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FINAL FORUM:

POPULATION: THE UNFINISHED AGENDA – FROM RESEARCH TO ACTION
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We have very limited time and a broad agenda, so I will simply make a few suggestions, to encourage renewed commitment by donors and international development NGOs, to reproductive health, including family planning.

The context for our discussion is the Cairo agenda – the Programme of Action agreed at the International Conference on Population and Development in 1994. The Programme of Action includes very specific actions, and detailed costing, with timelines.

Donors and developing countries between them have funded only about half the totals agreed in Cairo. In particular, between 1995 and 2003, donor support for family planning commodities and service delivery fell from US \$560 million to US \$460 million; a large drop in dollar terms and an even larger decline as a proportion of total assistance for population and development.

I believe this lack of action can be traced to some myths about population and development, and in particular about family planning:

Myth No.1. ***The demographic problem has been solved.*** Some mythmakers have been talking a lot recently about “birth dearth”; and some policymakers apparently believe them. But there is no birth dearth in the poorest countries, and many other developing countries have unacceptably high fertility in the poorest groups – unacceptable in terms of health, human rights and the MDGs; unacceptable also in terms of economic growth and development. Let me put it very plainly: High birth rates and rapid population growth in poor countries and population groups threaten development, and undermine programmes to end poverty. They also threaten the long-term global balance between development and the environment.

Please note that I am definitely *not* saying that poor people threaten the environment. Richer countries are the major culprits and will remain so. To illustrate my point, compare two developing countries, Bangladesh and Pakistan. In 1970, Pakistan had a smaller population than Bangladesh; since then, Bangladesh has been successful in reducing population growth rates, and Pakistan has not. Today, Pakistan’s population is far bigger, by about 20 million. In the first place, adding a million people every three months holds back Pakistan’s development; in the second, should both countries find a balance at some point in the future and develop at the same rate, which country will have a bigger impact on the environment?

Myth No.2. ***Cairo “broke the link”*** between the demographic rationale for population and support for family planning. On the contrary, ICPD ***made*** the link between reproductive health and rights and national development strategies; between gender equality and economic growth; between family planning and ending poverty.

I believe that the vast majority of governments accept the Cairo consensus; it is shortage of resources; other priorities such as HIV/AIDS; some remaining prejudice against women's equality and empowerment, and donor indifference that prevent them from implementing it with more enthusiasm. Remember that during the various regional review meetings in 2004 – after countries had ten years' experience of implementing the Programme of Action – the US and the Vatican made a very determined attempt to roll back the Cairo consensus; and they were very firmly rebuffed.

The Millennium Task Force at the United Nations did a wonderful job of showing how reproductive health (including family planning) was integral to all the Millennium Development Goals; in particular that the goal of gender equality and the goal of cutting maternal mortality by 75 per cent could not be reached without universal access to reproductive health care, including family planning. Despite opposition from the United States and the Vatican, the World Summit last year gave reproductive health and family planning something like its proper place in the MDGs.

I hope all donors will take this to heart and make sure that reproductive health is a priority in their MDG programming, and that family planning is part of the mix.

I have heard the suggestion that we should go back to talking about “family planning” instead of “reproductive health”, as if Cairo had confused the issue and no-one can understand what reproductive health is. I think this is pure nonsense.

Let's remember that ten years before Cairo you literally could not talk about family planning in many countries, including sub-Saharan Africa and Latin America. It's the language of Cairo that makes dialogue and action possible. I don't think it's very hard to understand: “Reproductive health” includes family planning; safe motherhood; prevention and treatment for HIV/AIDS and other sexually transmitted diseases; and an end to gender-based violence.

On the other hand, I think some extremists try really hard to misinterpret reproductive health, because they understand it too well. A woman in charge of her reproductive health is a woman who can make her own choices – and that frightens some people. I had hoped that the Cairo consensus would allay some of those fears – but obviously we still have some work to do.

Maybe using the term “reproductive health” makes it easier to forget about family planning, and concentrate on something less threatening to ideologues and the faint-hearted, such as maternal and child health. But donors and international NGOs have a part to play here: they should insist on the whole package, including family planning and HIV/AIDS prevention. And they should insist on integration: in the past, there may have been a rationale for vertical or free-standing HIV/AIDS prevention programmes; but today, economy and functionality both call for integration. If the Cairo Programme of Action had been fully implemented over the last decade, we would be nearer the MDG goal for turning back the HIV/AIDS epidemic.

The call for integration also applies to support for reproductive health as part of health sector reform and decentralisation. Donors can help establish priorities, ensure that health sector reform includes reproductive health, and ensure that family planning is part of the package.

Myth No.3. **Population means coercion.** One part of this myth is that developing countries are not interested in population and development policy—that they regard external assistance for family planning as imperialist and colonialist. There is a lot of history here, including some over-enthusiastic donor promotion of family planning in the past—but I really believe that Cairo helped to lay that fear to rest. Today, some donors are still putting their own ideologies before developing countries' needs – for example, the United States' PEPFAR programme will not provide condoms for HIV/AIDS prevention – but I believe that the US case is the exception. It certainly shows how donors can undermine their own intentions.

The fact is, today, developing countries want help with their population problems – but they want it on their own terms, just as Cairo said they should. I don't think there's anything unreasonable about that, and donors should be prepared to work with countries on that basis. It's in everyone's interest.

The second part of the coercion myth is that family planning means individual coercion, so women don't want it.

Once again, there is some history, in this case coercion in a few national and local programmes. But the spectacular rise in family planning use in developing countries, and the fall in total fertility from six to three over a single generation, were not achieved by coercion.

Women certainly **do** want family planning, but they want it on their own terms. They want full information and the right to make their own decisions about sexuality and reproduction. They want methods they can use; that are appropriate for their needs; that their families and communities can accept, and so on. They want high quality of care: they want to be treated like valued clients; they want skilled advice and service, and they want a range of options. They also want the rest of the reproductive health package, including high-quality care in pregnancy and childbirth. Women also need safe and legal abortion services: donor prejudice should not deny them access.

I do not underestimate the risk of coercion. Governments sometimes overreach. But coercion is real and ever-present in poor women's everyday lives. Coercion starts with women's position in the family and society—with the absence of choices. In that sense, full and free access to family planning is an essential element of women's empowerment and gender equality. Voluntary family planning is as much part of MDG-3 as equal access to education. It is also the route to policy aims of slowing rapid population growth. Policymakers, women's organizations and donors alike must work with this awareness.

Voluntary family planning is not an alternative to reproductive health – it is integral to it. It is part of women's right to health. Make no mistake, women in all societies, at all levels, want family planning and the freedom it brings. There are people in every country who deny this – but donors and NGOs should not mistake extremist ideologies for authentic expressions of cultural values. What women want is often quite different from what we are *told* that women want. We must listen to the women, not to people who claim to speak on their behalf.

Suggestions

Now to my suggestions: In the first place, I hope all donors – governments and non-governmental organizations alike – will be careful to separate myth from reality and respond accordingly.

I would suggest that donors use the Cairo Programme of Action as a basic text. It uses very clear and simple language concerning reproductive health, including family planning. It is also very clear about other issues, such as national sovereignty over policy and approaches to questions such as population growth. In fact, it is one of the least ambiguous documents the United Nations process has ever produced. Anyone working in the field of population and development should be thoroughly familiar with it: it will answer most of the questions that arise.

Please note that I am not taking credit for the Programme of Action, though I would like to! I am noting, however, that countries have had 12 years of experience with the Programme of Action, and have repeatedly endorsed and strengthened it.

I don't think we need to rework or revisit the Programme of Action – but we do need to *act* on it.