Reaffirming
Global Family Planning Commitments

Kampala, Uganda, November 15-18, 2009
Article 16

The protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and the spacing of their children;
29. Consistent with the Proclamation of the International Conference on Human Rights, the Declaration on Social Progress and Development, the relevant targets of the Second United Nations Development Decade and the other international instruments on the subject, it is recommended that all countries: …

(c) Ensure that family planning, medical and related social services aim not only at the prevention of unwanted pregnancies but also at the elimination of involuntary sterility and sub-fecundity in order that all couples may be permitted to achieve their desired number of children, and that child adoption may be facilitated;
Primary Health Care:

3. Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; **maternal and child health care, including family planning**; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
1979 Convention on the Elimination of All Forms of Discrimination Against Women

**Article 10**
States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women:

(h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

**Article 16**
States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:

(e) The same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights;
28. Family planning services should be made available through appropriate and practicable channels, including … community-based distribution… Governments should bear in mind the innovative role which non-governmental organizations, in particular women’s organizations, can play in improving the availability of effective family planning services.
1984 UN World Population Conference
Mexico City City Recommendations

30. Governments are urged to ensure that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so...
Paragraph 157

Governments should make available, as a matter of urgency, information, education and the means to assist women and men to take decisions about their desired number of children. To ensure a voluntary and free choice, family-planning information, education and means should include all medically approved and appropriate methods of family planning. Education for responsible parenthood and family-life education should be widely available and should be directed towards both men and women. ...
Recommendations of the International Conference on Better Health for Women and Children through Family Planning  
Nairobi, October 1987 - 1

1. Development strategies and services should be reoriented to alleviate the underlying conditions of ill health among women and children and to encourage the adoption of family planning;

2. Primary health care programs should be expanded to increase their impact on maternal and child health;

3. Particular attention should be given to the prevention of pregnancies to women under the age of 18 years or over 35, those who have given birth within the last 2 years, and those with 4 or more children;

4. Unwanted pregnancy should be regarded as a specific health risk, and legal, good-quality abortion services should be available to all women;

5. Education and employment services aimed at postponement of the 1st pregnancy at least to age 18 years should be developed;

6. The extension of family planning services beyond government health networks is essential to reach all segments of society;

7. Family planning programs should include education on the prevention of sexually transmitted diseases, including acquired immunodeficiency syndrome;
8. Intensified efforts should be made to improve the quality of family planning programs and to increase their acceptability;

9. Public and private investments in contraception research and development should be increased;

10. IEC should be given a more prominent role in family planning efforts;

11. Breastfeeding should be promoted;

12. Wherever possible, family planning programs should address couples rather than only women;

13. Data collection must be improved, especially in terms of high-risk indicators;

14. Efforts are needed to increase and reallocate resources for primary health care, including family planning.
1988 Bellagio Consensus on Lactational Amenorrhea Method for Family Planning

• The risk of pregnancy is <2 % in the first six months after delivery for women who are fully or nearly fully breastfeeding and amenorrheic.

• Research since 1988 has established the efficacy of LAM
  – LAM should be regarded as an additional method of family planning and presented as a programmatically endorsed choice to women postpartum
Article 24.2

States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(f) To develop preventive health care, guidance for parents and family planning education and services
II. Supporting/sectoral Goals

A. Women's health and education

(i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;
(ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;
In the context of the World Conference on Women and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the Proclamation of Tehran of 1968, the World Conference on Human Rights reaffirms, on the basis of equality between women and men, *a woman's right to accessible and adequate health care and the widest range of family planning services*, as well as equal access to education at all levels.
1. Managers and staff of abortion-care facilities must familiarize themselves with family planning issues and identify and establish links with family planning service providers in their communities.

2. All abortion care facilities ... should offer some type of family planning services.

3. Managers of abortion care services should develop and implement simple, flexible protocols on clinical and managerial aspects of post-abortion family planning ...

5. Abortion services should be provided in the context of comprehensive reproductive health care for women, with direct provision of family planning services...

Wolf & Benson, IJGO, 1994: 45, S3-23
“…Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant…”

Para 7.2, ICPD Program of Action
Signed by 179 countries
We are convinced that
17. The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment;

Actions to be taken
106. By governments, in collaboration with non-governmental organizations and employers’ and workers’ organizations and with the support of international institutions:

   e) Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care…
37. Access to social services for people living in poverty and vulnerable groups should be improved through:

(e) Promoting cooperation among government agencies, health-care workers, non-governmental organizations, women's organizations and other institutions of civil society in order to develop a comprehensive national strategy for improving reproductive health care and child health-care services and ensuring that people living in poverty have full access to those services, including, inter alia, education and services on family planning, safe motherhood and prenatal and postnatal care, and the benefits of breast-feeding, consistent with the Programme of Action of the International Conference on Population and Development;
Development and implementation of reproductive health, including family planning and sexual health programmes

