

THE POLITICS OF REPRODUCTIVE HEALTH AND WOMEN'S RIGHTS: A CRITICAL
DISCOURSE ANALYSIS OF FAMILY PLANNING 2020

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Abstract

Global population policy has been a recurring topic on foreign policy and international development agendas since the end of World War II. Since its inception, initiatives have taken many forms, but all have included a family planning element. Prior to the 1994 International Conference on Population and Development (the “Cairo Conference”), population policy was justified and applied under the premise of population control, which sought to limit fertility in poor countries with the goal of moving them forward on the traditional development trajectory (i.e. toward industrialization). In the years following, justifications and practices surrounding population policy shifted, and women and girls, reproductive health, human rights and empowerment were positioned at the center of narratives. Family Planning 2020 (FP2020), which is the most recent iteration of population policy to capture global consciousness, reflects this new way forward. In actuality, FP2020 has many of the same features as population control but is presented with new socially-acceptable discourse. Essentially, FP2020 exemplifies the intersection of the development industry, neoliberal ideology, private philanthropy in health governance, and population policy.

In this paper, I argue that FP2020 reproduces narratives of elite global health and development institutions, like the United Nations Population Fund (UNFPA) and the Bill and Melinda Gates Foundation (the Gates Foundation), to push agendas that reflect their own ideologies and interests, including the unobstructed pursuit of global capital. Among others, these narratives include an emphasis on harmonious multisector collaboration, and the realization of women’s human rights and empowerment. This discourse acts to subdue and counteract potential criticism and drive support from various stakeholders, including those traditionally critical of population policies, such as grassroots women’s health movements. In doing so, FP2020 does injustice to those it claims to serve, which are primarily women and girls living in low and middle-income countries (LMICs). Guided by critical development theory, the method used in this paper is critical discourse analysis (CDA), which was performed on six key documents produced by FP2020.

Keywords: family planning, population policy, Family Planning 2020

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Introduction

“Expand access to family planning information, services, and supplies to an additional 120 million women and girls in 69 of the world’s poorest countries by 2020” is the bold goal prominently displayed on the opening page of the Family Planning 2020 (FP2020) website. Launched by the most recognized names in global health and development, FP2020 was born out of the 2012 London Summit on Family Planning and is the most recent iteration of reproductive health and rights programming to capture global consciousness.

Led by four core partners, the Bill and Melinda Gates Foundation (the “Gates Foundation”), the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), and the United Kingdom’s Department for International Development (DFID), FP2020 has received positive attention from around the world for its ambitious targets and far-reaching impact. It is also backed by significant financial commitments from the global health and development community, including a total of \$1.3 billion from bilateral donors in 2015 (“FP2020,” n.d.).

Born from the principle that “all women, no matter where they live, should have access to lifesaving contraceptives,” FP2020 is a milestone to ensuring universal access to sexual and reproductive health services and rights by 2030, as outlined in the United Nations’ (UNs’) 2015 Sustainable Development Goals (SDGs) (“FP2020,” n.d.). Last year at a summit hosted by FP2020, its core partners, in close partnership with the FP2020 Secretariat, announced renewed partnerships, new commitments and widening support from civil society, non-governmental organizations (NGOs), multilateral health organizations, companies, and governments from around the world (“2017 Summit Update,” 2017). Capitalizing on these commitments and to reach their goal, FP2020 partner agencies work with local stakeholders in low and middle-

income countries (LMICs), most typically in Africa, South and Southeast Asia, and Latin America, to address the policy, financing, supply, delivery and sociocultural barriers to women accessing contraception and related health services. In fact, to date, the initiative has brought together commitments from 55 governments, 40 civil society and implementing partner organizations, and numerous research and private sector partners ("FP2020," n.d.).

According to FP2020 (n.d.), advancing contraceptive distribution in LMICs is a primary component of FP2020 because even when women want to avoid pregnancy, they often do not use modern contraceptives. FP2020 (n.d.) notes several reasons why this may be the case, including because women may have previous misconceptions about their risk of becoming pregnant, or may be deterred by the cost, inconvenience or concerns about side effects. In order to circumvent these challenges, FP2020 brings together experts in the global health, development, and family planning fields. Its leadership sets the strategic agenda and harnesses support from other public and private stakeholders and the global health community to provide the resources needed to ensure FP2020 is a success.

According to supporters, one of the main obstacles to empowering women and overcoming poverty in LMICs is the inaccessibility of contraception and specifically, new contraceptive technology. In fact, the Gates Foundation states that family planning "...increases educational and economic opportunities for women and leads to healthier families and communities..." (n.d.) In short, good family planning leads to a decline in birth rates, which translates into greater social and economic stability. Additionally, FP2020 is predicated on the exercise of fulfilling women's reproductive rights in which access to contraception is central (Reichenbach & Roseman, 2009).

Overall, the driving objectives behind FP2020 are: (1) revitalize global commitments to family planning and access to contraceptives as a cost-effective and transformational development priority; (2) improve the access and distribution of contraceptive supplies; and (3) remove and reduce barriers to family planning (Renne, 2016). To meet these objectives, FP2020 works to expand contraceptive access to women and girls in LMICs and develop innovative and affordable contraceptive technologies ("FP2020," n.d.; Kumar, Birn, & McDonough, 2016). Although FP2020 is presented as a global health project, and not a population policy per se, its overwhelming focus on contraception distribution and thus, fertility regulation, and not broader aims of women's health, means that it aligns with traditional values of population policy (Renne, 2016). As a global population policy, FP2020 reaches millions of women and girls around the world and is therefore worthy of critical examination.

Statement of Problem

Global health organizations, NGOs and private philanthropic foundations play a prominent role in advocating for and implementing top-down family planning services in LMICs. As a matter of fact, FP2020 is only the most recent version in a long line of global population policies over the past seventy years. While there may be reasons to support FP2020 and its goals, it should also be examined to better understand its far-reaching implications.

In particular, what is the role of the development sector, especially its main bilateral, multilateral and privately-held institutions, and their role in formulating and executing initiatives? What motivations (e.g. economic incentives) underlie their interventions? These questions are important because, for example, private organizations hold unparalleled power in development projects because of their financial capabilities and as capitalist entities, their leaders are foremost accountable to their own stakeholders. Not only this, but in many cases, these

organizations hold the maximization of profit over anything else, including the well-being of the people they claim to serve.

FP2020 represents the increasing presence of the private sector in global health governance. With this presence, private actors hold exceptional influence on the FP2020 agenda, but at the same time, are not accountable to the public. Unlike government institutions, which are subject to public scrutiny, private organizations, including philanthropic foundations like the Gates Foundation, operate without overarching accountability mechanisms, except for their own self-selected boards (Birn, 2014). This lack of public accountability leads them and their private industry partners to have extraordinary power over policy decision-making in global public health. Given this, more needs to be done to “counter philanthrocapitalists’ unjustified influence; work together for accountability and democratic decision-making and reclaim a global health agenda based on social justice rather than capital accumulation” (Birn, 2014, p. 11).

The politics of contemporary population policy is framed by rights-based, equity and empowerment narratives (Kumar et al., 2016), and consequently, they are widely accepted as “good” within the development sphere and beyond. This broad acceptance of population strategies, and family planning initiatives specifically, ignores the role of power relations that permeate agenda-setting in the international development and global health sectors. In particular, initiatives like FP2020 exemplify what Navarro (1999) explains as international agencies depoliticizing issues that are actually profoundly political. In this case, FP2020 circumvents considerations of comprehensive social and economic reforms to reduce inequities in health and instead, focuses on narrower (bio)medical approaches that do not question prevailing norms in the current world order. Population policies fail to address the horizontal political, economic and

social problems that are at the root of inequities and poverty, and they may even create or exasperate the issues they are claiming to want to fix (Hartmann, 1995).

Research Questions

With the above considerations in mind, the purpose of my MRP is to examine the role of FP2020 within the global health and development agendas. The secondary objective is to determine how family planning discourses are connected to population control and how this is reflected in the key documents of FP2020.

The main research question is:

How have ideological and political dynamics shaped FP2020, and how do these factors influence its agenda?

The follow-up questions also guiding this paper are:

1. How does private funding, and the interests of its core partners, influence the objectives, scope and framing of its policies?
2. What are the health and equity implications for women and girls in its policy formation?

Significance

This paper contributes to the field of health policy and equity, in addition to the intersecting interests of health studies, social and political science, and development. Examinations of issues in health policy and equity are critical and interdisciplinary in nature. By applying an interdisciplinary lens to this analysis, using concepts from a variety of disciplines, my MRP examines and contributes a deeper understanding of the implications of FP2020, which is the current leading framework guiding reproductive health programs in LMICs.

To date, and to my knowledge, there has been no academic literature addressing FP2020 from a critical perspective and none analyzing it using critical discourse analysis (CDA)

methodology. This is with the exception of select feminist and development scholars who have examined it as part of larger commentaries on population policy (e.g. Kumar, et al., 2016; Renee 2016). These texts have been drawn upon for this MRP. Given this, I intend to contribute a new understanding of FP2020, including how it fits within the legacy of global population policy, and its role on the current development agenda. Most importantly, it contributes an understanding of FP2020 with the goal of countering the narrative found in mainstream development sources.

Structure

Having given a brief introduction on the agenda and goals of FP2020 and how it expects to reach these goals, the section following traces the evolution of population policy since World War II to provide important context. Following this, I outline the theories and methods chosen for my analysis. In particular, critical development theory, and related ideas by select theorists are described. Also, the analytical method used in this paper is CDA by Norman Fairclough and his three-step model of textual analysis. This approach is useful to analyze the patterns in the texts and to gain a deeper understanding of these discourses and how they relate to family planning. Specifically, employing CDA to analyze FP2020 helps reveal the dynamics of power underlying its discourse while providing an explanation of how it is related to actual social practices of domination. Next, both the findings and discussion sections lay out my analysis of the documents using Fairclough's model. With the former identifying the text and its discursive practices, and the latter placing the findings within social context. The final section concludes this paper by looking at policy implications.

Background

FP2020 follows a history of similar antecedents. According to Betsy Hartmann (1997), the origins of population control can be traced back to organized birth control movements in the

United States and Europe starting in at least the late 19th and early 20th centuries. As an international development strategy, population policy has been a cornerstone in foreign policy since the wave of decolonization post-WWII and the rise of “third world” development discourse that followed (Whaley Eager, 2004). Given the space constraints of this paper, I map the evolution of population policy starting with its formal introduction onto the post-WWII development agenda. The following section outlines the most prominent milestones, which are separated into two sections: historical population policy from 1945 to 1994 and contemporary population policy from 1994 to the present. These two periods represent distinct approaches to population policy. Namely, prior to 1994, policies were approached as a means to decrease birth rates in LMICs, whereas 1994 represented a turning point in that they became a way to support women’s empowerment and fulfill their human rights.

Historical Population Policy from 1945 – 1994

Until the 1994 International Conference on Population and Development (the “Cairo Conference”), population policies were primarily used as a way to limit population growth in LMICs (Kumar et al., 2016; Pollack Petchesky, 2003; Reichenbach & Roseman, 2009; Whaley Eager, 2004). That is, it was justified and applied under the premise of population control. Population control centers on the argument that many problems in the world originate from overpopulation, which is then traced back to poor people, living in poor countries, having too many children (see for instance: “The Population Bomb” by Ehrlich, P.R.; and “The Population Explosion” by Ehrlich, P.R. and Ehrlich, A.H.).

The traditional values of population policy are based on the philosophy of population control, which is based on three assumptions: (1) rapid population growth is the principle cause of development problems in poor countries, including hunger, environmental destruction, and

economic and political instability; (2) people must be persuaded or forced to have fewer children; and (3) with the right combination of technology, finance, and management techniques, contraception can be delivered to women in poor countries in a top-down fashion by high-income countries (HICs), even in the absence of basic health care systems (Hartmann, 1995).

Population control is based on neo-Malthusian theory whereby overpopulation is seen as the primary cause of instability and the "...poverty associated with capitalist development is an inevitable consequence of population increase, rather than of the logic of capital accumulation" (Wilson, 2017, p. 433). Therefore, the population control movement was convinced that social and economic development could not occur unless population growth decreased (Whaley Eager, 2004). Consequently, supporters ignored the role of global political and economic structures in poverty creation and instead presumed that if women in LMICs used birth control, they would have fewer children, which would alleviate poverty and improve living conditions (Hartmann, 1997). In all, at this time, global population policy was foremost concerned with decreasing women's fertility rates, especially in LMICs, and thus, proliferated the norm of population control (Whaley Eager, 2004).

