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Actions in follow-up to the recommendations of the International Conference on Population and Development

Statement submitted by 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.

* E/CN.9/2010/1.

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Statement

1. International Planned Parenthood Federation (IPPF) welcomes the theme of the forty-third session of the Commission on Population and Development, “Health, morbidity, mortality and development”. IPPF is a global service provider and a leading advocate of sexual and reproductive health and rights for all. It has a network of its 152 member associations in 174 countries that address obstacles to sexual and reproductive health worldwide.

2. Maternal morbidity is a result of great injustice and inequity between and within countries. It impedes individual, community, national and global development. Current estimates suggest that over 54 million women suffer from diseases or complications during pregnancy and childbirth worldwide, including complications from unsafe abortion. Pregnancy and childbirth claim the lives of 536,000 women annually and are the leading cause of death for girls aged 15 to 19. Over 50 per cent of these deaths occur in women or girls with fragile health. The number of maternal deaths is a reliable indicator for tracking trends and progress in maternal mortality, which is more easily measured than morbidity. However, the use of maternal mortality as a proxy measure for maternal health means that the non-fatal consequences of pregnancy and childbirth are frequently overlooked.

3. Family planning enables women not only to prevent unwanted pregnancies, but to plan their families and lives. It is one of the three pillars of maternal health, along with emergency obstetric care and skilled attendance at birth. The World Health Organization (WHO) estimates that poor reproductive health accounts for up to 18 per cent of the global burden of disease and 32 per cent of the total burden of disease for women of reproductive age. To improve reproductive health, women must be able to access family planning. Some 215 million women, the vast majority of whom are in developing countries, do not have access to contraception. Approximately 13 per cent of married women in sub-Saharan Africa use contraception; the total fertility rate stands at 5.5 children per woman. The adult lifetime risk of maternal death in Africa is 1 in 26; in developed countries, where access is nearly universal, it is 1 in 7,300. If the unmet need for contraception were met, 52 million unintended pregnancies would be avoided. Preventing unwanted pregnancies in turn prevents unsafe abortion, which accounts for 13 per cent of maternal morbidity. Because unwanted pregnancies are inevitable, even when contraception is used meticulously, women must have access to comprehensive abortion services.

4. The experience of the Planned Parenthood Association of Ghana is a clear example of what happens when family planning services and methods are unavailable. At its peak, the Association was the third largest distributor of contraceptives in the country. However, in 2001, after the United States of America withdrew aid from organizations that provided any abortion-related information or services, it lost a significant amount of funding and was forced to cut services. Contraceptive distribution dropped by 4.5 million and the number of services provided fell by 1.7 million. Across the country, people were left without the supplies and services they required. The number of unwanted pregnancies increased and the Association saw a dramatic rise in the number of women requiring care related to unsafe abortion. The provision of abortion services remains a cost-effective intervention that reduces maternal morbidity related to unsafe abortion.

Medical abortion, a proven technology that requires fewer resources than surgery, makes abortion even more cost-effective.

5. At its most fundamental level, contraception enables women to reduce the number of pregnancies experienced in a lifetime, and thus their lifetime risk of maternal morbidity and mortality. In 2003, 75 million women had unintended pregnancies and 20 million of those had unsafe abortions. Each year, nearly five million women around the world suffer temporary or permanent disability as a result of unsafe abortions. Globally, 15 to 25 per cent of women who need hospital-based care for complications from unsafe abortions never receive it. In reality, the statistics are even higher, as this procedure is constantly underreported and misclassified.

6. Health, education and human rights are central to development and women are the drivers of development; yet, so many attempts to make progress on development do not take these fundamental elements into account. The impact of this omission is felt most directly at the individual, community and national levels, as it affects productivity and sustainable economic and social development. It is clear that poor sexual and reproductive health perpetuates poverty by affecting those in the prime of their economically productive lives and that it has a disproportionate effect on the most vulnerable. Every year, 250 million years of productive life are lost due to death or disability related to poor sexual and reproductive health.

7. Gender-based violence accounts for 14 per cent of maternal deaths in Bangladesh and 16 per cent in India. It also leads to increased morbidity, as abuse is linked to a range of gynaecological problems, chronic pain and psychological distress. It is widely acknowledged as a key risk factor for HIV/AIDS. Violence undermines the ability of women and girls to negotiate safe sex practices or to leave partners who engage in high-risk behaviour. A study among women in South African clinics found that women who had suffered violence were 50 per cent more likely to be HIV-positive.

8. Interventions to improve women’s health during and after pregnancy and childbirth must include a life-cycle approach and contribute to good sexual and reproductive health for young people, women and men throughout their lives. The gains that contraception has made possible in women’s health makes family planning one of the most successful international development stories, not to mention one of the most cost-effective. Family planning is vital to improving maternal health because it gives women the power to control their own bodies and manage their lives. Millennium Development Goal 5, to improve maternal health, now includes the target of universal access to reproductive health by 2015 Goal 5 (b). This is recognition at the international level that family planning is crucial to women’s health; yet much remains to be done. The facts are clear: unless there are significant increases in financial and political support for family planning and abortion services, we will not achieve the Goals on maternal and child health or gender equality, and progress towards the remaining Goals will be limited. Owing to the continued lack of priority given to maternal health the least progress has been made on achieving Goal 5.

