The Importance of Funding and Supporting Independent Reproductive Health Clinics

Beijing +20: Women and Health

CEDAW: Article 12 - Health

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Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Article 12

"1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning"
(United Nations, 1).

Beijing Platform for Action; Beijing +20;
The Importance of Funding and Supporting Independent Reproductive Health Clinics

In September of 1995, the UN Commission on the Status of Women formally adopted the Beijing Platform for Action. This platform outlined goals to close the gap between gender inequality across the world, with the intention to revisit the progress of the goals at the fifteen and twenty year mark.

The Beijing Platform for Action for Equality, Development, and Peace outlines twelve strategic objectives and actions, which include ("Fourth World Conference on Women"):

1) Women and Poverty
2) Education and the Training of Women
3) Women and Health
4) Violence Against Women
5) Women and Armed Conflict
6) Women and the Economy
7) Women in Power and Decision Making
8) Institutional Mechanism for the Advancement of Women
9) Human Rights of Women
10) Women and the Media
11) Women and the Environment
12) The Girl-child

The Beijing Platform for Action was revisited at the fifteen-year mark in 2010, with the goal of establishing what progress had been made toward the twelve points since 1995, so that areas to improve upon could be highlighted. In March of 2015, the United Nations Commission on the Status of Women will revisit the Beijing Platform again, known as the Beijing +20.

CONNECTION TO CEDAW

The United Nations General Assembly (United Nations, 1) adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), as an "international human rights bill for women" in 1979. For the purposes of this paper, it is important to note what the Convention defines as discrimination against women. According to the document, discrimination against women is, "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field" (United Nations, 1). States who have ratified this document are required to submit reports to the United Nations, every four years at minimum, to track the progress of provision put in place by CEDAW (United Nations, 1).

Of particular relation to this paper is Article 12 of CEDAW, of which the first subtopic reads: "1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning" (United Nations, 1). While CEDAW has not been ratified by all members of the United Nations, primarily due to the provision for reproductive healthcare as a human right of women, CEDAW has held considerable weight in the formation of new United Nations summits and legislation relating to women, including the *Beijing +20.*

INTRODUCTION

Within the subsection of "Women and Health", the tenth agenda point of the Beijing Platform, there exist two strategic objectives that specifically address women's reproductive health: "C.1 Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services. C.3 Undertake gender-sensitive initiatives that address sexually transmitted diseases,

HIV/AIDS, and sexual and reproductive health issues ("Fourth World Conference on Women")." The United Nations recognizes reproductive health as crucial to a safe, healthy life, noting "the promotion of the responsible exercise of (these reproductive) rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning" ("Fourth World Conference on Women").

Two solutions that prove effective in addressing the needs of strategic objectives C.1 and C.3 are funding high-quality, affordable reproductive healthcare in the forms of independent and non-governmental non-profit clinics, while simultaneously supporting advocacy work on the part of independent non-governmental organizations (NGOs) to put women's unique reproductive needs on the forefront of policy and legislation.

REPRODUCTIVE HEALTH & CLINIC ACCESS: GLOBALLY, NATIONALLY, & LOCALLY

REPRODUCTIVE HEALTH AND CLINIC ACCESS GLOBALLY

From a global perspective, access to reproductive healthcare clinics dedicated to providing a range of life-saving services varies wildly across continents, countries, and cultures. For example, in most of Western Europe, laws regarding birth control and abortion are fairly "liberal", allowing for terminations up to 24 weeks in most cases, coupled with reproductive needs built into government-funded healthcare systems. Still, outliers exist, primarily due to religious influence. In countries like Ireland, a strong conservative Catholic presence has put a chokehold on the operations of reproductive health clinics, even for those who do not offer pregnancy termination (Westeson, 1). The European Court of Human Rights has ruled, on multiple occasions and most recently in 2010, that "the state violated women's rights by obstructing access to legal health services, including abortion". (Westerson, 1).