To limit population growth, authoritative actors, most typically foreign governments, through bilateral and multilateral agencies, carried out population control activities including coercive sterilization and birth control programming. Since these programs were rooted in and guided by "macro-level societal concerns", women were treated as targets of these programs (Whaley Eager, 2004), and thus, were used as an instrumental means toward an end goal of development. In other words, in the war on population growth, contraception was deployed as a weapon, rather than as a tool of reproductive choice (Hartmann, 1995).

Since population control centered on women as a means toward an end, early population policy was not predicated on improving women's health nor recognizing their reproductive rights. In fact, its neo-Malthusian focus on quantitative targets meant that the overarching goal was not fulfilling rights nor improving health, but the mass distribution of contraception to women in LMICs (Whaley Eager, 2004). As Lane (1994) points out, one of the main issues with this view and tactic is that, "even in countries without coercive official policies, it can lead to ethical violations, because rights of individuals are viewed as less important than the goal of fertility limitation" (p. 1308).

Population control supporters believed they had uncovered the answer as to why development was not proceeding according to modernization theory (Whaley Eager, 2004). Followers of this theory believe that "underdeveloped" countries in the Global South can catch-up with "developed" nations in the Global North through similar processes and toward the same end, under the guidance of the "developed" countries (Joshi, 2005). Primary responsibility for this approach can be assigned to the United States and its institutions, which in the post-WWII years, advocated for population control measures based on the notion that "the developing world needed to decrease population growth in order to have any hope of achieving economic growth and development" (Kumar et al., 2016; Whaley Eager, 2004). In sum, the population control establishment, effectively propagated the norm of population control as critical to the development of poor countries. Not only this, but they also compelled other countries into accepting the idea that they needed population control to be prosperous (Whaley Eager, 2004).

Of course, far from being concerned strictly with poverty reduction, population control was also a means to prevent the "problems" in the developing world from affecting developed countries. For example, there were concerns that the eventual outcomes of overpopulation in

LMICs, including environmental degradation and economic collapse, would lead to the mass migration of people from poor countries to rich countries in search of better living conditions. Therefore, not only were domestic barriers to development a result of too many people, but global concerns were a direct result of overpopulation in LMICs. If women could be taught, coerced, and/or forced into fertility control than their communities, countries, and the world, would be better off (Lane, 1994; Whaley Eager, 2004). While these concerns never fully dissipated, as more actors, most notably, the collective mobilization of grassroots women's health movements, became engaged in the population agenda, their push for an expanded approach to population policy took shape (Whaley Eager, 2004). This approach moved the conversation away from population control in favour of a broader women's reproductive health and rights agenda.

Contemporary Population Policy from 1994 – Present

Following the addition of transnational women's health advocates into the discussion, in the 1990s, there was a shift in the global population policy narrative. Most remarkably, the Cairo Conference moved the conversation surrounding population policy away from quantifiable goals of limiting population growth in LMICs (Kumar et al., 2016; Pollack Petchesky, 2003; Reichenbach & Roseman, 2009; Whaley Eager, 2004) and toward more inclusive frameworks of women's health and reproductive rights.

In particular, led in part by NGOs, especially women's civil society organizations, many of which were located in the Global South, the Cairo Conference brought a change in which population aims broadened to include a spectrum of women's reproductive health conditions, including sexually transmitted diseases, infertility, abortion, reproductive cancers and women's empowerment in general ((Dunlop, et al., 1996; Lane, 1994; Pollack Petchesky, 2003). The

narrative moved away from fertility regulation and toward a new goal of bettering women's reproductive health, which was predicated on the exercise of rights and empowerment (Dunlop et al., 1996; Kumar et al., 2016; Reichenbach & Roseman, 2009; Whaley Eager, 2004).

For many, the Cairo Programme of Action that emerged was:

“Fundamentally important because it laid out a radically different approach to the population “problem,” stating that population concerns could not be separated from other economic and social development agendas, particularly the need for women's empowerment. [The Cairo Conference] transformed population and development into reproductive health” (Reichenbach & Roseman, 2009, p. 4).

This meant that unlike the pre-1994 population agenda, which centered only on fertility-limiting approaches to population control, the Cairo Conference mandated that reproductive health would be best delivered by services offered through the public health care system and improving reproductive health would only be possible by advancing gender equality and ensuring women have the ability to control their fertility (Reichenbach & Roseman, 2009). Accordingly, at this time, population policy and development became intertwined with principles of women's rights, reproductive health, empowerment and equality.

The Development Alternatives with Women for a New Era (DAWN) initiative, comprised of women's activists from across the Global South, was one group that strongly advocated for women's reproductive health, including family planning, as one component within a comprehensive development framework that also addressed the “enabling conditions” of poverty, like employment, education, and legal equality (Pollack Petchesky, 2003). Established in 1984, DAWN produced its platform document “Development, Crises and Alternative Visions: Third World Women's Perspectives,” which critiqued mainstream development, the impacts of systemic global crises (famine, debt, militarism etc.) and its impact on poor women (“DAWN”, n.d.). Because of advocacy groups like DAWN, the Cairo Conference, “...codified reproductive

rights and access to quality reproductive health services as an international human right” (Whaley Eager, 2004). In doing so, governments agreed to act to ensure that reproductive rights were treated as human rights (Dunlop et al., 1996; Whaley Eager, 2004). This change in language is well-documented and celebrated by many in global health and development circles but it has also been critiqued by feminist scholars who have called the Cairo Conference consensus “manufactured” and a “well-orchestrated sham”, resulting in the usual population control policy but with a feminist façade (Hartmann, 1995).

For critics, the inclusion of family planning on the comprehensive reproductive health agenda, and under the umbrella of human rights discourse, has been used to mask the continued domination of family planning (Pollack Petchesky, 2003). In fact, the majority of resources were still allocated toward the family planning component of reproductive health, with the expected cost being twice as much as all others, including maternal and child health (MCH), prevention and treatment of HIV/AIDS and other STDs, and gynaecological health (Pollack Petchesky, 2003). For example, the Cairo Programme of Action predicted the cost of family planning to be \$10.2 billion in 2000 and by contrast, reproductive health \$5 billion (UNFPA, 2014). In this way, population advocates, led by the UNFPA, harnessed reproductive rights and health as a way to carry forward a long-standing population agenda, and did so by employing discourses of rights to obscure its primary concern with population control (Hartmann, 1995; Kumar et al., 2016).

Moreover, while the public health care system still played a role, at least in the discourse, the reproductive health framework that emerged out of the Cairo Conference amplified the promotion of neoliberal policy priorities, which among others, promoted the role of the private sector in service delivery and the production and distribution of family planning commodities (e.g. contraceptive technology) (Pollack Petchesky, 2003). For critics, placing women at the

center of population policies has fallen short because neo-Malthusian thinking is as engrained as ever in development organizations, and neoliberal economic and health policies continue to create conditions that are harmful to women's health (Nair, Sexton, & Kirbat, 2006). In short, while new discourses were presented to promote reproductive health and rights, "...a radically new conceptualization of development alternatives to the neoliberal model was lacking" (Whaley Eager, 2004, p. 154). Furthermore, in carrying on the population control legacy, both progressive and conservative supporters at these conferences attributed poverty and inequality in LMICs as an outcome of population growth, while ignoring the need for equitable resource redistribution and economic reform (Hartmann, 1995; Kumar et al., 2016).

Regardless of its shortcomings, the 1990s represented a shift in the definition of reproductive health that encompassed a broader spectrum of women's health, rights and empowerment, beyond that of family planning and maternal health. This broader definition, however, was short-lived in mainstream definitions of family planning, as the new millennium brought forward new goals that regulated women's health to that of maternal health and fertility (Kumar et al., 2016).

Published in 2001, the UN's Millennium Development Goals (MDGs) signified a movement away from the integrative human rights framework of women's reproductive health, including the importance of comprehensive reproductive health care for women through primary care services, and back to quantifiable targets that emphasized maternal health and fertility control for women in LMICs (Pollack Petchesky, 2003). Unlike the Cairo Conference, which included a wide-range of participants from various interest groups, the MDGs were mapped out behind the scenes between multiple UN agencies, in addition to the World Bank, the

International Monetary Fund (IMF) and the Organisation for Economic Co-operation and Development (OECD) (Kumar et al., 2016; Pollack Petchesky, 2003). As a result, these institutions, which are grounded in neoliberal ideologies, began to dominate the population agenda. For example, they actively promoted reducing population growth on the basis of its assumed role in limiting the need for future social spending (Wilson, 2017). In other words, limiting population growth in LMICs meant that domestic governments could decrease social spending (e.g. health care, housing, etc.), because there would be less people to support.

In the wake of these closed-door discussions that led to the MDGs, the direction and narratives surrounding population policy shifted back to quantifiable family planning and MCH targets. In general, the MDGs oversimplified women's health and empowerment, decontextualizing it, including, for example, the causes of gender inequality, to stimulate awareness, which was done by establishing easily measurable "targets" (Pollack Petchesky, 2003). With this, the MDGs established evaluation indicators that narrowed on expanding access to contraception, which was measured through "contraceptive prevalence rate, adolescent birth rate and the unmet need for family planning" (Kumar et al., 2016; UN, 2008). Significantly, the narrow targets defined by the MDGs limited the scope of development assistance while opening markets for health technologies and services in LMICs (Nair, Sexton, & Kirbat, 2006). Moreover, these targets assumed that equitable development could be achieved through a neoliberal economic model that supported privatization, deregulation, and free-market capitalism (Kumar et al., 2016). It is this environment that FP2020 was established. Its focus on quantifiable family planning targets, to be reached by improving access to birth control in LMICs, reflects the goals outlined in the MDGs.

That said, FP2020 declares its commitment to the newer SDGs, which were adopted by the UN in 2015. The SDGs embrace wider indications of women's health; including, but not limited to, universal access to sexual and reproductive health services, a reduction in the maternal mortality ratio and universal health coverage (Kumar et al., 2016; UN, n.d.) It also emphasizes the broader goals of universal access to water and sanitation, full employment, reducing social inequality and addressing climate change (Kumar et al., 2016; UN, n.d.). Even with the arrival of the SDGs, FP2020 maintains its focus on family planning through contraception access (Kumar, et al., 2016). Scholars posit that this signifies FP2020's acceptance of population control in practice concealed in a reproductive health and rights narrative (Kumar et al., 2016; Wilson, 2017). This renewed attention back to family planning departs from the broader 1990s emphasis on reproductive health, drawing instead from prior approaches entrenched in "colonial exigencies and neocolonial population control strategies" (Kumar et al., 2016, p. 25).

In sum, the post-WWII population narrative centered on family planning and population control, which then shifted to reproductive health and rights at the Cairo conference, and then back to family planning and fertility in the MDGs and SDGs era (Renne, 2016). As is explored in further detail below, FP2020 is grounded in traditional practices of fertility control, but is justified using modern, socially-acceptable discourse that has been pushed forward by the many stakeholders involved in influencing and setting the twenty-first century family planning agenda.

Theoretical Considerations, Data and Methods

This section addresses the main ideas of CDA as employed by select theorists, followed by a descriptive definition of critical development theory and its important role in the analysis of

family planning, global health, and development discourse. The final sub-section explains the primary data and the general methods employed for this inquiry.

Critical Discourse Analysis

CDA was used to analyze six official documents produced by FP2020. To guide my analysis, it is principally informed by two foremost CDA theorists, Norman Fairclough (2001) and Teun van Dijk (1993, 1995, 2006). As a discourse theory, CDA is a good tool for studying the political underpinnings that inform text and this critical study of text can help uncover an unseen agenda (Fairclough, 2001). Furthermore, it centres on relations between discourse and other social factors, including for example, how discourse figures into ideologies and power relations (Fairclough, 2001). Specifically, it identifies how elites secure and maintain power and inequality through discursive strategies.

The overarching purpose of CDA is to help correct the vast underestimation of the significance of language in the production, maintenance and change of social relations of power (Fairclough, 2001). For CDA theorists, one of the most effective forms of ideological dominance is when subjugated groups accept dominant ideologies as natural and legitimate (Fairclough, 2001; van Dijk, 1993, 2006). Italian Marxist philosopher, Antonio Gramsci (1971) called such forms of ideological dominance “hegemony”. Critical discourse analysts seek to obstruct this hegemony by exposing the ways in which the elite employ discursive tools to maintain dominance. In this way, CDA is “...admittedly and ultimately political” (van Dijk, 1993, p. 252), and understanding how these processes work enables the dominated to resist and move toward emancipation. In other words, CDA analysts are not neutral actors as their work is used to advocate for social change and specifically, the realization of equity and social justice.

