



## Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development

**ICPD@15** International Conference on  
Population and Development

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### Investing in Health, Rights, and the Future

Investing in women produces substantial returns in multiple ways --for women as individuals and mothers, and for their families, their communities and their countries.

Women bear and raise the next generation and are critical actors for progress as workers, leaders and activists. Not all women become mothers, but every woman deserves the right to decide for herself whether and when to become pregnant. A woman's ability to stay healthy over her entire lifespan – before, during and after pregnancy – is central to whether she can achieve her full potential.

#### The Situation

Investing in women is a cost-effective route to sustainable development.<sup>1</sup>

- > Women's unpaid household, caregiving and farm work worldwide equals about a third of the world's Gross National Product.
- > Women's income is more likely than men's to go for food, education, medicine and other family needs.
- > Women are the sole income earners for 25 to 33 percent of all households.
- > Investment in educating girls one year beyond average boosts their eventual wages 10 to 20 percent.
- > Credit extended to women increases household consumption about twice as much as men's borrowing.
- > Death or disability of a mother raises death and illness rates for children, destroys families, takes children out of school and lowers household and community economic productivity.

Contraceptive supplies cost, on average, about US\$1.55 per user annually in developing countries.<sup>2</sup>

- > In 2008, international assistance was estimated to total US\$11.1 billion for "population activities," including family planning services, research, basic reproductive health, and combating HIV/AIDS. More than 75 percent of the total funded work against HIV/AIDS and other sexually transmitted infections.<sup>3</sup>
- > Developing countries, meanwhile, spent an estimated US\$19.6 billion for population activities in 2008, about 45 percent of it to combat HIV/AIDS.<sup>4</sup>
- > International funding for family planning dropped from 40 percent of total population spending in 1997 to only 5 percent in 2007, while funding for basic reproductive health services fell from 33 percent to 17 percent during the same period.<sup>5</sup>
- > Every US\$1 million shortfall in funding for reproductive health care -- including contraceptives, condoms, and medical equipment – leads to some 360,000 unintended pregnancies, 150,000 induced abortions, 800 maternal deaths, 11,000 infant deaths and 14,000 additional deaths of children under five.<sup>6</sup>
- > In some low- and middle-income countries, hospitals spend up to half their obstetric and gynecological budgets to treat women with complications from unsafe abortions.<sup>7</sup>
- > Researchers have found a potential savings of almost US\$25 for every dollar spent on family planning at HIV and AIDS care and treatment facilities.<sup>8</sup>
- > In 2001, the U.S. Agency for International Development estimated the global economic impact of maternal and newborn mortality at US\$15 billion in lost potential production per year – half associated with women and half with newborns.<sup>9</sup> The amount has certainly risen since then.

#### The ICPD Commitment

The 179 countries at the Conference on International Conference on Population and Development (ICPD) pledged major global investment in sexual and reproductive health care and education, especially for girls and women in the developing world: US\$17 billion by 2000, rising to \$21.7 billion per year by 2015. One-third was to come from donor countries and two-thirds from the developing countries themselves.<sup>10</sup>

Although the \$21.7 billion target has been exceeded, most of those dollars go to prevent HIV/AIDS and treat and care for those it has affected, rather than for comprehensive sexual and reproductive health care.

The Cairo Consensus pledged to reduce maternal mortality by 75 percent below 1990 levels by 2015. The agreement was reaffirmed in 2000 in Millennium Development Goal 5. An MDG5 target added in 2007 was universal access to reproductive health by 2015. Collectively, the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the ICPD Programme of Action, the Platform for Action of the Fourth World Conference on Women (1995) in Beijing and the MDGs constitute the commitments behind multilateral, bilateral and local efforts to investment in women's needs.<sup>11</sup>

