

BMZ Initiative on Rights-based Family Planning and Maternal Health

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Far in excess of 200 million women have no access to modern methods of contraception. The result is countless unwanted pregnancies. These frequently lead to unsafe abortions with often serious and even fatal health complications. Reducing this unmet need for family planning not only contributes to the realisation of women's right to health, but also enables women and couples to make their own decisions about the size of their family and the interval between pregnancies. This has positive impacts on their children's health and standard of education and their economic perspectives as well as on population development and the achievement of the Millennium Development Goals as a whole.

Despite considerable progress more than 350,000 women and girls are still dying every year as a result of pregnancy and childbirth. None of the Millennium Development Goals is as far from being achieved as that to improve maternal health. One of the key reasons for maternal mortality is inadequate medical care during pregnancy and childbirth.

In response, the G8 countries and the international community as a whole committed themselves in 2010 to new initiatives for increased political and financial efforts. Thus with the Muskoka Initiative the G8 pledged an additional US\$5 billion of development funds over five years for improving child and maternal health. The German government intends to make a further 400 million euros available by 2015. Moreover, in September 2010, under the aegis of the UN Secretary-General, the Global Strategy for Women's and Children's Health was launched, to which, along with more than 40 governments, actors from civil society and the private sector have also pledged their own additional financial and political efforts.

To contribute to implementation of the G8 Muskoka Initiative as well as to support the UN Secretary-General's Global Strategy the BMZ has launched its own 'Initiative on Rights-based Family Planning and Maternal Health', which will be implemented in the current parliamentary term as well as, with regard to financial pledges, by 2015.

Goals

The BMZ Initiative on Rights-based Family Planning and Maternal Health pursues three goals:

1. To improve knowledge and acceptance of modern family planning methods;
2. To expand access to modern family planning methods and services;
3. To increase the number of births attended by health professionals.

To achieve these aims the BMZ is working with its partners to adopt a human rights-based and gender-sensitive approach. As part of results monitoring, data is being collected on the

number of women and men reached through projects and programmes within this initiative, so that specific figures on this will be available as the initiative reaches completion.

Measures

The BMZ Initiative on Rights-based Family Planning and Maternal Health will scale up existing activities and launch additional ones in the following areas:

1. Making family planning and maternal health a high political priority

The opportunities for rights-based family planning and the need for progress in realising women's right to health are being made the focus of political dialogue with partner governments up to the highest level. This includes in particular the issue of non-discriminatory access as well as state budget allocations and the ability to fund the provision of methods and services, especially for the poorest population groups. Family planning and maternal health projects are specifically integrated into the visiting programmes of top BMZ officials, with the additional aim of generating appropriate publicity and highlighting their political importance.

The BMZ will also support similar bilateral and multilateral initiatives and ensure close coordination. Besides the G8 and the UN Secretary-General's Global Strategy these include particularly the work of UNFPA, IPPF (the International Planned Parenthood Federation) and the WHO, as well as that of the Reproductive Health Supplies Coalition and the Partnership for Maternal, Newborn and Child Health. On 11 April, as a side event at this year's session of the UN Commission on Population and Development, the BMZ held its own conference on the importance of family planning, organised jointly with UNFPA and the German Foundation for World Population (DSW), in order to accelerate progress on the issue within the United Nations as well.

2. Doubling funding for reproductive health and family planning and boosting the effective use of these resources

In 2008 Germany provided bilateral funding to the amount of 43.6 million euros for reproductive health and family planning¹. During the period from 2011 to 2015 the BMZ will double the annual sum pledged and thus provide a total of more than 400 million euros for the initiative. Already in 2011 a commitment of over 80 million euros in state and non-state development cooperation is projected. This includes projects and programmes, either newly launched or with increased funding, in countries such as Bangladesh, Burkina Faso, Cambodia, Cameroon, Pakistan, Viet Nam and Yemen.

¹ According to OECD/DAC statistics of bilateral ODA pledges for CRS Purpose Code 13020 (Reproductive health) and 13030 (Family planning). These figures refer to both state and non-state activities and also include trust funds to international multilateral and non-state organisations.

