



Secretary Hillary Rodham Clinton  
Secretary of State  
U.S. Department of State  
2201 C Street, NW  
Washington, D.C. 20520

April 1, 2010

**Re: Family Planning and Contraception Are Essential to Maternal and Child Health**

Dear Secretary Clinton:

I am writing as a representative of the Center for Reproductive Rights (the Center), an international non-governmental organization that uses constitutional and international law to secure women's reproductive freedom worldwide. The Center is gravely concerned about a "Maternal and Child Health Initiative" slated to be proposed by the Canadian government during the 36<sup>th</sup> Annual G8 Summit, which will take place on June 25-26, 2010, in Huntsville, Canada.

The intent of the "Maternal and Child Health Initiative" is laudable, particularly in light of the fact that Millennium Development Goal 5 (to reduce maternal mortality by three quarters and to guarantee universal access to reproductive health by 2015) is the Goal towards which governments have generally made the least progress. Nevertheless, it appears that the Canadian government has no intention of including family planning, contraception and/or unsafe abortion within the Initiative's programmatic scope and funding scheme.

On February 10, 2010, Canada's Minister of International Co-operation, Bev Oda, said that Canada's focus on maternal and child health "will not address unsafe abortions in developing countries or support access to family planning and contraception."<sup>1</sup> A spokesperson in Ms. Oda's office further confirmed that conclusion, explaining that while the Prime Minister has set out several specific areas that will be the focus of funding, "family planning measures were never part of that group."<sup>2</sup> Moreover, on March 16, 2010, Canada's Minister of Foreign Affairs,

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<sup>1</sup> EMBASSY, Lee Berthiaume, *Oda Says No Abortion, Contraceptives Support – But WHO Reports that Lack of Both Contributes to Unnecessary Deaths*, Feb. 2, 2010, available at <http://embassymag.ca/page/view/oda-02-10-2010> (last visited on March 30, 2010).

<sup>2</sup> *Abortion Not Part of Maternal Health Plan Development Minister Says*, Feb. 18, 2010, available at <http://www.theglobeandmail.com/news/politics/abortion-not-part-of-maternal-health-plan-development-minister-says/article1472837/> (last visited on March 30, 2010).

Lawrence Cannon, said that the G8 maternal and child health initiative “[d]oes not deal in any way, shape or form with family planning.”<sup>3</sup>

As you may know, there has been significant backlash in response to the statements made by Canadian representatives, and that Canadian Prime Minister, Stephen Harper, recently attempted to appease aid groups and Canadian politicians who oppose the government’s stance on this matter by stating that “[w]e are not closing the door on any option, including contraception.”<sup>4</sup> Yet this statement is far from reassuring that the Canadian government is committed to promoting a comprehensive, evidence-based approach within its “Maternal and Child Health Initiative.” Moreover, Minister Harper further stated that “we do not wish to debate abortion in this place or elsewhere.”<sup>5</sup>

On a positive note, we sincerely appreciate your recent statements during a news conference in Gatineau, Canada, confirming that any discussions of family maternal health should address issues of family planning and abortions.<sup>6</sup> We also laud you for your strong affirmation that “[r]eproductive health includes contraception and family planning and access to legal safe abortions . . . .”<sup>7</sup> Through these statements, you reinforced the United States’ pivotal role in promoting women’s sexual and reproductive health. Nevertheless, we remain deeply concerned by the potential launch of a large-scale G8 initiative that would adopt such a narrow, and ineffectual approach to women’s sexual and reproductive health, in contravention of clear scientific evidence that confirms that family planning, contraception and reproductive health services are essential to maternal health. As we explain below, such programs are also integral to the G8 governments’ international human rights and development commitments.