As a method, CDA examines the use of language and "...the role of discourse in the (re)production and challenge of dominance" (van Dijk, 1993, p. 249). In most cases, CDA focuses on top-down relations of power and influence including how dominant ideology is produced and maintained by elites and reproduced and accepted by others.

My paper employs CDA to examine the political and ideological foundations of FP2020 by identifying the framing of language, the missing context, and the shortcomings in its discourse. The tendency for the dominated class to reproduce and accept dominant ideologies is especially relevant to FP2020 because while there are forms of resistance to this initiative by groups outside of the elite class, including grassroots women's health advocates, there are also many active participants in its legitimization.

Critical Development Theory

When using CDA it is important to have insight into what social practice the text is situated. This kind of background information is seldom included in official documents, like the literature produced by FP2020, which makes it important to reach out to experts who have knowledge about the discourses surrounding the text. Thus, this CDA is informed by critical development theory, which questions the assumptions, ideologies, and agendas in mainstream development institutions. Critical development theory provides insight into the background and discourses on the subjects of population control, reproductive health and human rights, and global health and development. Notably, it builds upon several ideas that aim to examine and challenge the existing power relations, agenda-setting, oppressive forces and social injustice in development, and population policy, in particular.

Navarro (1999) argues that mainstream development agencies depoliticize issues, creating "technocratic," "humanistic," and/or "apolitical" discourses that obscure the actual

causes of growing inequalities, which are the power relations between and within countries (p. 214). With FP2020, mainstream development institutions, in partnership with powerful financiers, like the Gates Foundation, hold unprecedented opportunity for policy-making and agenda-setting in population policy. Institutions like the UNFPA, fail to include an analysis of capitalist globalization and the role of power and politics in creating and maintaining inequities and while this exclusion could be justified as being apolitical, it is in fact, because they never want to *appear* political (Navarro, 1999). In the case of FP2020, this façade is dangerous because it leaves no room for the narrative to be challenged since it is presented and accepted as uncontroversial and value-free.

When analyzing power, including the dominance of mainstream development agencies, Gramsci's concept of hegemony is important to understand. Notably, hegemony helps to explain how the beliefs, ideology, explanations, perceptions, methods and values of the international elite, in relation to family planning, are almost unequivocally accepted. For Gramsci (1971), the dominant class defines the conditions for the rest of society and these conditions are accepted by the dominated class because institutions socialize them into accepting these conditions as natural and inevitable (Cole, 2017). Importantly, Gramsci saw this system as maintained in two ways: (1) through "the state" which controls through force and (2) through civil society which promotes consent without force (Roelofs, 2007).

As part of the latter category, foundations, civil society, and NGOs are central actors in the construction of capitalist hegemony. Since FP2020 is comprised of multiple civil society and other institutional actors, including philanthropic foundations, NGOs, and state development agencies, my MRP examines how FP2020 perpetuates capitalist values like privatization to the

point that these beliefs are rarely questioned outside of critical circles. It is also used to analyze the hegemonic discourses of human rights in the development field.

The idea of global exploitation is tied to dependency theory, and as Birn (2014) argues, “underdevelopment is not a condition: it is an active process of impoverishment linked to development. That is, some parts of the world are underdeveloped because others are developed” (p. 2). In other words, LMICs are poor not because they are not yet modernized like HICs, but because of a cycle of exploitation, resource extraction and unequal financial flow from LMICs to HICs, which results in “enriching the latter at the expense of the former” (Birn, 2014). According to proponents of dependency theory, historical (e.g. colonial) and structural factors (e.g. the capitalist system and neocolonialism) have led much of the world to chronic underdevelopment (Gunder Frank, 1996). With FP2020, the cycle continues as HICs focus on uplifting LMICs through haphazard solutions to complex social problems, most of which stem from the exploitation of LMICs by these very actors.

FP2020’s preeminent solution to underdevelopment in LMICs is better access to contraception and associated family planning services for women and girls. Building on this, Rodney (1981), contextualizes the role of power politics and the continued economic exploitation of LMICs, like many in Africa, in relation to their current state of economic and political underdevelopment. These theories posit that HICs operate to “fix” LMICs, without recognizing the exploitative role that they play in their chronic underdevelopment. In short, dependency theory is a counter-narrative that helps explain how FP2020 is an extension of the exploitative, neocolonial process of international development.

Additionally, for my paper, the concept of “philanthrocapitalism” is used to explore the significance of paternalistic donor-driven frameworks through which HICs and private

foundations influence global health agendas in LMICs (Birn, 2014; Kumar et al., 2016).

Philanthrocapitalism refers to philanthropy that mirrors the principles and practices of the for-profit capitalist world. These writings assist my argument that connects the Gates Foundation, in particular, to population policy and development, especially in relation to their promotion of the privatization of global health and medicalizing women's health. An expanded explanation of philanthrocapitalism is available in Appendix 1.

Lastly, through her mapping of population policy and ideology, Hartmann (1995, 1997), suggests that contemporary population policy is rooted in the history and politics of population control; and powerful governments, foundations and international agencies, often obscure their motives with language promoting women's rights, empowerment and prosperity. Moreover, these programs mask the actual causes of poverty, environmental degradation, and gender inequalities with the overpopulation myth (Hartmann, 1995). This analysis uses Hartmann's theories on population control to explain FP2020's position in the continuation of this legacy, including its tendency to use language to mask its aims.

Data and Methods

In the absence of a single document capturing the policy, the material used for this analysis are published documents drawn from the FP2020 website. Given the variety of data, it has been prioritized and grouped into two categories: (1) major summit documents; and (2) official communications documents. A detailed list is at the end of this paper. These documents have been chosen based on their overall significance to FP2020 to date, including those closely linked to the original establishment of the agenda and to the progress toward achieving its principal goal.

With one exception, these documents come from the two major summits convened in the name of FP2020 thus far, which are the 2012 London Summit on Family Planning and the 2017 London Summit on Family Planning. I chose these provisions because they were listed as “key resources” on the main FP2020 webpage. They are the following: (1) About the London Summit on Family Planning (2012); (2) London Summit on Family Planning Overview (2012); (3) FP2020 Summit Outcome Document (2017); (4) FP2020: The Way Ahead (2017); and (5) Introduction: The FP2020 Partnership (2017). These documents are accessible online on the FP2020 website (www.familyplanning2020.org). Moreover, significant communications have been drawn upon to support this analysis. The document analyzed under the official communications category is: FP2020 Statement of Principles. Although there has been related literature produced by the core partners of FP2020 (e.g. the UNFPA and the Gates Foundation), this analysis exclusively examines documents directly produced by FP2020.

As noted above, my MRP conducts CDA using Fairclough’s three-step model for textual analysis – description, interpretation, and explanation. Specifically, description as it is concerned with the formal properties of the text; interpretation as it addresses the relationship between the text and the interpreted understanding; and explanation which is concerned with the interpretation of the text and the actual social context (e.g. practices, institutions, and relations). These methods are useful to understand these issues because the documents produced by FP2020 are used to drive the agenda of the global elite and are too often unquestionably accepted as good for women and girls, their families and communities, and the world.

To conduct CDA, the documents were highlighted. This enabled an examination of the text by underscoring key themes relevant to the research questions and the ways in which they relate to the construction of meaning. To start, broad themes were noted based on my prior

knowledge and research of the subject matter. Next, each document was read several times and the material was coded by assigning attributes to individual words, sentences, and concepts. After initial coding, dominant themes that emerged were noted and the initial themes were adjusted to reflect new information. Once the themes were finalized, they were then grouped into appropriate complementary categories. I identified specific examples from the texts to illustrate the themes and provide evidence of my findings.

My analytical focus was influenced by critical development theory and consequently, the themes that emerged directly related to key ideas from this discipline (e.g. the role of privatization in global health). After the dominant themes were identified, they were critically examined through an engagement with relevant scholarly literature, including those aligned with the overarching theoretical framework.

Findings

FP2020 could be interpreted as honourable, and their goal to improve the lives of women and girls through the advancement of reproductive rights and health admirable. In fact, from a human rights perspective, FP2020 should be applauded for advocating for women's rights globally, especially given the positive outcomes that could be produced when women have the opportunity to make choices about if, when, and how many children they have. However, this does not mean that these policies should be free from examination. By looking at FP2020 through a critical lens, including understanding the context with which it is situated in, then an alternative agenda comes to surface. Accordingly, critical development literature has been used to evaluate its origins and implications.

In this section, I examine the documents and present my key findings. Through this analysis, several themes emerged that relate back to my primary research question which seeks

to examine how ideological and political dynamics shape FP2020 and influence its agenda. These themes include investing in family planning through philanthropy and public-private partnerships (PPPs); advancing women's reproductive health and rights; empowering women as a means to social and economic development; and lastly, cross-sector collaboration toward a shared vision. The inclusion of these themes reflects the general preference of international agencies to use narratives of cooperation, human rights and reproductive health in population policy. In some cases, the examples pulled fit into more than one thematic category. Readers should refer to Appendix 2 for a summary of key findings and to see additional examples.

Investing in Family Planning through Philanthropy and PPPs

To start, one recurring theme identified in the data is FP2020's advocacy of private actors as key partners. This takes shape in several ways including through the promotion of PPPs, the celebrated leadership of philanthrocapitalists like the Gates Foundation, and the promotion of technical solutions to women's health needs. Importantly, similar to Pollack Petchesky's (2003) view regarding the outcomes of the Cairo Conference, FP2020's push for market-oriented solutions likely signifies the hegemony of global capitalism and not necessarily a conscious plan to dismantle the traditional public leanings of women's health and family planning. FP2020 is able to do so because it is led by elite institutions like the Gates Foundation, and as a foundation, is a constructor of hegemony, and subsequently, encourages consent and discourages dissent against capitalist democracy (Roelofs, 2007). In other words, FP2020 promotes for-profit family planning interventions because its agenda is dominated by those who push capitalist values. What's more, these values are unquestioned by others because they are perceived as normal.

As noted, FP2020 stresses the importance and value of the private sector. In particular, PPPs, (i.e. agreements between the public-sector and the private sector in which public services

are shared), are depicted as essential to the efficient and effective delivery of family planning services. The propensity to promote the private sector as equally important actors in the provision of services that have traditionally been considered within the public realm assumes that the private sector brings efficiency, productivity and innovation. Conversely, these same assumptions entail that the public sector is too inefficient to manage these services alone.

The importance that FP2020 gives to the private sector is premised on neoliberal values of market capitalism, which prioritizes economic liberalization policies including increasing the role of the private sector in areas such as public health (Pollack Petchesky, 2003). FP2020's promotion of PPPs as the best approach to attain the efficient delivery of quality family planning services in LMICs is articulated in the following two passages.

“FP2020 countries are leading the way with larger domestic budget allocations and innovative approaches to developing new funding streams. Several countries are investigating possibilities for greater private sector involvement in program funding, commodity sourcing, and delivery channels” (FP2020 Summit Outcomes, 2017, p. 8).

“Country level family planning efforts will be supported by global-level interventions to create healthier market dynamics for contraceptive commodities (e.g., new product development partnerships with industry, guarantees where markets for new or niche commodities are fragile, supporting regulatory pathways and processes). Investments in market dynamics will be targeted at improving country commodity forecasting capabilities, aggregating demand by contraceptive product type at the global level, reducing commodity prices, encouraging participation of southern-based manufacturers, and increasing the availability and quality of a range of family planning methods, including those that are in high demand” (London Summit Family Planning, 2012, p. 8).

Significantly, these extracts show that FP2020 places ownership on domestic governments by presenting them as the drivers and supportive agents of implementation. By doing this, governments are shown as advocates for private sector involvement, and not as passive recipients of a preset agenda. Unlike historical population policies, which prioritized the public health care system as purveyors of family planning, FP2020 rarely mentions the public health system outside of its relationship with the private sector. Instead, the language

underscores for-profits as central not only in the manufacture of contraceptives, but also in its distribution, with governments and associated public health sectors as supportive agents.

In the second entry above, global interventions in the for-profit supply of contraceptives is framed as necessary and good. The language is purposefully vague, convoluted and optimistic. It lacks assigning clear agency since it does not specify who or what institutions are responsible for these interventions nor does it offer substantive detail regarding how this will be achieved. By using words such as *improving*, *encouraging*, and *supporting*, these actions are understood as positive and active.

