



## ALL PARTY PARLIAMENTARY GROUP ON POPULATION DEVELOPMENT AND REPRODUCTIVE HEALTH

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### FUNDING

#### **UK ODA 2010**

- UK ODA accounted for an estimated 0.56 per cent of UK Gross National Income (GNI) in 2010, compared with 0.51 per cent in 2009; this is the highest level of ODA:GNI ratio since the United Nations target of 0.7% was set in 1970.
- UK ODA in 2010 is estimated at £8,354 million compared with the 2009 figure of £7,223 million; this is the highest level of UK ODA ever recorded.
- UK ODA excluding debt relief as a proportion of GNI was 0.55 percent in 2010 compared with 0.51 per cent in 2009.
- Bilateral expenditure increased to £5,383 million in 2010 from £4,732 million in 2009.
- ODA contributions to multilateral organisations such as the United Nations, European Commission, the World Bank and other regional banks increased to £2,971 million in 2010 from £2,491 million in 2009.
- UK bilateral ODA to Africa increased to £2,057 million in 2010 from £1,789 million in 2009.
- UK bilateral ODA to Sub-Saharan Africa increased to £1,869 million in 2010 from £1,603 million in 2009.
- UK bilateral ODA to Asia in 2010 fell to £1,231 million from £1,384 million in 2009.

#### **EU misses its Official Development Assistance (ODA) target for 2010**

EU figures revealed that member states failed to hit the 0.56% collective target of gross national income for aid last year, a figure set in 2005. The target for 2015 is 0.7%.

Overall, 2010 saw the European Commission and the 27 member states increase aid from €49bn in 2009 to €53.8bn (0.43% of GNI),

the highest amount of aid ever spent by the EU, underscoring its place as the largest donor of ODA. However, in absolute terms, EU spending on aid stayed €14.5bn below its commitment.

France and Germany increase their aid budgets, whilst 10 countries, including Italy and Greece, spent less on aid than in 2009.

Singled out for particular praise was Portugal, which, despite its precarious domestic financial situation, increased its aid budget from 0.23% of GNI in 2009 to 0.29% in 2010. The UK, Luxembourg, Sweden, Denmark, the Netherlands and Belgium were among the countries that hit or exceeded the minimum target.

### LEGISLATION/POLICIES

#### **DFID launches Strategic Vision for Girls and Women**

In March, DFID launched their strategic vision for girls and women: stopping poverty before it starts. One of the four pillars for greater and more effective action in the strategy is: Delay first pregnancy and support safe childbirth - increasing access to better family planning, safe abortion and maternal health services.

#### **UK Humanitarian Emergency Response review published**

Lord Ashdown published his lengthy review into the UK's humanitarian emergency response in March 2011. The review said that the scale, frequency and severity of rapid onset humanitarian disasters will continue to grow in the coming years, and at an accelerating pace.

Rapid population growth, especially in disaster prone areas, is a key factor, especially when combined with continued mass urbanisation, much of it unplanned and unsafe.

### **UK Bilateral and Multilateral Aid Reviews**

DFID has published its bilateral and multilateral aid reviews, after a year long process by the new Government, to assess the targeting of ODA spending. The reviews made women and girls central to future programmes and highlighted the need for: comprehensive family planning, safe pregnancies and birth and quality healthcare.

Bilateral funding will stop to 16 countries, allowing DFID to concentrate resources and impact in 27 countries. All multilateral organisations were assessed, with those of interest to the APPG on PD&RH providing adequate or very good value for money.

### **MPs launch cross-party bid to change UK Abortion Laws**

Senior MPs, including former Labour minister Frank Field and Conservative Nadine Dorries, are attempting to change the UK Abortion law so that women must be referred to an independent therapist for counselling before they can have a termination. If approved, it would be the first change of the law since Parliament decided in 1990 to amend the Abortion Act 1967 to lower the time limit from 28 to 24 weeks.

This proposed legislative change could potentially delay the abortion process for women seeking an abortion.

### **Russian Duma Drafts Bill to Cut Abortions**

In his recent speech Russian Prime Minister Vladimir Putin pledged to raise the nation's birth rate by up to 30% in just three years. Due to a rapidly falling fertility, Russia has experienced a dramatic population decline, going from 148.5 million people in 1995 to 143 million today, despite efforts by the government to boost the birth rate.