Outside of the European sphere of influence, reproductive rights are fairly dismal. For example, in El Salvador, a Catholic country located in Central America, pregnancy that ends under any circumstance, including natural termination through miscarriage—referred to by the medical community as "spontaneous abortion"—is grounds for jailing (Amnesty.org, 1). In 2007, an eighteen-year-old woman was given a thirty-year sentence after seeking help for a miscarriage at the local clinic (Amnesty.org, 1). On January 22, 2015, El Salvador's Parliamentary Assembly voted to pardon the young woman, raising hopes for "the other 15 women jailed after suffering pregnancy-related complications…(who) are also seeking pardons" (Amnesty.org, 1).

Yearly, over 21.6 million women undergo unsafe abortions, with 47,000 women dying because they do not have access to safe abortion. Over 18.5 million of these estimated unsafe abortions occur in the global south and developing world (WHO.org). Still, there has been some progress made in the twenty years since the Beijing Platform. The Guttmacher Institute notes that between 1995 and 2003, "the number of abortions worldwide fell from 45.5 million in 1995 to 41.6 million" (Population Institute, 1). While this drop in abortions is promising, the number of unsafe abortions dipped only slightly, "from 19.9 million in 1995 to 19.7 million in 2003" (Population Institute, 1). The findings of the report indicate that the direct causation for the reduction in total numbers of abortion is "an increase in the use of contraceptives has contributed to a decline in the number of abortions worldwide, but 70,000 women still die every year from unsafe abortions" (Population Institute, 1). Without access to safe abortion, contraceptives to prevent unintended pregnancy, and other vital reproductive healthcare services, the goals of the Beijing Platform will not continue to progress forward on the whole.

UNITED STATES

In the United States, access to reproductive health clinics varies on a state-by-state basis, with political discrepancies and population density heavily affecting the creation and maintenance of full-

service reproductive health clinics[i]. The Population Institute, a global nonprofit dedicated to educating policymakers and the public alike about population issues and the importance of timely family planning and reproductive health care access, released its yearly report card for the United States regarding reproductive healthcare access on January 8, 2015. The report card is based on factors including number of clinics open per state, accuracy and presence of age-appropriate sexual education, and legislation regarding abortion and emergency contraceptive availability. On the whole, the report summarizes factors such as rate of unplanned pregnancy (half of all pregnancies in the U.S are unplanned), the impact of the newly sworn in socially conservative Congress, and a failure of the majority of the states to expand Medicaid. Based on these components, the United States received a "C" as an overall grade. In the report, the Institute noted, "the status of reproductive health and rights in the U.S. remains at a historic crossroads. Significant gains have been made in reducing the teen pregnancy rate, as the reported rate fell 15% between 2008 and 2010…more women are gaining access to health care, including reproductive health care, due to the Affordable Care Act. Several states, however, are restricting a woman's access to reproductive health services by passing burdensome restrictions that are forcing many clinics to close" (Population Institute). In order to create a scale by which to assign these letter grades, the Population Institute narrowed down nine major components of a positive reproductive healthcare state including 1) a low rate of teen pregnancy, 2) a low rate of unintended pregnancy, 3) comprehensive sex education in schools, 4) access to emergency contraception in the emergency room, 5) Medicaid expansion under the Affordable Care Act, 6) a Medicaid "waiver" expanding eligibility for family planning services, 7) state funding for family planning clinics serving low-income households, 8) lack of legislative abortion restrictions (Targeted Regulation of Abortion Providers", or TRAP laws), 9) county-level access to reproductive services, from family planning to abortion (Population Institute). Each component was assigned a point value, and the total points earned by each determined its letter grade.

Between the dismal grade for the United States overall and such great variation in access between states, it is clear the U.S is in violation of the United Nations' C.1 and C.3 goals. As stated by the Population Institute in the opening paragraphs of the 2015 report, "Reproductive health care shouldn't depend on your zip code" (Population Institute).