9. Target 5 (b), universal access to reproductive health, is central to the Programme of Action of the International Conference on Population and Development held in Cairo in 1994 and to recognition that family planning is fundamental to women’s health. At the Berlin NGO Forum on Sexual and

Reproductive Health and Development commemorating the fifteenth anniversary of the Cairo Conference, which was chaired by IPPF and hosted by the German Government and the United Nations Population Fund (UNFPA), nearly 400 non-governmental organizations (NGOs) called for five quick wins to achieve the Cairo goals. These were: to guarantee that sexual and reproductive rights be fully recognized and fulfilled; to invest in comprehensive sexual and reproductive information and services as a priority in health systems strengthening; to ensure the sexual and reproductive rights of all young people; to create and implement formal mechanisms for meaningful civil society partnership in programmes, policy and budget decisions, monitoring and evaluation; and to ensure that national Governments and donors allocate sufficient resources and budgets to meet the needs of all people's sexual and reproductive health and rights. It is crucial that these issues be addressed and prioritized by Governments at the 2010 review of the Millennium Development Goals. This is essential as research suggests that poverty reduction strategy papers, sector-wide approaches, budget support, the International Health Partnership and related initiatives (IHP+) and national development plans have not been successful in placing health at the centre of development strategies, despite various commitments, such as the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in which Governments committed to allocate 15 per cent of their budgets to health.

10. Adolescent girls and young women are particularly vulnerable to maternal morbidity. More than 90 per cent of the 14 million births to adolescent girls are in developing countries, and the highest levels of adolescent pregnancy are in Africa. Many young women are pregnant or giving birth for the first time and may not be ready for the physical, mental and social repercussions of childbearing. Poor sexual and reproductive health conditions account for 33 per cent of maternal morbidity for young women worldwide. Young women face multiple physical, social and cultural problems in accessing family planning methods and services and, as a result, have more unwanted pregnancies than older women. Even when they are aware of family planning, girls and young women often have limited or no power to negotiate its use and/or the ability or resources to obtain it. Every year, at least 2.5 million young women in developing countries have abortions. The rate of unsafe abortion and maternal morbidity among adolescents is another illustration of the discrimination that persists in the provision of sexual and reproductive health services worldwide.

11. Family planning services should include individual or couples counselling on family planning methods. Family planning services include information, education and communication about what family planning is and the benefits it provides. Health-care providers, community leaders and parents should seek to eliminate commonly believed myths and cultural taboos that may prevent people from using contraception, despite a desire to control their fertility. Health providers must ensure that non-stigmatizing, appropriate family planning services, which include outreach services, peer education and community-based distribution, are available to vulnerable groups, including those with a high prevalence of HIV/AIDS.

12. In order to make family planning universally available, family planning information and services should be integrated into a holistic health systems approach that recognizes sexual and reproductive rights, including the right to sexual and reproductive health; unfortunately, discussions on health system strengthening seldom mention this subject. This approach would incorporate a continuum of care, which means that care has to be provided as a continuum

throughout the life cycle, in a seamless continuum that spans the home, the community, the health centre and the hospital. Comprehensive sexual and reproductive health services, with family planning at their centre, should thus be offered at different times throughout the life cycle and should include information and sexuality education for adolescents as well as adults; family planning services for people as they begin their sexual lives; post-natal family planning services; and ongoing services for women and men throughout their adult life.

13. While contraception should certainly be an integral part of clinical services, it is also uniquely suited to delivery mechanisms that fall outside of the formal health system. This means delivering family planning in other contexts, including in schools and in the workplace, and through civil society organizations that, unlike Government services, are able to reach hard-to-reach groups. A leading non-governmental provider of health services and programmes, IPPF operates an extensive network of community-based distributors, home-based care providers, mobile clinics, volunteer peer educators, midwives and support groups. This network makes IPPF adept at reaching under-served and marginalized people.

14. In the past, maternal health and family planning campaigns have been directed at women, underlining a common belief that women should be held responsible for maintaining good sexual and reproductive health and caring for children. Neglecting to include men simply perpetuates this attitude. Lack of discussion about family planning between partners is a serious obstacle to the uptake of contraception and the benefits it provides for maternal health. The greater the awareness and acceptance of family planning among different stakeholders, from male partners to community leaders to teachers to parents, the greater the improvement in maternal health.

15. Lastly, when women are in good health and empowered to plan their lives by using contraception, they are more likely to continue their education, participate in the labour force, engage in society, become involved in governance and drive development. When couples, and women in particular, have access to comprehensive family planning and safe, legal abortion services, and when they feel safe and supported to decide whether, when and how many children to have, there is an improvement in the health and human development of women.