population growth requires governments to commit to poverty reduction and sustainability initiatives. If not, governments will face an increase in the number and density of unplanned urban slums or 'informal settlements'. It is these areas that represent an increasingly high risk to health and are an environment in which women and young people are more vulnerable to violence, abuse and deaths associated with pregnancy and childbirth.[5]

Poverty is not only a cause of poor sexual and reproductive health but also a consequence.[6] Research indicates that women and girls are at higher risk in situations of rapid urbanisation and migration. Female migration to urban areas for employment purposes has increased for many reasons, including the high level of forced marriages in rural areas. However, it is often the case that migrant women seeking urban employment find themselves in "risky, poorly paid or dangerous jobs"[7] without support. Poverty in urban slums is a major factor that forces people into the sex industry. Young women and girls often have few opportunities for gaining meaningful employment or education, and are often forced into the sex industry to generate an income. Once involved in the sex industry the likelihood of becoming infected with an STI, including HIV, facing stigma and discrimination and suffering gender-based violence rises considerably.

The prevalence of HIV has been reported to be higher in urban than rural areas with young women and girls most susceptible to HIV infection. Priority should, therefore, be afforded to prevention, treatment and care services and voluntary counselling and testing in urban areas. Too frequently girls in heavily populated urban areas are at risk, both at school and travelling to and from their homes. Safe places such as youth centres need to be provided for young people. Similarly, education on sexual and reproductive health and rights and HIV and AIDS should be prioritized. Education plays a key role in the reduction of violence against women and girls, but large families usually have fewer resources to spend on each child, with girls more likely to suffer than their male counterparts.

One such example of our work to address access to sexual and reproductive health care and services for young vulnerable people as a direct consequence of poverty and urbanisation can be seen in the work of our Member Association in Burkina Faso (Association Burkinabé pour le Bien-Etre

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[5] See UNICEF, HIV/AIDS and children, Prevention among young people, at http://www.unicef.org/aids/index_preventionyoung.html [accessed 23 January 2008]

[6] Marie Stopes International at http://www.mariestopes.org/documents/Developing%20a%20participatory%20poverty%20grading%20tool%20-%20%20overview.pdf [accessed 23 January 2008]

[7] Global IDP Project 2003 cited in 'Women and Migration, Susan Forbes Martin, for the Division on Advancement of Women, Consultative Meeting on "Migration and Mobility and how this movement affects women." Sweden (2003)

Familial). The objectives of the 'Reducing Vulnerability and Empowering Street Children'[8] project are to provide sexual and reproductive health information and services which meet the specific needs of street youth. Many of these are at high risk of, or are living with, unwanted pregnancies and sexually transmitted infections, including HIV/AIDS. Sexual abuse, physical violence and intimidation are a part of street children's daily lives and many rely on prostitution for their survival. Among girls in the 15 to 24 age group, HIV prevalence rates are five to eight times higher than that of boys. The major factors fuelling the epidemic in Burkina Faso are poverty, migration, rapid population growth, urbanization, and poor sexual and reproductive health education and services.

The "total number of urban slum dwellers — nearly one billion — is projected to double to two billion by 2025."[9] Half of these will be under the age of 25.[10] This highlights the need for investing in youth-friendly and youth-specific services — including sexual and reproductive health care services. Without investment, the spiral of poverty and ill-health will continue.

Migration has also had a major impact on urban growth, with many new migrants to urban areas being the rural poor. However, while urban areas do concentrate poverty in cities, these areas also represent an opportunity for the poor of escaping rural poverty. In order to ensure that the concentration of such large numbers of people in urban areas have access to basic services, increased investment by governments and donors alike is required in essential primary health care services. Such a rise in urban growth requires governments to put in place measures that address adequately the needs, including the sexual and reproductive health needs, of increased populations in urban areas.