Unofficial estimates indicate that there are nearly 4 million abortions per year in Russia yet only 1.7 million live births. Lawmakers hope proposed law will cut the more than 1 million officially counted abortions taking place annually.

According to the draft law, abortion would no longer qualify as a medical service under the government-run health system, thus allowing physicians to opt out of doing them. The measure would also increase the monthly payments to pregnant women from the current 2,000 roubles (\$70) a month until birth.

### **Ugandan guidelines to increase access to Injectable Contraceptives**

The Ugandan Ministry of Health has announced a key change to their national health policy that will enable community health workers to provide injectable contraception to women in hard to reach rural areas.

“We believe community based delivery of injectable contraception is the best avenue to increase access to the most popular family planning method in Uganda, particularly for women living in hard-to-reach areas.” said Dr Nathan Kenya Mugisha, Director General of Health Services in the Ministry of Health.

According to the Uganda Demographic and Health Survey (2006), unmet need for Family Planning in Uganda is 41 percent, among the highest in Africa. This step by the Ministry demonstrates the Government of Uganda's commitment to expanding access to family planning methods.

### **China's demographic crisis**

New census figures from China bolster claims made in the past few years that the country is suffering from a demographic problem: too low a birth rate.

The latest numbers, released in April 2011 based on the nationwide census conducted last year, show a total population for mainland China of 1.34 billion. They also reveal a steep decline in the average annual population growth rate, down to 0.57% in 2000-10, half the rate of 1.07% in the previous decade. The data imply that the total fertility rate, which is the number of children a woman of child-bearing age can expect to have, on average, during her lifetime, may now be just 1.4, far below the "replacement rate" of 2.1, which eventually leads to population stabilisation.

Slower growth is matched by a dramatic ageing of the population. People above the age of 60 now represent 13.3% of the total, up from 10.3% in 2000. In the same period, those under the age of 14 declined from 23% to 17%. A continuation of these trends will place ever greater burdens on the working young who must support their elderly kin, as well as on government-run pension and health-care systems. China's great "demographic dividend" (a rising share of working-age adults) is almost over.

The new census data also show that little progress is being made to counter the gender imbalance in births. Among newborns, there were more than 118 boys for every 100 girls in 2010. This marks a slight increase over the 2000 level, and implies that, in about 20 or 25 years' time, there will not be enough brides for almost a fifth of today's baby boys - with the potentially vast destabilising consequences that could have.

## **HUMAN RIGHTS**

### **Contraceptives in a Human Rights perspective**

A recent report by UNFPA and the Center for Reproductive Rights asks whether access to contraceptives is a human right? If so, what are the consequences for governments and the way they provide health to their people? How does a human-rights approach affect the way international development agencies work with family planning? And does it ensure that people in need of contraceptives are involved and heard?

The answers to these important questions can be found in the new publication, *The Right to Contraceptive Information and Services for Women and Adolescents*, launched on 23 March.

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**A joint meeting on this report, with the APPG on Human Rights will be held Wednesday 6<sup>th</sup> July at 4pm in Room W1, Palace of Westminster**

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### **The Council of Europe Convention on Preventing and Combating Violence against Women.**

After more than two years of negotiations, the Ministers' Deputies of the Council of Europe adopted the text of the Convention. This treaty establishes a framework for governments to ensure robust action to prevent, investigate and prosecute violence against women.

It will also facilitate the sharing of good practices and provide a solid basis for improvements in securing women's equality before the law in Europe. It contains up-to-date models for legislation on the definitions of rape and sexual violence, domestic violence, stalking, risk assessment, protection measures and services for women and girls who are survivors of violence.

## **The 44th session of the Commission on Population and Development (CPD) of the United Nations**

The CPD's mandate is to further the implementation of the International Conference on Population and Development (ICPD) Programme of Action (PoA), the agreement that confirmed the centrality of women's rights and access to reproductive health in population and development policy.

Remarks by UN leaders made it clear that the stakes in these discussions were very high. In his report to this year's CPD, Secretary-General Ban Ki-moon warned that current funding levels for family planning, reproductive health services, and prevention of sexually transmitted diseases and HIV/AIDS were so low that they jeopardize the fulfilment of both the ICPD Programme of Action and the MDGs.