Market-oriented terms like *strategic investment* and *cost-effective* permeate the material, which works to normalize for-profit mechanisms in family planning. By doing so, it further promotes the private sector as key in agenda-setting and service delivery, worthy of at least the same (and in many cases more) considerations and consultation as the public sector, NGOs and bilateral and multilateral organizations. In fact, FP2020's most recent summit prioritized market-centered themes for its attendees, and in doing so, further elevated the private sector, and the capitalist system in general, as essential to the initiative. Out of the six thematic areas that the 2017 Family Planning Summit focused on, three (supply chain strengthening, financing solutions, and private sector networks) directly link to the participation of the private sector.

Unsurprisingly, given its focus on contraceptive development and distribution, private sector involvement in FP2020 centers on the role of the pharmaceutical and medical device industry. In particular, the literature presents the pharmaceutical industry as key partners and the primary vehicle for ensuring contraceptive technology is widely accessible in LMICs.

The text draws on mainstream economic discourse since the attention is put on shared responsibility and relationships with the pharmaceutical and medical device industries and the

private sector in general. In fact, the text marries technological development with privatization inferring that the two will increase access and use of contraception amongst women and girls in LMICs. The following passage shows how PPPs with the pharmaceutical industry will improve access to technology, in the form of new and innovative contraceptives. What's more, it is presented as key to successful family planning outcomes.

“When women and adolescent girls have access to a variety of contraceptives, they are more likely to find a method that meets their needs and preferences. Innovative public-private partnerships can expand method choice by increasing the range of high-quality contraceptives that are available and affordable...this approach has already proven successful with contraceptive implants...” (FP2020 Summit Outcomes, 2017, p. 6)

As evident in the passage above, an important feature of FP2020 is investing in new contraceptive methods and technology (e.g. implants). By this, FP2020 infers that it is directly investing in transnational pharmaceutical companies, so they can conduct research and development for new contraceptive technology. FP2020's backing for pharmaceutical solutions takes away from comprehensive approaches to reproductive health and while they do indicate a desire to improve the effectiveness of health systems (e.g. the training of community health workers), it looks to only be in relation to how well contraception and related sexual health services are supplied.

FP2020 also promotes private sector commitments beyond these industries to include companies not traditionally associated with the health sector. These companies include those that have expertise in areas like logistics or those that employ large numbers of women (e.g. the garment and textiles industries). By engaging with sectors not conventionally associated with health, FP2020 is moving beyond what has become the *status quo* in development. The move to acquire the support of industries not traditionally involved in family planning is presented as “bold” as they are now harnessing the expertise of private actors in a range of areas. This is

exemplified in the following passage which confidently declares the benefits of new private sector involvement.

“Leveraging private sector networks to deliver family planning services and information represents a bold new approach to meeting the health needs of women and girls. Companies that have not traditionally been involved in health or family planning nevertheless have a significant role to play in the FP2020 movement: as experts in logistics and marketing, as makers of popular products and services, and as the employers of millions of women” (FP2020 Summit Outcomes, 2017, p. 10)

Most noteworthy in this excerpt is the reference to how the “employers of millions of women” (2017, p. 10) are engaged in FP2020. This could be read as positive, with these employers having altruistic interest in the health and well-being of female employees. However, it could also be interpreted as a conscious effort by companies who have a vested interest in keeping their (female) staff working without the interruption of child-rearing obligations. This commitment to FP2020 ensures that female workers can continue to do their (often) low-pay, dangerous and precarious work, without interruption.

The literature produced by FP2020 shows how it favours for-profit stakeholders and market dynamics in fulfilling family planning needs. By doing so, FP2020 fails to acknowledge alternative entities that could provide these same services. For example, FP2020 could focus its funding on strengthening domestic systems and industries in the manufacture and delivery of family planning services. In fact, other entities may be better equipped not only to efficiently and effectively provide these services, but also in a more sustainable and equitable fashion. Instead, in order to fulfill their commitments to FP2020, countries end up diverting needed investment into basic services into family planning, and consequently, the for-profit sector (Renne, 2016).

FP2020 also outlines the importance of leading philanthropists, like the Gates Foundation. The Gates Foundation is presented as an expert body in the global health field and its contributions are thoroughly documented. Resultantly, the Gates Foundation is shown as

deserving of its core partner title and of its representation on FP2020's executive team. This entry both exemplifies the commitment of the Gates Foundation and shows how it frames its financial commitment as an investment and not necessarily a charitable donation.

“The Bill & Melinda Gates Foundation commits to investing more than US \$1 billion to help reach the goal of providing 120 million additional women with contraceptives, information and services by 2020. That means doubling its investment in family planning from US \$70 million a year to US \$140 million a year for eight years – totaling an additional US \$560 million. The Foundation believes that supporting family planning is one of the most cost-effective investments a country can make in its future” (London Summit Family Planning Commitments, 2012, p. 29).

This type of commitment is not unusual for the Gates Foundation, as it is known to donate large amounts of money to causes its founders believe in. As a matter of fact, it is the largest philanthropic supporter of global health initiatives in the world, and with the exception of the United States, it spends more money on initiatives like this than any state government in the world (Birn, 2014). While this significant commitment to FP2020 is laudable, the grant-making of large private foundations to projects based mostly on personal preference is troublesome because, among other reasons, these projects may not necessarily reflect health needs at a national (or regional) level (Reichenbach & Roseman, 2009). This is especially true when considering that private foundations also influence the decisions of other funding agencies and thus, financing is funneled to support projects that private foundations and other key actors choose. To put it succinctly, it is the financiers who are “calling the tune” (Roelofs, 2007, p. 502). What's more, grassroots organizations often have at least a portion of their budgets funded by these very foundations, and sometimes even by a single one, which even with only a small contribution toward the overall budget, may still result in significant control over mandates (Roelofs, 2007).

The frequent use of the term *investment* in this passage and throughout FP2020 literature binds philanthropy with capital, implying that the Gates Foundation is not donating money to FP2020, it is financing a project like any other business venture. Moreover, by employing this term, philanthropy is no longer depicted as purely charitable, but reflective of profit-oriented approaches (i.e. philanthrocapitalism). This inconspicuous use of language is important because it represents what Birn (2014) argues is the continuing shifting of global health policy-making from a public realm responsibility to the private sector. In this example, investment language is presented as positive and not as a polarizing and troubling precedent with which there may be an expectation for a return on investment. Moreover, these words are corporatized and impersonal, which leaves limited space for critical examination.

Advancing Women's Reproductive Health and Rights

Another central theme found in the data is FP2020's advocacy of family planning as a human right and a fundamental component of women's reproductive health. This theme takes shape in several ways, including, for example, through its focus on women's empowerment, which is identified as a principle in the human rights framework that guides FP2020, and the focus on moving toward gender equality through voluntary fertility control. The tendency for FP2020 to utilize human rights justifications as their *raison d'être* follows a tradition used by UNFPA and others since the Cairo Conference.

In addition, since the Cairo Conference, limiting population growth is no longer presented as a necessary step toward poverty eradication – at least in mainstream development discourse. Instead, international agencies promote reproductive health as a human right and a key component in achieving gender equality and through this equality, eventually emerges social and economic development. In fact, the tendency to link reproductive health, gender equality and

human development has featured prominently on the agendas of many key development agencies in recent years.

FP2020 resolves that gender equality and women's empowerment are effective ways to improve social and economic conditions, and this can be done (almost) exclusively through family planning services. Thus, while the end goal is the same (poverty eradication and development), and the step to achieve this goal (fertility control) remains the same, the discourse surrounding how to achieve this has changed. In other words, population control language is no longer acceptable in development circles, so family planning is presented as the way to gender equality and development. An example of this is framing is provided in the following passage.

“Access to family planning increases girls' and women's opportunities and life choices, and also supports the social and economic development of their families, communities and nations.” (London Summit on Family Planning, 2012, p. 1)

The following excerpt outlines how FP2020 connects women's empowerment to social and economic development, using language that makes the latter dependent on the former, while placing agency on women and girls. For example, the consistent use of the phrases *take control*, and *make their own decisions* places the responsibility on women and girls to not only lift themselves out of poverty, but also as a way to solve global problems that affect “us all” (FP2020 Summit Outcomes, 2017, p. 3). While in many ways the responsibility lies with women and girls as recipients of FP2020 services, FP2020 also underlines its shared responsibility.

“As today's girls grow into tomorrow's women, it's essential that they be able to take control of their own reproductive lives and make their own decisions about whether and when to have children. Family planning is the key to empowering women, and empowered women are the key to solving persistent global problems—from poverty to disease—that affect us all” (FP2020 Summit Outcomes, 2017, p. 3).

As shown above, there are reoccurring language patterns, including the use of personal pronouns such as *we*, *our*, *us*, *they* and *them*. This language is used as a way to represent the

empowerment of women and girls as active participants in FP2020. FP2020 is not being done *to* them, but *with* them, giving agency to women and girls. Interestingly, this also limits women's empowerment to exclusively rely on family planning. In doing so, it does not leave room for the acknowledgement of other factors that negatively affect the empowerment of women, including for example, socially unjust economic policies. The assumption in this passage is that women and girls have free choice, if only they had the access to the appropriate tools and resources. In reality, this minimizes other dynamics that contribute to women's use of contraception; including for example, patriarchal norms in the social context (Kumar et al., 2016).

In general, these documents serve to justify family planning interventions through text that is almost unquestionably presented and accepted as good. Altering the language in these documents would not change the goals or practices of FP2020 and yet, it is this framing of the narrative which makes it easy for stakeholders to digest and support. In this way, FP2020 can market its initiative to stakeholders and the public easily since it aligns with the human rights and empowerment language that is currently dominating development discourse. The inclusion of human rights discourse is evident in the following extract.

“The rights principles...must be realized in order to reach and sustain goals for meeting contraceptive needs. These rights principles are informed by and build upon existing human rights principles and resources that seek to integrate rights-based approaches specifically for family planning into programming. Ensuring that human rights principles are at the center of family planning policies, programs, measurement and contraceptive markets represents some of our most challenging work.” (FP2020 Statement of Principles, 2015, p. 1).

This passage clearly accentuates the importance to which FP2020 and its partners give to human rights as a key facet in implementing successful and sustainable family planning policies. As with the quote above, words that are often used include: *must*, *should*, *ensure* and *need*. These words underpin the urgency and need for action by FP2020, its partners, and affected countries.

This framing of language is most often utilized in combination with rights-based language, which presents contraception as an urgent need. This language also reflects FP2020's entrenchment in a contemporary development paradigm: the rights-based approach to development. While not innately bad, applying urgency to contraception access, without also acknowledging other basic needs associated with reproductive health, ignores the importance of these other factors. These other health needs include access to primary health care and basic living conditions like sanitation, water, and good work and living conditions (Kumar et al., 2016). Many of these other health needs have also been identified as key human rights in international agreements like the SDGs (e.g. SDG no. 3: Good Health and Well-Being; SDG no. 5: Gender Equality, SDG no. 6: Clean Water and Sanitation) (UN, n.d.).

In this way, FP2020 departs from the direction that global reproductive health programs have taken since the 1990s. Namely, although they avoid explicitly linking neo-Malthusian principles to their rhetoric, they have adopted fertility control as the primary indicator of the status of women's reproductive health and rights. For Kumar (2006), although neo-Malthusian and neoliberal discourses have distinct ideological influences, it can be argued that in the context of population policy and developing countries, the two are intricately intertwined in that neo-Malthusianism has become a facet of the neoliberal economic discourse of the capitalist state (as cited in Nair et al., 2006).

Across FP2020 literature, there are prominent categories that have been used for the grouping of people, such as the use of women and girls. Men are rarely mentioned, except as barriers to contraception compliance by women and girls, which implies that they are less responsible and not necessarily active participants. By placing women and girls at the centre of FP2020, they are shown as holding primary responsibility for family planning. Therefore,

women and girls also bear the responsibility of bettering their lives, and the lives of their families and communities. The following passage is the exception, as it is one of the only instances found that is not gender-specific, instead referring to *individuals* and *couples* as having responsibility.

