

Launch of 2011 State of World Population Report, People and Possibilities in a World of 7 Billion

UNFPA, the agency that implements programmes and policies focussed on improving sexual and reproductive health and rights in developing countries, each year launches its flagship report, entitled the State of World Population (SWOP), on the same day in several countries around the world. The theme of the 2011 launch is People and Possibilities in a World of 7 Billion. As the collaborating NGO of the UNFPA in Ireland, the IFPA organises the launch in Dublin each year. This year's launch was held on Wednesday, October 26th: keynote addresses were delivered by Minister of State for Trade and Development Jan O'Sullivan, TD, Jacqueline Mahon, Senior Policy Advisor with UNFPA and Dr Nata Duvvury of NUI Galway. The event was opened and chaired by Kevin Baneham, incoming Chairperson of the IFPA.

Kevin Baneham, IFPA Chair

It is my pleasure to welcome you today to the Shelbourne Hotel and this, the launch of the State of the World Population Report for 2011 prepared by the United Nations Population Fund, UNFPA.

As the UNFPA Irish NGO partner, it was our pleasure in the Irish Family Planning Association to organise today's launch.

I am delighted that we are joined by such distinguished speakers as Minister Jan O'Sullivan, the Minister of State for Trade and Development; by Jacqueline Mahon, Senior Policy Advisor with the UNFPA and Dr Nata Duvvury, Co-Director of the Global Women's Studies Programme at NUI Galway.

I would like to welcome Ambassadors and representatives from the Embassies of Australia, Belgium, Cuba, France, Kenya, Mexico, Norway, South Africa, Spain and the United Kingdom, who have joined us today. I also extend a warm welcome to the members of the Oireachtas who have joined us. The annual State of the World Population Report is an important yearly event. For someone like me who loves statistics, the appendices to this report are a rich source of data. The numerical data from the CPD indicators shows the sheer scale of the challenges posed by population growth but also the loss and dislocation caused, for example, by high infant and maternal mortality rates.

The headline from this report will be the world's population reaching 7 billion this year, but I was struck by the huge divergence in mortality rates and in access to contraception and family planning services.

After the elections which take place this week, there will be a sharp focus on the forthcoming Budget. In that context, it is important to recognise that Ireland's contribution to aid and development, especially when it comes to sexual and reproductive health, is a matter of life and death for some of the world's poorest people.

I welcome the themes chosen in this year's World Population Report. The authors, for example, have highlighted the challenges posed to all countries in the world by migration and by people moving to live in ever-growing cities.

Lastly, the Report highlights the importance of Sexual and Reproductive

Health and Rights in tackling poverty and in giving women the power to make choices which affect their sexual and reproductive health.



Report cover: Geography class, Eduardo Mondlane University, Maputo, Mozambique

Enabling women, men and young people to have the power to make their own reproductive decisions remains the best blueprint for our future, as outlined in the Cairo International Conference on Population.

There are 215 million women of childbearing age in developing countries who lack access to voluntary family planning. There are millions of adolescent girls and boys in the developing world who have too little access to sexuality education and information about how to prevent pregnancies or protect themselves from HIV. In pockets of the world where women's status is low, infant and child survival are also low. We must eradicate economic, legal and social barriers, to put women and men and boys and girls on an equal footing in all spheres of life.

I won't say anything else about the report, leaving this to the expert speakers who will follow me today, apart from to say that the Irish Family Planning Association was founded in 1969 to address the dearth of family planning services provided by GP's and also to advocate for sexual and reproductive health and rights. We are proud also of the contribution the IFPA has made in assisting and working with partner family planning associations in the developing world. To give one example: with the support of Irish Aid, the IFPA has worked with an outreach project in Bolivia operated by CIES (Centro de Investigación, Educación y Servicios), which delivers sexual and reproductive health services to marginalised young people. During the first year of this project, CIES was able to reach more than 3,000 young people and provided more than 13,500 educational services related to sexual and reproductive health. These young people, including young mothers, previously had nowhere else to turn for services or information.

I would like to use this opportunity to thank Irish Aid and Minister O'Sullivan for their valuable support of this project.

I would like to commend Minister O'Sullivan for a number of valuable recent initiatives undertaken by her and by her Department in regard to the promotion and protection of women's human rights.

