The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
INTERNATIONAL DEVELOPMENT ASSOCIATION

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Prince Dr. Philip C. Njemanze
Chairman
African Anti-Abortion Coalition
Chidicon Medical Center
No. 1 Uratta Road
P. O. Box 302
Owerri
Imo State
Nigeria 460242

Dear Prince Dr. Njemanze:

Facts and Figures on the Economics of Contraception and Abortion: A Reply to G8 Leaders

I acknowledge with thanks receipt of your letter of November 26, 2008, addressed to Mr. Robert Zoellick, President of the World Bank. We appreciate your interest in our work and the information you provided to back your position on the Economics of Contraception, Abortion and HIV/AIDS. We are also glad that you received our previous response in which we stated our Mission and the role of the World Bank in Africa.

We have read your submission and wish to make a few comments and suggest a way forward.

As you are aware, the issues you are raising are all linked to the Millenium Development Goals (MDGs) (especially 1, 2, 4, 5, 6, and 8) to which the African countries the Bank and other development partners are giving great attention. We, in the Human Development Department of the Bank, are also very concerned by the slow pace of progress towards meeting the MDG targets in health and education, and are in constant consultations with our partners on how the process can be accelerated. In the Africa region, lack of resources, weak capacity and gender inequity are some of the impediments that must be addressed.

It is important to emphasize that Bank activities are guided by country needs and are at the request of the governments who are also the implementers. The programs are peer reviewed both internally and externally to ensure technical compliance with accepted international practices, social mores and legal statutes of the country. In health, for example we depend on WHO guidelines and rely heavily on technical support from other UN agencies. We are also guided by international and regional charters and agreements to which individual countries are signatories to. You have referred to several of these in your comprehensive note.

In reference to the specific issues raised in your letter, please find below the following points:

A. ***Contraceptives and HIV/AIDS.*** To date, the Condom is the only contraceptive method that can prevent STIs and HIV. Hormonal contraceptives, by far the most common in Africa, do not prevent the transmission of HIV, hence the recommendation for dual protection. Correlation of contraceptive prevalence and HIV/AIDS should therefore take into account the methods mix in that country. It should be noted that HIV/AIDS prevalence is higher in East and Southern Africa where the use of modern contraceptives are also higher and hormonal contraception predominates. The intended message in your note is appreciated but you may wish to take these and other confounding factors into consideration.

B. ***MMR and Contraceptives.*** WHO recognizes family planning as one of the Pillars of Safe Motherhood. Contraceptives can prevent a high risk pregnancy but will not save the life of a woman who is already pregnant and has complications arising from that pregnancy. Skilled attendance and emergency obstetric care is critical. Currently, contraceptive prevalence rates in most African countries are extremely low and unlikely to make a difference, except in the highest socioeconomic groups that have access to the full package of critical interventions. Again, your message is appreciated but you may wish to address other factors since there is no magic bullet to address this important problem.

C. ***MMR and Raised standard of living.*** This correlation should not be surprising. 'Raised standards of living' is a compound term that usually denotes better health status of women and children, improved access and quality of health services (including obstetric care), narrowing of gender gaps and expanded choices for and economic empowerment of women. This explains the observed gaps in maternal outcomes between the richest and poorest quintiles in our countries. Interestingly, contraceptive prevalence also tends to be significantly higher among the higher socio-economic groups (better off) in Africa.

D. ***Abstinence and HIV/AIDS.*** The Bank supports the comprehensive approach that has worked so well in Uganda and has been adopted by most governments in the war against HIV/AIDS. This approach fully acknowledges the role of abstinence and respects the choices of governments and community groups.

E. ***Abortions and Economic consequences.*** Abortion is a sensitive and contentious issue with religious, moral, cultural and political dimensions. It is also a major public health concern in many parts of the world. In Africa, unsafe abortion accounts for up to 50% of maternal mortality and considerable morbidity. It is therefore an important factor to consider under MDG 5. The Bank is aware of these sensitivities and is not involved in national debates and decisions. Your data on these linkages is interesting and raises other questions. For example, do poorer countries have higher rates of abortion? A closer look at the history of maternal services in Eastern Europe and the reasons for significantly lower contraceptive rates may shed more light on the correlation. Does lower CPR result

in more unplanned pregnancies and increased likelihood of abortion? Why are abortion rates lower in Western Europe where laws are more liberal than the East? Why are there reports of declining abortion rates in the East as access to modern contraceptives rise? Similarly in Africa, why are the rates of unsafe abortion higher in the lowest socioeconomic groups? Is their poverty caused by abortion or does poverty deny the poor access to information and services for prevention of unplanned pregnancies?

F. ***Trade in human materials for research*** is prohibited by the Helsinki Agreement. Kindly bring this criminal matter to the urgent attention of the World Medical Association and South African Medical Association. It will be in their interest to investigate and take necessary remedial actions.

Finally, your proposals on environment (carbon emission business exchange) and job creation and loan facility for African women as way of preventing HIV/AIDS are well taken. Most Bank supported HIV/AIDS projects and Social Action Funds already encourage income generating activities for women and other microfinance initiatives. They will expand in the future since both environmental management and the economic empowerment of women are key pillars of the current Africa Action Plan.

We appreciate the opportunity to share views on these difficult but highly relevant issues and hope that we can together work towards improving the welfare of women and children in Africa. In this context, you may consider soliciting the views of African governments and other technical agencies and joining forces to focus the meager resources investments on the most vulnerable and implementing cost effective interventions.

Best wishes for a Happy and Prosperous 2008.

Sincerely,

Dr. Ok Pannenborg
Acting Director
Human Development Department
Africa Region

cc: Dr. Khama Rogo
Africa Region
The World Bank

Mrs. Elizabeth Lule
Africa Region
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