



Submission by Population Matters in response to the International Development Committee inquiry into the global humanitarian system

About Population Matters

Population Matters is a charity that addresses population numbers and their effects on environmental sustainability. We see population growth as a major contributor to pollution, climate change, dwindling natural resources and many other problems. To address these problems, we promote improved family planning and better sex education, both of which lead to smaller and thus more sustainable families.

Executive Summary

Q1. What should DFID's priorities be for next year's Humanitarian Summit and how can it push these up the agenda?

The Department for International Development's (DFID) priority should be to increase access to, and use of, family planning services both generally and in the specific context of humanitarian emergencies.

High fertility rates and population growth are key factors in the onset of humanitarian emergencies, contributing to conflict, famine and the spread of disease.

They can also exacerbate emergencies by increasing the number of people affected, causing higher maternal and infant mortality, limiting women's empowerment and female participation in the recovery process and reducing the resources available to alleviate suffering and to direct towards recovery.

By focusing on meeting the unmet need for family planning services, suffering during these crises can be lessened, they can be made easier to resolve and the likelihood of these crises emerging in the first place can be reduced.

Unfortunately, family planning services are often neglected during humanitarian crises and donor funding for these services is inadequate.

Family planning services are a relatively cheap development intervention and a sound investment. \$1 invested in family planning services can save up to \$31 in future social spending and brings an overall economic return up to \$120.

According to UNICEF, "family planning can bring more benefits to more people at less cost than

any other known technology.” For these reasons, increasing access to family planning should be a DFID priority for next year’s Humanitarian Summit.



Q6. The No Lost Generation Initiative (NLGI) has highlighted the impact of humanitarian crises on children. What more can be done to ensure that the potential for negative lifelong impact of crises on children is minimised?

Increasing access to, and use of, family planning services both generally and in the context of humanitarian emergencies can very significantly reduce the impact of crises on children.

Children born into humanitarian emergencies are more likely to die before the age of five, to lose their mothers, to suffer violence and trauma and to lack access to services such as education and healthcare.


By increasing access to family planning services and lowering fertility rates and population growth, fewer children will be born into crisis situations, crisis situations will be less likely to emerge, more resources will be available to support children and emergencies will be easier to resolve.

Questions and Responses

Q1. What should DFID's priorities be for next year's Humanitarian Summit and how can it push these up the agenda?

1. DFID’s priority should be to increase access to, and use of, family planning services both generally and in the specific context of humanitarian emergencies. This can help to reduce population growth, which is an important factor in the onset of many humanitarian emergencies. For example, population growth plays a major role in conflict.¹ This is because conflict is often a result of competition between different groups over resources.
2. This is even true in many cases of conflict that appear to be based on political, ethnic or religious grounds. For example, while appearing to be mainly driven by religious factors, the emergence of the Islamist terrorist organisation Boko Haram in Nigeria has been influenced by huge population growth in Nigeria, which has led to a very large population of disenfranchised young males with limited access to education, resources and job opportunities. This is considered to be an important factor in the rise of Boko Haram and the onset of violence.²
3. Population dynamics play a role in many other kinds of emergencies: for example, famines and the spread of disease.³ Increasing access to family planning services can reduce the likelihood of all these types of emergencies occurring by reducing population growth.
4. Even if high fertility rates and population growth are not a contributory cause of a humanitarian emergency, they can exacerbate problems in these situations, increasing

suffering and making them much more difficult to resolve.

5. People's need for family planning services does not disappear during crises, but they often lose access to these services, and this can result in high fertility rates. This is why the highest global fertility rates are consistently found among conflict countries.⁴ In crisis situations, one in five women of childbearing age is likely to be pregnant.⁵ This can exacerbate suffering and create other issues during emergencies.
 6. In emergency settings, healthcare services are often inadequate, strained or non-existent. Therefore, high fertility rates in these settings mean women are much more likely to suffer death or disability from pregnancy or childbirth-related complications.⁶ Women and girls in emergency settings are particularly vulnerable to sexual violence, and this can lead to many women seeking unsafe abortions, increasing the likelihood of maternal mortality even further.⁷ Infant and child mortality are also higher in emergency settings, due to high maternal mortality rates as well as poor nutrition, rapid spread of disease and inadequate healthcare.⁸ In fact, 56 per cent of global maternal and child deaths take place in emergency settings.⁹
 7. Women who lack access to family planning services are forced to risk death or disability through pregnancy and childbirth, and do not possess the autonomy to choose not to have children in some of the most challenging circumstances imaginable, where children are much more likely to die before five years of age, to suffer trauma and violence and to lack access to education and mental or physical healthcare services.¹⁰
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8. Lack of family planning services and high fertility rates also increase suffering in emergency settings by facilitating the transmission of HIV/AIDS. Antiretroviral therapy and prevention of mother-to-child transmission programs for HIV-positive pregnant women, and even condoms, can be harder to access or unavailable altogether in humanitarian settings, making transmission of the disease much more likely.¹¹
 9. High fertility rates and population growth also increase suffering and make problems more difficult to resolve by straining available resources, including food, shelter and medicine. Rapidly-growing populations make it harder to provide for people caught in emergency settings, and mean that household, donor and state resources are redirected towards basic needs provision and away from productive long-term investments that could make states more capable of dealing with emergencies.
 10. Another way that potential for recovery and development is limited by lack of access to family planning services is through the effect of such a lack on women's empowerment. Women who are unable to choose when, or whether, they have children are limited in their capacity to pursue education, to

participate in the workforce, to learn skills necessary for return or resettlement and to contribute to peace-building and post-emergency development. According to the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, “Women’s participation, especially in leadership roles, helps bring a balanced, gender-responsive approach to governance and the development of camp or community political systems that are essential to successful early-recovery and post-crisis reconstruction processes.”¹² In this way, lack of access to family planning services in humanitarian contexts further reduces the capacity of states to deal with emergencies and to develop.

