

Family Planning and the Millennium Development Goals

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The United Nations' (UN's) eight Millennium Development Goals (MDGs) (1) are widely accepted as the primary path to alleviating poverty worldwide. This month, world leaders convene to assess progress toward these goals (2). In the countdown to the MDG 2015 deadline and amid protracted economic recession, we need the most efficient, effective, and evidence-based means to accelerate progress toward all MDGs. Challenges must be considered in concert, and solutions must provide multidimensional dividends for the world's poor, or we risk unwisely dividing limited resources and diluting their impact. As authors from diverse communities, we emphasize here the influence that investments in rights-based family planning can have on achieving the MDGs (for endorsements, see supporting online material).

Over 215 million women who desire safe, effective family planning lack access (3). Population momentum (4) has created ever larger reproductive-age cohorts. Although advocacy for international family planning has recently intensified (5–7), in the decade since the MDGs' launch, real dollars invested in family planning have fallen (8). Although some gains have been made, improvements to child (MDG 4) and maternal health (MDG 5) lag far behind 2015 targets. Promoting women's reproductive rights and improving access to voluntary contraception reduces neonatal and maternal morbidity and mortality, including that attributable to unsafe abortions (9).

Family planning is also a cost-effective, cross-cutting intervention for achieving MDGs 1 to 3 and 6 to 8 (10). Specifically, family planning promotes the following:

Development (MDG 1). Robust family planning results in healthier, more economically stable families, communities, and nations. Each dollar spent on family planning can save up to \$31 in health-care, water, edu-

cation, housing, and other costs (11).

Education (MDG 2) and empowerment for women and girls (MDG 3). Given control over their fertility, girls are more likely to stay in school (12) and women to be employed (3).

HIV prevention (MDG 6). Family planning provides dual protection against unintended pregnancy and HIV transmission. This helps reduce mother-to-child HIV transmission (13), decreases the number of children born with HIV infection, and reduces obstetrical complications (14).

Environmental conservation (MDG 7). Family planning is a cost-effective way to preserve environmental resources (15). Yet women in regions facing challenges to environmental sustainability have limited access to family-planning resources. Poor families in these areas must often resort to unsustainable agricultural practices to survive, which can increase the spread of infectious zoonoses and threaten vulnerable habitats (16, 17).

Partnerships across diverse ideologies (MDG 8). An expanding array of stakeholders supports family-planning principles, including faith-based institutions committed to improving women's and children's lives by championing global reproductive health. Many religious and spiritual leaders affirm that the sacredness of life is best upheld when individuals and families can create life intentionally in environments where children thrive and women's welfare is protected (18).

We call upon global leaders and UN MDG Advocates (19) to ensure better access to reproductive health for all. Leaders from diverse disciplines should acknowledge and promote family planning's multiple benefits for global development and health. UN agencies should build on *The Joint Action Plan for Women's and Children's Health* to reinforce existing and secure new commitments, and establish an accountability framework for delivering results (20). Member parties should honor commitments to fully finance the International Conference on Population and Development Program of Action (21), meet official development-assistance obligations outlined in the Monterrey Consensus (22), and execute the Abuja Declaration (23). By expanding discourse on development

To alleviate global poverty, investments and partnerships in family planning are needed.

solutions, establishing nontraditional partnerships, and increasing resources for reproductive health and family planning, we can fulfill our MDG promises to the world's poor.

References and Notes

- UN, UN Millennium Development Goals (UN, New York, 2010).
- UN summit, New York, 20 to 22 September 2010; www.un.org/en/mdg/summit2010/
- S. Singh et al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health* (Guttmacher Institute and UN Population Fund (UNFPA), New York, 2009).
- Population growth attributable to substantial proportions of childbearing adults among a population.
- Joint G8 science academies statement on health of women and children, 2010.
- "AU leaders stand up for Africa's women, children," *Pana Press*, 27 July 2010.
- Office of the Global AIDS Coordinator (OGAC), Implementation of the Global Health Initiative: Consultation Document (OGAC, Washington, DC, 2010).
- J. J. Speidel et al., *Making the Case for U.S. International Family Planning Assistance* (Johns Hopkins Univ. Bloomberg School of Public Health, Baltimore, 2009).
- M. C. Hogan et al., *Lancet* **375**, 1609 (2010).
- W. Cates Jr., *Contraception* **81**, 460 (2010).
- UNFPA, Family planning and poverty reduction benefits for families and nations (UNFPA, New York, 2007).
- C. B. Lloyd, B. S. Mensch, *Popul. Stud. (Cambridge)* **62**, 1 (2008).
- R. Wilcher et al., *Sex. Transm. Infect.* **84** (suppl. 2), ii54 (2008).
- Q. Abdool-Karim et al., *Lancet* **375**, 1948 (2010).
- UNFPA, Family planning and the environment (UNFPA, New York, 2008).
- F. Chi et al., *J. Bacteriol.* **189**, 6085 (2007).
- G. Kalema-Zikusoka, L. Gaffikin, *Focus Popul. Environ. Secur.* **17**, 1 (2008).
- Religious Institute, Open letter to religious leaders on maternal mortality and reproductive justice (2010); www.religiousthought.org/sites/default/files/open_letters/openletteronmaternalmortalityandreprojustice.pdf.
- The MDG Advocacy Group, www.un.org/arabic/millenniumgoals/pdf/mdgadvocates.pdf.
- K. Ban, *Investing in Our Future: The Joint Action Plan for Women's and Children's Health* (World Health Organization Partnership for Maternal, Newborn, and Child Health, WHO, Geneva, 2010).
- International Conference on Population and Development, Summary of the Programme of Action (UN, New York, 1994); www.un.org/popin/icpd2.htm.
- Report of the International Conference on Financing for Development (UN, Monterrey, Mexico, 2002).
- Abuja Call for Accelerated Action Towards Universal Access to HIV and AIDS, Tuberculosis, and Malaria Services in Africa (African Union, Addis Ababa, 2006).
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Supporting Online Material

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