Family Planning International

Family Planning is Back on the International Development Agenda

Why should New Zealand play a greater role in the Pacific?

Since the mid-1990s, access to comprehensive family planning services has been widely recognised as a basic human right. Despite this, family planning has been and remains one of the most under-resourced and politically sensitive development issues of our time. As a consequence, it is estimated that this year (2012), some 222 million women in the developing world have an unmet need for family planning.[1] Estimates indicate that meeting this need would cost $US8.1 billion and prevent 54 million unintended pregnancies, more than 79,000 maternal deaths and 1.1 million infant deaths (Singh and Darroch, 2012).

Family Planning International is a rights-based, not-for-profit organisation based in Wellington which works to ensure all people can fully realise their sexual and reproductive health and rights.

In a direct attempt to address this unmet need, in July of 2012 the Bill and Melinda Gates Foundation, together with the United Kingdom's Department for International Development (DFID), held the London Summit on Family Planning. In a remarkable achievement, the summit garnered commitments equal to $US4.3 billion, enough to meet the family planning needs of 120 million women in the world's 69 poorest countries (the funds will be spread over the next eight years). Better still, this support came from more than 150 leaders from developed and developing countries, international and civil society agencies, foundations and the private sector (Bill and Melinda Gates Foundation and DFID, 2012).

Given that this level of international consensus and financial commitment has not been seen since the mid-1990s, many have credited the summit with successfully re-prioritising family planning on the international development agenda.

Although New Zealand has supported family planning initiatives since the early 1990s, it was not involved in the summit

and has not made any related official development assistance announcements. This is not unsurprising, given the New Zealand Aid Programme's comparatively small aid budget and its core focus on sustainable economic development (MFAT, 2011; OECD, 2011). However, the summit provides a unique opportunity to highlight that within the context of New Zealand's overarching International Development Policy Statement (the development policy). There are many reasons why New Zealand should consider increasing its support for family planning initiatives, particularly those in the Pacific.

Before exploring these reasons, this article provides background on family planning in the context of development and New Zealand's current policy on official development assistance for family planning. The article concludes with a brief overview of how the aid programme could best begin to increase support for family planning.

Family planning and development

Family planning programmes have been around since the 1960s. In the context of development, some of these early programmes were used by states for population control purposes, utilising incentives and disincentives in an attempt to directly manage fertility rates. By the early 1990s this approach had fallen out of favour, largely due to poor results and the realisation that development should fundamentally be about ensuring basic human rights. Within this rights-based framework, family planning programmes were refocused on enabling all women and couples to 'decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective [contraceptive] methods' (UNFPA, 2004a, p.49).

This approach was enshrined within the international development agenda in 1994 when over 179 governments (including New Zealand's) adopted the programme of action of the International Conference on Population and Development. The Programme of Action set out a path to meeting the sexual and reproductive health and rights of all people by 2014. To this end, the Programme of Action urged developed countries to allocate 0.7% of gross national income to official development assistance, and to increase the portion of all official development assistance allocated to a costed package of sexual and reproductive health services. This package includes four components: family planning; reproductive health; sexually-transmissible infections (STIs), including HIV and AIDS; and related health data collection, analysis and dissemination (research) (UNFPA, 2004a). The Commission on Population and Development periodically monitors global development assistance allocated to the four package components and re-assesses the related cost of fully implementing the Programme of Action by 2014 (United Nations Economic and Social Council, 2011).

The international community has repeatedly reaffirmed the Programme of Action as part of the international development agenda. Nonetheless, the rapid rise of vertical disease-focused health programmes, increasing competition for development aid resources and political sensitivities have contributed to the splintering of the package and very poor funding for at least three of its four components (sexually-transmissible infections and HIV have received the greatest portion of funding, though this remains less than what is needed). In particular, family planning programmes frequently became isolated and saw a dramatic drop in support – from 55% of all official development assistance for sexual and reproductive health in 1995 to just 7% in 2009 – making it one of the most under-resourced development interventions (UNFPA, 2011a; Singh et al., 2009).

New Zealand's support for family planning

Since the instigation of the programme of action, New Zealand has maintained support for the advancement of sexual and reproductive health, which is reflected in present aid priorities and funding. For example, the aid programme currently identifies sexual and reproductive health as one of its three key health priorities and acknowledges its importance in the promotion of both human development and sustainable economic development (MFAT, 2012a). Similarly, as of the 2010/11 financial year the aid programme allocated approximately 3.9% of total official development assistance to the four components of the Programme of Action package (MFAT, 2012b, 2012c, 2012d). New Zealand has also continued to participate in the Commission on Population and Development.