I was struck by the contribution made in April 2011 by Ambassador Anderson at the UN Commission on Population and Development, which highlighted the links between a woman's right to the information and means to make autonomous decisions about her fertility and the wider empowerment of women in every sphere of economic, social and political life. Ireland also highlighted the transformative effect of access to reproductive health care on women's vulnerability to poverty, hunger and economic and social discrimination. The IFPA has warmly welcomed the emphasis on a rights-based approach to family planning and reproductive health as an intrinsic part of gender equality and women's empowerment in the context of the White Paper on Irish Aid.

More recently, Ireland co-sponsored a resolution at the Human Rights Council in Geneva that reaffirms the international community's commitment to mainstreaming human rights in efforts to prevent maternal mortality and

morbidity. Ireland has also co-sponsored the June 2011 Sexual Orientation and Gender Identity Resolution at the Human Rights Council.

The IFPA also welcomes Irish Aid's new initiative to publish an annual Gender Monitoring Report which gives effect to the principle of the White Paper on Irish Aid of a cross-cutting focus on gender equality and women's empowerment.



IFPA Chairperson Kevin Baneham, Dr Nata Duvvury, Co-Director of NUIG Global Women Studies Programme, Jan O'Sullivan, Minister of State for Trade and Development, Jacqueline Mahon, Senior Policy Advisor on Global Health and Health Systems at UNFPA

We welcome the review of the White Paper on Irish Aid, and hope to see strengthened commitments to:

- **gender equality, women's empowerment and reproductive health and rights;**
- **young people as a constituency in development policy;**
- **making policy coherence and human rights-based approaches effective across Irish Aid's programmes.**

Ireland's focus on giving effect to the goal of gender equality and women's empowerment is timely: over the following months and years there are a number of key intergovernmental fora at which it is critical that Ireland play a strong role as a champion of women's human rights.

The outcome documents of these conferences will all be strengthened by strong human rights-based language on sexual and reproductive rights and health. The omission or dilution of such a focus would have serious consequences for women's and young people's rights in development.

I won't go into too much detail about each forum, except to mention the Fourth High-Level Forum on Aid Effectiveness; the February 2012 meeting of UN Commission on the Status of Women; the April 2012 meeting of the UN Commission on Population and

Development with its the theme of Adolescents and Youth and later in the year the Rio+20 Conference which will meet to secure renewed political commitment for sustainable development.

In 2013, Ireland takes the presidency of the EU, and will have this role during the critical stages in the preparations for three further major UN conferences that will shape development policy making into the future: The 20 year review of the Cairo Declaration and Programme of Action in 2014, and in 2015, the 15-year review of the Millennium Declaration and Development Goals and the 20-year review of the Beijing Declaration and Platform for Action.

In all of these fora, Ireland has an opportunity to take a leadership role as a champion of sexual and reproductive health and rights within EU and UN and to make strong statements to highlight Ireland's commitment to addressing maternal mortality and health, unmet need for contraception, sexuality education, unsafe abortion and the specific needs of young people through a comprehensive rights-based approach.

That's all in the future. Our first speaker today is Jan O'Sullivan, the Minister of State for Development and Trade. The first time I came across Minister O'Sullivan was during the election coverage of the 1997 general election when, on commenting on the candidates in the Limerick East constituency, John Bowman of RTÉ said that Jan O'Sullivan was known locally as one of "Kemmy's Femmies". The Kemmy in question was of course Jim Kemmy and I later learnt that the "Femmie" moniker was due to the Minister's work on developing family planning services in Limerick.

Since then, of course, Minister O'Sullivan has been successful in all the elections she has contested. On a personal level, I was delighted that she was offered the opportunity of serving in a Ministerial Office. Generally, the Irish Ministers for Overseas Development have been high-profile and very able public representatives and none more so than Jan O'Sullivan. On that note, I would now like to invite Minister O'Sullivan to address you.

Minister of State for Trade and Development, Jan O'Sullivan T.D.

Excellencies, Ladies and Gentlemen

I am very grateful to the Irish Family Planning Association for inviting me to launch this year's UNFPA State of Population Report.

I have worked closely with the Family Planning Association over many years. It is particularly gratifying therefore, in my role as Minister of State for Trade and Development, to have the opportunity to work with United Nations Population Fund – the UNFPA – which is the Irish Family Planning Association's international

partner, on vital reproductive health issues at a global level.