NORTH CAROLINA

The state of North Carolina, currently operating under a conservative legislature and governor, has passed several notable pieces of legislation, primarily as riders on unrelated bills, in the last three years aimed at undercutting access to reproductive health clinics across the state. A recent example of such legislation is SB-353, known as the "Motorcycle Vagina" bill, which passed sweeping abortion restrictions as a rider on a bill relating to motorcycle safety. With SB-353 in place, most of North Carolina's abortion clinics have been forced to adopt the standards of an outpatient surgical center, something deemed unnecessary by the medical community (Mic.com). Currently, there are nine Planned Parenthood reproductive health clinics operating in North Carolina (seven of which offer pregnancy termination within their spectrum of care services) (Planned Parenthood 1). According to the Guttmacher Institute, 90 out of 100 North Carolina counties have no access to a reproductive health clinic, and fifty-three percent of North Carolina women live in these counties (Guttmacher). Until 2010, state family planning funds could be allotted to clinics and organizations that offered abortion counseling or referral; this has since changed (Guttmacher)[ii]. The Population Institute's 2015 report gave the state of North Carolina a "C" as a grade, citing laws that make it unnecessarily difficult for women to obtain an abortion, the Medicaid program has not been expanded (making it difficult for low-income women to access reproductive health care services due to prohibitive cost), and fifty-two percent of pregnancies in North Carolina are unintended (Population Institute, 1).

Publicly funded clinics "provided contraceptive care to 149,680 women in North Carolina in 2012, including 121,200 women served by Title X–supported centers[iii]. Health centers in North Carolina served 30,620 teens in 2010 (the latest year for which data are available), including 24,370 by Title X–supported centers" (Guttmacher).

This is a startling statistic for many reasons—the primary concern being that while it is clear that there is a great demand for contraceptives, "These totals amount to substantial proportions—but not nearly all—of the women in need of publicly supported contraception" (Guttmacher). Herein lies the demand for non-public NGOs to fill in the gaps. As has and will be explained at various points in this paper, the organizations providing most of the access to needed healthcare services operate clinics that are non-governmental and privately held.

SOLUTIONS: TWO EFFECTIVE METHODS

There is much to be desired in terms of universal reproductive healthcare access, as outlined by the Women and Health subsection of the Beijing Platform, from a global perspective all the way to the state of North Carolina. Two statistically proven ways by which the goals can be met is through funding high-quality, affordable reproductive healthcare in the forms of independent and non-governmental non-profit clinics, while simultaneously supporting advocacy work on the part of independent NGOs to put women's unique reproductive needs on the forefront of policy and legislation.

FUNDING AND SUPPORTING AFFORDABLE REPRODUCTIVE HEALTHCARE

There are many levels to understanding how reproductive healthcare is funded—federally, privately, domestically, and abroad. The most obvious example of the types of hurdles facing reproductive healthcare funding in the United States is the Hyde Amendment, which prevents federal funding from the United States government being allotted for any purposes relating to abortion. The

American Civil Liberties Union describes the impact the Hyde Amendment has had: "the Hyde Amendment excludes abortion from the comprehensive health care services provided to low-income people by the federal government through Medicaid... in addition to poor women on Medicaid, those denied access to federally funded abortion include Native Americans, federal employees and their dependents, Peace Corps volunteers, low-income residents of Washington, DC, federal prisoners, military personnel and their dependents, and disabled women who rely on Medicare" (ACLU.org). While it is important to note that the right to terminate a pregnancy is but one facet of the spectrum of reproductive healthcare the United Nations deems intrinsic to every woman's quality of life, blatant legislation of this nature, intent on undercutting a woman's ability to make decisions about continuing a pregnancy, flies in the face of UN resolves.

Because abortion is the buzzword most associated with reproductive healthcare, attempts to adopt the Beijing Platform into domestic legislation have been fraught with difficulty in many countries, not just the United States. Political and religious attitudes regarding sexuality, sexual health, and family planning hold enormous weight in the entities responsible for allotting government funds to projects and healthcare endeavors. Another United Nations conference, the International Conference on Population and Development, which took place in 1994, reaffirmed that reproductive rights were human rights. Over 180 countries "made a commitment to work together and to pay for services to improve the sexual and

reproductive health and rights (SRHR) of women and men, particularly those living in the world's poorest countries" (Seims, 1). However, because of these aforementioned political disagreements, progress has been extremely "uneven", with "the money to improve SRHR… not forthcoming. For example, of the estimated $6.7 billion needed annually for contraceptives, only $3.1 billion has been made available. Furthermore, some funding comes with strings attached. For instance, the United States—the single

largest donor for international family planning—is prevented by law from directly addressing the issue of unsafe abortion" (Seims, 2). Clearly, the issue of a right to terminate a pregnancy has far reaching effects for all aspects of reproductive healthcare access.