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While this support is important, the development policy – the overarching document that guides all aid activities – stops short of specifically committing the aid programme to advancing any of the objectives of the Programme of Action (MFAT, 2011). Further, there is no alternative aid programme policy or strategy that sets out time-bound and measurable development assistance targets for meeting the Programme of Action objectives. In an unlikely coincidence, the past five years have also seen a gradual reduction in the portion of New Zealand's official development assistance allocated to sexual and reproductive health activities, falling from 5.5% in 2006/07 to 3.9% in 2010/11 (MFAT, 2012b, 2012c, 2012d). This is approximately half the

Table 1: Total New Zealand ODA and total ODA for sexual and reproductive health ($NZ millions)

	2006/07	2007/08	2008/09	2009/10	2010/11
Total ODA $	330.23	361.68	461.23	435.33	495.02
Sexual and reproductive health as %	5.5	5.2	4.7	4.0	3.9
By Programme of Action component					
Research %	0	0	0	0	0
Family planning %	0	0	0	0	0
Reproductive health %	1.1	0.2	0.4	0.2	0.2
STI and HIV %	2.6	3.0	2.2	1.7	1.8
Integrated %*	1.8	2.0	2.1	2.1	1.9

Source: MFAT, 2012b, 2012c, 2012d. The above funds are those allocated specifically to the Programme of Action components; they do not capture funds for sexual and reproductive health that may be delivered as part of other programmes, such as emergency humanitarian relief or gender equality.

*This data could not be disaggregated by a specific component and is therefore treated as integrated.

Table 2: Family planning use and need in selected Pacific Islands

	Papua New Guinea	Solomon Islands	Nauru	Kiribati	Tuvalu	Samoa	Marshall Islands
Unmet need	27%	11%	24%	28%	24%	46%	8%
Contraceptive prevalence rate	24%	27%	25%	18%	22%	27%	42%

Source: SPC, 2007a, 2007b, 2007c, 2007d, 2009, 2011; National Statistics Office of Papua New Guinea, 2006; Samoa Bureau of Statistics, 2010

most recent developed-country average of 8% and much less than the international community's accepted nominal target of 10% (UNFPA, 2011a, 2012). While it is not possible to identify the exact portion of New Zealand's official development assistance that makes its way to family planning, estimates from the past five years put it at less than 1% (see Table 1), suggesting that family planning has enjoyed very little, if any, priority (MFAT, 2012b, 2012c, 2012d).

Why increase support for family planning?

While the New Zealand aid programme's current development policy makes no commitment to the Programme of Action, it inadvertently presents as many as six reasons why the aid programme should give greater consideration to increasing its support for family planning, particularly in the Pacific. Each of these reasons relates directly to one of the development policy's key priorities, including New Zealand's focus on: the Pacific region; economic development; effective and efficient aid; partnerships; comparative advantage; and three cross-cutting issues, human rights, gender and climate change. These arguments are discussed below.

A Pacific focus

The development policy identifies the Pacific region as the core geographic focus for New Zealand's aid activities and explicitly states that the region will 'receive an increased portion of New Zealand's Official Development Assistance'. As a key justification for this focus, the development policy recognises that the Pacific is the 'second most off-track region to achieving the Millennium Development Goals', and that New Zealand is in a unique position to help improve development progress within the region (MFAT, 2011, p.3).

In the context of this priority there are three key reasons why Pacific family planning activities should receive increased support. First, demographic and health surveys show that at least 370,000 Pacific Island women have an unmet need for family planning (SPC, 2007a, 2007b, 2007c, 2007d, 2009, 2011; National Statistics Office of Papua New Guinea, 2006; Samoa Bureau of Statistics, 2010). Put differently, women and couples in the Pacific want and need better access to family planning services. Further, by international comparison this need is being poorly met: for example, the Pacific's average contraceptive prevalence rate[2] of around 30–35% is well below the less-developed country average of 57% (see Table 2) (Robertson, 2009; Singh and Darroch, 2012).

Second, reducing unmet need for family planning is a core component of Millennium Development Goal 5b: universal access to reproductive health services. As is noted by the development policy, the aid programme is committed to improving the Pacific's progress towards achieving the Millennium Development Goals and therefore unmet need for family planning (MFAT, 2011).

Third, family planning programmes in the Pacific are severely under-resourced. The OECD estimates that just 0.03% of all donor aid to the Pacific was for family planning over the past decade (OECD, 2012). Even the London summit largely overlooked the family planning needs of the Pacific, with only Papua New Guinea and Solomon Islands eligible to receive summit assistance (Singh and Darroch, 2012).[3] New Zealand, as a key regional donor, could play a much greater role in addressing this funding gap.

