

What Will \$1 Billion Buy?

Security. Stability. Survival.

Real investment in family planning will reap massive rewards for the whole planet.

In the last decade, U.S. funding for international family planning programs has declined by almost 40%.¹ At the same time, the number of women of reproductive age in the developing world has increased by more than 275 million. Today, more than 200 million women in the developing world wish to delay or end childbearing but do not have access to modern contraceptives. As a result, there are between 70 and 80 million unintended pregnancies in the developing world each year.²

Lack of access to family planning services contributes to a host of devastating consequences for the entire world: resource insecurity, social instability, and maternal and child death. If the United States wants to meet these 21st century challenges, then it is time for a change in direction: **a return to real investment in family planning.**

The United States must invest \$1 billion in FY 2009 in international family planning programs. This figure represents the United States' fair share of the total cost of meeting unmet need for family planning worldwide.³ It is also a sound investment in the future of our world.

Real investment in family planning will improve maternal and child survival, ease pressure on the environment, and increase social stability in the developing world.

Maternal and Child Survival

Every year, more than half a million women die of pregnancy related causes worldwide. More than fifty million women suffer serious complications related to pregnancy or childbirth. Nearly all of these deaths and injuries are preventable. Nations with high levels of access to family planning services have seen maternal and child mortality rates plummet in recent decades. In fact, nearly half of all maternal deaths and a significant proportion of infant deaths could be averted by universal access to contraceptives.⁴

Countries that have received significant U.S. assistance for family planning have achieved major reductions in infant and maternal mortality. For example, in Mexico the infant mortality rate fell by 70% between 1970 and 2005, as the use of modern contraceptives nearly doubled and average birth rates fell by nearly two-thirds. Similar experiences have occurred in Egypt and In-

donesia. Maternal mortality rates in Egypt have dropped by more than 50% as contraceptive usage increased dramatically from 23% in 1980 to 57% in 2005 and average birth rates declined from 6 children in 1970 to 3 children in 2005.⁵ The challenge today is to provide family planning to countries in desperate need of these resources, particularly in sub-Saharan Africa.

Family planning to limit and space births has also been proven to have an enormous impact on quality of life for families around the globe. Smaller family size allows parents to invest more in their children's educations and encourages greater equality for their daughters. There is evidence that access to family planning leads to increased educational opportunity for girls, increased social parity for women, decreased risk for HIV infection, and lower levels of poverty for families and societies as a whole.⁶

Real investment in family planning will save the lives of women and children and improve quality of life for everyone.

By the numbers:

- There are 1.4 billion women of reproductive age in the world today.⁷
- 200 million women have unmet need for family planning services.⁸
- Every year there are 46 million induced abortions.⁹
- 74,000 women die from unsafe abortion every year.¹⁰
- 20-40% of all infant deaths could be averted if all women had access to family planning services.¹¹

Resource Stability

Continuing population growth in the developing world is a major contrib-

Each \$100 million spent on family planning results in:²¹

- 3.6 million more contraception users
- 2.1 million unintended pregnancies avoided
- 825,000 fewer abortions
- 970,000 fewer unplanned births
- 70,000 infant deaths averted
- 4,000 maternal lives saved

utor to resource scarcity and human suffering. Population growth leads to the destruction of forests, the spread of deserts, and the pollution and over-fishing of oceans and waterways. These environmental stresses mean that many areas of the world lack the food and water resources necessary to sustain their growing populations. The end results are resource depletion, environmental degradation, and malnutrition.

The population of Nigeria, the largest country in Africa, has more than tripled since 1950, and is projected to double again by 2050. Today, the country is losing more than 351,000 hectares of rangeland to the spread of the Sahara Desert every year. Indeed, people across northern Africa are being pressured by the encroaching desert, a process largely driven by the cutting of forests and the plowing of rangeland to make space for the growing human population.¹²

Failure to address population growth will also hinder efforts to combat climate change. While industrialized countries currently account for the vast majority of emissions, the emissions of developing nations will increase as their economies advance. In many countries, these increases will be unavoidable if they are to achieve a reasonable quality of life for their citizens. Slowing population growth is one answer to this dilemma.

Real investment in family planning will protect the environment and relieve pressure on natural resources.

