



Weekly News Review – 14 July 2017

A round-up of the week's most important, Africa-focused Family Planning and Reproductive Health reporting

It was a busier week than most resulting in a much longer weekly compendium.

London Family Planning Summit

More than 60 governments and partners met in London last week, collectively announcing some [\\$2.5 billion in funding for family planning](#), with a focus on better serving largest generation of adolescents in history and the hardest-to-reach women and girls. The numbers are familiar: [214 women and girls with an unmet need for contraception](#); one in four married or “in union” women has an [unmet need in the African region](#).

The cloud of [US funding cuts](#) loomed, and the [FT noted some of the other challenges](#): “Better data collection and accountability have been lacking; political leadership from low income countries and regions has proved insufficient; supply chains and investment in new types of contraceptives have been neglected; and the voice of adolescents themselves is often left unheard.”

A Thomson Reuters Foundation commentary noted the [particular challenge, and benefit, of reaching “isolated populations”](#): “[It] can be more costly than serving their urban counterparts, [but] a recent International Planned Parenthood Federation report suggests that doing so can generate significant impacts for other key health and sustainable development goals.”

Devex concluded that the Summit had [four main themes](#): 1) A more diverse set of players at the table; 2) The need for new tools and approaches to drive progress; 3) Local country leadership; 4) Translating energy into action will be key.

Salon summed up the [environmental significance of family planning](#): “If investment in family planning, particularly in low-income countries, does not materialize, the world’s population could adding an additional 1 billion people to the planet. The resulting emissions reductions could be as high as 25 gigatons of carbon dioxide.” The Brookings Institution insists [there’s hope for the Paris Agreement](#) “through girls’ education.”

Other diverse aspects: An [expanded mix of contraceptive measures](#); the significance of family planning in [war zones](#), [humanitarian, crisis](#) and [refugee](#) situations, especially the role of [emergency contraception](#); the links to healthy [nutrition](#) and [clean water](#).

Useful factsheets:

- [KFF](#) and [PAI](#) on the US Role in International Family Planning
- [WHO](#) on Expanding Contraceptive Choice
- [Thomson Reuters Foundation](#) on Why Contraception Access is Key to Global Development

One note of caution about the [need for cultural sensitivity](#) noted by International Health Policies (and exploited in [a tirade in the National Review](#)): “It is worthwhile to re-examine how we understand and address the challenges that women face in accessing contraception. It is a reality that women need and want contraceptive services, and health systems must be able to provide them. But perhaps we also need to be conscious and aware of alternate grassroots realities, so that what we see as an advancement of reproductive rights does not become a source of injustice for others.”

The Money

The British [Department for International Development](#), which was a co-sponsor of the Summit, announced the British government will boost funding for family planning by 25% to £225 million per year for the next five years, (£90M for [Ethiopia](#), additional funds for [Mozambique](#)) which it says will “[save a woman’s life every 90 minutes](#)” and was touted by the Population Council, as a “[smart investment](#).”

Other funding news: [Canada](#) is reported to be spending C\$241.5M, C\$97M for [DRC](#); the [Danish government](#) said that one of its family planning aid goals was to limit migration to Europe; Will participation in the Summit convince [Australia](#) to step up its commitment?; [Sweden](#) threatened to pull its aid away from any organization that makes changes to comply with the Trump Global Gag Rule; a new €500M [EU-UN](#) program on women’s rights and family planning;

Local country leadership: Initiatives announced in [Gambia](#), [Ghana](#), [Kenya](#) (lauded for surpassing UN family planning targets), [Liberia](#) (though “[traditional beliefs contribute to maternal mortality](#)”), [Malawi](#), [Namibia](#), [Nigeria](#), [Senegal](#), [Sierra Leone](#), [South Africa](#), [South Sudan](#), [Tanzania](#), [Tunisia](#), [Uganda](#), [Zambia](#) and [Zimbabwe](#).

And there is a role for corporate involvement: [Benetton launched a global campaign](#) in support of UNFPA, and the Universal Access Project highlighted other [companies around the world standing up for women’s health](#) and rights, including ANN (parent company of Ann Taylor and LOFT), MTV, Durex, Twinings, Vodafone and others, noting that “investments in workplace women’s health programs that include voluntary family planning have been found to result in a 3:1 return on investment for companies, and, at an even broader level, an incredible \$28 trillion could be added to the global GDP by 2025 if women participated in the economy at the same levels as men. That’s the size of the U.S. and Chinese economies combined.”

Funding Miscellany

With the struggle for funding a constant concern, Congress is choking the [budget for research using fetal tissue](#), and two other articles of note: In Uganda, a woman received \$10,000 to help her [raise her 38 children](#); while in the US the Huffington Post asked about insurance coverage: [If contraception isn’t covered, why is Viagra?](#)

Historical Miscellany

A recommended read in Atlas Obscura, beautifully illustrated and humorously told: [Why It Took Scientists So Long to Figure Out Where Babies Come From](#): “Until 1875, no one in the world knew where babies come from. Ordinary people didn’t know, and neither did the scientists who helped shape the modern world.”

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