

A Revival of Explicit Population Policy in Development Cooperation: The German Government, Bayer, and the Gates Foundation

Susanne Schultz & Daniel Bendix

Editor's note: It has been over three years since the 2012 London Summit on Family Planning. We are now witnessing its aftermath: targeted family planning projects aimed at 120 million women in the Global South. Some of these projects—like public-private partnerships between high-profile donors, pharmaceutical companies, governments and NGOs—emphasize long-acting reversible contraception (LARC) over other methods. LARC provision has become big business, with big impacts on women's health. Pharmaceutical companies are expanding LARC distribution, bankrolled by development agencies and donors with deep pockets. This mass dissemination of LARC is taking place with little critical scrutiny from health activists. In this *DifferenTakes*, Susanne Schultz and Daniel Bendix trace the efforts by the German government, the pharmaceutical company Bayer, the population lobby, and the Gates Foundation to promote the hormonal contraceptive implant Jadelle. The authors conclude with a call for activists to fight for contraceptive safety, in the spirit of earlier challenges to implants, like Norplant.

— Anne Hendrixson

Population policy is officially back on the agenda, not only as a hidden accessory to “sexual and reproductive health and rights,” but as an explicit

field of action in international development cooperation. Demographic data and trends again serve as explanatory factors for almost any kind of “development” problem. Family planning is put forward as the answer, as is evident in the following quote from a recent Family Planning 2020 (FP2020) report: “Family planning is essential to health, freedom and prosperity. We know that family planning empowers women and improves health, but we also know that it has countless ripple effects across society. Family planning plays a central role in poverty reduction, sustainable development, economic growth, gender equality, social inclusion and environmental stewardship.”¹

The FP2020 initiative is a public-private partnership that includes donors, pharmaceutical firms, non-governmental organizations, governments and multinational agencies to address “population dynamics.” Created at the London Summit



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on Family Planning in 2012, it aims to provide contraceptives for an additional 120 million women in the Global South within eight years.² It is the key international platform for cooperation concerning “modern” contraception dissemination as part of family planning, including the concerted effort to focus on long-acting reversible contraception, such as the hormonal implant, Jadelle. (See box on page 4 for more information).

An Imbalance Between Basic Health Care and Family Planning

Notwithstanding the official commitment to integrated basic health care approaches, the imbalance between basic health care and specific family planning services seems to be increasing. The United Nations Population Fund (UNFPA) and the U.S. Agency for International Development (USAID) nearly doubled their spending on contraceptives between 2006 and 2012—UNFPA from \$74 million to \$128 million and USAID from \$63 million to \$105 million.³ According to UNFPA, this trend is mirrored in the programs of recipient countries: “Family planning is increasingly being prioritized at the highest levels of national policies, plans and programs. More developing country governments are allocating domestic resources for contraceptives.”⁴

Following these trends, the German Federal Ministry for Economic Cooperation and Development (BMZ), which coordinates Germany’s international development efforts, is placing more emphasis on “population dynamics” and considers itself to be the “European vanguard” regarding such policies.⁵ The main focus is no longer on the size of national populations, but on their composition. Economic development is thought to be directly linked to the age composition of a population and to favorable “age dependency ratios,” meaning a higher proportion of people of employable age than of older people and the generation of children and adolescents. Controlling fertility above all in African countries—and supporting pro-natalist measures in the North—thus do not appear as neocolonial policies of racist difference, but as rational answers to differing age constellations. Moreover, controlling fertility in “high-fertility countries” is presented as a necessary precondition for prosperity and economic development.

The increased emphasis on technological solutions to influence “population dynamics” creates an extremely favorable climate for pharmaceutical companies.

German development aid is shaped by an imbalance between population and basic health care programs. For example, in 2012, BMZ spent €169 million on population programs, which is €22 million *more* than it spent on basic health care.⁶ Half of the “investment,” €83 million, went to African countries. Within population programs there is also an increase in money spent on stand-alone family planning programs (in contrast to those dedicated to broader reproductive health). In 2011, Germany spent €7.8 million on family planning; in 2013 this increased to €14.2 million. With regard to direct purchase of contraceptives, German spending fluctuates, but reached a new peak in 2013 at \$29 million.⁷