Sustainable economic development

The development policy outlines four themes for the aid programme. These are: investing in economic development; promoting human development; improving resilience and responding to disaster; and building safe and secure communities. While family planning can be linked to the promotion of all four of these themes, only the first, 'investing in economic development', is treated as a key priority[4] and is therefore explored here (MFAT, 2011, p.5).

In the context of this priority, there are two reasons why Pacific family planning efforts should receive greater support. Both relate to the aid programme's role in reducing 'serious constraints to economic development', including the pace of population growth and women's 'access to economic opportunities' (MFAT, 2011, p.5).

In relation to the latter, research shows that when women have improved

Table 3: Total and wanted fertility rates in selected Pacific Islands

	Papua New Guinea	Solomon Islands	Nauru	Kiribati	Tuvalu	Samoa	Marshall Islands
Total fertility rate	4.4	4.6	3.4	3.8	3.9	4.6	4.5
Wanted fertility rate	3	3.3	2.8	2.7	2.8	3.5	3.3

Source: SPC, 2007a, 2007b, 2007c, 2007d, 2009, 2011; National Statistics Office of Papua New Guinea, 2006; Samoa Bureau of Statistics, 2010.

access to comprehensive family planning services they are better able to time their pregnancies and choose the size of their families. This means women are more likely to have better opportunities for education, employment, productivity and savings. In turn, these opportunities can directly contribute to greater investment in children's health and education, reduced family poverty, and an increase in the ability of women to participate in the economy. Taken as a package, these outcomes contribute to an increased likelihood of economic growth (Singh et al., 2009; UNFPA, 2011b; Canning and Shultz, 2012; Phumaphi, 2011).

With regard to the former, the Pacific as a region is experiencing rapid population growth (Secretariat of the Pacific Community, 2011). This is driven by high total fertility rates[5] and large, very young or youthful age groups. Research shows a strong link between these two drivers and economic stagnation, poor development and social unrest (Leahy et al., 2006). Reducing unmet need for family planning will contribute to a rise in the contraceptive prevalence rate and help to lower the total fertility rate towards the wanted fertility rate[6] (see Table 3). Over time, this will reduce the number of young people and slow population growth (Leahy et al., 2006). More importantly, these changes also help speed the demographic transition and therefore the likelihood of the onset of the demographic bonus[7] – a factor which played a critical role in enabling the economic success of the East Asian tiger economies (Rallu and Robertson, 2009; Phumaphi, 2011; Birdsall et al., 2003).

Effective and cost-efficient aid

The development policy states the New Zealand government is 'committed to improving the effectiveness of aid' and to '[d]evelopment interventions, approaches and practices [that] represent the best value for money' (MFAT, 2011, p.10). In this priority there are two reasons why family planning should receive greater support. First, international research conclusively shows that family planning is a highly effective development intervention, contributing to the advancement of all eight Millennium Development Goals: poverty reduction, increased access to education, gender equality, child health, maternal health, reduced HIV prevalence, environmental sustainability and global partnerships (Cates et al., 2010; Singh et al., 2009; Bernstein and Hansen, 2006). As has already been discussed, the benefits of family planning have been shown to extend into the economic sphere also.

Second, there is extensive research showing that family planning is a highly cost-efficient development intervention (Singh et al., 2009). For example, recent international research shows that for every dollar spent on reducing unmet need for family planning, up to $US6 can be saved in future public service costs (Bill and Melinda Gates Foundation and DFID, 2012). Preliminary findings from family planning cost-benefit analyses in the Solomon Islands and Vanuatu show that for every dollar spent as much as $US10–$18 could be saved in future costs across the health and education sectors (Kennedy et al., 2013a, 2013b).

Comparative advantage

The development policy states that the New Zealand government will focus on aid activities and initiatives where New Zealand has a 'comparative advantage' (MFAT, 2011, p.12): that is, where New Zealand has existing expertise and where this expertise is not in direct competition with the activities of other donors. In this priority family planning should receive greater support for two reasons. First, a wide range of organisations and institutions in New Zealand possess world-class sexual and reproductive health expertise that can be used to improve family planning services in the Pacific. These include universities, polytechnics, technical institutes, non-profit organisations and the Ministry of Health. Particular areas of expertise include public health campaigns (information, education and communication materials); health workforce training (nurses, midwives and doctors); policy development; service provision; and research.

