



C-Fam Statement at the 48th Session of the Commission on Population and Development, New York, April 13-17, 2015

We have heard much talk of sexual and reproductive health and reproductive rights this week, but the phrase “maternal health” which should be a primary focus for population policies in the post-2015 development agenda, has been mentioned with parsimony.

This is a symptom of the programmatic focus on fertility reduction in UN population policies that lavishly fund contraceptives of all kinds in the developing world, while funding for interventions to make pregnancy and childbirth safe for mothers and their children, has been inadequate.

According to the Institute for Health Metrics and Evaluation maternal deaths have only fallen 22% since 1990, and not 50% as some have claimed. We have let pregnant mothers down, all the while sending them the message to avoid pregnancy in the first place.

There are now fewer proposed indicators for maternal health in the Sustainable Development Goals than there were in the Millennium Development Goals. This is a step backwards that will prove costly for mothers and children.

We know that much remains to be done to make pregnancy and childbirth safer for all women. But where is all the money for sexual and reproductive health going? 40% of United Nations Population Fund programming is spent on family planning, and even more is invested in contraception through other policies with contraceptive components.

Yet the Guttmacher Institute reports that less than 2% of married women in Africa self-report lack of access to contraception. Most women who do not use contraception do so because of adverse side effects, or other personal reasons. Yet, family planning groups clamor for more money from governments and their development partners for a supposed “unmet need” for family planning, wrongly equating it with lack of access.

Spending vast sums of money to meet a purported “need” with no corresponding demand may result in population policies that are at best wasteful and at worst coercive.



Moreover, these investments do not improve overall health infrastructure. They do not train doctors or skilled health practitioners. They do not educate women about their fertility, treating it as a sickness instead. And they do not improve the conditions in which mothers become pregnant and give birth.

Investments in contraceptives are driven by concern over high fertility and the much-touted demographic dividend theory. But this theory fails to account for the unprecedented economic development that accompanied the baby boom in the post-war era. And, that the dividend has been inconsistent or absent in Latin America and the Middle East where fertility has plummeted below replacement.

Countries with below replacement fertility and aging populations are experiencing anemic economic conditions. Migration and urbanization are the major trends that will shape populations in the next two decades, and these will further reduce fertility. The so-called “demographic transition” is not synonymous with prosperity. Perhaps a different transition is needed.

The time has come to invest in maternal health. Let us make pregnancy and childbirth safe in post-2015 era.