I am also delighted to be sharing this platform with Jacqueline Mahon of UNFPA and Dr. Nata Duvuury of NUI Galway. I know that Nata in particular has been a hugely important collaborator for the Department of Foreign Affairs and Trade over the past few years, both through her work with us in the Joint Consortium on Gender based Violence and on Ireland's National Action Plan for the Implementation of UN Security Council Resolution 1325 on Women, Peace and Security. Thank you Nata for the deep commitment and engagement you have shown on the widest range of issues related to women and development.

Jacqueline, I know, is a key advisor of the Executive Director of UNFPA, Dr. Babatunde Osotimehin, on



Minister of State for Trade and Development Jan O'Sullivan

global health issues and is at the forefront of UNFPA's work to ensure that every woman has access to the reproductive health services she needs in order to plan her family and to have health and safe pregnancies and births. The audience here will need no reminder that universal access to reproductive health is one of the Millennium Development Goals that is lagging furthest behind target. I am very proud therefore, that it is an Irish woman that is so central to the UN's efforts to catalyse the efforts of the international community to reach this goal by 2015.

Excellencies, Ladies and Gentlemen. In six days time, we will mark the moment at which the world's population is estimated to reach 7 billion.

It is a daunting prospect. The challenges that it creates are complex and multi-faceted. Every aspect of development is linked to it - health, education, food security, creating sustainable livelihoods, responding to climate change, democratization and good governance. All are directly affected by population growth. The same goes for broader global trends: urbanisation, migration, gender equality and women's empowerment, global economic growth and employment. However, it is important to emphasise that the demographic challenges that face us are not simply linked to high population growth rates. As sub-Saharan Africa struggles with the impact of high fertility rates, many parts of Europe, as well as a number of countries in the Americas and in Asia, are grappling with the implications of low fertility rates and rapidly aging populations.

The 2011 State of the World Population report outlines these challenges powerfully and eloquently. Importantly, it also makes a persuasive case that they can, and should, be addressed positively, and comprehensively. This may seem obvious, but it is a case which, increasingly, has to be made in a proactive way.

Regrettably, some of the recent media commentary in Ireland on this issue has contended that attempts to reduce poverty are doomed to failure because of rapid population growth, particularly in sub-Saharan Africa. Therefore, it is sometimes asked, why should we bother?

With 80 million people being added to the world each year, the argument goes, it is pointless to try and feed the hungry, educate children, save lives through basic healthcare interventions, create and support sustainable livelihoods. The numbers are just too overwhelming. Better to turn away from an intractable problem and stop throwing good money after bad.

Let me say, that as the Minister charged with overseeing Ireland's development aid programme, I absolutely reject this simplistic line of argument. What it ignores is the reality that rapid population growth alone is not the cause of poverty. Poverty itself also drives unsustainably high population growth.

If we want to address the challenges posed by a rapidly expanding world population, we have to address the root causes of that expansion. As the 2011 report so succinctly explains, in the poorest countries, extreme poverty, food insecurity, inequality, high death rates and high birth rates are all linked in a vicious cycle.

The challenge is to break that vicious cycle. And this is eminently possible. We know what it takes. Investing in health, particularly sexual and reproductive health, and in education for women and girls is fundamental.

In country after country, women and girls who have completed at least primary school education choose to have fewer children. Governments need to facilitate that choice by ensuring access to the information and means that women need plan the size, timing and spacing of their families. As the 2011 report so clearly states, governments that are serious about eradicating poverty should also be serious about providing the services, supplies, and information that women, men and young people need to exercise their reproductive rights.

Providing women with access to reproductive health care is not just an end in itself. It can have a transformative effect on women's vulnerability to poverty, hunger and economic and social discrimination. The choice to have smaller families allows for greater investment in each child's health care, nutrition and education, improved productivity and better long-term prospects—for women, their families and their societies.

It is the creation of such a virtuous cycle that Irish Aid consistently aims to support through all our work. In 2010 alone, Irish Aid provided €145 million in support to the health and education sectors in our programme countries and through global level partnerships.