### **The Evidence in Support of Family Planning as a Key to Maternal Health is Irrefutable**

It is widely recognized that greater international support for sexual and reproductive health and rights, especially family planning information and access to contraception and reproductive health supplies, is essential to the success of the G8 initiative on Maternal and Child Health. Recent research by the Guttmacher Institute and the United Nations Population Fund (UNFPA) confirms that maternal deaths in developing countries could be reduced by 70 percent, and newborn deaths cut nearly in half, if the world doubled its investment in family planning and maternal and newborn health care.<sup>8</sup>

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<sup>3</sup> See The Globe and Mail, Campbell Clark, *Birth Control Won’t be in G8 Plan to Protect Mothers Tories Say*, Mar. 17, 2010, available at <http://www.theglobeandmail.com/news/national/birth-control-wont-be-in-g8-plan-to-protect-mothers-tories-say/article1502796/> (last visited on March 30, 2010).

<sup>4</sup> House of Commons Debates, Official Report (Hansard), Thursday, March 18, 2010, available at <http://www2.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&Parl=40&Ses=3&DocId=4359770> (last visited on March 30, 2010).

<sup>5</sup> *Id.*

<sup>6</sup> See NATIONAL POST, *Maternal health includes family planning, access to abortion: Clinton*, Mar. 30, 2010, available at <http://www.nationalpost.com/news/canada/story.html?id=2744678> (last visited on March 30, 2010).

<sup>7</sup> *Id.*

<sup>8</sup> See THE GUTTMACHER INSTITUTE, UNITED NATIONS POPULATION FUND, Susheela Singh, Jacquelin E. Darroch, Lori S. Ashford, and Michael Vlassoff, *ADDING IT UP: THE COSTS AND BENEFITS OF INVESTING IN FAMILY PLANNING AND MATERNAL AND NEWBORN HEALTH 4* (2009), available at <http://www.guttmacher.org/pubs/AddingItUp2009.pdf>. [hereinafter *ADDING IT UP*]

Women around the world need access to family planning – including counselling, services and supplies. Research shows that 215 million women who would like to delay or avoid childbearing do not have access to modern contraception.<sup>9</sup> A dramatic improvement in access to family planning, including contraception, would sharply reduce the number of unintended and unplanned pregnancies, which in itself means fewer pregnancy-related deaths and complications.

Evidence shows that access to family planning alone could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unsafe abortions, and stop childbearing when they have reached their desired family size.<sup>10</sup> After giving birth, family planning can help women to wait a healthy period of time before trying to become pregnant again, thereby reducing newborn, infant and child deaths significantly.<sup>11</sup> There is also evidence showing that investments in family planning boost the overall effectiveness of the dollars spent on pregnancy-related and newborn health care. For example, the Guttmacher/UNFPA report argues that combined investments in family planning and maternal and newborn services achieve the same outcomes for \$1.5 billion less than investing in maternal and newborn health services alone.<sup>12</sup>

## No Backtracking on Commitments

Just last year at the 2009 G8 meeting in Italy, the G8 heads of government agreed that maternal and child health was one of the world's most pressing global health problems. They committed to “accelerat[ing] progress . . . on maternal health, including through sexual and reproductive health care and services and voluntary family planning.” They also announced support for “building a global consensus on maternal, newborn and child health as a way to accelerate progress on the Millennium Development Goals for both maternal and child health . . . .”<sup>13</sup>

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<sup>9</sup> See *id.*

<sup>10</sup> See WORLD HEALTH ORGANIZATION (WHO), Martine Collumbien, Makeda Gerressu, and John Cleland, *Non-Use and Use of Ineffective Methods of Contraception*, in COMPARATIVE QUANTIFICATION OF HEALTH RISKS: GLOBAL AND REGIONAL BURDEN OF DISEASE ATTRIBUTABLE TO SELECTED MAJOR RISK FACTORS, 1255 – 1320 (2004).

<sup>11</sup> See generally WHO, REPORT OF A WHO TECHNICAL CONSULTATION ON BIRTH SPACING – 13-15 June 2005 (2007), available at [http://whqlibdoc.who.int/hq/2007/WHO\\_RHR\\_07.1\\_eng.pdf](http://whqlibdoc.who.int/hq/2007/WHO_RHR_07.1_eng.pdf).

