Family Planning and the Millennium Development Goals

Willard Cates Jr.,1 Quarraisha Abdool Karim,2,3 Wafaa El-Sadr,2 Debra W. Haffner,4 Gladys Kalema-Zikusoka,4 Khama Rogo,4 Tricia Petruney, E. Megan Davidson Averill**

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, education, 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 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
1. UN, UN Millennium Development Goals (UN, New York, 2010).
11. UNFPA, Family planning and poverty reduction benefits for families and nations (UNFPA, New York, 2007).
15. UNFPA, Family planning and the environment (UNFPA, New York, 2008).

Supporting Online Material
www.sciencemag.org/cgi/content/full/science.1197080/DC1

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

FHI, Research Triangle Park, NC 27713, USA. 1Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, Durban, 4041, South Africa. 2Mailman School of Public Health, Columbia University, New York, NY 10032, USA. 3Religious Institute, Westport, CT 06880, USA. 4Conservation Through Public Health, Kampala, Uganda. 5The World Bank, Washington, DC 20433, USA.

*Author for correspondence. E-mail: maverill@fhi.org