Jacqueline Mahon, Senior Policy Advisor on Global Health and Health Systems at UNFPA and Minister of State Jan O'Sullivan

Specifically on reproductive health, UNFPA has been an invaluable partner for Irish Aid in our efforts towards contributing to achieving the goal of universal access to reproductive health by 2015. Since 2006, we have channelled almost €30 million through UNFPA in support of this goal.

I had the opportunity to meet with Dr. Babatunde Osotimehin, UNFPA's new Executive Director, earlier this year. He is proving to be an inspirational and transformative

leader and Irish Aid has been proud to work with him as a member of UNFPA's Executive Board throughout 2011.

UNFPA will continue to be a priority partner for Irish Aid and we look forward to working ever more closely with them in the run-up to the 2015 deadline for meeting the Millennium Development Goals. As I noted earlier, MDG 5, which focuses on maternal mortality and access to reproductive health, is one of the goals that is furthest off target. 215 million women worldwide still lack access to safe, effective and affordable forms of contraception and up to half a million women die in

pregnancy and childbirth each year. This is, quite simply, unacceptable.

The international community has made real progress on many of the MDG goals in the last ten years; school enrolment and child health has improved, child deaths have been reduced, access to clean water and sanitation has been expanded and progress towards meeting targets for the prevention, treatment and care of HIV and AIDS has been substantial.

We need to replicate this progress in the area of reproductive health. The 2011 report makes the case that it is imperative that we do so. I am pleased to have the opportunity today to restate Irish Aid's commitment to doing everything we can to support this aim.

Jacqueline Mahon, Senior Policy Advisor on Global Health and Health Systems UNFPA

Good morning and thank you for joining this launch as we approach an historic day.

Let me first take this opportunity to thank Minister O'Sullivan for her participation at this launch and more generally Ireland's valued partnership and support to UNFPA. I would also like to acknowledge our deep appreciation to the Irish Family Planning Association for organizing this launch and their deep commitment to our mandate over a number of years.

In five days, world population will reach 7 billion. The milestone of 7 billion is marked by achievements, setbacks and paradoxes, our numbers continue to rise.

UNFPA sees this milestone as a challenge, an opportunity and a call to action.

In some of the poorest countries, high fertility rates hamper development and perpetuate poverty, while in some of the richest countries, low fertility rates and too few people entering the job markets are raising concerns

about prospects for sustained economic growth and about the viability of social security systems.

And while progress is being made in reducing extreme poverty, gaps between rich and poor are widening almost everywhere. Questions of equitable access to resources and opportunities are now more and more increasingly being raised, including how governments relate to their citizens and how decisions are taken in an ever complex and globalised world. From the Arab Spring to the sit-ins on Wall Street, people are questioning and demanding answers. They are young, part of the largest youth generation our world has ever known, and they are determined

Our report entitled 'People & Possibilities in a World of Seven Billion' explores some of these paradoxes and challenges from the perspective of the individual, drawing from nine countries in which we interviewed ordinary people, national demographic experts and policymakers who describe the obstacles they confront – and overcome – in trying to build better lives for themselves, their families, communities and nations.

While our world of 7 billion presents a complex picture of trends and paradoxes, there are some essential global trends we observe.



Amsalu Buke and assistant on their trek to bring family planning to outlying Ethiopian communities.

- Educating girls and empowering women to fully participate in society is a winning strategy that is proven to work.
- Engaging boys and men, for they are the critical partners we require for health and development.
- Importance of a rights-based approach to development.

These are universal truths.

But, conversely, there is no ONE global population outlook. Instead, there are three common population scenarios:

- In countries with high population growth and low incomes, such as sub-Saharan Africa, many adolescent girls and women cannot determine their fertility, with population outstripping economic growth and the ability of health services to serve their people.

- In many middle income countries where population growth has stabilized, issues of

urbanization and migration factor heavily into population dynamics.

- In many European countries, Japan and elsewhere, fertility has fallen below the replacement level. Governments in these countries are challenged by shortages of labour and productivity, which potentially threaten the quality of life for the ageing generations.

With these trends in mind, we must ask which actions we can take today that will chart a path towards sustainable social and economic development and prepare the world going forward.

Today's milestone is a wake-up call. It's a reminder that we must act now. Luckily, we have a strategy to guide the way.

In 1994, world leaders from almost 180 countries came together in Cairo at the International Conference on Population and Development, the ICPD, and established a strategy for countries to put the health, rights, dignity and well-being of people at the centre of development. This became UNFPA's mission, and it is as critical today, if not more so, than it was back in Cairo.