<sup>12</sup> See generally, ADDING IT UP, *supra* note 8.

<sup>13</sup> Paragraph 122 of the conclusions from the 2009 G8 reads: “We promote a comprehensive and integrated approach to the achievement of the health-related MDGs, also maximizing synergies between global health initiatives and health systems. We will accelerate progress on combating child mortality, including through intensifying support for immunization and micronutrient supplementation, and on maternal health, including through sexual and reproductive health care and services and voluntary family planning. We warmly support building a global consensus on maternal, newborn and child health as a way to accelerate progress on the Millennium Development Goals for both maternal and child health, through (i) political and community leadership and engagement; (ii) a quality package of evidence-based interventions through effective health systems; (iii) the removal of barriers to access for all women and children, free at the point of use where countries chose to provide it; (iv) skilled health workers; (v) accountability for results. We encourage the work of the WHO, WB, UNICEF and UNFPA are doing to renew international efforts on maternal and child health. We will implement further efforts towards universal access to HIV/AIDS prevention, treatment, care and support by 2010, with particular focus on prevention and integration of services for HIV/TB . . . .” 2009 G8 Declaration, *Responsible Leadership for a Sustainable Future*, available at [http://www.g8italia2009.it/static/G8\\_Allegato/G8\\_Declaration\\_08\\_07\\_09\\_final,0.pdf](http://www.g8italia2009.it/static/G8_Allegato/G8_Declaration_08_07_09_final,0.pdf).

The 2010 G8 “Maternal and Child Health Initiative,” if adopted, will substantially detract from these earlier commitments. Moreover, it would directly contravene earlier political commitments and human rights obligations contained within the Millennium Development Goals (MDGs),<sup>14</sup> the 2009 UN Human Rights Council Resolution (co-sponsored by the Canadian government) recognizing maternal mortality and morbidity as a pressing human rights concern,<sup>15</sup> the 2009 UN Commission on Population and Development Resolution,<sup>16</sup> and the 1994 International Conference on Population and Development Programme of Action (ICPD),<sup>17</sup> among other international agreements.

Therefore, we are calling on G8 leaders, particularly the United States government, to build upon – rather than backtracking on - previous international human rights and development commitments. Sexual and reproductive health and rights, especially access to family planning, including contraception, must be a central component of the initiative.

The G8 Summit is coming at a critical time, just moments before world leaders will gather at the United Nations in September 2010, to take stock of progress on the Millennium Development Goals. It would be illogical to launch a narrow and ineffective initiative that detracts from, as opposed to works toward, achievement of reducing maternal mortality by three quarters by 2015, as called for under MDG 5.

Should you need additional information regarding the effectiveness of a comprehensive approach to women’s sexual and reproductive health in securing women’s and children’s health and lives, please do not hesitate to contact us. We sincerely hope that the United States government will take the lead in supporting women’s health and in meeting its global commitments, as well as pushing the rest of the G8 to do the same.

Yours sincerely,

Center for Reproductive Rights

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<sup>14</sup> See UNITED NATIONS, MILLENNIUM DEVELOPMENT GOALS, *available at* <http://www.un.org/millenniumgoals/> (last visited on March 30, 2010).

<sup>15</sup> See HUMAN RIGHTS COUNCIL, Preventable Maternal Mortality and Morbidity and Human Rights, UN Doc. A/HRC/11/L.16/Rev.1 (2009).

<sup>16</sup> See UN COMMISSION ON POPULATION AND DEVELOPMENT, The Contribution of the Programme of Action of the International Conference on Population and Development to the Internationally Agreed Development Goals, Including the Millennium Development Goals, UN Doc. E/CN.9/2009/10.

<sup>17</sup> See Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994, UN Doc. A/CONF.171/13/Rev.1 (1995).