Because of the stigmas attached to reproductive healthcare, much clinic funding relies on donations raised through a variety of avenues alternative to the government — primarily from private donations and political action committees. In order to successfully meet C.1 and C.3 of the Beijing Platform for Action, the United Nations must invest in NGOs committed to bringing reproductive healthcare to women all over the world, rather than solely relying on declarative resolutions.

While "supporting" can be read as an extremely vague crutch verb for advocacy work domestically and abroad, it can, in this context, be read as taking funding to the next level: giving full faith and backing through endorsements and integration behind organizations dedicated to ensuring reproductive healthcare remains accessible to women the world over.

EXAMPLES: IPAS and PLANNED PARENTHOOD

It is important to examine real-life examples of these aforementioned NGOs and corporate reproductive healthcare clinics in order to have a solid grasp of what UN goals in action look like in practice.

IPAS

Ipas, an organization based out of Chapel Hill, North Carolina, is a global non-profit non-governmental organization dedicated to eliminating deaths from unsafe abortion, both domestically and abroad, through the teaching of reproductive health and provision of prevention tools coupled with fighting anti-choice legislation (Ipas.org). Originally begun as a United States Agency for International

Development (USAID) funded project to finish and mass-produce a safe manual vacuum aspirator to complete surgical first-trimester abortions, Ipas "now works to improve women's access to safe and legal abortion with a multi-pronged approach that includes advocacy, community work, clinical training and research" (Colletti, 1). Additionally, Ipas frequently partners with the Planned Parenthood Action Fund (to be further discussed below), allowing for dialogue between local organizations seeking the same goals.

Today, Ipas's advocacy work focuses primarily on reaching its five stated mission goals for the topic, which include: 1) advocating for policies that support a woman's right to choose, 2) supporting local partners to implement or improve laws that help women access safe abortion, 3) supporting work on behalf of groups of marginalized women, 4) developing and distributing literature on sexual health and reproductive polices, and finally 5) educating healthcare providers on the importance of safe abortion access, in the interest of human rights and public health (Ipas.org). In day-to-day practice, these goals are worked on and achieved primarily through community engagement in the form of workshops, literature distribution, and lobbying legislative bodies (Ipas.org).

The local-to-global connection Ipas has built since its inception is incredibly important to the work it performs. Ipas employs more than 450 staff globally, and 200 of these employees work in Chapel Hill, North Carolina (Colletti, 1). Ipas selects counties to work in based on where it is determined "(they can make) the biggest improvements in maternal health by increasing women's access to safe abortion care and reducing the number of deaths and injuries from unsafe abortion" (Colletti, 1). Finally, to ensure that those working abroad are sensitive to the needs of each unique country and respective culture, Ipas "hire(s) all local nationals in the country where (they) operate, so all (their) work internationally is being conducted by people from those places with in-depth understanding of and connections to the local context and issues surrounding women's reproductive health" (Colletti, 1).

The measured impact of Ipas has been enormous, growing steadily and exponentially particularly in the last two decades. In 2012 alone, Ipas reached more than 2,000 sites worldwide for hospital service and health system improvements (Ipas, Serving women, 3). In 2012, as a culmination of healthcare improvements and Ipas' work, "over 200,000 women received safe abortion care at (an) Ipas-supported health facility, and nearly seventy-five percent received a modern method of contraception before leaving the facility" (Ipas, 3). Furthermore, in 2009, Ipas created the "WomanCare Global" (WGC), to "expand women's access to medical-vacuum abortion and medical abortion, as well as contraceptives" (pg.4). WomanCare Global is now operating independently of Ipas, but "continues to be the sole distributer of Ipas MVA (medical-vacuum abortion) instruments" (pg. 4). From 2008-2012, nearly 800,000 reusable Ipas MVA aspirators were distributed worldwide, through partnerships with ministries, donors, commercial distributers, and providers and both the public and private sectors—enough to serve more than 20 million women" (pg. 4).