Not all migration, however, is from rural to urban areas. Many people are economic migrants who relocate to areas where sources of income can be found. This also has an impact on the sexual and reproductive health and rights of 'mobile' populations. For example, in an initiative designed to stimulate much-needed economic development in South East Asia, the 'Bridge of Hope' involving the Lao People's Democratic Republic, Thailand and Viet Nam was built. The site, which saw the recruitment of thousands of construction workers, attracted a large number of sex workers. The lower Mekong region where the bridge was built is the epicentre of Asia's HIV/AIDS pandemic, and it was feared that the greater mobility of communities would play a huge role in further spreading HIV and other sexually transmitted infections (STIs). With others, the IPPF Member Association in Thailand (PPAT) worked to reach temporary workers and the local community, including sex workers, to provide them with information about HIV and STI prevention and testing.[11] At the end of the project, approximately 92 per cent of construction workers (approximately 3,500 workers) and 86 per cent of those in the target communities (approximately 144,000 persons) were reached. In addition, 19,031 people received reproductive health services from mobile medical units at the construction site and

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[8] IPPF Project Proposal to the Korea Africa Fund 2006 re BURKINA FASO

[9] Payne, (2005) cited on The World Bank's 2005 International Urban Research Symposium at http://www.globalurban.org/GUDMag07Vol3Iss1/World%20Bank%20Editors.htm [accessed 22 January 2008]

[10] See Statement of the UNFPA Executive Director at the Launch of The State of World Population 2007 Report , 27 June 2007

[11] IPPF pamphlet (2005) Bridge of Hope, Linking community involvement and private sector partnerships with ODA to address HIV/AIDS awareness and prevention.

5,986 people received Voluntary Counselling and Testing.[12] This has since become a model for infrastructure projects by regional development banks and others and demonstrates the importance of integrating sexual and reproductive health and HIV prevention programmes into large-scale construction projects.

In addition to migration and urban population growth, an estimated 25 - 30 million people have become internally displaced as a result of conflict; political unrest and human rights abuses.[13] Internally Displaced Persons (IDPs) are forced to flee their homes as a result of man-made or natural disasters. Conflict is often a precursor to human rights abuses and gender based violence is known to increase during times of conflict. “Rape is a well-known instrument of war. And women and children are often exposed to sexual violence in crowded, unsafe camps for refugees or the displaced.”[14] It is important, therefore, that IDPs have access to sexual and reproductive health care and services. Through its Member Associations, IPPF is working in partnership with governments and other agencies to provide comprehensive sexual and reproductive health care and services in IDP settings, yet much remains to be done.

Natural disasters also lead to the relocation of rural populations to urban areas. Such disasters often have their roots in environmental degradation and climate change. The increasing incidence and impact of such factors will undoubtedly lead to increased migration.

Access to sexual and reproductive health care services needs to be incorporated into urban planning by governments, donors and the international community. They also need to ensure long-term investment in sexual and reproductive health, family planning and the empowerment of women and girls in order to reduce the drivers of urbanisation and migration. It is important, therefore, to ensure that gender equality and human rights - through the provision and access to sexual and reproductive health and services - are mainstreamed into the debate on migration and development.

IPPF remains committed to working in partnership with communities, governments, other organizations and donors to meet these challenges.

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[12] Bridge of Hope: HIV Prevention for Temporary Construction Workers and Communities at the Second Mekong International Bridge on the Border of Lao PDR and Thailand, Final Report During July 2005 - December 2006 Submitted to ESEAOR, Japan Trust Fund Office and International Planned Parenthood Association (IPPF), Central Office (Co), London by The Planned Parenthood Association of Thailand (PPAT)

[13] ‘Women and Migration, Susan Forbes Martin, for the Division on Advancement of Women, Consultative Meeting on “Migration and Mobility and how this movement affects women.” Sweden (2003)

[14] UNICEF, HIV/AIDS and children, Prevention among young people, at http://www.unicef.org/aids/index_preventionyoung.html [accessed 23 January 2008]