“Ensure access to voluntary family planning, with respect for the rights of individuals and couples to make informed decisions about family planning within enabling policy and legal frameworks...” (About the London Summit on Family Planning, 2012, p. 3)

In the above quotation, the word *voluntary* is employed. Through this term, FP2020 promotes the idea of a person’s right to choose freely, which is related to past criticism about population control initiatives and the known use of coercive methods to lower fertility (Whaley Eager, 2004). To limit population growth in the past, population policies included coercing women to use birth control and even forced sterilization. With the rise of human rights discourse, many of these coercive methods have been deemed illegitimate and illegal and, in its place, language such as *choice*, *non-coercive methods*, and *voluntary* are engaged to stress that “women have the right to control their reproductive capabilities free of coercion, violence, and discrimination by governments and non-state actors” (Whaley Eager, 2004, p. 2).

Similarly, this language underscores the importance of choice, thereby maintaining human rights. Relatedly, FP2020 expresses how incorporating its human rights framework will be “challenging work” (FP2020 Statement of Principles, 2015, p. 1). By admitting the difficulty of implementing such a framework, FP2020 recognizes the complexities of such an endeavour and may even be seen as absolving itself from responsibility for potential violations.

Empowering Women for Social and Economic Development

As noted earlier, FP2020 infers that women and girls are both the primary vehicles to reach the modernizing development trajectory, and the group responsible for community and global prosperity. The language patterns in these documents are purposefully ambiguous – it

does not explain how family planning helps LMICs achieve development goals. In effect, these passages read as obscure, masking any substantive plans. The following excerpt is simple and yet powerful in demonstrating FP2020's tendency to lay responsibility directly on women and girls in LMICs, presenting them as the way to improve their communities and attain broader development goals.

“Ensuring women and girls are able to access and use the right contraceptive method at the right time is transformational. It empowers people to shape their own lives, makes families healthier, and helps lift entire countries out of poverty” (FP2020 Summit Outcomes, 2017, p. 1).

The primary objective of this text is to convey the importance of family planning within the larger context of socioeconomic development in LMICs. It regulates family planning as not an end in itself, but as part of a larger aim of prosperity in poor countries. In this way, it fits within the larger agenda that the development industry, and its primary institutions, have been promoting for decades. It simplifies the development process and instead of identifying and questioning the complex structural and systematic issues that keep LMICs poor, it frames these issues as having simple solutions. It also assumes that LMICs must follow the same development trajectories to that of HICs and it individualizes the process by placing responsibility on women and girls. In effect, this framing of language limits the explanation for underdevelopment to individual family planning choices – completely disappearing larger inequalities.

“Access to voluntary family planning has transformational benefits for women and girls and is one of the most cost-effective investments a country can make in its future. It is estimated that every US\$1 spent on family planning can save up to \$6 on health, housing, water, and other public services” (About the London Summit on Family Planning, 2012, p. 4).

This quote articulates the solution to how poor countries and specifically, their governments can save money on costly public services. Although it is stated in a pragmatic way, this statement implies that with good family planning, LMICs will not have to direct their scarce resources to

public services. In this way, FP2020 is proposing very simple finance-centered solutions. It is also linking social spending with population levels, and thus, places ownership on countries, and effectively eliminating critical insight into the role that external forces have.

Placing ownership on domestic governments for global development interventions is counter-intuitive and even harmful. Although giving control to LMICs themselves could be celebrated; in reality, their dependency on foreign global funding for these programs means that they are subject to the expectations and conditions that come with it. At the same time, they are presented as leaders in domestic implementation.

Cross-Sector Collaboration Toward a Shared Vision

The last theme is the pursuit of a shared vision through multi-sector collaboration. Within the literature, there is an observable amount of language dictating the significance of partner-driven collaboration. This could be seen as an attempt to legitimize the goals, objectives and activities, and the overarching governance structure of FP2020. The use of this text minimizes the leadership controversies associated with international development initiatives, and specifically, common perceptions that HICs, through development institutions, are unethically intervening in LMICs. For example, Wilson (2017), argues that development activities are a form of neocolonialism, whereby HICs intervene into poor countries in an attempt to fix imaginary problems. To circumvent these types of accusations, FP2020 is presented as collaborative, partnership-driven and a democratic effort.

This theme is especially evident in FP2020's emphasis on country-led approaches, which frames LMICs as the drivers of FP2020 – especially in implementation on the domestic level. This is also true of their focus on civil society actors. In particular, civil society actors, especially grassroots women's organizations, are prominently included in the material. In general, the

prominence of civil society in women's reproductive health and rights policy, especially those from LMICs, is important for their legitimacy and viability in a globalized world and is an example of (at least in theory) "the North embracing the South" (Pollack Petchesky, 2003, p. 67). In this way, FP2020 implies that the decision-making process is a bottom-up and united approach and not a top-down method in which agenda-setting is formulated by a few stakeholders. In effect, FP2020 epitomizes what Roelofs (2007) notes is the "pluralist model of civil society" and its role in obscuring the power relations among the "resource-providing elites" and the dependent state of most grassroots civil society actors on foreign funding sources (p. 502). The following quotation articulates the tone of this theme whereby all stakeholders are working toward common goals.

"And by FP2020, I mean all of us. The governments, the donors, the implementing partners, the advocates, the youth leaders—all of us. We are all FP2020. We are all in this together, all working to realize our shared vision of the future" (FP2020 Reference Group Co-Chairs, 2017, p. 2).

This paragraph sums up the framing of language that is evident throughout FP2020. Careful emphasis is placed on the important role of governments, including alluding to their involvement in the process of agenda-setting and implementation. For the reader, it projects an uncomplicated image of agreeance and consensus amongst the varying stakeholders. Moreover, the continuous employment of the terms *collaboration*, *collective action* and *partner(ship)* accentuates the equal footing of all stakeholders. This language actively disappears the power relations between partners, most notably the power differentials between the core partners and LMICs, and the private sector and public sector.

Generally, FP2020 employs the keywords *partner* and *advocate* to describe the role of private actors, positioning these entities as complimentary sponsors of women's reproductive rights. Stakeholders, like the Gates Foundation, are using their power and good-will to bring

together others for the altruistic purpose of bringing choice and equity to women and girls in LMICs. Thus, even if the pharmaceutical industry is questioned for their motivations regarding their involvement in FP2020, the participation of actors like civil society organizations, NGOs, and foundations, and the normalizing language surrounding their inclusion, brings a sense of legitimacy, and through this, dissolves criticism of the private industry and its role in FP2020.

In at least two instances, the phrase *south-south collaboration* is employed to explain how LMICs work together, learning from each other to carry-out successful family planning programs. This language works to legitimize FP2020 because it moves the focus away from the prominent role of external forces in setting agendas, and instead, looks to place southern countries as leaders and collaborators. This is also done with their employment of the terms *country-level* and *southern-based*. These terms deemphasize the dominant role of HICs by underlining the participation of actors from LMICs, like southern contraceptive manufacturers and governments.

The process of deemphasizing the role of external stakeholders in driving the FP2020 agenda can also be seen in the collateral produced directly by the Gates Foundation, where they position themselves as supporters of LMICs, and women's reproductive rights. This discourse positions them as supportive, and sometimes submissive to LMICs, which works to legitimize FP2020. Specifically, the role of the Gates Foundation is almost downplayed as they are "...committed to supporting the leadership of developing countries in addressing barriers that prevent women from accessing lifesaving contraceptives" ("The Bill & Melinda Gates Foundation," n.d.). This language counteracts the potential criticism whereby external actors insert themselves into the activities of LMICs.

Overall, these documents share similarities with other texts associated with FP2020, including those produced by its core partners, and contemporary family planning policies more generally. From a human rights and empowerment perspective, FP2020's vision to advance a collaborative family planning agenda in an effort to advance human rights, and their robust focus on choice, equity, and voluntarism for women and girls, are fundamentally positive traits. On the other hand, this narrative is persuasive because it is simple, depoliticizing and technical and accord to global development agendas. Likewise, it is easy to digest and support, perhaps because it does not focus on deeper factors, sometimes considered too controversial, such as the role of socioeconomic and political conditions, severe inequalities; and complex structural and systemic problems that give rise to inequities and poor living conditions for women and girls, and their communities.

Discussion

The main findings that emerged from my analysis of FP2020 include the elevation of the private sector in influencing global policies on family planning; the articulation of cooperation and partnership as FP2020's driving force; and the role of contraception access in empowering women, realizing their human rights, and improving socioeconomic conditions in LMICs. These themes reflect the tendency of population policies to reproduce the core beliefs, values, and interests of its stakeholders, while adhering to socially-acceptable development discourse. In saying that, the growing hegemonic control over population discourse has translated into policies that are accepted even outside of the mainstream population establishment, resulting in a constructed worldview that is promoted as harmonious. The following discussion focuses on expanding my interpretation of these findings by linking them to the wider social context in

which they exist. This is done by engaging with appropriate scholarly literature grounded in critical development theory.

Family Planning and Global Capital Accumulation

FP2020 is backed by a range of powerful actors, including the United States and its allies, international finance institutions, like the World Bank, and a range of private entities in response to their perceptions of women's health issues in LMICs. Far from the virtuous intentions that are suggested, these actors promote a limited vision of women's health as family planning as a way to circumvent questions involving the root causes of ill-health in LMICs. Specifically, women's health as family planning (and MCH) "aligns with prevailing neoliberal development discourses and transnational interests that in various forms have long shaped international/global health policy" (Kumar et al., 2016, p. 26). These interests, primarily centering on neoliberal principles and market-driven solutions that permeate FP2020 and go mostly unchallenged even by many women's advocacy groups. In fact, with the exception of some pockets of resistance, critics tend to center on the ineffectiveness of family planning programs to reduce fertility, along with the actual cost-effectiveness of global family planning tactics.

As a core partner and one of the primary financiers, the Gates Foundation plays an important role in determining FP2020's strategic direction. In fact, Dr. Chris Elias, President of the Global Development Program at the Gates Foundation, sits as co-Chair of FP2020, along with Dr. Natalia Kanem, Executive Director of UNFPA ("FP2020," n.d.). Leadership positions give the Gates Foundation extraordinary power to advocate for and implement their preferred approaches to family planning. Since they contribute funding both directly to FP2020, and indirectly through the UN Foundation and other NGOs, even with the presence of the UNFPA as a core partner, the Gates Foundation still holds unparalleled influence.

This influence allows the Gates Foundation to successfully advocate for philanthrocapitalist investments. Although philanthrocapitalism is endorsed by its supporters as a more effective take on traditional charitable giving, its capitalist leanings mean that philanthrocapitalist investments “...depend on profits amassed from financial speculation, tax shelters, monopolistic pricing, exploitation of workers and subsistence agriculturalists, and destruction of natural resources—profits that are channeled, albeit indirectly, into yet more profiteering” (Birn & Richter, 2018, p. 156). Therefore, the very foundations of these projects, including financing and strategy, are premised on global capitalism, and consequently, the exploitation and victimization of the very poor people they claim to help. In the case of FP2020, it is women and girls in LMICs – a group that unequivocally shoulders the burden of economic and social hardship.

Like other global health initiatives, the Gates Foundation’s ability to garner support from a range of actors and increase funding to family planning is admirable. On the other hand, the grant-making of foundations influence the decisions of other funding agencies, and overall, may not necessarily reflect health and social needs at the domestic level (Reichenbach & Roseman, 2009). Overall, FP2020 represents the increasing presence of philanthrocapitalists in development initiatives – and the troubling precedent being set in global health. With the domination of foundations, capitalist values and practices are permeating prominent institutions in this arena, like mainstream NGOs. Since NGOs rely on funding from donors, they are becoming a vehicle for “privatization and social sector restructuring” that meets the needs of these philanthrocapitalists more than those of the people they serve (Pollack Petchesky, 2003, p. 236).

Among additional concerns, the push toward partnerships between philanthrocapitalists, NGOs, and the for-profit sector in the distribution of health services undermines the role of the state and moves these services away from traditional mechanisms of accountability that the state is subject to, and further encourages a “neoliberal, market-based model of social provisioning” (Pollack Petchesky, 2003, p. 237). FP2020’s reliance on multi-stakeholder collaboration (i.e. NGOs, for-profits, donors, etc.) shows how it intends to advance this trend, relying on a donor-driven agenda, and the for-profit sector in the delivery of services.

The movement toward multisectoral partnerships in global health, led by donors, dilutes the opportunity to strengthen transparency and accountability mechanisms, and instead, gives this responsibility to private stakeholders who are not answerable to local populations (Birn, 2014; Pollack Petchesky, 2003). This is because foundations are accountable to their board of directors; public companies to their shareholders, and private companies to their owners, with the latter two having the foremost goal of increasing profit, not improving health. Although FP2020 underlines the importance of accountability to the people they serve, there is a fundamental misalignment of values. In this way, FP2020 reflects a bigger trend. Namely, as health and social systems increasingly become privatized, there are no institutionalized (state-based or global), democratic mechanisms of accountability addressing standards of quality and access (Pollack Petchesky, 2003).

