

ALL PARTY PARLIAMENTARY GROUP ON POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH



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FUNDING

UN Secretary General's report on funding trends for Population Activities, April 2006, New York

Progress in Resource Mobilisation

Although provisional figures show that both donors and developing countries are on target (\$5.3 billion and \$14.5 billion, respectively, in 2004) and may indeed have slightly surpassed the 2005 goal of \$18.5 billion, this is misleading because the resources mobilized do not adequately address the current needs, which have escalated considerably since the ICPD and which now include treatment for HIV/AIDS.

The real concern is that the target amount will not be sufficient to address the current global needs in all ICPD areas:

- ***family planning services***
- ***reproductive health services
STDs/HIV/AIDS***
- ***basic research***
- ***data***
- ***population and development
policy analysis***

This is true even in the area of HIV/AIDS, where most of the increase in funding has occurred and where, according to the most recent UNAIDS estimates, \$15 billion is needed in 2006 for a comprehensive package including prevention, treatment and care, support for orphans and vulnerable children, programme costs and human resources.

If not reversed, the trend towards less funding for family planning could undermine efforts to prevent unintended pregnancies and reduce maternal and infant mortality.

Key Areas Requiring Further Attention

To accelerate the implementation of the ICPD agenda and to achieve the MDGs, the international community should continue to:

- Strive to reach the ODA target of 0.7 per cent of GNP and to ensure that appropriate resources are allocated to population and reproductive health

in funding and programming mechanisms such as sector-wide approaches and poverty reduction strategies (The Strasbourg Statement of Commitment recommends that at least 10 per cent of national development budgets and development assistance budgets go towards population and reproductive health programmes);

- Ensure that population and reproductive health are seen as an integral part of the achievement of the MDGs and that they figure prominently in national development plans and poverty reduction strategies;
- Mobilize sufficient resources to fully implement the Programme of Action and ensure that family planning and reproductive health issues receive the attention they deserve at a time when the increased focus is on combating HIV/AIDS;
- Establish an effective partnership of donor and recipient countries based on mutual trust, accountability and donor coordination in support of country goals;
- Increase attention to cost-effectiveness and programme efficiency so that resources reach all segments of the population, especially those that are most in need; and,
- Enhance the role of the private sector in the mobilization of resources for population and development, in monitoring population expenditures and in ensuring that financial targets and equity objectives are met.

The ICPD population and reproductive health agenda is a means to both influence macrodemographic change and reduce poverty at the household level and help achieve the MDGs.

Loans to Population Activities

Most loans for population assistance come from the World Bank, which supports reproductive health and family planning service delivery, population policy development, HIV/AIDS prevention, and fertility and health survey and census work.

Provisional figures place World Bank lending for population activities in 2004 at \$288 million, down from \$501 million in 2003.

Private Assistance to Population Activities

In 2004, foundations and non-governmental organizations contributed \$404 million to population activities, up from \$380 million in 2003.

Major contributors are from the Bill and Melinda Gates Foundation, the Packard Foundation, the Henry J. Kaiser Family Foundation, the Fund for International Development of the Organization of the Petroleum Exporting Countries and the Rockefeller Foundation.

Major NGO contributors included Marie Stopes International, Population Services International, the International Planned Parenthood Federation and the Japanese Organization for International Cooperation in Family Planning.

The level of private assistance to population activities is not expected to change significantly in 2005 and 2006.

LEGISLATION/POLICY

Europeans support stem cell research, but are still very negative about GM foods.

European citizens are becoming more optimistic about most forms of biotechnology, including embryonic stem cell research, but still can't be swayed from their distrust of genetically modified food, the latest Eurobarometer survey has shown.

Stem cell research was widely supported across Europe. Even embryonic stem cell research was supported by 59% of respondents.

As things stand, European Union law permits embryonic stem cell research, but leaves it up to each individual member country to make its own policy about whether it should be allowed.

The main religious denomination of the country didn't appear to be a decisive factor in shaping attitudes.

In Italy, a total of 66% of respondents were in favor of embryonic stem cell research. The country has long had one of Europe's most stringent rules on embryo research, but in recent weeks the research minister Fabio Mussi suggested allowing such research might not be out of the question in the future.

The Swedish government adopted its first international policy on SRHR in December last year.

The policy is progressive and brings the SRHR issues forward by defining sexual rights, recognizing the positive, life-affirming and life quality enhancing factors of sexuality and that access to safe and legal abortion is necessary in order to ensure women's enjoyment of human rights.

It also gives an increased focus on lesbian, gay, bisexual and transgender persons.

The policy states that the Swedish government should encourage other governments to adopt the same legislation on prostitution that exists in Sweden (i.e. criminalizing the person who purchases sex).

The Swedish government identified the following list of priorities within the field of SRHR:

- Empowering women and girls to shape society and their own lives;
- The health and rights of young women and young men;
- The role and responsibility of men in the promotion of gender equality;
- Increased focus on homosexual, bisexual and transgender persons;
- Gender-based violence and sexual exploitation;
- Prostitution and human trafficking for sexual purposes;
- Maternity care;
- Neonatal care;
- Access to contraceptives;
- Safe and legal abortions;
- HIV, AIDS and sexually transmitted infections;
- Education and dialogue about sexuality and reproduction;
- Capacity-building;
- Health and medical care;
- Education; Legal measures and Research cooperation.

The UN General Assembly's High-Level review on AIDS, June 2006

Twenty-five years into the AIDS pandemic, leaders adopted a political declaration that commits them to pursuing all necessary

efforts to scale up national responses to achieve universal access to comprehensive prevention programmes, treatment, care and support in slightly more than forty months.

The leaders emphasized "the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health", as well as national development plans.