The trend towards stand-alone family planning measures is linked to the explicit objective of increasing the “contraceptive prevalence rate” (CPR), or achieving a high rate of users of modern contraceptive methods. The German government’s programmatic

statements use CPR as the benchmark for successful population policy. That this does not mean acknowledgment of rights, but rather promotion of attitudinal change, became evident once again in a study by the German Institute for International and Security Affairs (SWP).⁸ The authors stated that the problem was not an unmet need for contraceptives, but that people in many African countries—across social classes—wished to have too many children.⁹

Paving the Way for New Markets

The increased emphasis on technological solutions to influence “population dynamics” creates an extremely favorable climate for pharmaceutical companies. And in general, the idea that development cooperation benefits German enterprises coincides with the government’s aim to bring money back to Germany as a result of donor activities. This aim is obvious in former BMZ minister Dirk Niebel’s motto from 2013: “With every Euro spent for development cooperation, two Euros flow back to us in the long run.”¹⁰

Financial resources are widely available that allow for the expansion of contraceptive markets to consumer groups, which to date have not been considered profitable. Budgets of population programs are used for

long-term guaranteed purchases as well as for subsidies for marketing or trainings. Such cooperation is initiated and refined in the context of various models of public-private partnerships, which are based on increasingly tight cooperation between private sponsors or “philanthropic” foundations, NGOs, companies, and governmental aid institutions.¹¹

The worldwide market for contraceptives was valued at \$11.2 billion in 2008 and is estimated to rise to \$14.5 billion in 2016. This is equivalent to an annual growth rate of four percent. Market leaders include Bayer (with annual revenues of \$3 billion), Tevat (\$1.2 billion) and Merck & Co (\$1 billion).¹² Attention to and investments in markets in so-called developing countries have grown considerably in recent years. In 2014, the Reproductive Health Supplies Coalition, which is active in securing provision of contraceptives, stated that development assistance for contraceptives had risen by 50 percent to \$275 million in the previous five years.¹³ This was due to increased investment in the newest generation of long-acting reversible contraceptives, including hormonal implants, which constituted 68 percent of the financial increase! In terms of the “international aid business” of contraceptives, UNFPA and USAID are the biggest purchasers. They represent three quarters of the market.

Two German companies—Bayer and HELM Medical—belong to UNFPA’s biggest suppliers. When combining the income from Bayer Oy (based in Finland and produces the implant Jadelle), Bayer HealthCare (based in Berlin and markets Jadelle) and Bayer S A (Ecuador), Bayer made the most money from contraception in 2012 and 2013 than any pharmaceutical company.^{14,15} In 2013, Bayer was able to significantly increase its UNFPA market share once again, and now stands at \$59 million or 16 percent of all UNFPA purchases.¹⁶ The development assistance market for implants has virtually exploded in recent years: While the eight largest “donors” only spent about \$7 million on implants in 2006, the figure was more than ten times higher in 2012.¹⁷ For comparison, the overall expenditure for family planning in German development aid only increased about 50 percent in this period.¹⁸

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BMZ Prefers Bayer, and Gates Guarantees

In 2012, Bayer, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, USAID and other development agencies established the Jadelle Access Program as one important initiative of FP2020.¹⁹ The contract stipulated that the Gates Foundation would guarantee the purchase of 27 million Jadelle implants from Bayer HealthCare at a reduced price.²⁰ Before this contract,

BMZ had already placed particular emphasis on Bayer’s implant: The German Development Bank (KfW) financed the purchase of 45,000 Jadelle implants for the health ministry of Ethiopia between 2003 and 2007.²¹ In Kenya, KfW financed “by way of trial” the dissemination of vouchers for family planning that could only be exchanged for Jadelle implants, IUDs or sterilizations (25,000 vouchers were distributed).²² In a handbook for youth education in Zimbabwe, the German international development company GIZ, mentions only

Jadelle as the example regarding implants.²³

In addition to implants and oral contraceptives, Bayer also provides one-month injectables (Norignon), progestogen-only pills also known as “mini pills” (Microlut), and the widely-used three-month injectable (NET-EN, or Noristerat) as part of its international aid business. The company Pfizer continues to lead the market for injectables (Depo-Provera). Even though Bayer only sells about a tenth of Pfizer’s volume, the company still distributed 9.2 million injections for family planning programs in the Global South in 2013.²⁴