A second good example of a comprehensive project spearheaded by Ipas is its Ethiopia campaign, which began in 1999 (Ipas.org). Since 2001, Ipas has collaborated with over 148 local community-based organizations "to educate women and other community members about preventing unintended pregnancy, Ethiopia's abortion law, and how to access safe, legal abortion and contraceptive services" (Ipas.org). In terms of qualifying success, Ipas reports "despite the persistent stigma surrounding abortion, projects documented more women asking community volunteers and health-care providers about safe abortion services when needed" (Ipas.org).

PLANNED PARENTHOOD ACTION FUND OF CENTRAL NORTH CAROLINA

While most Americans are familiar with Planned Parenthood Health Systems (the physical reproductive clinics found across primarily North America), there are several sister organizations that fall under the umbrella of Planned Parenthood as an entity—and this includes the Planned Parenthood Action

Fund of Central North Carolina, which is a "nonpartisan, not-for-profit organization formed as the advocacy and political arm of Planned Parenthood Federation of America" (Eldred, 1).

To ensure clinic doors stay open for women across North Carolina, the Action Fund "engages in educational and electoral activity, including legislative advocacy, voter education, and grassroots organizing". Additionally, "the Planned Parenthood Action Fund Political Action Committee (Planned Parenthood Federal PAC) is a nonpartisan political action committee committed to supporting pro-women's health, pro-family planning candidates for federal office". The Action Fund of Central North Carolina exemplifies the idea that in order to keep reproductive health in the hands of North Carolina women, the community has to be engaged in multiple levels, from political to educational.

A good example of the type of work the Planned Parenthood Action fund does on a regular basis is visible engagement—that is, protests, marches, and demonstrations. Last year's People's Moral March in Raleigh boasted over 1,000 Planned Parenthood marchers, giving a clear message to legislators that attacks on women's healthcare access "will not be tolerated by voters in North Carolina" (Eldred, 1)[iv]. Additionally, the most recent election cycle was the target of heavy voter drives, campaign advertising, and information distribution on the part of the Planned Parenthood Action Fund to inform voters of the dangerous anti-woman views held by the conservative candidate. While he ultimately gained the political seat, Thom Tillis "won very narrowly and significantly moderated his stance on access to birth control and other women's health issues, because he knew his extreme views were so unpopular" (Eldred). Furthermore, (the pro-women's health candidate) "won by 14 points among women, by 95 points among African American women, and by 34 points with single women. So, it's clear that women's health and rights are issues very important to voters, and in order to win Tillis could not run on a platform of restricting access to birth control or safe and legal abortion" (Eldred, 1).

CONCLUSION

On the whole, the Beijing Platform for Action's inclusion of a "Women and Health" initiative and subsequent C.1 ("Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services") and C.3 ("Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues") addendums are far from unachievable ("Fourth World Conference on Women"). However, it is independent reproductive healthcare clinics, funded and supported by NGOs, that are doing the bulk of heavy work all across the world to ensure women everywhere have universal access to reproductive healthcare. It is vital that the United Nations directs funds and time to organizations like Planned Parenthood Action Fund and Ipas, to ensure that the women achieve full health equality in the coming decades.

Notes

1. Within the context of this paper, it is to be understood that a "full service reproductive clinic" offers the following services as standard: birth control options (pill, patch, ring, shot, etc), STD testing, preventative healthcare procedures (pap smears, etc.), and abortion (preferably both surgical and medication abortion).

2. It is important to note that the clinic itself may still receive funding; it just may not use the allocated funds for abortion services.

3. Title X is "the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services" (HHS.gov). The U.S Department of Health and Human Services' Office of Population Affairs (OPA) is the organization responsible for overseeing the program, and "OPA funds a network of 4,400 family planning centers which serve about five million clients a year. Services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, other private nonprofits" (HHS.gov).

4. In North Carolina, the People's Moral March, known more commonly as the Historic Thousands on Jones Street (HKonJ) March is a yearly public event that brings together thousands of North Carolinians to march on the state capitol in Raleigh in regards to topics related to social justice, including reproductive healthcare rights and access.

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