With the feminization of HIV/AIDS, world leaders pledged to eliminate gender inequalities and abuse and to increase the capacity of women and girls to protect themselves from HIV. They would do so by providing women with health care, including sexual and reproductive health.

Going further, Heads of States and Governments pledged to ensure that women could exercise their right to have control over matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, free of coercion, discrimination and violence. They also committed to "take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence."

The leaders also resolved to address rising rates of HIV infection among young people through comprehensive, evidence-based prevention strategies, evidence-based, youth-specific HIV education, and the provision of youth-friendly health services.

The progress made in fighting HIV/AIDS will be reviewed in 2008 and 2011.

DfID's White Paper

DfID has launched its White Paper: *Eliminating world Poverty: Making Governance work for the poor.*

Para 6.23 reads

Almost all deaths as a result of pregnancy and childbirth are avoidable. Sexual and Reproductive health services and rights need significant support. Action is needed to tackle social and cultural discrimination that prevents women getting information and health care, denies their freedom to choose if and when to have children, and greatly increases their vulnerability to HIV.

Page 81 reads

The UK will support access to sexual and reproductive health services and rights, especially for girls and women.

HUMAN RIGHTS

Launch of Joint UN–Civil Society Partnership against Sexual Violence in Conflict and Crisis Settings

UN organisations and civil society groups have launched a Joint Partnership to tackle sexual violence in conflict and crisis situations around the world.

This Joint Partnership builds on existing initiatives and will address not only the threat that sexual violence poses to life and livelihood of survivors, but also the longer-term impact on community and national development.

SRHR PROGRAMME WORK

Who seeks Abortions in the US?

The young woman seeking an abortion in the US today is not somebody's careless teenage daughter.

She is a mother.

She is in her 20s, she's attended college, she earns a manageable living and she is either living with the father or in a long-term relationship with him.

And she already has a child.

This is the profile that emerges from the work of Brookings Institution economics scholar Melissa Kearney, who drew on abortion statistics collected by the Alan Guttmacher Institute.

It contradicts a lot of widely held assumptions about the woman who seeks an abortion.

While teens and minorities are most likely to terminate pregnancies, it is educated women in their 20s who are actually having most abortions.

The commonly accepted profile of a woman having an abortion is very far off the mark.

She is not a careless adolescent. She is almost as likely to be white (41 percent) as she is to be a member of an ethnic minority.

And she is not what used to be thought of - before the end of welfare - as a welfare mother: uneducated, unemployed, unattached and with a passel of kids.

Pygmy Dads the Best

The Aka Pygmies of Northern Congo according to a recent global survey, are the world's best dads.

When the mother is not available, the father calms his baby by giving him a nipple to suck.

Ake Pygmy men do more infant care giving than fathers in any other society. On average they hold, or are within reach, of their babies 47% of the time, beating dads from Sweden (number one in the western world), who average 45% of parental child care.

Comment by UK father

"Now, I'm all about father-involvement (I am a full-time dad), but I've never been too interested in offering my children my nipple. I mean, they're pretty happy with my pinky when they need to suck, so I think I'll stick with that."

Higher Risk of HIV in Pregnancy

The risk of becoming infected with HIV is higher when women are pregnant, according to a study published by The Lancet in October 2005.

The study found that pregnant women in Uganda were twice as likely to become infected with HIV/AIDS as women who were not pregnant.

Advocates Rally UK Support to End Fistula

Obstetric fistula is a devastating injury of childbearing that leaves women with agonising pain, chronic incontinence and – in most cases – a stillborn baby.

Obstetric fistula was eliminated in the UK more than 100 years ago.

Obstetric fistula is typically caused by obstructed labour without prompt medical intervention – usually, a Caesarean section.

2 million women in developing countries remain untreated, and some 50,000 to 100,000 new cases develop each year.

The Global Campaign to End Fistula was launched in 2003 and currently covers more than 35 countries in sub-Saharan Africa, South Asia and the Arab region. Partners in the campaign include the World Health Organization, Centers for Disease Control and Prevention, and the Population Council.

Private sector partners include Virgin Unite and award-winning advertising agency RKR/Y&R – the London affiliate of the Young & Rubicam network.

Its campaign focuses on three key areas of intervention:

- preventing fistula
- treating affected women
- supporting women after surgery

"In the developing world, pregnancy and childbirth kill a woman every minute, yet this goes unnoticed," said Baroness Amos, Leader of The House of Lords and the Lords' spokesperson for international development. "It is an outrage."

U.S. Approves Use of Vaccine for Cervical Cancer

The US Federal drug officials have announced the approval of a vaccine against cervical cancer that could eventually save thousands of lives each year in the US and hundreds of thousands in the rest of the world.

The vaccine, called Gardasil, guards against cancer and genital warts caused by the human papillomavirus, the most common sexually transmitted disease.

Federal vaccine experts are widely expected to recommend that all 11- to 12-year-old girls get the vaccine, but its reach could be limited by its high price and religious objections to its use.

Merck, Gardasil's maker, said a full, three-shot course would cost \$360, making Gardasil one of the most expensive vaccines ever made.

Cervical cancer is the second-leading cause of death in women across the globe, affecting an estimated 470,000 women and killing 233,000 each year. Widespread use of Pap smears has reduced its toll in richer nations.

In the UK, about 2,800 women contract cervical cancer each year, and some 1,120 die.

The UK joint committee on vaccination and immunisation subgroup (JCVI) met in May 2006 to review all the available information on human papilloma virus vaccines and will hold further meetings during 2006. Implementation plans will be based on the advice of JCVI as to the most effective immunisation schedule should HPV vaccine be judged to be beneficial.

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