These pledges represent a significant contribution to the realisation of the German commitment at the Muskoka G8 summit in 2010 to make a total of 400 million euros in additional funding available for child and maternal health programmes within five years.²

Parallel to this the maternal health and family planning projects and programmes are being revised in line with the recommendations of a portfolio analysis produced in 2010, to improve their effectiveness further. Thus, for example, more longer-term contraceptive methods are also to be made available. Besides promoting the right to health and gender equality, particular importance will also be attached to strengthening health systems as a whole, as well as the close linking of family planning activities and HIV/Aids activities. Moreover, the BMZ intends to introduce standard indicators in bilateral state programmes for reproductive health and family planning to improve their effectiveness and facilitate reporting. These indicators will cover the three goals of the initiative: knowledge/acceptance; family planning; safe childbirth.

3. Fostering civil-society and private-sector engagement

The promotion of family planning and maternal health requires a concerted effort from all quarters. This is why providing greater support for civil-society and private-sector activities, both in Germany and in partner countries, is a part of the BMZ initiative.

A one-day meeting on the promotion of child and maternal health will take place in June 2011, with a broad spectrum of actors from civil society in Germany. Under the budget item 'Private-sector project-executing agencies', the promotion of reproductive health and family planning projects will be made a priority. In addition, the first public-private partnerships (DeveloPPPs) with the private sector are at the preparation stage and are due to be scaled up in the future.

In the partner countries, too, civil society and the private sector often have a key role in family planning and maternal health. These are to be increasingly involved in policy discourse and also promoted directly in the context of bilateral projects. Moreover, the BMZ is supporting international NGOs such as the International Planned Parenthood Federation (IPPF) in their work on the ground.

4. Attaching particular importance to education and information

Education and information are absolutely central to family planning and maternal health. For that reason they will be given particular consideration in the future structuring of German development cooperation approaches and will also be the subject of joint programmes with civil society and the private sector.

² The Muskoka Initiative has a broader thematic scope and relates to the whole of development cooperation, i.e. bilateral and multilateral flows. The baseline is ODA disbursements in 2008, which, based on the G8 calculation method, amounted to 302 million euros. Thus, if the German contribution is delivered evenly, the target for annual pledges for 2011 to 2015 for child and maternal health (using the Muskoka calculation method) averages 382 million euros per year.

The 9th International Dialogue on Population and Sustainable Development due to be held on 19 and 20 October 2011 will therefore take as its theme 'Education Matters: Empowering Young People for a Healthy Future'. There will be discussions of previous good practice and innovative new approaches with the joint organisers of the International Dialogue – Bayer Health Care, IPPF, DSW, KfW and GIZ – as well as invited experts from government, civil society and the private sector. Moreover, the portfolio of development cooperation with some of Germany's partners (Malawi, Pakistan and Kyrgyzstan) will be discussed with a view to agreeing on ways forward to strengthen the linkages between sexual and reproductive health and rights (SRHR) and education.

The BMZ is also supporting the standards for sexual and life skills education developed by the German Federal Centre for Health Education (BZgA) on behalf of the WHO Regional Office for Europe. The aim is to implement these in (eastern) European partner countries and draw conclusions for activities in other regions as well. In ventures involving collaboration with the private sector, too, the issue of education and information in family planning initiatives will be of central importance.

5. Continuing to promote courses for midwives and medically trained personnel to provide professional assistance at deliveries

Professional medical care during pregnancy and childbirth is an essential success factor for improving maternal and newborn health. For that reason the BMZ will be specifically seeking to upgrade midwifery services in cooperation with the national professional associations. A part of the strategy will be to influence legislative processes with respect to needs analyses and staff ratios, in order to increase the proportion of professionally assisted pregnancies and deliveries.

To this end German development cooperation contributed to the 'State of World's Midwifery Report', compiled by the UN Population Fund and the International Confederation of Midwives, and published for the first time in June 2011. The BMZ will collaborate specifically with both organisations, and in cooperation with national midwives' associations, to achieve a qualitative improvement in the curricula and qualifications of personnel engaged in assisting childbirth. To do this we will also continue to expand bilateral cooperation in this field with selected partner countries, for example Kenya and Kyrgyzstan.

In the context of the European ESTHER Alliance there remains untapped potential for making a contribution in the area of maternal and child health, by using the expertise and resources available in German colleges, clinics and research institutions. Through capacity development within the framework of institutional partnerships with establishments in partner countries the quality of care and the closely linked training of specialist staff can be improved and research capacity can be strengthened.