More recently, in 2000, the adoption of the Millennium Development Goals and its modification in 2007 to put emphasis on reproductive health have also provided greater visibility to the issues of adolescent girls and women's needs.

The direction we took was considered groundbreaking, as the population community shifted its focus from numbers to human rights. We have made much progress by addressing the needs of youth, girls and women, and by providing comprehensive reproductive health care, including voluntary family planning.

With the 2014 anniversary of the ICPD rapidly approaching, the data indeed show that the road to equitable economic and social development runs straight through the centre of our mandate at UNFPA.

But our work is far from done. There is so much more we must do. And we need continued support from donors, greater commitment from programme countries and indeed from the whole international community to fulfill our mandate.

Consider that:

- There are 215 million women of child-bearing age in developing countries who would use family planning IF they had access to it.
- There are millions of adolescent girls and boys in the developing world who have too little access to sexuality education and counseling and information about how to prevent pregnancies or protect themselves from HIV.

We must tear down economic, legal, social and cultural barriers to put women and men and girls and boys on an equal footing in all spheres of life.

We must strengthen health care systems while at the same time support leadership and partnership at the community level to influence social norms and catalyze action.

We should invest in the health and education of the world's 1.8 billion young people and make them entrepreneurs who foster sustainable development.

With planning and the right investments in people—particularly young women and men—today, we can have thriving sustainable cities and communities, productive labour forces that fuel social and economic growth, youth populations that contribute to the well-being of their societies, and communities where the elderly are productive, healthy economically secure and have dignity.

In a world of seven billion let us count on each other – there are 7 billion possibilities.

Thank you for listening.

Dr Nata Duvvury, Co-Director of the Global Women's Studies Programme, NUI, Galway

UNFPA's State of the World's Population Report, 2011 is a clear call for accelerated action to capitalise on the immense opportunities that a global population of 7 billion represents. It is also a call for action to address inherent challenges for achieving a sustainable and peaceful prosperity that is inclusive and equitable. It is an inspiring report bringing to fore the voices of the active and dynamic young and old across the globe, who are at the heart of building the future. It draws out the lessons we have learned and makes the case for sound planning and investment in empowering women and men, girls and boys to exercise agency and choice and thereby lay the basis for a productive future.



Dr Nata Duvvury, Co-Director of NUI Global Women Studies Programme

In this talk I wish to focus specifically on sexual and reproductive health rights, which are so critical to ultimately shifting gender norms that limit women and girls as well as men and boy from realizing their full potential. The Millennium Development Goals have recognized the importance of gender equality in addressing poverty and promoting well-being. However as per the latest report on progress towards the MDG , it is widely agreed that the MDGs, and the specific targets

set out for the Goals, are unlikely to be achieved in a majority of the countries of the Global South. The progress has been particularly slow in terms of targets set for child malnutrition, maternal mortality, contraceptive use, adolescent fertility rate, and condom use in high-risk sex. In other words, progress has been slowest in the area of sexual and reproductive health (SRH). Maternal mortality has declined but not one country has achieved the target of reducing maternal mortality rate by 3/4ths by 2015. Equally worrisome is that contraceptive prevalence rate has increased at a slow rate and, in sub-Saharan Africa, approximately only one-third of women (rate of 27% in 2009) use contraceptives. With the exception of Latin America and Eastern Asia, all other regions of the Global South do not cross a rate of 62%. More worrying is that adolescent fertility has remained stagnant from the 1990s; in sub-Saharan Africa the rate remains at 122 per 1000 women 15-19 at 2008. The 2011 MDG progress report notes that the number of women aged 15 to 19 is estimated to reach 300 million, with the fastest growth expected in sub-Saharan Africa, posing serious challenges to improved sexual and reproductive health of women in light of the current trend in declining resource allocation to family planning programs specifically and reproductive health services generally. In terms of HIV and AIDS, there is progress in terms of decline in new incidence; however young women account for a larger share of those newly infected and women constitute a majority of those living with HIV and AIDS across the developing region. Condom use by young women continues to be significantly lower than that of young men suggesting the intractability of gender power balance in sexual relations.

