

Unfinished Agenda of Family Planning:

Politics, Priorities and Payments

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ICPD: From Fertility to Reproductive Rights

- Prior to ICPD much policy on population was centered on fertility reduction
- Earlier conferences started as technical meetings on demographic issues. But ICPD language recast the discussion by recognizing family planning within a broader reproductive health, including sexual health, context.

Political demography

Political alignments:

- Within – demographers vs. women's health and rights
- Without – religious conservatives, population controllers

Added challenge today: Mature technologies needing investment, mature movement led by matur(er) proponents

MDGs and the Broader Political Picture

- One of the drawbacks of MDGs is that reproductive health was originally largely excluded
- Family planning was ultimately mentioned only within the HIV/AIDS goal as there were political pressures through the process to avoid potential contention over Cairo and Beijing “hot items”

The Health MDGs

- Revision of Goal 5 after the World Summit (2005) to include “universal access to reproductive health” has created new opportunities. Integrated services and the continuum of care are getting greater attention in policy and research though still with difficulty
- But the MDGs initially reinforced shifting to a health perspective centered on disease and mortality, contrasting with the WHO Charter and the ICPD definition of reproductive health

Renewed attention to population and development

- World Bank and other institutions are now focusing on high fertility and development challenges, there are also several new bilateral efforts
- BUT, especially during the time of financial crisis, population issues are viewed primarily through the perspective of economic impacts.
- There is a need for a broader picture, including returns to investment, both short term and long term
- The link to women's empowerment fully conceived (beyond the MDG envelope) needs to be emphasized. The discourse needs to reaffirm choice and rights and their contributions to well-being and utility, including economic returns.
- The insufficient recognition of family planning's impacts on other MDGs and the diverse contributions of comprehensive sexual and reproductive health information and services.

Resource Requirements for Reproductive Health, Family Planning and Population Issues

- In the original estimation family planning estimates captured joint and system costs as well as direct service requirements
- Major methodological changes include:
 - Direct service costs as basis
 - Program costs kept separate
 - Country-up not sub-regional
 - Explicit attention to reduction of unmet need

Resource requirements for reproductive health, family planning and population issues (1993)

Family Planning				
Basic RH Services				
HIV/AIDS Prevention				
Basic research, data and policy analysis				

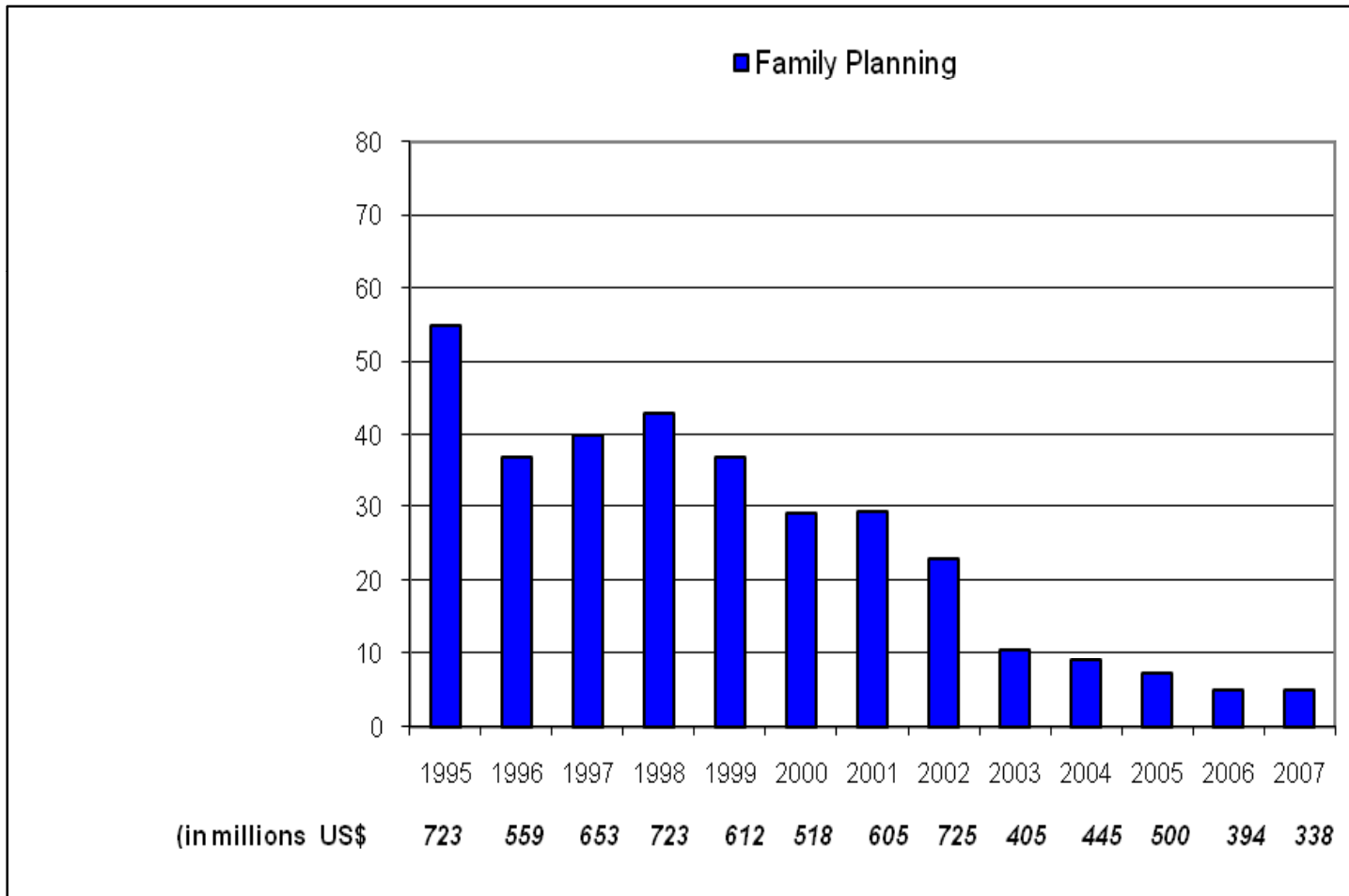
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**Updated Estimates (2009),
accepted the Commission on Population and Development**

Family Planning Direct Costs							
Maternal Health Direct Costs							
Programs and Systems Related Costs							

Funds Available from donors



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Conclusion

- Current estimates suggest that the donor governments' 1/3 share of financing is not being met.
- It will require more than \$2 billion per year for several years from donors to meet their share of direct and programme and system-related family planning costs
- Such estimates are global. Careful examination of national needs is required.