



Weekly News Review – 21 July 2017

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

Investing in Family Planning

Investment in family planning training, access and service has been proven again and again to be valuable – with improved health outcomes as well as economic and environmental benefits. The opposite has also been shown: restrict access, defund research, or censor voices and the health, economic and environmental consequences are easy to see.

The cost can be quite reasonable. [\\$8 per person per year](#), according to Guttmacher Institute research, can give “a brighter, more empowered future for a woman in need of access to contraceptives and quality maternal care, meeting the global need for family planning and maternal and newborn health care in developing regions.”

The new acting head of the UNFPA, Natalia Kanem, notes that having fewer children, and lowering “the [dependency ratio is a key element of the demographic dividend](#) — that you have fewer dependents per working age population. It all is part of a piece: Better economy, better health, better nutrition, longevity.” The [climate change](#) benefits were noted this week as well in a Swedish study which says that having fewer children is the [most effective way to improve the environment](#).

Nigerian Health Minister Isaac Adewole pledged more investment, calling family planning “[one of the strongest anti-poverty strategies](#).” The [Ugandan](#), [Zambian](#) and [Zimbabwean](#) governments announced higher family planning budgets as well. And news this week that Sweden will support efforts in [Somalia](#) to the tune of \$8.5M.

One UK paper pleaded that [10 women a day die in Malawi](#) during childbirth, surely a compelling defense “to safeguard the UK foreign aid budget.”

The Global Health Technologies Coalition noted the [real economic benefits of global health innovation](#): “From 2007 to 2015 alone, \$14 billion in US investments in global health innovations advanced numerous new technologies for fighting many dangerous diseases while attracting substantial private sector commitments and creating 200,000 new American jobs,” said GHTC Director Jamie Bay Nishi. “It’s hard to imagine many other investments of taxpayer dollars that have provided such impressive returns.”

The downside of cutting funding and ignoring investment is equally clear. As the Trump Administration hits its six-month mark, The Guardian accuses the White House of “[signing a global death warrant for women](#),” and publishes five charts that [exemplify the challenges](#). One aspect of a lack of women’s empowerment: The World Bank says [that child marriage will cost developing countries “trillions of dollars by 2030.”](#)

On the US domestic front, lack of access has led to [the highest rate of maternal mortality in the developed world](#). ProPublica is on a quest to document maternal deaths, since “these deaths of women from causes related to pregnancy or childbirth are almost invisible.” In [Texas](#), defunding Planned Parenthood “[actually increased abortion rates](#).” An [OB-Gyn shortage](#) is already on the horizon for several cities, which could be exacerbated if legislatures [eliminate abortion training at state universities](#), as is being considered in [Wisconsin](#).

CIRHT!

You may be interested in two articles this week from the CIRHT website: One shows the way in which [CIRHT's founder Dr. Senait Fisseha and WHO Director-General Dr. Tedros Adhanom](#) worked together first in Ethiopia and now on a global stage (more also on Dr Tedros's vision for [Universal Health Coverage](#)); the other looks at the CIRHT partnership with the [University of Gondar](#).

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