The Influence of Lobbying

What type of promotional work did Bayer do in order to benefit from the current emphasis on population programs? The company may have gained some of its influence through contributing to high-profile population campaigns in Germany. Take, for instance, the 2011 campaign on UNFPA’s “Day of Seven Billion.” Bayer HealthCare is one of the big funders of the German Foundation for World Population (DSW).²⁵ The DSW contributed to the campaign, even issuing such sensationalist population statements to the media as, “The number of people on earth rises by 2.6 per second, 158 per minute, over

225,000 per day, or almost 83 million per year.” Further, DSW emphasizes the “three-fold” population increase in Africa, and the need “to raise \$4 billion (€3.25 billion) to provide an additional 120 million women with access to contraception by 2020.”²⁶

DSW promotes alarmist ideas on world population. For example, they installed a “World Population Clock” at the entrance of the Zoo in Hannover. According to a BMZ official, the DSW, along with the Berlin Institute for Population and Development, (another private think tank with a strong link to the U.S. population establishment), had substantial influence in how the paradigm of the “demographic dividend”²⁷ was adopted by BMZ and which studies and data were considered. GIZ and BMZ almost always mention DSW when referring to promotion of and cooperation with civil society.²⁸

DSW is even part of international politics at the highest level, and Executive Director Renate Bähr represents Germany at the UN “High-Level Task Force” responsible for reviewing the ICPD Process.²⁹ And Bayer HealthCare is present too in this community: For example, in 2013, Bayer HealthCare organized a “Parliamentary Evening” together with the DSW in order to present the Jadelle Access Initiative to the German Bundestag.³⁰ Together it coordinates family planning projects with the DSW and recently the German government’s financial cooperation bank (Kreditanstalt für Wiederaufbau).³¹

Call to Action: Or Why Lobbyists Shouldn’t Create Health Policy

In the 1990s, the international women’s health movements criticized Norplant I as the epitome of the technological mania of the population establishment. The movement monitored its introduction, and initiated protests around the world.³² In contrast, Jadelle’s dissemination in recent years has not generated notable critical response. It seems to have been forgotten that in the late 1990s, around 36,000 plaintiffs obtained damages of more than \$50 million for not having received adequate information regarding side effects from the pharmaceutical company Wyeth, which held the rights to Norplant I at the time.³³

The current silence is particularly worrying. It stands in stark contrast to the 1980s and 1990s, when internationally-connected women’s health and human rights movements engaged with observing population control programs, as well as the research on and dissemination of contraceptive devices. Today, there is no international debate on the boom of implants. No public scrutiny exists on how markets for implants are conquered and what users experience in the course. What is more, discussion and critical research is lacking with regards to the skewed development of investments in family planning and basic health care, and with regards to distributions within reproductive health budgets.

ABOUT JADELLE

The hormonal implant Jadelle, which is also known as Norplant II, was developed by U.S. research organization The Population Council, and suppresses ovulation for up to five years. Its active ingredient, Levonorgestrel, is identical to the one used in the predecessor product Norplant I, which had been tested since the 1980s and was disseminated in the 1990s in the context of development cooperation. The only difference is that Jadelle consists of two hormonal rods, while Norplant I had six. These are surgically inserted under the skin on the inner side of the upper arm. Jadelle is thus promoted as easier to insert and to remove while remaining as effective in preventing pregnancy as Norplant I.

However, the Population Council itself mentions that 7.5 percent of users suffer complications during removal because of scarred tissue around the rods, or because of movement of the rods in the body.³⁴ Discontinuation rates are high and related to considerable side effects: The Population Council states that almost 30 percent of users seek removal within the first three years, and mentions side effects such as irregular (prolonged, whether heavy or not) menstrual bleeding, headache, weight gain, hair loss, and acne.³⁵ Only recently, the health risks associated with Jadelle came into the limelight again, when many women in New Zealand complained about serious complications and required intense medical assistance.³⁶

There are various actions necessary in order to break the silence: With regard to the implants, the local experiences of women with the new implants should be shared—and women put into contact with each other to exchange information about their experiences and opinions. Independent research groups should gather existing information about side effects and health risks of the implants, do new studies on their long-term effects, and make this information accessible to users and

to an international public. Moreover, the initiatives of monitoring long-lasting contraceptives should be integrated into a broader leftist, feminist and de-colonial political debate on development paradigms and policies—protesting against philanthrocapitalist alliances within development and population policies. We must challenge the neo-Malthusianism currently gaining ground that once again blames the poor and their children for economic and environmental crises.

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