

THE UNMET CONTRACEPTIVE NEEDS OF WOMEN AND GIRLS

POPULATION MATTERS BRIEFING

Target 3.7 of the UN's Sustainable Development Goals (SDGs) calls on countries "by 2030, to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes"ⁱ. One of the key indicators for this target is the proportion of women of childbearing age who have their family planning needs satisfied by a modern method.

This target sits alongside SDG Goal 5, Gender Equality, and target 5.6 - universal access to sexual and reproductive healthcare. To date, no country has achieved true gender equality. This has serious repercussions around the world: "In countries with the greatest gender inequalities, women and girls are likely to be poorer, less educated, have less autonomy over their bodily rights and therefore more likely to have unmet needs for contraception"ⁱⁱ.

In 2012, recognising that progress towards global contraceptive access has been slow since the first International Conference on Population and Development (ICPD) held in Cairo in 1994, where a Programme of Action was produced to include access to comprehensive reproductive healthcare, the global partnership initiative Family Planning 2020 (FP2020) was set up. Its goals were to accelerate the provision of global rights-based modern family planning access and contribute towards the UN Secretary General's Strategy for Women's and Children's Health.

Seven years later, in 2019, world leaders promised to double down on their commitments at the Nairobi Summit on International Conference on Population and Development 25 (ICPD25) by pledging to achieve what has become known as the three zeros: zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practisesⁱⁱⁱ. These are cornerstones for realising the 2030 Agenda for Sustainable Development.

However, the evidence shows a lack of long-term progress in meeting the goals. The number of women of reproductive age who wish to avoid pregnancy but who are not using any modern form of birth control was previously thought to be around 217 million worldwide. Some studies place the number even higher, at approximately 270 million in 2019^{iv}. This is a rise from 232 million women in 1990, and is likely to reach 272 million by 2030 due to rapid population growth and slow progress in improving access to modern contraceptive methods. The proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods has increased by less than 2 percent since 2010 – from 75.7% to just 77% today^v. Since the first ICPD in 1994, the proportion of women around the world using modern contraceptives has increased by only 6% to 58% today^{vi}.

The FP2020 initiative has also failed to deliver against its goal of adding 120 million more modern contraceptive users globally by 2020, increasing the number of women using modern contraceptives in its 69 focus countries by only 53 million since 2012. FP2020 states: "countries are also seeing a greater number of family planning clients simply due to population growth. There are now 100 million more women of reproductive age (WRA) in FP2020 countries than there were in 2012^{"vii}.

The unmet need is particularly high in Middle and Western Africa. Here, less than half of women have access to modern contraceptive methods.



GLOBAL FAMILY PLANNING FUNDING...THE REALITY

The UN's sexual and reproductive healthcare agency, the United Nations Population Fund (UNFPA), is one of the agencies responsible for coordinating global family planning access and ensuring that targets 3.7 and 5.6 are met. UNFPA Supplies, an offshoot of UNFPA, is the world's largest provider of donated contraceptives. The UNFPA relies entirely on voluntary donations from governments and other partners to support its work.

Since its inception, the UNFPA has run multiple international fundraising campaigns to ensure adequate funding due to shortfalls and in response to humanitarian crises, including a call to the international community at the beginning of 2020 for \$683 million to urgently provide life-saving reproductive health services to 48 million women, girls and young people across 57 countries affected by conflict or natural disasters^{viii}.

Research published for the ICPD25 in 2019 by the UNFPA and Johns Hopkins University in collaboration with Victoria University, the University of Washington and Avenir Health, found the cost of ending the unmet need for modern family planning by 2030 to be \$68.5 billion. Only \$8.6 billion of funding had been committed at the time the research was published. The research found that the cost of achieving the 2030 Agenda target of zero unmet need for family planning would require an additional investment of \$59.9 billion over the next decade^{ix}.

A total of approximately \$1.2 billion was donated to the UNFPA across core and co-financing contributions in 2018, according to the most recent UNFPA donor statistics report^x. Of the top 20 funders of the UNFPA (combined core and co-financing contributions) in 2018, only 13 out of the twenty G20 members featured. This number includes the EU, as well as some further donations from individual EU states^{xi}. Some G20 members do not make any contributions to the UNFPA at all. Collectively, G20 members account for approximately 90% of the gross world product (GWP), and two-thirds of the world population.

G20 members that do not appear in the 2018 UNFPA top 20 funders (combined core and co-financing contributions) list are: India, Russia, Saudia Arabia, South Africa, Argentina, Mexico, Turkey and the world's two largest economies, China and the USA. For four consecutive years the United States has withheld critical funding to the UNFPA^{xii}.

TABLE: DONATIONS FROM G20 MEMBERS THAT DO NOT FEATURE IN THE UNFPA TOP 20 FUNDERS 2018

(COMBINED CORE AND CO-FINANCING CONTRIBUTIONS)xiii

In comparison, the top three combined donors in 2018 (core and co-financing contributions) were UN Inter-organizational Transfers (\$164 million), United Kingdom (\$153.2 million) and Canada (\$128.6 million).

G20 MEMBER	DONATIONS (US \$)
Argentina	0
China	1,600,000
India	495,868
Mexico	574,743
Russia	300,000
Saudia Arabia	500,000
South Africa	45,580
Turkey	150,000
United States of America	0



Elsewhere, global family planning projects are additionally funded by the World Bank and the Global Financing Facility, UN member states and private sector companies and charitable foundations.

2020: LEAVING WOMEN AND GIRLS BEHIND

Of those that have pledged funds to the UNFPA, they have committed funding only until 2022. The COVID-19 outbreak of 2020 has seen the reallocation of resources to fighting the coronavirus, and there is now a concern that family planning funding will be pulled back to use elsewhere when the current commitments end.