By the numbers:

- 750 million people currently live in countries without adequate water resources; by 2025 the number will grow to 2.6 billion.¹³
- There are 200 million chronically malnourished people in Africa—in large part due to population growth outstripping the increase in food production.¹⁴
- A 40% decrease in greenhouse gas emissions in the developed world by 2050 will be completely negated by population growth in the developing world.¹⁵
- Grainland per person has decreased 50% worldwide since 1950.¹⁶

“[A]ll the programs the United States supports on food security, employment, empowerment of women, achieving universal primary education, and economic growth may well falter if serious attention is not given once again to population [in Africa].”

Council on Foreign Relations, Independent Task Force Report No. 56, *More than Humanitarianism: A Strategic U.S. Approach Toward Africa*, Dec. 2005, pp. 119-120.

Civil Security

Resource scarcity and other population pressures place stress on fragile governments and other social structures. Many poor countries struggle to maintain health care, schooling and urban infrastructure in the face of rapid population growth. Countries without the means to adequately feed, house, educate and employ their citizens are at risk of civil insecurity. Additionally, high fertility rates often lead to disproportionate populations of young people, also known as “youth bulges.” Large numbers of young people without education and employment—which many developing countries are unable to provide—leave nations ripe for instability and civil conflict. Access to family planning eases such demographic “bumps” and promotes civil security.

Real investment in family planning will encourage social stability and decrease conflict.

By the numbers:

- Pakistan’s population has quadrupled from 46 million in 1960 to 164 million today. It is projected to add another 51 million people in the next 15 years.¹⁷
- There are more than 60 countries with pronounced “youth bulges,” including Afghanistan, Pakistan,

- Haiti, Nigeria, Kenya, Uganda.¹⁸
- 40% of the populations of Iraq, Yemen, and the Palestinian Territories are under the age of 15.¹⁹
- 17 of the top 20 failing states have high population growth.²⁰

Notes:

¹ Adjusted for inflation; 39% decrease from FY 1995 to FY 2008.
² http://www.unfpa.org/swp/2007/english/chapter_6/social_development.html
³ Singh, S., Darroch, J., Vlassoff, M., and Nadeau, J., “Adding It Up—The Benefits of Investing in Sexual and Reproductive Health Care.” New York: The Alan Guttmacher Institute, 2003, pp. 18-19. http://www.unfpa.org/upload/lib_pub_file/240_filename_addingitup.pdf.
⁴ Global Health Council, www.globalhealth.org.
⁵ United Nations Population Division (2007). *World Population Prospects: The 2006 Revision*; and ORC Macro. *Demographic and Health Surveys*, various years.
⁶ Singh, S., et al. pp.24-25.
⁷ Population Action International, www.populationaction.org.
⁸ Population Action International, www.populationaction.org.
⁹ Nils Daulaire. Global Health Council. Written testimony to the Senate Committee on Appropriations, Subcommittee on State, Foreign Operations and Related Operations. April 18, 2007.
¹⁰ UNFPA website <http://www.unfpa.org/mothers/facts.htm>, Accessed February 19, 2008.
¹¹ Daulaire.
¹² Brown, Lester. *Plan B 3.0: Mobilizing to Save Civilization*. 2008. New York: W. W. Norton. p. 95-97
¹³ “People in the Balance: 2004 Update.” Population Action International. http://216.146.209.72/Publications/Reports/People_in_the_Balance/Interactive/peopleinthebalance/pages/index.php.
¹⁴ “Looking Ahead: Long-Term Prospects for Africa’s Agricultural Development and Food Security.” International Food Policy Research Institute. August 2005. <http://www.ifpri.org/media/20050811Outlook2025.asp>.
¹⁵ Dyson, Tim. “On development, demography, and climate change: The end of the world as we know it?” Paper prepared for session 952 of the XXVth Conference of the International Union for the Scientific Study of Population, Tours, 18-23 July, 2005.
¹⁶ Brown, p. 117-121.
¹⁷ Brown, p. 117-118.
¹⁸ U.N. Population Division’s 2006 Population Database, <http://esa.un.org/unpp/>.
¹⁹ Assaad, Ragui, and Farzaneh Roudi-Fahimi, 2007. “Youth in the Middle East and North Africa: Demographic Opportunity or Challenge?” Population Reference Bureau MENA Policy Brief. <http://www.prb.org/Publications/PolicyBriefs/YouthinMENA.aspx>.
²⁰ Failed States Index. Carnegie Endowment for International Peace. Chart available at www.fundforpeace.org/web/index.php?option=com_content&task=view&id=229&Itemid=366. Accessed February 19, 2008.
²¹ Daulaire.