Second, direct competition with other donors is unlikely for a range of reasons. There is a comparative scarcity of organisations funding family planning in the Pacific. In fact, many donors that once supported sexual and reproductive health activities are leaving or reducing their support, due largely to the ongoing global financial instability. These include the Packard Foundation, the Hewlett Foundation and the Global Fund to Fight Aids, Tuberculosis, and Malaria (Jones and Lander, 2012). It could be argued that, by default, this not only increases the importance of New Zealand's support, but also presents New Zealand with an opportunity to build up its comparative advantage in the area of Pacific family planning.

Further, while there are some regional donors, such as AusAID, that are likely to increase funding commitments to family planning in the Pacific (Bill and Melinda Gates Foundation and DFID, 2012), the sheer volume of demand in the region is too large for any one donor to meet alone. As noted, there are at least 370,000 women in the Pacific with an unmet need for family planning. However, the true number could be twice this because the estimate is based on data from only eight of 22 Pacific Island countries and territories, and the definition of unmet need excludes women and girls who are sexually active but who are either: not married, under 15 years of age, are using a traditional (but much less effective) method of contraception, or are using modern methods incorrectly and/or

irregularly or do not have access to the method most appropriate for them.

Thirdly, regional donors – particularly New Zealand and Australia – have a range of mechanisms at their disposal, such as sector-wide approaches, that are specifically designed to mitigate against duplication and competition.

Partnerships

The development policy states that the New Zealand government wants to deliver more of its official development assistance in cooperation with Pacific Island governments, international and regional organisations, civil society organisations, including New Zealand and Pacific-based non-government organisations (NGOs), and the private sector (MFAT, 2011).

In the context of this priority there are two reasons for giving family planning greater support. First, New Zealand has existing partnerships with key organisations advancing family planning in the Pacific: in other words, there is no need to 'reinvent the wheel'. In particular, New Zealand (in cooperation with Australia) provides funding to the headquarters of the International Planned Parenthood Federation and the United Nations Population Fund, as well as to their Pacific regional offices (MFAT, 2012b, 2012c). While these organisations face capacity limitations, combined they have an unrivalled potential to address unmet need for family planning in the Pacific. At present they are also responsible for meeting approximately 90% of current family planning users' commodity and supply needs in 13 Pacific Island countries (UNFPA, 2004b). The loss of this support would be devastating not only to individuals and families, but to the development objectives of the region. It is therefore critical that donors such as New Zealand not only continue to support their capacity development, but increase this support so that remaining family planning demand is more effectively met.

Second, there are other potential partners based in New Zealand and in the region with which the aid programme could partner. These include NGOs, Pacific Island governments, regional bodies and other donors. Better still, there are well-established international, regional and national health and development frameworks for guiding the objectives of these partnerships. These include the Programme of Action, the Millennium Development Goals, the Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities, and the Pacific Regional Strategy on HIV and Other STIs.

Above all else, access to a comprehensive range of family planning services is considered a prerequisite for the full realisation of sexual and reproductive rights, not the least of which is the right of all women and couples to choose the number, timing and spacing of their children.

Cross-cutting issues

The development policy states that the New Zealand government acknowledges that 'a number of cross-cutting and thematic issues have a particularly significant impact on development outcomes. These include the environment (notably climate change), gender, and human rights' (MFAT, 2011, p.11). It is therefore mandatory that all aid programme activities take these issues into account.

Gender

Increasing New Zealand's support for family planning promotes gender equality in two important ways. Improved access to comprehensive family planning services means women are better able to make decisions about their own health and fertility. This helps to promote the empowerment of women by breaking down commonly-perceived gender roles that prioritise men's decision-making power over women's (Asia Pacific Alliance, 2008). As noted, it also improves the likelihood of women and girls accessing education, staying in education, gaining employment, establishing savings and pulling themselves and their families out of poverty. Improved access to family planning services also improves relations between couples and partners, and can help, reduce sexual and gender-based violence. In large part this is due to family planning's role in improving both women's and men's access to correct information about sexual and reproductive health (World Bank, 2011; Singh et al., 2009).

Second, the 43rd Pacific Islands Forum communiqué has identified gender as a priority issue for the region. However, translating this commitment into tangible action will likely require key regional donors such as New Zealand to play a lead role. Improving women's access to a comprehensive range of family planning services is not only one relatively easy expression of such action, but one explicitly identified by the communiqué (Pacific Islands Forum, 2012).