The Under-Secretary General for Economic and Social Affairs noted the cost-effectiveness of investments in family planning: "For every dollar spent on modern contraceptives, \$1.30 is saved in maternal and newborn care."

After a long week of intense negotiations, the Commission's final resolution reaffirmed the ICPD PoA; it also welcomed the UN Secretary-General's Global Strategy for Women's and Children's Health, which aims to reduce maternal, newborn, and child mortality.

## **COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES**

### **Government loses court case on release of data about abortions**

The UK Department of Health has lost a high court battle over release of data on late abortions. Family planning groups, including BPAS, have raised concerns that this could lead to US-style targeting of abortion doctors. The government is now considering whether to appeal against the ruling.

### **Norway best for mums, Afghanistan worst**

The best place in the world to be a mum is Norway, where maternal and child mortality rates are low, women's life expectancy and years in school are high, and the average maternity leave is about one year, a new study measuring the well-being of mothers and babies shows.

Australia and Iceland join Norway at the top of Save the Children's 12th annual Mothers Index. Afghanistan comes in last, with women having a life expectancy of 45 years the world's lowest and one in every 11 women dying in childbirth. One in every five children in the country doesn't live to age 5. By contrast, a typical Norwegian woman lives to be 83 years old, and just one in 175 will lose a child before his/her 5th birthday.

Skilled health personnel are present at virtually every birth in Norway, while only 14 percent of births are attended in Afghanistan. 82 percent of women in Norway use modern contraception, contrasted with less than 16 percent of Afghan women.

Countries in sub-Saharan Africa scored among the lowest on the survey, with eight placing in the bottom 10. But money isn't always the most important factor in improving the lives of mothers and their babies, said Save the Children; noting that Malawi has made notable progress in recent years, developing a "home-grown" focus through which community health workers provide services in areas where doctors and nurses are unavailable.

### **World Population Projections**

The world population is estimated to reach 7 billion in October 2011, and projected to increase to 10.1 billion in the next 90 years, according to estimates in the 2010 Revision of World Population Prospects, the official United Nations population projections, which were released 3<sup>rd</sup> May.

According to the report, the highest potential for future growth is in high-fertility countries where it is projected that between now and 2100, the population will more than triple, increasing from 1.2 billion to 4.2 billion. During the same period, the population of the intermediate-fertility countries would increase by just 26 per cent, from 2.8 billion to 3.5 billion, while that of the low-fertility countries would decline by about 20 per cent, from 2.9 billion to 2.4 billion.

### **Europe's birth rates on the rise again.**

According to the 3<sup>rd</sup> Demography Report published by the Eurostat, Europe's birth rates are rising again, with more babies being born in every country. The 'old continent' still faces a rapidly ageing population, due to rising life expectancies among its half a billion residents.

Ireland is the only EU member state with a fertility rate of 2.1 children per woman, considered optimal for population stability. France's and Britain's fertility rates are 2 and 1.96 respectively, while those elsewhere in Europe average 1.60. Germany continues to record a fertility rate of 1.36.

The EU report indicates that the dominant factor in boosting fertility rates is neither government campaigns nor one-off financial handouts, but rather provision of good child care. Britain's decision to extend paternity leave to working men may have helped increase the country's birth rate, while France's much-admired system of state-funded infant care achieved a similar result.

### **Decline in Unsafe Abortion deaths**

Unsafe abortion continues to be one of the primary causes of maternal mortality, causing 13 percent of pregnancy-related deaths worldwide. However new WHO research estimate that the number of women who died from unsafe abortion decreased by 16 percent — from 56,000 to 47,000 — between 2003 and 2008.

The total number of unsafe abortions increased, however, from 19.7 million to 21.6 million during the same period, reflecting growth in the number of women of reproductive age (15-44).

Young women in developing countries are particularly affected by unsafe abortion, especially in Africa where nearly half of all women of reproductive age are between the ages of 15 and 24. Cultural attitudes that disapprove of adolescent sexual activity contribute to a severe lack of access to reproductive health information and services. Young women are therefore less likely to be able to prevent pregnancy, putting them at the greatest risk for unsafe abortion.

*For references and further information contact: APPG Population, Development and Reproductive Health Parliamentary and Policy Advisor Ann Mette Kjaerby, e-mail: [kjaerbym@parliament.uk](mailto:kjaerbym@parliament.uk) or telephone: 07791082036 ☺*