11. Moreover, in humanitarian crises where funding for life-saving interventions is limited, family planning services are a sound investment. “According to recent studies, each dollar spent on contraceptive services saves between \$1.70 and \$4 in maternal and newborn healthcare costs. It also saves on donor expenditures on public services such as education; each dollar spent on family planning is estimated to save as much as \$31 in future social spending.”¹³ According to the Copenhagen Consensus Centre, the overall economic return of a \$1 investment in family planning services can be as high as \$120.¹⁴
12. Unfortunately, donor funding for family planning services is severely limited. Nations in emergency situations receive, on average, 57 per cent less funding for reproductive healthcare than stable nations, and only 14 per cent of funding appeals for reproductive health services in emergencies include provisions for family planning.¹⁵

13. Finally, lack of access to family planning services, and the resulting high fertility rates and population growth, have exacerbated problems in humanitarian emergencies by contributing to significantly larger numbers of suffering and displaced people, which has had significant implications for countries far beyond the initial emergency location; a fact demonstrated by the current refugee crisis affecting Europe and beyond. Family planning services can help reduce this problem at source with all the added benefits outlined above.



Conclusion

Increased access to family planning services is vital to help prevent the outbreak of humanitarian emergencies, to reduce suffering and mortality in those contexts (particularly for women and children) and to help resolve crises. Family planning can provide all these benefits for less cost than any other development intervention or technology but, unfortunately, family planning is often neglected in emergency settings. DFID should make increasing access to these services a priority in humanitarian emergencies and use its influence to persuade other donors to do the same at the World Humanitarian Summit.

Q6. The No Lost Generation Initiative (NLGI) has highlighted the impact of humanitarian crises on children. What more can be done to ensure that the potential for negative lifelong impact of crises on children is minimised?

1. Increasing access to, and use of, family planning services, both generally and in the context of humanitarian emergencies, can very significantly reduce the impact of crises on children.
2. This is because family planning can help lower fertility rates and population growth, which means that fewer children will be born into crisis situations and, as outlined above, crisis situations will be less likely to emerge, more resources will be available to support children in these situations and the situations themselves will be easier to resolve.
3. Lack of access to family planning services in emergencies imposes tremendous costs on children. It leads to higher fertility rates, meaning that greater numbers of children are born into some of the worst circumstances imaginable, where they experience a higher likelihood of losing their mothers and/or suffering sexual, psychological and physical violence.¹⁶ They are also less likely to receive an education or to find work.¹⁷
4. Providing access to family planning services could significantly mitigate the impact of humanitarian crises on children while also having all the other positive impacts outlined above. The alternative approach of continuously expanding services such as healthcare and education for an ever-expanding population of children is more expensive, less sustainable and more difficult

for countries and donors with limited resources.



Conclusion

One of the most effective, cheapest methods of mitigating the negative impact of crises on children is to provide increased access for family planning services, as this can help reduce the population growth that can both cause and exacerbate humanitarian crises. Moreover, high fertility rates in emergency situations mean that greater numbers of children will be born into crises, thereby increasing the number of children impacted and reducing the resources available to help each child. Therefore, in order to minimise the potential negative impact of crises on children, we recommend that DFID increase spending on family planning services and use its influence to persuade other donors to do the same.

¹ Collier, P. and Hoeffler, A. (2004). Greed and Grievance in Civil War, *Oxford Economic Papers*, 56: 563 – 595

² http://www.usip.org/sites/default/files/SR348-Why_do_Youth_Join_Boko_Haram.pdf

³ http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20%28July%201%29.pdf

⁴http://web.worldbank.org/archive/website01306/web/pdf/wdr_background_paper_sapir_d'aoust.pdf

⁵ <http://www.unfpa.org/emergencies>

⁶ Ibid

⁷ Ibid

⁸ <http://www.unfpa.org/news/contraception-can-save-lives-humanitarian-emergencies>

⁹http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2014.PDF

¹⁰ <http://www.bmj.com/content/351/bmj.h4346>

¹¹http://www.iawg.net/IAWG_%20FP%20Statement_Final.pdf

¹² Ibid

¹³ Ibid

¹⁴<http://www.copenhagenconsensus.com/publication/post-2015-consensus-population-and-demography-assessment-kohler-behrman>

¹⁵http://www.iawg.net/IAWG_%20FP%20Statement_Final.pdf

¹⁶ <http://www.bmj.com/content/351/bmj.h4346>

¹⁷https://www.savethechildren.org.uk/sites/default/files/images/More_and_Better.pdf