In addition, some of the existing global family planning funding comes with restrictions: the US's Global Gag Rule, for example, prevents any funding from going to providers of "noncompliant" programmes, such as abortion providers and their partner organisations.

INVESTING NOW WILL SAVE BILLIONS LATER

Two recent studies have examined the impact of investment in modern family planning.

According to the report *Adding It Up: Investing in Sexual and Reproductive Health 2019*, published by the Guttmacher Institute, making modern birth control methods accessible to all women who wish to avoid pregnancy would lead to 21 million fewer unplanned births, 46 million fewer abortions (of which more than half are unsafe) and 70,000 fewer pregnancy-related deaths each year^{xiv}.

Achieving this would require increasing the annual amount spent on family planning services in 132 low- and middle- income countries from the current \$7.1 billion to \$12.6 billion. However, this would save \$16 billion, which would otherwise be spent on maternal and newborn care. Meeting the funding shortfall will equate to 3 dollars saved for every 1 dollar spent.

Similarly, a study looking into the demographic dividend of the combination of meeting the FP2020 initiative to add 120 million modern contraceptive users by 2020, and achieving SDG 3.7, found that "meeting the FP2020 target implies that on average, the number of children that need to be supported by every 100 working-age people would decrease by 8 persons in India and 11 persons in Nigeria in 2020; the associated reduction remains at 8 persons in India, but increases to 14 persons in Nigeria by 2030 under the SDG 3.7. In India meeting the FP2020 target would yield a saving of US\$18.2 billion (PPP) in consumption expenditures for children and youth in the year 2020 alone, and that increased to US\$89.7 billion by 2030. In Nigeria the consumption saved would be US\$2.5 billion in 2020 and \$12.9 billion by 2030"^{xw}.

The study concluded that: "The tremendous economic benefits from meeting the FP2020 and SDG family planning targets demonstrate the cost-effectiveness of investment in promoting access to contraceptive methods. The gap already apparent between the observed and targeted trajectories indicates tremendous missing opportunities. Accelerated progress is needed to achieve the FP2020 and SDG goals and so reap the demographic dividend."



WHY MODERN FAMILY PLANNING MATTERS

Investing in family planning has long-term positive impacts on the health, lives and prospects of women and girls, alongside significant benefits for the wider community, including helping to reduce poverty and lessening the pressure on the environment.

A lack of access to modern contraceptive methods has serious implications for the lives and wellbeing of girls and young women: young women are twice as likely to die from pregnancy related complications if they give birth under the age of twenty years old, and children born to younger mothers are more likely to suffer low birth weights and ill health^{xvi}. Where modern contraceptives are not an option, abortions are more likely to occur, including those that are unsafe where abortions cannot be easily or legally accessed. Girls that have children at a young age are more likely to drop out of education, their future opportunities limited drastically as a result.

When women and girls are afforded the ability to choose if and when they have children, they have the opportunity to focus on their own needs, including their educational and economic goals. Girls that are able to stay in school go on to have smaller families, lessening the pressure of population growth on the planet and its resources^{xvii}.

Leading research by Project Drawdown shows that the combination of adequate education and sexual and reproductive health care, including access to modern contraceptive methods, for women and girls, would result in the equivalent of a CO2 reduction of 85.42 gigatons by 2050^{xviii}.

The 2020 report *Drawdown's "System of Solutions" Helps to Achieve the SDGs* adds that Project Drawdown's health and education solutions "has the highest number of links to the SDGs compared to all other solutions evaluated...These linkages exist across the entire SDG Framework by making specific targets easier to achieve, e.g., reducing stress on agricultural production promoting food security (SDG2) or ensuring equitable access to housing and basic services (SDG11) become more viable and less costly for a smaller population. They also help by avoiding environmental degradation (SDGs14, 15) and exploitation of limited resources (SDG12). Population will therefore not only impact the achievement of the SDGs but could also improve the capacity to sustain the outcomes of the SDGs beyond 2030 by reducing resource needs"^{xix}.

The *Drawdown's "System of Solutions"* report also asserts that "reduced family size improves economic outlooks for women", impacting directly upon SDGs 1: No Poverty, 5: Gender Equality, 8: Decent Work & Economic Growth and 10: Reduced Inequalities.

As the *Adding it Up* report further adds: "Reductions in unintended pregnancy through contraceptive use and women's empowerment can help slow population growth, which in turn reduces demands on the environment. In addition, by influencing both the size and overall health of future populations, improved sexual and reproductive health care has a positive effect on households', communities' and countries' ability to adapt and respond to environmental change".

Without ensuring that all women and girls have access to the healthcare and contraceptive methods that meet their needs, true gender equality cannot be achieved. And without the achievement of UN Sustainable Development Goal 5, Gender Equality, all attempts made to solve our environmental and social crises will fall short. International recognition of the severity of the population issue and



willingness to tackle it through positive and ethical means is key to solving humanity's greatest challenges.

"If we invest in girls and women, the world and all of the 17 Sustainable Development Goals will advance forward rapidly as a result." Ashley Judd, UNFPA Goodwill Ambassador.

ABOUT POPULATION MATTERS

Population Matters is a UK-based charity which campaigns to achieve a sustainable human population, to protect the natural world and improve people's lives. We promote positive, practical, ethical solutions - encouraging smaller families, inspiring people to consume sustainably, and helping us all to live within our planet's natural limits. We believe everyone should have the freedom and ability to choose a smaller family. We support human rights, women's empowerment and global justice.

More information at populationmatters.org

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