80. Governments should:

Allocate resources to meet the growing demand for access to information, counseling, services and follow-up on the full range of safe and effective contraceptive methods, including the female condom and emergency contraception. Logistics systems should ensure the continuing availability of high-quality family planning and reproductive health commodities at delivery points.
US Centers for Disease Control: Ten Great Public Health Achievements, United States 1900-1999 (MMWR 1999)

• Vaccination
• Motor-vehicle safety
• Safer workplaces
• Control of infectious diseases
• Decline in deaths from coronary heart disease and stroke
• Safer and healthier foods
• Healthier mothers and babies
• Family planning
• Fluoridation of drinking water
• Recognition of tobacco use as a health hazard
Article 25

1. (...) In this context, co-operation shall aim at: (...) integrating population issues into development strategies in order to improve reproductive health, primary health care, family planning; and prevention of female genital mutilation;
Article 14: Health and Reproductive Rights

1. States Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted.

This includes:

a) the right to control their fertility;
b) the right to decide whether to have children, the number of children and the spacing of children;
c) the right to choose any method of contraception;

Adopted by the African Commission on Human and Peoples’ Rights, Maputo, 11 July 2003
An unmet need for family planning undermines achievement of other MDGs.

GOAL 5:
IMPROVE MATERNAL HEALTH

- MDG Monitor for Goal 5
- Fact Sheet for Goal 5

Target 1:
Reduce by three quarters the maternal mortality ratio

- The high risk of dying in pregnancy or childbirth continues unabated in sub-Saharan Africa and Southern Asia
- Little progress has been made in saving mothers' lives
- Skilled health workers at delivery are key to improving outcomes

Target 2:
Achieve universal access to reproductive health

- Antenatal care is on the rise everywhere
- Adolescent fertility is declining slowly
- An unmet need for family planning undermines achievement of several other goals
Target 5.A:
Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
5.1 Maternal mortality ratio
5.2 Proportion of births attended by skilled health personnel

Target 5.B:
Achieve, by 2015, universal access to reproductive health
5.3 Contraceptive prevalence rate
5.4 Adolescent birth rate
5.5 Antenatal care coverage (at least one visit and at least four visits)
5.6 Unmet need for family planning
38. The success of family planning services in most countries of the world is evidenced by the great increase in contraceptive use in developing countries over the past two to three decades. These programs are an essential part of services to reduce maternal and perinatal morbidity and mortality because they enable women to postpone, space and limit pregnancies. As these services are directly concerned with the outcomes of sexual relationships, they also have great potential for leading the way in promoting sexual health and efforts to prevent sexually transmitted infections and HIV transmission.

Article 17

Key strategies for operationalisation of the SRH policy framework:

i. Integrating STI/HIV/AIDS, and SRHR programmes and services, including reproductive cancers, to maximize the effectiveness of resource utilization and to attain a synergetic complementary of the two strategies;

ii. Repositioning family planning as an essential part of the attainment of health;

iii. Addressing the sexual and reproductive health needs of adolescents and youth as a key SRH component;

iv. Addressing unsafe abortion;

v. Delivering quality and affordable services in order to promote Safe Motherhood, child survival, maternal, newborn and child health;

vi. African and south-south co-operation for the attainment of ICPD and MDG goals in Africa;
Paragraph 2/a/ii

“… support actions to improve reproductive and sexual health in developing countries and to secure the right of women, men and adolescents to good reproductive and sexual health and provide financial assistance and appropriate expertise with a view to promoting a holistic approach to, and the recognition of, reproductive and sexual health and rights as defined in the ICPD Programme of Action, including safe motherhood and universal access to a comprehensive range of safe and reliable reproductive and sexual health care and services, supplies, education and information, including information on all kinds of family planning methods…”
Future directions for the Bank. (....) Upon country demand, the Bank will focus its contributions in countries with high unmet needs in sexual and reproductive health in the following areas:

(b) providing financial support and policy advice for comprehensive sexual and reproductive health services, including family planning, and maternal and newborn health;
Resources, political will and accountability are essential to the implementation of strategies that can quickly and effectively reduce maternal mortality, including family- and community-based interventions.

These strategies include the following:

• **Access to affordable family planning and reproductive health services to prevent and manage unintended pregnancies and unsafe abortion.**

• Reduction of the stigma associated with abortion or adolescent pregnancy.

• Provision of affordable, skilled care, including emergency care, during and after childbirth for all women and newborns.