### Areas for Action

- > Total funding needed to provide universal sexual and reproductive health care (including family planning and maternal health needs but excluding efforts against HIV/AIDS) is now estimated to rise to US\$33.3 billion annually by 2015. This is up substantially from the 1994 ICPD estimate, in part because the value of the dollar has fallen and because current needs have not been met, which raises future need. Another \$36.2 billion will be needed annually by 2015 to combat HIV/AIDS.<sup>12</sup>
- > Family planning programs should involve men and offer primary and reproductive health care services along with contraceptive services, as such comprehensive care facilities do better at attracting and keeping clients --and are also more cost-effective.<sup>13</sup>
- > Providing emergency obstetric services and equipment to save women's lives is also cost-effective: it creates the capacity to perform operations and transfusions for accidents and other emergencies.
- > Maternal mortality could be cut by 75 percent by improving women's access to comprehensive reproductive health services, including family planning and strategies to prevent or manage abortion-related complications, within efforts to promote human rights, poverty reduction and gender equality.<sup>14</sup>
- > The international maternal health community has called upon the U.S. government to allocate US\$1.3 billion in fiscal year 2010 for maternal and newborn health and US\$1 billion for family planning programs with clear budgetary tracking. This call to action was endorsed by Family Care International, CARE, White Ribbon Alliance, and many other global and U.S. maternal health organizations.<sup>15</sup>

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<sup>1</sup> Facts in this section from Gill, K., R. Pande and A. Malhotra, "Women Deliver for Development," International Center for Research on Women, Washington DC, July 24, 2007, pp. 37-41 (accessed Aug. 5, 2009)

<sup>2</sup> Levine, Ruth et al., "Contraception," *Disease Control Priorities in Developing Countries*, 2d ed., New York, The World Bank and Oxford University Press, New York, 2006, <http://www.prb.org/pdf09/familyplanningsaveslives-backgrounder.pdf>, p.1082 (accessed Aug. 18, 2009)

<sup>3</sup> Commission on Population and Development, "Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development," Report of the Secretary-General, CPD 42<sup>nd</sup> Session, United Nations, New York, Jan. 21, 2009, p. 5 <http://daccessdds.un.org/doc/UNDOC/GEN/N09/204/61/PDF/N0920461.pdf?OpenElement>

<sup>4</sup> Commission on Population and Development, "Flow..." p 12 (accessed Aug. 20, 2009)

<sup>5</sup> Commission on Population and Development, "Flow..." p. 10 (accessed Aug. 20, 2009)

<sup>6</sup> UNFPA, "Securing the Supplies People Rely On," UNFPA, Oct. 18, 2004, <http://web.unfpa.org/publications/detail.cfm?ID=201&filterListType=> (accessed Aug. 5, 2009)

<sup>7</sup> Gill, K., "Women..." (accessed Aug. 5, 2009)

<sup>8</sup> Stover, John, Leanne Dougherty, and Margaret Hamilton, "Are Cost Savings Incurred by Offering Family Planning at Emergency Plan HIV/AIDS Care and Treatment Facilities?": The Futures Group/POLICY Project, Washington DC 2006, <http://www.prb.org/pdf09/familyplanningsaveslives-backgrounder.pdf> pp. 9-10, (accessed Aug. 18, 2009)

<sup>9</sup> U.S. Agency for International Development, "USAID Congressional Budget Justification FY2002: Program, Performance and Prospects – The Global Health Pillar," USAID, Washington DC, 2001 (accessed Aug. 5, 2009)

<sup>10</sup> UNFPA, *Summary of ICPD Programme of Action*, UNFPA, 1994, <http://www.unfpa.org/icpd/summary.cfm> (accessed Aug. 5, 2009)

<sup>11</sup> *The Lancet*, Maternal Survival and Women Deliver Series (2006/2007), 2005 World Health Report and UNFPA publications. (accessed Aug. 6, 2009)

<sup>12</sup> Commission on Population and Development, "Flow..." p. 18 (accessed Aug. 20, 2009)

<sup>13</sup> Greene, Margaret E., Manisha Mehta, Julie Pulerwitz, Deirdre Wulf, Akinrinola Bankole, and Susheela Singh. "Involving men in reproductive health: Contributions to development," background paper to the report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*. 2006 New York: UN Millennium Project. (accessed Aug. 6, 2009)

<sup>14</sup> *The Lancet*, Executive Summary, Maternal Survival Series, London, September 2006, p. 1. (accessed Aug. 5, 2009)

<sup>15</sup> Family Care International, "New Financial 'Ask' for the US Government," Women Deliver News and Events, New York, January 5, 2009, [http://www.womendeliver.org/news/09\\_financial.htm](http://www.womendeliver.org/news/09_financial.htm) (accessed Aug. 10, 2009)