

Letter to the editor

I would like to make a few critical remarks to the article 'A call for a family planning surge' which was published in the previous issue of FVVO written by M Temmerman et al. (FV&V in ObGyn, 2012, 4, 25-29).

In this paper the authors are making a call to the global community for a strong renewed commitment towards family planning in the form of a global family planning decade. They argue that meeting the unmet need for family planning will have beneficial impacts on public health, environmental sustainability and social and economic development.

While decreasing maternal mortality rates, increasing GDP per capita and decreasing overpopulation are noble goals, these should not be the main objectives of family planning programs. This is missing the point and diverts the attention from the real issue: realization of reproductive rights and the achievement of reproductive autonomy. According to the WHO reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control of their choice; and the right of access to appropriate health care services of sexual and reproductive medicine that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. According to this definition, family planning is one of the tools to achieve reproductive health, just as is access to obstetric care, safe abortion and/or post abortion care, neonatal and pediatric care, services for STIs and HIV and access to infertility care.

Universal access to a full range of safe and reliable family planning methods was one of the goals set out by the International Conference on Population and Development (ICPD) held in Cairo in 1994. However, more importantly the conference caused a paradigm shift in the issue of population and development, recognizing that every person counts and that population is not about numbers but about people and their quality of life. The ICPD Programme of Action asserted that governments have a responsibility to meet individuals' reproductive needs, rather than demographic targets.

Although increased access to contraceptive methods is needed, a concentration of efforts and means towards family planning might not be the way forward. The fight against HIV/AIDS has been able to attract an increasing amount of donor funding and in doing so, has diverted resources and health staff from other health services, notably family planning and other reproductive health services. It would be sad if the same would happen with 'the family planning decade'.

So, if we want a family planning surge, let's try to make it part of a broader reproductive health package and

let's do it because we believe it will make happier and healthier families and not because it will make happier and healthier public health or population report figures.

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Reply

First of all: let there be no doubt that we fully support the ICPD Programme of Action and that we are partisans in the struggle for sexual and reproductive rights for all, which indeed implies access to all kinds of safe, effective, affordable and acceptable reproductive health services. This is however not at all incompatible with the observation that meeting the unmet need for family planning also contributes to other valuable causes in the field of sustainable development. Dr. Dhont states that 'realization of reproductive rights and the achievement of reproductive autonomy' is 'the real issue'. It is certainly a very important issue, but by no means the only 'real' one. We think that pointing at the links between family planning and other issues that are important for individual and collective well-being of humanity does not at all 'divert the attention' from reproductive rights, but that on the contrary it rather strengthens the case for providing universal access to reproductive services by providing additional arguments and fostering cross-sectorial alliances in science, advocacy and policy.

Family planning does not only deserve attention within the context of the ICPD follow up, it should also be on the agenda of the Rio+20 Conference and of the ongoing debates on how to proceed after 2015 with the millennium goals. We are not at all saying that resources should be taken away from other reproductive health services budgets to be diverted to family planning, let's hope this does not happen, but without considerable additional efforts we will not succeed in meeting the unmet need. We therefore applaud the DFID-Gated family planning summit which will take place in July 2012 and which is aimed at raising funds for providing access to family planning to an additional 120 million women by 2020. This is of key importance but it will not be enough. More resources will be needed, and by demonstrating the beneficial impact of family planning on environment and development, we hope to stimulate a bundling of efforts from donors and international institutions from different fields. If we succeed in providing universal access to family planning, this will serve several goals, and individual reproductive rights will be certainly among them.

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