Unlike traditional charitable giving, which limits the involvement of donors in the provision of charitable services, philanthrocapitalists may attach expectations and outright conditions for funding, including an expectation for their involvement in policy-making. As a result, private foundations have forged unprecedented opportunity to direct policy-making and agenda-setting in the global health arena. In particular, by way of FP2020, the Gates Foundation

has directed the global family planning agenda, all under the goal of advancing women's health and supporting development. This role has led to implications, including, for example, the promotion of capitalist-oriented solutions to health problems, which is resulting in an overabundance of simple (bio)medical solutions to complex social problems (Birn, 2014). By prioritizing family planning at the expense of addressing severe inequities both within countries and within the global capitalist system, the Gates Foundation advocates an agenda that may not meet needs or tackle systemic issues that promote sustainable change.

The failure of FP2020 to promote large-scale, sustainable solutions in health and health care provision and delivery could, in part, be attributed to the desire to support private partners and find solutions that like historical population policies, are quantifiable and easily digested by donors and the public. In particular, FP2020 outlines the importance of reporting on progress and outcomes, including evidence-based research, and it is a key part of its evaluation platform (FP2020, n.d.). With the participation of private actors and NGOs, quantifiable results are increasingly important because they are easily transcribed for corporate social responsibility reports and donor reports. For example, it is more straightforward to identify how many contraceptives have been dispensed than it is to explain improvements to health systems or the broader health of women and girls.

With the Gates Foundation at the helm of FP2020, the private sector has become more involved in family planning than ever before, even sectors outside of those often associated with population initiatives, or global health and development. This is because the Gates Foundation favours the PPP model of health delivery over the public good (Birn, 2014). Following recent development industry trends, FP2020 prides itself on the incorporation of market-centered solutions. Specifically, it perpetuates capitalist principles like privatization, deregulation, and

commodification, which are so deeply engrained that they are rarely questioned outside of critical circles. Following this line of thinking, the “solutions” to the perceived problems of growing populations in LMICs lie within the capitalist system. Unlike its predecessors, which supported the role of public health care in family planning, FP2020 endorses the private sector as necessary partners, bringing needed expertise to improve upon the public system’s perceived failures. Of course, these failures can be attributed to the corporatization of health and the dismantling of public health systems, both of which have been perpetuated by the neoliberalism and its supporters. FP2020 propagates the idea that the solution to growing populations is within capitalist structures, most especially through its backing of PPPs.

FP2020 promotes PPPs, most obviously by partnering with the pharmaceutical industry, which is justified as a way to increase the development of contraceptive technology. It is also evident in FP2020’s backing of investments into “cost-effective” private supply and distribution systems. FP2020 omits any recognition that driving funding into for-profits pulls it away from other more sustainable practices, like bettering public health systems. In fact, moving funding toward the private sector has raised concerns that “...government health programs are being dismantled and underfunded” (Birn, 2014; Kumar et al., 2016, p. 35). This pursuit of “cost-effectiveness” since the Cairo Conference, and the transition to market-economies and the retrenchment of the public-sector has actually led to poorer health indicators, especially among the poor, including widening mortality and morbidity gaps globally and domestically within countries (Pollack Petchesky, 2003).

For Pollack Petchesky (2003), this restructuring and retreat of public health systems in LMICs is (at this point) inevitable given the dominance of markets, and it is likely that moving forward, for-profits, non-profits, NGOs, and community-based groups will function side-by-side

with public agencies to carry-out programming. However, the distinction must be made in the realms of *accountability* and *cost*, both which should still sit with the public system, versus the privatization of *function* (Pollack Petchesky, 2003). Building on this notion, FP2020 represents this collaboration, but fails to distinguish between these categories of responsibility and accountability. Therefore, as the primary funders of FP2020, the power still lies within the private sphere.

For-profit companies benefit from family planning commitments because it opens them to new markets in LMICs, while also giving them a good corporate social responsibility platform (Birn, 2014; Kumar et al., 2016). Transnational pharmaceutical companies are presented as noble partners to FP2020, while at the same time gaining access to new consumers in LMICs. For example, companies are funded to develop and supply contraceptive technology to new women and girls who become users of it, and this is unlikely to end even after FP2020 wraps up. This represents a trend in contemporary development initiatives, especially in health, in that much of the monies from bilateral and multilateral health agencies or philanthropic foundations go to PPPs (Pollack Petchesky, 2003). This also shows the way in which FP2020 continues the trend, which has been perpetuated by the Gates Foundation, of having the vast majority of global health monies going to or through entities in HICs (i.e. North-North “development”) (Birn, 2014).

Furthermore, new to population discourse is the celebration of private sector commitments from those beyond the health and pharmaceutical sectors. FP2020 is forging a new practice by garnering support from a variety of industries. As noted earlier, many of these new financial supporters employ large numbers of women and girls in LMICs, like those in the textile and garment industries. These stakeholders may be especially supportive of FP2020 not because of an altruistic belief in the reproductive health and rights of women and girls, but because

women and girls are central to their (often cheap) labour force. Women who are child-bearing and child-rearing are less likely to work and thus, "...women's fertility is being promoted primarily as it is regarded as facilitating women's entry into the labour markets and enhancing their productivity for global capital" (Wilson, 2017). Put simply, family planning works to ensure that female workers are healthier and less likely to spend time away from work.

In general, the renewed attention on fertility control is not only geared towards moving attention away from the negative impacts of global capital's responsibility for increasing poverty, environmental degradation, and food crises, nor is it only geared towards funneling profit to the pharmaceutical industry (Wilson, 2017). Now, it is aimed to help "create expanded markets and cheap labour pools" (Pollack Petchesky, 2003). In other words, family planning is central to "sustaining neoliberal capital accumulation" (Wilson, 2017). By strongly advocating for fertility control, FP2020 is linked to a growing reliance on poor women's labour as central to sustaining neoliberal capital accumulation. If the population establishment, including those involved in FP2020, truly desired to "empower women" they would first address their role in the exploitation of poor women. Instead, FP2020 and its leaders fail to recognize that in its current form, these policies actually perpetuate women's and girls' inequitable role in the global capital apparatus, both as consumers and as workers.

As Joshi (2005) summarizes, the issues with private control of development activities, like family planning, is that "transnational corporations bargain from a position of strength, distort the local economy, create vast income gaps, impose their own priorities, and damage the environment" (p. 4). In prioritizing the for-profit agenda in global family planning initiatives, the Gates Foundation pursues policies that favour the private sector and the HICs in which they are situated. Birn (2014) takes this further, claiming that the rise in private-sector influence impacts

the entire global health sector and “such arrangements have enabled business interests to obtain an unprecedented role in global health policy making with inadequate public scrutiny or accountability” (p. 8). As strong advocates of neoliberal policy, including the privatization of health clinics, and investment into transnational pharmaceutical companies, for-profit stakeholders stand a lot to gain from FP2020. As these interests increase, it has been the tendency of family planning initiatives to neglect the important role of socioeconomic inequities, rooted on systemic barriers and primary health care services when setting priorities. The underlying cause of this may be the low profitability of non-biomedical solutions, which leads me to my next point: the medicalization of women’s health.

Embracing their pledge to encourage PPPs, many of the largest pharmaceutical companies in the world are listed as “commitment makers” by FP2020, including Pfizer, Bayer, and Merck (“FP2020,” n.d.). FP2020’s goal to dramatically increase contraception use in LMICs and invest in new technology means that these companies stand to profit significantly. For example, pharmaceutical companies may have the opportunity to patent new technology that has been funded (even indirectly) through FP2020. Far from the altruistic narrative projected by FP2020, pharmaceutical companies, including those based in the Global South, exist to maximize profit and their involvement with FP2020 gives them the opportunity to do so.

Moreover, the participation of pharmaceutical companies gives them exceptional opportunity to contribute to agenda-setting, which has resulted in fostering the trend of medicalizing women’s health issues. This is often at the expense of other considerations that have severe health and equity implications, like primary health care and basic needs. In the case of primary health care, FP2020 advocates for improvements in health care delivery to an extent, but only so far as how it impacts the supply of contraception.

To illustrate the consequence of discounting primary health care, Renne (2016) includes a letter written to a local Nigerian newspaper, with the letter-writer expressively questioning the wisdom of the focus of FP2020, saying, "...would you help fund our decayed primary health care system? We have no needles, no cotton wool, there are torn mosquito nets in the wards, no running water, no medicines, no ambulance services for the poor..." (pp. 277-278). This letter indicates both the lack of meaningful consultation with local populations regarding their priority health needs and the implications of ignoring primary health care provisions and larger systemic improvements in favour of contraception distribution. By inadequately addressing the complexities in health and health care systems in countries like Nigeria, FP2020 will not have sustainable impact on health systems, nor meet the needs of locals. In the process of backing technical solutions to health needs, FP2020 silences factors that fall outside of the medical realm.

Medicalizing Family Planning and Women's Health

By associating women's health with contraception access and use, FP2020 is contributing to the medicalization of family planning and women's health. Medicalization refers to the practice of applying biomedical solutions to human problems and conditions which may actually be intrinsically related to social issues. In other words, "medicalization is a process by which human problems come to be defined and treated as medical problems" (Clark, 2014, para. 1). According to Clark (2014), medicalizing global health issues, in particular, is the process of overstating the role of health care to health; framing issues in relation to disease, treatment strategies, and individual behaviour; promoting the role of medical models of care; finding support in industry and other supporters of technologies (e.g. pharmaceuticals); and discounting social contexts, causes, and solutions to ill-health (p. 1). While technical approaches have always been important to public health (Reichenbach & Roseman, 2009), the reproductive health

funding environment that has emerged in recent years challenges the ability for supporters to pursue integrated approaches to women's reproductive health. In the case of FP2020, funders have placed family planning within this technical model and by doing so, fails to account for the complexities in health and health care systems – complexities that go far beyond improving contraceptive supply. In fact, for Kumar, et al., (2016), the inevitable consequence of focusing on narrow definitions of health neglects macro-structural forces that notably shape women's health.

Medicalizing health is common amongst projects funded by the Gates Foundation and in global health in general. Within the contemporary funding model, donors can select and support certain elements of a broader health agenda, while ignoring others (Reichenbach & Roseman, 2009). Like the Gates Foundation's support of vaccines, investments into contraception research development and delivery is good progress. At the same time, it is important to consider what is overlooked by these limiting approaches to health, including for example, the impact of living and working conditions (Birn, 2014). Scholars like Birn (2014) and Farmer (2005) critique global health's hyper-attention on vaccine development as they argue that no amount of financial incentives in the world will create a vaccine that works "...against poverty, racial and gender discrimination, and inequality" (Birn, 2014, pp. 15-16). The same argument can be applied to contraceptive development. By focusing on this, the population establishment is taking a distinctly short-term approach to the health of women.

Mostly absent from family planning strategy is a broad approach to women's health. A sustainable approach would see the status of women's health as reflective of wider health systems, including the social, economic and political contexts that overwhelmingly contribute to ill-health (i.e. the social determinants of health). In short, improving access to health technologies and services, like contraceptives, is essential health care, yet conditions which are

equally, if not more important, like addressing the social conditions and context in which women use contraception are neglected by global programs (Farmer, 2005; Kumar et al., 2016).

Similar to the philanthropic strategies that focus on investing in the control of infectious diseases through vaccines and other pharmaceuticals, which leave the already insufficient public health infrastructures in LMICs untouched (Waitzkin & Jasso-Aguilar, 2015), family planning promotes a model that does not address inadequate medical and public health facilities. Overall, market-oriented approaches to health, like the ones endorsed by FP2020, falsely promise that medical technology can fix ill-health and the socioeconomic problems associated with it. In other words, good health can be bought and sold in the marketplace (Nair et al., 2006, p. 177).

FP2020's focus on contraception can be explained by the profit-driven motivations of its leaders and their interests in supporting their investments and private partners. This increasingly blurred line between the public and private sectors are not reducing inequities by "working together" for the benefit of everyone, as they are often presented, but are exasperating these inequities by dismantling the very institutions designed to uphold the public good. Medicalizing women's health means that stakeholders can ignore social issues that harm women, while serving institutions based in HICs.

