

Statement
44th Session of the Commission on Population and Development
Theme: Fertility, Reproductive Health and Development
April 13, 2011

Mr. Chairman, Members of the Commission, Excellencies, Ladies and Gentlemen-

I want to thank you, for inviting the World Bank to keep a statement at the 44th Session of the Commission on Population and Development.

Three years remain to achieve the Program of Action agreed to at the International Conference on Population and Development (ICPD). The Program of Action provides the building blocks to achieve the Millennium Development Goals (MDGs). A critical target under MDG 5 is universal access to sexual and reproductive health and protection of reproductive rights. The World Bank reaffirms its support and commitment to the Millennium Development Goals and ensure compliance with all the health related MDGs, including that of reproductive health and fertility.

The term Reproductive Health was defined by ICPD (1994) Program of Action as follows: *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 health system and to its functions and processes.* The ICPD Program of Action called for achieving broader development goals through empowering women and meeting their needs for education and health, especially safe motherhood and sexual and reproductive health. It recommended that health systems provide a package of services, including family planning, prevention of unwanted pregnancy, and prevention of unsafe abortion and dealing with its health impact, safe pregnancy and delivery, postnatal care, as well as the prevention and treatment of reproductive-tract infections and sexually transmitted diseases, including HIV/AIDS

The World Bank's 2007 HNP Strategy underscored the institution's strong commitment to Population and Reproductive Health, in line with the ICPD's Program of Action, emphasizing the fact that Pop/RH issues would need to be addressed through people-centered, multi-sectoral approaches that address information and services and that also recognize the importance of gender, equity, and human rights in influencing Reproductive Health outcomes.

Population and reproductive health are closely interlinked. Reproductive health services help maintain good health, and are an important factor in helping couples plan the number of children they want to have, and the timing of their births. In aggregate, individual decisions on the number of births determine the overall birth rate; in turn, the level of fertility is a factor in driving the demand for reproductive and other health services. Estimates indicate that excess fertility is responsible for 12% to 30% of the maternal burden of disease.¹

¹ Levine, R, A Langer, N Birdsall, G Matheny, M Wright, and A Bayer (2006), "Contraception." In Jamison DT, JG Breman, AR Measham, G Alleyne, M Claeson, DB Evans, P Jha, A Mills, and P Musgrove (eds.), *Disease Control Priorities in Developing Countries*, New York: Oxford University Press.

Recent analyses of population growth and economic growth (and other development processes) have focused on the impact of changes in population age structures. High youth dependency has been found to have a negative influence on savings and output per capita. Conversely, declining fertility and lower youth dependency produces a relatively larger size of the working age population, which has been linked with higher savings and investments and higher growth. This “demographic dividend” occurs for a limited time during the period that fertility and dependency ratios decline. This demographic dividend requires investments in human capital, especially education and health, as well as the right policy environment, including flexible labor markets, market-based opportunities for investment, and macroeconomic stability.

Reproductive health is intrinsically linked to other development outcomes; for instance: female education is linked to better health outcomes for women and children; where women are more empowered, the likelihood of seeking health care for themselves and their children increases; an infant whose mother dies within the first 6 weeks of life is more likely to die before the age of two ; women and adolescent girls in poor households are less likely to access essential reproductive health services increasing their chances of mortality and morbidity - contributing to the cycle of poverty through lowered productivity. And, investing in reproductive health including family planning is estimated to return as much as US \$15 billion dollars in productivity, now lost to maternal and newborn death ².

The Bank’s commitment to improving women’s and girl’s health is underscored in our 2007 HNP Strategy.

The Bank’s Reproductive Health Action Plan (RHAP) approved by our Board last May details our engagement on sexual and reproductive health through 2015. The RHAP focuses on 57 priority countries - mostly the poorest countries in Africa and South Asia. It emphasizes comprehensive reproductive health services, including family planning; skilled care during pregnancy and delivery and postpartum; addressing unsafe abortion; prevention, care, and treatment for sexually transmitted infections, including HIV. It also emphasizes strengthening health systems to ensure equitable access to these services and information, particularly for poor women and the largest ever generation of adolescents.

Gender was one of 3 special themes of the IDA - 16 Replenishment. The Bank is committed to scaling up work on gender mainstreaming and helping countries achieve the gender-related MDGs, ensuring all Country Assistance Strategies would draw on and discuss the findings of gender assessments, and tracking indicators to measure IDA’s support to gender-based country outcomes. The 2012 *World Development Report* on Gender Equality will have a substantial focus on women’s health and contribute to the global knowledge and policy dialogue.

We also recognize that we will not achieve the goal of ensuring expanded access to quality unless we take a more integrated, holistic approach to women’s health and leverage investments beyond the health sector. The World Bank is fully committed to doing our part, working closely in partnership with all of you, to helping countries achieve the MDGs; mobilize the financing and technical assistance they need to achieve these targets .

² Guttmacher Institute. 2010: Adding it Up