



## Weekly News Roundup – 21 April 2017

A special supplement to [Population and Development Review](#) looks at [Fertility Transition in Sub-Saharan Africa](#). Several articles of note around the fundamental issue of population growth, with the general conclusion that “in the short term, enhanced provision of family planning can produce impressive fertility decline by meeting well-documented unsatisfied demand. Expansion of family planning services is not difficult to achieve if there is political will: modalities that have been demonstrated to function effectively in African societies are administratively straightforward and, importantly, are relatively inexpensive.” Will that investment be made?

Adjustments in health care spending can have significant consequences. On the positive side, investing in [adolescent health needs](#) – including SHRH – would yield a tenfold return, according to a study published in *The Lancet*.

On the other side of the ledger, the Trump Administration’s cuts to reproductive health funding continue to attract opprobrium from around the world, including from the RINJ Foundation which says the policy will lead to [abuse of abortion as a birth-control method](#), from [Kenyan women](#) who are worried about inordinately bearing the burden, and from an American University professor who argues, “[This negligible budgetary savings will ultimately cost rich and poor nations in the future.](#)”

Could [China replace the US](#) as the leader in global funding for reproductive health? That’s not just a philosophical discussion, as this week Nairobi was announced as the home of a major [Chinese-funded population center](#).

Access to family planning can be affected by religious and cultural traditions. In one study, [Can faith and freedom co-exist? When faith-based health providers and women’s needs clash](#), the advantages of Faith-Based Organizations (FBO) are noted because of their in-country networks; yet at the same time access to family planning and abortion care can be restricted because of religious concerns of those organizations. “Even in countries like Kenya, where access to abortion has been liberalized, the control of most hospitals by faith-based health systems means that as a practical reality, access to safe abortion is limited.” So the author, Jon O’Brien, President of Catholics for Choice, concludes, “We must support transparency in funding to make sure these gaps are met by a diversified group of aid recipients and ensure FBOs do not discriminate or exclude particular populations, like sex workers and LGBTI individuals.”

Another study in Kenya showed a strong [demand from teens for better sex education and greater access to contraceptives](#), causing a [backlash](#) from some conservatives.

Good health access depends on all types of workers, and [community health workers](#), [traditional birth attendants](#) and [nurses and midwives](#) all got attention in the press this week.

Have a look at the CIRHT blog about [extending family planning care](#), and training, into community health centers.

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