



**Oral Statement by the International Planned Parenthood Federation (IPPF)
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Thank you Mr/Ms Chairperson and Distinguished Delegates. On behalf of its 152 community-based Member Associations working in 174 countries, IPPF is pleased to have this opportunity to address the Commission on Population and Development.

IPPF recognises that maternal morbidity impedes individual, community, national and global development. Pregnancy and childbirth claim the lives of 536,000 women annually and is the leading cause of death for girls aged 15 to 19. The adult lifetime risk of maternal death in Africa is 1 in 26; but in developed countries, where access is nearly universal, it is 1 in 7,300. But the non-fatal consequences of pregnancy and childbirth are frequently overlooked. Current estimates suggest that over 54 million women worldwide suffer from diseases or complications during pregnancy and childbirth, including complications from unsafe abortion.

The World Health Organization (WHO) estimates that poor sexual reproductive health accounts for up to 18 per cent of the global burden of disease and 32 per cent of the total burden of disease for women of reproductive age. Poor sexual and reproductive health also perpetuates poverty by affecting those in the prime of their economically productive lives with a disproportionate effect on the most vulnerable. Family members living with HIV and AIDS often mean that a woman's ability to participate in economic activities is limited as she will be forced into adopting an unpaid care-giving role.

Family planning is one of the three pillars of maternal health, with emergency obstetric care and skilled attendants at birth. The benefits for women's health and their family's make family planning one of the most successful international development stories, and one of the most cost-effective. Women who have the means and knowledge to plan the number and spacing of their children will generally choose more for their children, not more children, so lifting their family's out of poverty. Women that die from complications related to pregnancy and childbirth also impacts on their existing children's health and their ability to survive.

Some 215 million women, the vast majority of whom are in developing countries, do not have access to contraception. If the unmet need for contraception were met, 52 million unintended

pregnancies would be avoided. At its most fundamental, contraception enables women to reduce the number of pregnancies experienced in a lifetime, and thus their lifetime risk of maternal morbidity and mortality, and when births are able to be spaced through contraception, mother's health and that of their children's improves.

In 2003, 75 million women had unintended pregnancies and 20 million of those had unsafe abortions. Each year, 70,000 women die and nearly five million women around the world suffer temporary or permanent disability as a result of unsafe abortions. Preventing unwanted pregnancies in turn prevents unsafe abortion, which accounts for 13 per cent of maternal morbidity.

Gender-based violence increases morbidity and is a key risk factor for HIV and AIDS. Violence, cultural constraints and stereotypes undermine the ability of women and girls to negotiate safe sex or to leave partners who engage in high-risk behaviour. A study among women in South African clinics found that women who had suffered violence were 50 per cent more likely to be HIV-positive. Violence against women is often linked to a lack of sexual and reproductive health and rights and can take many forms including harmful traditional practices such as female genital mutilation and child marriage.

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Millennium Development Goal 5, to improve maternal health, includes the target of universal access to reproductive health by 2015. But this target will not be achieved when one considers that funding for family planning almost halved between 1995 and 2007. Owing to the continued lack of priority given to maternal health, it is no surprise that the least progress on all the MDGs has been made on Goal 5. Universal access to reproductive health is also central to the Programme of Action of the International Conference on Population and Development held in Cairo in 1994. To make good on the promises of 1994, health providers must ensure that family planning services are available to vulnerable groups, including those living with HIV and AIDS. This means delivering family planning in other contexts, including in schools and in the workplace, and through civil society organizations that can complement Government services by reaching the marginalized and underserved, including young people.

The facts are clear: without significant increases in financial and political support for family planning, maternal health and safe abortion services, which are a moral and public health imperative, we will not achieve the Goals on maternal and child health or gender equality, and progress towards the remaining Goals will be limited.