• Efforts to address other factors that contribute to high maternal mortality, such as poor nutrition.
Fifth African Population Conference
Arusha 2007: Call to Action

Researchers, policymakers, the private-sector, and the donor community must unite in addressing population and development challenges of the continent. For that we appeal to African governments, development partners, and the private sector to

- Recognise in their planning, the links between population dynamics, sustainable development, and the environment.
- Address the very high levels of fertility in the continent by making contraception accessible to all men and women who need it.
- Strengthen the region’s healthcare systems and increase access to essential drugs including HIV antiretroviral drugs.
- Increase the number of skilled birth attendants to reduce maternal mortality.
- Invest in education and reduce the gap between male and female participation especially in post-primary education.
- Strengthen higher education and research institutes in the continent, noting that human resource development and research are essential to tackle the socio-economic problems of the continent.
A number of evidence-based interventions that can be widely implemented now:

• Curriculum-based interventions that provide age-appropriate sexual and reproductive health information and develop life skills and self-efficacy;
• Gender-sensitive youth-friendly services with community outreach;
• Comprehensive information campaigns specifically designed for young people that involve more than one type of media;
• Policies that increase knowledge of and access to services and commodities, such as contraception, including emergency contraception;
• Expanded opportunities for girls’ education, especially secondary education.
We will work with governments and civil society to strengthen national capacity to:

- Scale-up quality health services to ensure universal access to reproductive health, especially for family planning, skilled attendance at delivery and emergency obstetric and newborn care, ensuring linkages with HIV prevention and treatment;

25 September 2008
“(…) the EU will urgently support the attainment of the target set in 2005 regarding universal access to reproductive health … Furthermore, the EU will provide support to reach the target of 50 million more women in Africa with modern contraceptives by 2010, and more generally to have access to family planning.”
Australia recognises that access to family planning is one of the most cost effective approaches to reducing maternal and child mortality.

Australia is committed to the International Conference on Population and Development’s goals of ‘achieving universal accesses to family planning by 2015’.
Universal access to family planning, as proposed in 1994 at the International Conference on Population and Development, is crucial to achieving the MDGs.

2009 update report calls for a range of urgent measures, including:

- 10% of development aid allocated for population and reproductive health services
- Availability of contraceptive supplies to be a priority
- Elimination of barriers to use of family planning
The Consensus sets out a framework for, between now and 2015, preventing the needless deaths of 1 million women from pregnancy and childbirth complications, saving the lives of 4.5 million newborn babies and 6.5 million children under age 5, sharply cutting global numbers of unwanted pregnancies and unsafe abortions, providing family planning services to all women and families who want them, and reducing chronic malnutrition among young children by more than one-third.

September 23, 2009
Global Consensus for Maternal and Newborn Health

“Every pregnancy wanted, every birth safe, every newborn healthy”

2. Effective health systems with interventions in key areas-
   • Comprehensive family planning – advice, services, supplies
   • Safe abortion services (where abortion is legal)
   • Antenatal care
   • Quality care at birth, including skilled attendance and emergency obstetric and neonatal care
   • Postnatal care for mother and baby
To make greater progress, reducing the unmet need for family planning, through improved coverage and quality of services, must be prioritized by governments, UN agencies, donors, and civil society within their broader commitments to development and reproductive health and rights.

In doing so, careful and focused emphasis must be given to policies and programs that will reduce inequities in access to services and health outcomes.
2009 Consensus Statement: International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), International Council of Nurses (ICN), and the US Agency for International Development (USAID)

The provision of universal access to post abortion family planning should be a standard of practice for doctors, nurses, and midwives in public and private health care. We will collaborate fully across our professions to optimize the provision of post abortion family planning.
1. Prioritize family planning, one of the most cost-effective development investments.
   – If we ensure access to modern contraception, we can prevent up to 40% of maternal deaths.

2. Make adolescents a priority.
   – If we invest in adolescent health, education and livelihoods, we will accelerate progress.

3. Strengthen health systems with sexual and reproductive health as a priority.
   – If a health system can deliver for women, it is a strong health system that benefits all.
Chapter on “Development and Africa: Promoting Sustainable and Inclusive Globalization

Paragraph 122

Will accelerate progress on child mortality (including via immunization and micronutrient supplementation) and on maternal health (via sexual and reproductive health care and services and voluntary family planning)
Promoting sexual and reproductive health and rights means helping to improve access to safe and effective family planning services, the provision of medical care from trained health workers before, during and after pregnancy, access to decent medical care for women undergoing abortions, and the prevention and treatment of sexually transmitted diseases.
• Call for enhanced political commitment to reposition and revitalize family planning as a development agenda for achieving reproductive health outcomes as well as broader poverty reduction goals, particularly in the context of the global economic crisis.

• Stress the need for wide access to comprehensive sexual and reproductive health education and services for all, and access to the widest possible range of contraceptives including emergency contraception as well as male and female condoms for dual protection, including sexually transmitted diseases.

• Call for policies and programmes to address the health, including sexual and reproductive health and family planning needs of all migrants, internally displaced persons and persons in situations of conflicts and natural disasters.

• Call for concerted multi-pronged action to address the continuing scourge of unsafe abortion in our region which contributes to the significantly high rate of maternal mortality, including through education on safe and responsible sexual behaviour, requisite investments in family planning.
Would you like to add to this list of past statements or as-yet-unfulfilled vows dedicated to assuring global access to family planning?

Please send your ideas to info@fpconference2009.org.

Thank you.