Further, these technical methods imply that sustainable and revolutionary approaches to health issues based on social justice can simply be ignored in favour of practices that offer easier and less controversial solutions. Not only are these current practices mostly ineffective, but they are justified under the premise of human rights, social and economic development, and women's empowerment. Conversely, revolutionary approaches could take a bottom-up approach, remain independent from governments, large funders, and other external forces (Kumar, et al., 2016).

Global Structures, Development and Underdevelopment

Global population policy was born from the belief that women and girls in LMICs do not have access to appropriate family planning and related services and because of this, their communities are caught in a perpetual cycle of poverty and despair. Likewise, according to FP2020, good family planning leads to a decline in birth rates, which translates into greater social and economic stability for LMICs. Thus, FP2020 follows the idea that improving family planning services in LMICs will lead to healthier women and girls, families and communities.

Population policy is grounded in the modernization theory of development, which is the idea that LMICs can catch-up with HICs through similar processes and toward the same end, with the help, leadership and guidance of HICs (Joshi, 2005). Supporters of this theory, which also guides the mandates of most mainstream development institutions, posit that it is the ultimate goal of LMICs to achieve economic growth similar to that of HICs. This narrative oversimplifies the development process, fails to articulate the origins of family planning interventions, and does not explore the root causes of poverty in LMICS, which is largely due to continuous exploitation from HICs.

A key component of modernization theory is the belief that HICs play an important role in uplifting LMICs out of poverty through their expert guidance and support. This is because modernization theory advocates believe that as LMICs prepare to “develop” they need assistance, including funds, technology, new markets and perhaps most importantly, the “right” set of policies (Joshi, 2005). Comparably, FP2020 notes the importance of global experts to guide domestic governments toward improving family planning policy, services, and delivery by providing the necessary knowledge, resources, and financing.

Of course, the population establishment also stresses the importance of local partnerships, thereby inferring local support. That said, by doing so, initiatives like FP2020 actually infer that LMICs are ill-equipped to determine and meet their own needs. In short, FP2020, which is overwhelmingly comprised of stakeholders based in HICs, see themselves as the best purveyors, and in fact, the “experts” of family planning policy in LMICs. This philosophy is harmful for a number of reasons, including because it assumes that LMICs are incapable of meeting the needs of their own populations.

These assumptions also leave little room for a deeper understanding of global poverty. In the case of FP2020, its focus on contraception access in the name of human rights and empowerment, and as a means to improve social and economic conditions, distracts away from the political sources of poverty. For example, the role of resource extraction, capitalism, neocolonialism, structural violence, environmental degradation and neoliberal globalization in creating and reproducing systemic barriers to inclusive development. In his critique, Joshi (2005), describes how modernization theory supporters point to deficiencies in poorer countries and speculate about ways to overcome these perceived deficiencies, but without recognition of the exploitative role that HICs have played. Since mainstream development institutions are rooted in modernization theory, it is unsurprising that initiatives like FP2020 depoliticize issues, offering what Navarro (1999, 2000) refers to as value-free solutions to complex systemic and structural issues, which are rooted in unequal power relations.

Alternatively, proponents of dependency theory argue that current conditions in LMICs are reflective of an active process of impoverishment, exploitation, structural violence, etc., which can be linked to the creation of underdevelopment (Birn, 2014, p. 2). Population policies, and FP2020 in particular, ties into this cycle of exploitation for numerous reasons. For example,

its mandate drives investment into privately-held transnational companies, like those linked to the pharmaceutical and medical device industries, for the research and development of contraceptive technology. Primarily based in HICs, these companies research, develop and manufacture contraceptives which are sold throughout the rest of the world (Waitzkin & Jasso-Aguilar, 2015). Through this process, multinational corporations enhance capital accumulation, while at the same time, detract from local research and development, based in the global South (Waitzkin & Jasso-Aguilar, 2015). As such, LMICs rely on these transnational companies, and the HICs where they are based, for contraceptive technology. In broader terms, the development sector, including the population establishment, tend to “...neglect of the extractive and accumulative aspects of global capitalist processes taking place within the framework of ‘development’” (Wilson, 2017, p. 433).

Some sections within the environmentalist establishment also assume that overpopulation has led to detrimental social, economic and environmental effects. In particular, environmentalists often argue that overpopulation is the foremost cause of “...global warming, loss of bio-diversity, deforestation, [and] food and water shortages” (Angus, 2012, p. 2). Family planning initiatives are seen as imperative because they aim for the decline of birth rates, which are seen as a solution to these problems. Since the environmental movement has regained traction in recent years, there has been increasing interest in slowing population growth by increasing contraception provision (Robinson, 2015). FP2020 is reflective of this resurgence.

However, this commonly held perception must be challenged, since it is not necessarily too many people in the world that is causing environmental degradation, it is the ways in which resources are distributed and used. In fact, it is the capitalist system itself, and the power held and wielded by global elites, which are the root causes of the present-day environmental crisis

(Angus, 2012). In particular, the capitalist economic system whereby the pursuit of profit drives social practices and institutional arrangements leads, for instance, to unsustainable resource extraction and environmental degradation. The argument that overpopulation leads to negative environmental impacts actually detracts from the larger systemic and structural causes of environmental destruction (Pollack Petchesky, 2003).

In addition to the negative impact on the environment, overpopulation is promoted as detrimental to the social systems of LMICs. In fact, reducing population growth through family planning is seen as a way to limit the need for (future) social spending. This focus on how overpopulation is preventing governments in LMICs from being able to provide social services to its citizens obscure the significant role of global institutions in the scaling back of social systems. As Wilson (2017) critiques, the population establishment, including financial institutions like the World Bank, actively promotes overpopulation discourse because “if only poor people in the global South can be persuaded or compelled not to reproduce, [then] World Bank and IMF-imposed neoliberal policies in which health provision, along with...other essential public services, [which have] been decimated since the 1980s can remain in place” (p. 443). Even before the Cairo Conference, the World Bank and other policy-makers were urging cuts to public health systems, and the introduction of paid services, effectively providing incentives to create free market health care sectors (Nair et al., 2006). In this way, FP2020 is reflective of earlier population control initiatives, which insists that existing economic relationships and power structures do not need to be altered (Wilson, 2017).

Although population advocates tend to justify fertility control policies by pointing to its role in the development process, this is not the best way to “help” impoverished countries. If the population establishment truly sought to empower women and girls by giving them the ability to

make reproductive choices, they would support locally-directed policies that improve their socio-economic status (Renne, 2016). Economist Lant Pritchett agrees and suggests that:

Reducing fertility is best seen as a broad problem of improving economic and social conditions, especially for women: raising their levels of education, their economic position, their (and their children's) health, and their role and status in society. That is a task altogether more difficult, but with more promise, than manipulating contraceptive supply (as cited in Renne, 2016, p. 279).

Thus, Pritchett argues that socioeconomic conditions are overwhelmingly ignored because the task is too difficult. Rectifying systemic issues that perpetuate poor conditions for women and girls would mean that the population establishment would have to question their role in the very global institutions and structures they benefit from. Instead, they advocate for technical solutions, utilizing and instrumentalizing human rights-based messaging to advocate for surface-level changes like contraception access.

International agencies, like the UNFPA, which lead population programs, are subject to the desires of the HICs that control them. As noted above, it is common for international agencies to recommend actions that are “value-free”, and guided by scientific and technical considerations, in order to circumvent any mention of the role of power and politics (Navarro, 1999). Technical approaches to population policies appear objective but in reality, these approaches reproduce and perpetuate conventional messaging, centering on globalization and market-oriented solutions to health and population issues. These agencies work in concert with others, including, for example, the World Bank, who push the very neoliberal policies; including privatization, deregulation and commodification that leave LMICs indebted and impoverished.

Although international agencies analyze growing inequalities, they do not include the causes of these inequalities nor provide recommendations that would rectify these underlying causes (e.g. the regulation of financial flows) (Navarro, 2000). FP2020 does just this by failing to

question the causes of socioeconomic and gender inequalities, while providing generic population recommendations in an attempt to curb them. Since the UN is not an institution that fundamentally challenges the global structures of power (Pollack Petchesky, 2003), it does not acknowledge the realities of inequities created by global power relations. This is because it was founded on, and continues to be operated by, stakeholders (states, international organizations, etc.) who benefit from these unequal power relations. As a result, UN policies and programs, including population-based ones, never seek to address the very causes they claim to want to fix.

In sum, FP2020 offers family planning as a simple solution to complex development problems and in doing so, essentially ignores the root causes of poverty and health inequities. Put bluntly, as the global capitalist economic system fails to live up to its promises of universal prosperity, those in power blame overpopulation, and through this simplification process, they are able to neglect the political and economic structures that give rise to and perpetuate the conditions of poverty in LMICs.

“Partnerships” and the Repackaging of Colonialism

To support LMICs in the development and implementation of their commitments, FP2020 focuses on “country-led initiatives”, including forging partnerships with local organizations, which can give insight into local needs and operate as a service delivery agency (“FP2020,” n.d.). While FP2020 supports the role of local governments in family planning, initiatives have still been underwritten by the international development elite and thus, the acceptance of funding undercuts the power of the state by introducing policies and programs determined by outsiders (Renne, 2016, p. 282).

By stressing that it is built on partnerships, FP2020 assumes that LMICs have free choice in whether to participate, even when asked by institutions with more power and influence. Power

relations in the international arena are important, especially as the line between global finance, health, and development increasingly becomes blurred. In fact, LMICs may actually have little choice in their participation of development activities. For example, and while coercion is discouraged and difficult to prove, some scholars have indicated that in the past, international organizations have leveraged aid funding to force LMICs to adopt population policies (Hartmann, 1995; Robinson, 2015).

The same could be applied to contemporary policies, including FP2020, which is guided by powerful actors who are working toward attaining quantitative targets with unchecked accountability. In fact, there may be good reason to suspect that coercion is actually playing a role in the adoption of global population policy given the relative disadvantage LMICs face in negotiations with donors committed to population reduction (Robinson, 2015). This is exasperated in countries where high birth rates and large families are a norm, like those in sub-Saharan Africa, which make these policies risky to implement domestically (Robinson, 2015).

As global health organizations work in parallel with economic institutions like the World Bank, the perceived apolitical and altruistic intentions of these organizations become increasingly questionable. This is reflective in the trend toward implementing health sector reform to help ease the pain that global economic institutions have created through their own macroeconomic structural adjustment and market-protection policies (Pollack Petchesky, 2003). In this way, public health systems in LMICs have been dismantled by global neoliberal economic policies and are now being restructured and rebuilt in so much as they can provide preordained services (e.g. family planning) defined by global health institutions and to the benefit of private sector supporters.

Even with genuine intentions, FP2020 effectively represents neocolonial tendencies of indirect rule in LMICs by HICs and their associated stakeholders, on behalf of the international community. What if these countries refused to follow the directives of FP2020? What if local governments decided to, for example, invest this funding into improving public health issues like sanitation, hygiene, education, etc., or if they portion the funding to more controversial initiatives like safe abortion services? It could be inferred that to receive financing, state governments must follow an agenda, even if it does not align with their own priorities. Moreover, how much input has there been from women and girls living in the communities where activities take place?

For critics, the model of civil society-state relations that is promoted (e.g. partnerships, networks, etc.), and funded by foundations, is used to create and maintain “patron and client relationships”, which in comparison, leaves national and local political institutions with little “power, prestige, or funding” (Roelofs, 2007, p. 501). In fact, associated international conferences play an important role in the integration of all protest, dissent, and reform momenta into the NGO model that depends on foundation funding, while still being attractive enough to draw away dissenting energies away from systemic change movements (Roelofs, 2007).

Silencing dissenting voices through civil society patronage has been a practice of the population establishment since at least the Cairo Conference, and as recently as FP2020’s two international conferences: the 2012 and 2017 Summits on Family Planning. In these conferences, the population establishment prided itself on creating partnerships and networks with civil society organizations in the pursuit of a common vision. In short, FP2020 champions these relationships as a way to legitimize their interventions in LMICs. However, these multisectoral/multi-stakeholder partnerships are leading to even more unequal distributions of power, whereby democratic institutions are being replaced by PPPs and those that support them (Roelofs, 2007).

Importantly, there are subtle forms of resistance to FP2020. In particular, there is a notable absence of some prominent feminist organizations on FP2020's list of civil society partners, including DAWN. There has also been public criticism from individual women in LMICs – some of the very people who are directly impacted by FP2020 (refer to letter writer in Renne, 2016, p. 277). This is unsurprising given that past population policies have been met with criticism, especially those centering on family planning. That said, resistance is mostly absent from mainstream narratives and is, of course, completely invisible in FP2020 discourse.

