



The Importance of Voluntary Family Planning and Its Provision by Our Members

Consensus Statement International Federation of Gynecology and Obstetrics (FIGO), International Confederation of Midwives (ICM), and International Council of Nurses (ICN)

Background

At the United Nations (UN) World Summit of 2010, member governments committed themselves to "... ensuring that all women, men and young people have information about, access to and choice of the widest possible range of safe, effective, affordable and acceptable methods of family planning."¹ This commitment, part of achieving Millennium Development Goal 5 (MDG 5) ("to improve maternal health") reiterated earlier international consensus expressed at the UN World Summit in 2005, in the UN Millennium Declaration of 2000, and at the International Conference on Population and Development in 1994. Two of the six indicators for achievement of MDG 5 are the contraceptive prevalence rate and the unmet need for family planning.

Over the past four decades, much progress has been made in expanding the availability, access, quality, and use of voluntary family planning services. Worldwide, an estimated 62% of women of reproductive age who are married or in union² are using contraception, representing more than 720 million women. Whereas 75% of women in Northern Europe, 73% in North America, 70% in Asia, and 69% in South America use modern contraception, only 23% of women in Africa use modern contraception, and this lower use coexists with high unmet need and much higher maternal mortality rates.³ In more than 40 less-developed and least-developed countries, over 20% of married women of reproductive age have an unmet need for contraception.⁴

As the world's population continues to grow, the largest cohorts in human history are entering and moving through their reproductive years. Thus, the need for family planning services across a woman's life cycle from menarche to menopause is large and will continue to grow for many years to come. The health benefits of fulfilling unmet need and thereby averting unintended pregnancies can be substantial: each year there would be 640,000 fewer newborn deaths; 150,000 fewer maternal deaths from unsafe abortion and other pregnancy-related causes; and 600,000 fewer children who lose their mother.⁵

Many cadres of trained health providers, including doctors, midwives, nurses, clinical officers, and community health workers, play an important role worldwide in providing quality family planning services. Task-sharing⁶, i.e., the provision of family planning services by these varied provider cadres, has been practiced successfully to address the critical shortage of medical

professionals and to expand access to a range of contraceptives, including injectable contraceptives.⁷ However, basic competencies in both family planning counseling and family planning service provision are often not consistently present in pre-service education and in-service training for doctors, midwives and nurses. This reduces the ability of these cadres to provide—and women and men to access—the full complement of family planning methods and services.

Recommendations

To improve maternal health (MDG5), the 2010 UN World Summit committed member nations to “...strengthen the role of skilled health-care providers, including midwives and nurses, through their training and retention in order to fully utilize their potential as trusted providers of maternal health-care services, as well as expand family planning within local communities...”⁸ In concert with that goal, FIGO, ICM and ICN should:

- Help all women and men of reproductive age, in accordance with national norms, to attain universal access to a full range of family planning services. FIGO, ICM, and ICN and their member associations should work with other stakeholders at national and international levels to advocate for achievement of this goal.
- Provide leadership to ensure optimal policies and practices for family planning service delivery and training, including appropriate sharing of work among doctors, midwives, nurses, and the full range of community health workers.⁹
- As appropriate, include knowledge, counseling, and skills acquisition for family planning service provision as basic competencies in the pre-service education, in-service training, and postgraduate education of each professional discipline.
- Have member associations promote family planning as an essential service in their individual members’ clinical practices.

¹ United Nations. 2010. *Resolution 65/1: Keeping the promise: United to achieve the Millennium Development Goals*. Resolution Adopted at the 65th Session of the General Assembly, 19 October 2010. New York. Accessed 13 May 2011 at www.un.org/en/mdg/summit2010/pdf/outcome_documentN1051260.pdf.

² All women and men of reproductive age should have full and informed access to voluntary family planning. However, aggregated worldwide data on use of contraception among all women are difficult to find, so data on contraceptive use among the subpopulations of married women and women in union are cited here.

³ Population Reference Bureau. 2010. *2010 World Population Data Sheet*. Washington, DC.

⁴ Westoff, C. F. 2006. *New Estimates of Unmet Need and the Demand for Family Planning*. DHS Comparative Reports No. 14. Calverton, MD: Macro International Inc.

⁵ Singh, S., et al. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: Guttmacher Institute and United Nations Population Fund.

⁶ “Task-shifting,” in contradistinction to “task-sharing,” entails expanding the roles of family planning providers to provide methods they had not previously provided. See: www.hrhresourcecenter.org/taxonomy/term/67.

⁷ World Health Organization (WHO), U.S. Agency for International Development (USAID), and Family Health International (FHI). 2009. *Community-Based Health Workers Can Safely and Effectively Administer Injectable Contraceptives: Conclusions from a Technical Consultation*. Research Triangle Park (NC): FHI.

⁸ United Nations. 2010 (see reference 1).

⁹ World Health Professions Alliance. 2008. *Joint Health Professions Statement on Task Shifting by ICN, FIP, FDI, WMA, ICM and WCPT*. Geneva. Accessed at: www.whpa.org/Statement_12_principles.pdf.

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