Environment

Increasing New Zealand's support for family planning would help to address both climate change and its effects (as well as other environmental pressures). First, it has been shown that women and children are at an increased risk of the effects of climate change. However, when women can better plan the size of their families, they predominantly choose to have smaller families, which research suggests are more resilient and therefore better able to adapt to the effects of climate change (Population Action International, 2011). Family planning is therefore considered an important adaptation measure. Second, when need for family planning is met, fertility is reduced and so too is the pace of population growth. Slowed population growth not only contributes to reduced greenhouse gas emissions (making family

planning a mitigation measure), but also reduces human pressure on already strained resources such as fish stocks, fresh water and arable land. Such resource pressure is already a major development challenge for many of the small island states of the Pacific (Population Action International, 2011; Haberkorn, 2008; O'Neil et al., 2012).

Human rights

Above all else, access to a comprehensive range of family planning services is considered a prerequisite for the full realisation of sexual and reproductive rights, not the least of which is the right of all women and couples to choose the number, timing and spacing of their children. These rights are set out under a wide range of international human rights treaties and instruments, all of which New Zealand has ratified. These treaties place a responsibility upon New Zealand as a developed country to use its official development assistance to assist developing countries to meet their own human rights obligations, including the rights to sexual and reproductive health (Bueno de Mesquita and Hunt, 2008). It is when these rights are realised that the above-mentioned benefits are unlocked.

Conclusion

While not a silver bullet for all development challenges, taken collectively the above arguments present a very strong rationale for increasing the aid programme's support for family planning. Perhaps as a sign of increased recognition of this, the aid programme has made some recent funding decisions that have benefited Pacific family planning efforts. For example, in 2008 it began funding the International Planned Parenthood Federation's sub-regional office of the Pacific, and as of the 2010/11 financial year reinitiated funding to the Pacific sub-regional office of the United Nations Population Fund. Still further, in late 2011 an unprecedented funding commitment was made to a Pacific-based project which has a strong family planning component (MFAT, 2012b, 2012c).

While important, these recent funding decisions remain relatively ad hoc. This is because while many links can be made between family planning and the development policy, it does not explicitly commit the aid programme to advancing sexual and reproductive health objectives through time-bound and measurable targets. For the aid programme to truly guide, maximise and sustain the development benefits of existing and future family planning activities, it should give greater consideration to the creation of a comprehensive health policy that clearly outlines support for family planning by committing to the Programme of Action. This is for three reasons.

- First, the Programme of Action remains the pre-eminent international agreement on all components of sexual and reproductive health, including family planning.
- Second, a commitment to the Programme of Action is a commitment to the internationally-accepted time-bound targets for increasing the portion of official development assistance allocated to, and needed by all four components of, the Programme's package, including family planning.
- Third, the Programme of Action establishes family planning as an indivisible component of all other elements of sexual and reproductive health: pregnancy, birth, reproductive health, parenting, family well-being, sexuality, education and gender equality. In doing so, it promotes the delivery of family planning as an integrated sexual and reproductive health service (UNFPA, 2004a). This is important because research shows that if family planning services are integrated with related services, their health and development outcomes are increased (Family Planning International, 2010).

Ultimately, for millions of women and couples the world over, the London Summit's recent spotlight on family planning is likely to lead to very real life-changing benefits. As discussed, there are many reasons why New Zealand should do more to ensure that all women and couples in the Pacific are able to experience these benefits. The development of a health policy that explicitly reaffirms New Zealand's commitment to the Programme of Action, and therefore family planning, would be an ideal first step towards making these benefits a reality for women and their families in the Pacific.

1 A woman is defined as having an unmet need for family planning if she is fecund, married or in union, aged between 15 and 49, and wants to limit or space her pregnancies but is not using any form of contraception.
2 The contraceptive prevalence rate is the percentage of women aged 15–49 who are married or in union and who are using a modern form of contraception.
3 To be eligible, countries had to have a per capita gross national income less than or equal to $US2,500 in 2010. Despite having high unmet need, most Pacific Islands fall just above this.
4 The development policy explicitly identifies 'sustainable economic development' as the 'primary focus' of the aid programme and justifies support for the remaining three themes based on their role in 'enabling' greater economic development.
5 The total fertility rate is the average number of children a women could be expected to have at the end of her reproductive years. Six of the world's high-fertility countries (four children or above) are in the Pacific and regional experts believe that fertility decline may have stalled in as many as seven Pacific Island countries.
6 The wanted fertility rate is the actual number of children a women wants to have had at the end of her reproductive years. When compared to the total fertility rate, it is a useful indicator of the level of unintended pregnancies and unmet need for family planning.
7 The bonus arises when a majority of the population is in the working age group. While the bonus can play a critical role in promoting economic growth, it does not guarantee it. A range of other steps must also be taken, including investing in education, creating jobs and enabling people to save.

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