Both the Guttmacher Institute and the Population Action International have extensively documented the impact of resource allocation to reproductive health services, including family planning. In a recent brief, the Guttmacher Institute argues that doubling the investment in family planning and maternal and newborn health services from the current level of \$11.8 billion to \$24.6 billion would save lives of 250,00 women and 1.7 million newborns, lower unintended pregnancies by 53 million and reduce unsafe abortions by 14.5 million (Guttmacher, 2010). Population Action International suggests that the opportunity cost of not investing in SRH is high – with higher resources needed to meet the

maternal and newborn health services of women who become unintentionally pregnant. Citing research in Zambia, they suggest a dollar investment in family planning results in a four-dollar saving in other development areas such as education and child health (Population Action International, 2010).

Despite the clear evidence of the significant positive outcomes of investments in reproductive health, and particularly family planning and maternal and newborn services, there is a slow downward trend in the resources devoted to reproductive health programs. Part of the decline is due to the slowing down of resources given to family planning with the emergence of conservative values regarding right of the unborn, sexuality in the context of the HIV and AIDS epidemic, and upholding the traditional family in a period of rising divorce, expanding co-habitation and increasing numbers of single parent families. Equally significant is the impact of the economic crisis with international assistance only marginally increasing from \$10.46 billion in 2010 to \$10.8 billion in 2011. However the UN Secretary General warns that these figures are provisional and maybe significantly less depending on the depth and length of the economic crisis (UN 2011a). The report on financial flows presented in April 2011 in the UN also indicates that from 2000 a marked shift occurred in the distribution of resources expended across the four categories of family planning, HIV and AIDS, reproductive health and basic research; expenditure devoted to HIV and AIDS more than doubled from about 30% in 2000 to 70% in 2009, while the share of family planning declined from 30% to less than 5% and the share of reproductive health also declined from 28% to 18% in the same period (UN 2011a). These trends in the lack of progress in MDG



Resident of one of Agar Ethiopia's shelters for elderly women

targets in the areas of reproductive health and the declining investment in SRH, despite the clear benefits of such investment in terms of well-being, indicates a rigid mindset among decision makers regarding sexual and reproductive rights of women. Partly this is due to the almost axiomatic understanding that poor sexual and reproductive health is a direct outcome of poverty, reduce poverty and there will be

an automatic improvement in SRH. A body of research and programmatic evidence has developed regarding the mutual interaction between reproductive and sexual health and gender equality on the one hand and poverty and gender equality on the other. However the

interaction between sexual and reproductive health and poverty has received relatively less in-depth exploration. Both in policy formulation and programmatic emphasis, poverty reduction has been prioritised as the key to sexual and reproductive health outcomes.

The line of argument being that poverty is the basic constraint to improved sexual and reproductive health of women. What is not reconciled, however, is the evidence that even in non-poor households women's ability to access reproductive health services, to influence decisions on marriage, fertility and sexual practices, and to realise bodily integrity is often deeply constrained resulting in poor sexual and reproductive health. The underlying role of gender norms suggests that sexual and reproductive rights maybe a critical starting point as their primary focus is on women's control over their bodies and enhancing their role in decision making which would in turn have significant impact on work participation, expenditure on welfare of children, formation of human capital of the next generation – all elements that contribute to improvements in household income. Furthermore, as the SWOP 2011 suggests, sex and sexuality education for young people, including girls and boys, have found to be hugely important in changing the underlying dynamic of fertility decisions.



Sharouq, 19, Mona, 17, and Hossam, 19, head to a concert in Cairo (L-R)

However, as Carlos Arnaldo, a demographer at Eduardo Mondlane University in Maputo, Mozambique says "Family planning is being implemented, but women are not the decision-makers. Men are against family planning because they want more children."

Attention has to be focused on young men to open up the possibilities of new arrangements of gender relations, of a new masculinity that values share work, communication and joint decision making in the intimate relationship. A study in China by Li in 2004 clearly showed that in couples where the household division of labor was shared, women were likely to have better sexual and reproductive health outcomes as they were more likely to get antenatal services, rest during pregnancy, and give birth in aseptic conditions.

Ultimately we need not only investment in reproductive health services to guarantee access but also a collective commitment to fundamentally challenge gender norms that restrict the realization of sexual and reproductive well-being of women and men - and in doing so lay the foundation for economic and social well-being of families and communities.