The UN plays a considerable role in global health initiatives like FP2020, and it has a long history of supporting private market principles, which represents the hegemony of global capitalism, a perspective that is pushed by global leaders, and is mostly unquestioned by others (Pollack Petchesky, 2003). Instead, groups like transnational women's health advocates are increasingly preoccupied with the inclusion of rights-based principles in population policy, at the expense of focusing on more troublesome macroeconomic issues (Pollack Petchesky, 2003). In the end, no matter how much FP2020 claims to support the leadership of LMICs, others ultimately hold the power and use this influence in agenda-setting.

Voluntarism, Rights, and Coercive Practices

After the 1994 Cairo Conference institutionalized reproductive health as a human right, the adoption of subsequent population policies was motivated by the desire of countries to show adherence to this new global norm about women's rights – even those countries who had never had them before (Robinson, 2015). More than two decades later, the pursuit of reproductive health and rights is the argument used by the population establishment to justify its actions. Supporters claim to be realizing women's rights by empowering them to have control over

family planning. While these services may be important, it is limiting in scope, and ultimately regulates (and restricts) women's reproductive health, rights and empowerment to contraception.

FP2020 underscores the importance of family planning as a way to realize women's reproductive health and rights, and as a key source in women's empowerment. This aligns with the tendency of the population establishment to promote these values as a way to move conversation from fertility regulation and toward reproductive health, predicated on the exercise of women's rights and empowerment (Reichenbach & Roseman, 2009). Put differently, family planning, and specifically, barrier-free access to contraceptives, is an important component to empowering women, critical to their health, and to reducing inequities based on gender.

Although the Cairo Conference signalled this paradigm shift, moving away from population control and toward reproductive health and rights translated less in practice. Many of the outcomes of the Cairo Conference were a direct result of a collaborative effort by multisectoral stakeholders, but these efforts were short-lived. Instead, the entrenchment of neoliberal ideology, and its associated models of health and the domination of special interest groups took hold (Pollack Petchesky, 2003). In particular, FP2020 is a direct result of these macro-level changes, and in many ways, represents a move backwards, once again reflecting the interests of specific dominant groups that comprise the population establishment.

FP2020 continues the pre-1994 legacy of fertility control, while advocating for the promotion of women's reproductive health and rights. It takes population control principles and reorganizes the language so that women are no longer perceived as the instrumental means through which population control is achieved (Whaley Eager, 2004). Instead, advocates claim to be positioning women at the centre of family planning by realizing their reproductive rights. This is not as a means toward the end goal of decreasing population growth, but as a goal in itself.

Although these rights-based approaches to global population policy originate in feminist movements, the population establishment, including powerful states, NGOs, and international donors, have co-opted this approach and applied it to programming which aligns with their own agenda (Kumar et al., 2016). At the same time that global institutions are leading initiatives to address women's reproductive health concerns, and as a way to realize human rights and move toward gender equity, these actors actually create the very conditions that exacerbate these health concerns, such as social inequalities (Kumar et al., 2016).

Through the population agenda, states, dominant institutions like the UNFPA, and private donors like the Gates Foundation have been given unprecedented opportunity to control not only the narrative by which these programs operate, but also the very practices and programming that become worthy enough to pursue. This is why contraceptive access is promoted as a reproductive right, but other reproductive health concerns (e.g. cervical cancer prevention and screening) are not treated in the same way. Besides, FP2020 is justified in the larger reproductive health context by promoting the idea that contraceptive distribution is saving women's lives by preventing unintended pregnancies and unsafe childbearing, which are a major cause of illness and death ("FP2020," n.d.). In fact, FP2020 notes the dangers of early pregnancy for women, including the health risks of child/adolescent marriage, but omits any mention of the risk to women's health that originates in economic instability, poverty, and other sociocultural factors.

For Navarro (1999), international agencies use human rights discourse, which is characterized by "a profound apoliticism" (p. 220), in an effort to fade away the power relations associated with health inequities. That is, instead of examining the role of global power in ill-health, it is narrowed into a human rights focus, whereby if only people in LMICs were empowered and had their rights realized, then they would be better off. This is reflected in

FP2020. For example, through their equation of the right to family planning with empowerment, and how if only women had access to modern contraception, then they could reach their potential, help their communities, and the country would be lifted out of poverty. This apolitical approach allows stakeholders to direct focus to a common and inarguable goal: fulfilling the right to contraception.

It is not that women and girls should not have access to contraceptives as a part of their human rights, it is that it should not be perceived as the single solution to systemic social, economic, and environmental problems. Time and time again when the “system” is failing to live up to its promises, overpopulation and high birth rate arguments have been the fallback response. As a result, the “solution” must be that poor women need to stop reproducing, and to do this they need unrestricted access to contraceptives. Not only is this ill-informed, it also shifts blame onto individual behaviours and practices and puts women at risk for coercion and other abuses.

Voluntarism in family planning implies that women have a right to choose to participate. This discourse is presented as a means to counter the historical practices of population control, which resulted in practices where poor women were subject to forced sterilization and coerced birth control (Hartmann, 1995). These programs were designed to decrease birth rates as quickly and cheaply as possible. By harnessing language like “voluntary”, FP2020 placates the potential accusations of coercion and violence that may surface.

Although population control discourse has mostly been discredited, FP2020 still borrows from its practices (e.g. birth control distribution), while emphasizing its voluntary nature and offering some parallel improvements in health and living conditions. At the same time, FP2020 has dropped any reference to limiting the number of children that women have. Unlike the outright coercive practices of the past, contemporary policies omit fertility limiting language

because it has been criticized by locals (and others) and is no longer as socially-acceptable. As an example, in a case study on population policy in Nigeria, Renne (2016) describes the 1988 “Four is Enough” campaign, which emphasized a broad range of goals toward economic and social development, but it was the program’s emphasis on each woman only having four children that garnered the most attention and eventual backlash (p. 260). FP2020 does not specifically advocate for women to limit the number of children they have, but it is still implied with softer references such as “lowering fertility”.

Importantly, the emphasis on voluntary participation can only go so far in situations where women face unequal power relations. Thus, it is important to consider the social conditions unto which women and girls choose to participate. Family planning programs cannot be considered fully and completely voluntary when there are fundamental power dynamics at play. For example, how much choice does a traditionally marginalized group, such as women and girls, have when they are encouraged or discouraged to participate in family planning programs by male relatives or local authorities? Saying this, even if women are not outwardly coerced, they do not necessarily have as much choice as supporters lead to believe. These power relations illustrate how something that on the surface could be considered good, such as the availability of family planning and broader reproductive health services for women, girls and their families, can actually be used as a tool to further exploit and control women and girls.

While population control discourse has largely been discredited, many countries continue to use coercive methods to limit population growth, and the UNFPA and other donor agencies have been accused by some groups for their “alleged complicity in perpetrating ethnic cleansing and genocide against the world’s poor” (Whaley Eager, 2004, p. 178). This is likely a result of the inherent tension between voluntary family planning and its instrumentalization for specific

goals, which creates the conditions for coercive interventions. These conditions include the tendency to reproduce neo-Malthusian population control ideas “by repeatedly linking family planning to ‘environmental stewardship’, ‘sustainable development’, and ‘long-term environmental sustainability’” (Wilson, 2017, p. 443). For example, amongst other benefits of reducing population growth, Bongaarts & Sinding (2009) point to the potential of “reduced pressure on environmental resources (water, arable land, forests) (p. 41). Overall, FP2020 utilizes discourse like choice, equity and voluntarism, but these principles do not necessarily align with its implicit goal of reducing population growth and producing quantifiable results of contraception use to reach overarching development goals.

Policy Implications and Conclusions

“How long will draconian policies be forced on us without a vote from the people who own their lives? How many human rights are being trampled upon under the guise of modernity and forward-thinking?” (Renne, 2016, p. 277).

Responding to the arrival of FP2020 in Nigeria, this letter-writer voices her concerns about the continuing legacy of population policies in her country at the behest of the global health elite. Even more, it illustrates that there are dissenting voices, even though they are excluded from FP2020 discourse. Given that FP2020 overwhelmingly targets women and girls, a group that notoriously holds little political clout, the silencing of their opposition, as evident in the above quotation, further marginalizes them.

Even though FP2020 is “country-led” and “partner-driven” its very structure infers that some stakeholders have more control than others. That said, it is incorrect to see this as a conflict strictly between the North and the South, or HICs versus LMICs, as this “...ignores the fact that each country is divided into classes...and that class interests are more powerful than national interests” (Navarro, 1999, p. 221). Thus, while partners from HICs most certainly hold obstinate

power in setting the global health and development agenda, it is equally as important to examine the way in which other less-powerful partners (e.g. domestic governments and NGOs) contribute to and perpetuate this agenda; at the expense of those who are the focus of these policies. Further research on these dynamics and how they exist within FP2020 would be valuable.

Like other global health and development initiatives, FP2020 is framed in a positive light, and HICs, through global health governance, are empowering women through the fulfillment of their reproductive health and human rights. While this goal may be considered admirable, FP2020 does not meet the health needs of women in LMICs because it prioritizes interventions that are too narrow in scope to be considered sustainable solutions to women's health inequities. FP2020 also promotes financial and governance structures that leaves decision-making to a select number of private entities that are subject to little (if any) public scrutiny. This scrutiny includes transparency and accountability mechanisms traditionally found in the public domain.

Roseman and Reichenbach (2009) note that the point of the Cairo Conference was to abandon the “pick and choose” approach to women's reproductive health and instead pursue inclusive policies that may actually achieve the desired development and health improvements. That said, almost two decades later, FP2020 reverts back on this approach by choosing to focus strictly on the family planning portion of women's reproductive health and rights. Although contraception is an essential reproductive health service and a key facet to women's autonomy, by promoting policies that focus exclusively on contraceptive access and distribution, FP2020 fails to advocate for systemic change that would ultimately reduce social inequities. It is these macro-level policy changes that are needed to empower women and realize gender equity in health.

Further, mass contraception distribution during FP2020's target years is decidedly short-term. What happens once the agenda formally ends in the year 2020? FP2020 refers to supporting sustainable family planning programming but does not offer any foreseeable plan beyond 2020. Thus, once the official program concludes, and if there have been no permanent changes made to strengthen the health and social systems of these countries, then it is likely that no long-term impact will be felt. This is likely the case since FP2020 relies heavily on unpredictable external funding and private sector commitments that, when no longer a priority, will disappear as efforts focus on new projects. To add to this, according to Nair et al. (2006), "...the erosion of primary health care systems means that governments, with the support of international financial institutions and aid agencies, now rely more on NGOs to deliver reproductive health services" (p. 178). Following the retrenchment of health care systems in LMICs, in part thanks to initiatives like FP2020, there should be concern that there will be no lasting change.

The vision of FP2020 to give women and girls the opportunity to access family planning services, with a distinctive focus on choice, equity, and voluntarism are generally positive qualities. On the other hand, this narrative is convincing because it is technical, simple and depoliticizing. It also does not reflect the diversity of priorities and often contrasting interests of its stakeholders. For example, for-profit companies operate with the ultimate goal of increasing profit. When this objective does not align with the aims of FP2020, then FP2020 ultimately loses out since "...reconciling the support of these lofty goals on the part of powerful states and supranational bodies with the simultaneous endorsement of a free market regime is difficult" (Kumar et al., 2016, p. 37). Therefore, FP2020's argument that increasing for-profit presence in family planning is beneficial since every stakeholder is working toward a common goal is naïve

at best. It also makes invisible the tensions and vested interests that exist within diverse stakeholder groups.

Through critical examination of its discourse, the various ideological and political dynamics that underpin FP2020 become clear and provide a good example for how international development and global health initiatives reinforce the dominant norms and approaches to global health of the global elite. Given the disconcerting findings in this paper, there is good cause to suggest that FP2020 should not be happening at all. Instead, a new approach based on understandings of macro-level structural and systematic inequities should replace it.

If it is to continue, then moving forward, FP2020 must move past its focus of limiting fertility in the name of reproductive health and rights, and instead advocate for a comprehensive approach to women's reproductive health, led first and foremost by those it seeks to target. This agenda would understand how reproductive health and rights is closely intertwined not only with the social determinants of health and access to primary health care, but also to unjust structural forces like globalization, capitalism, poverty, privatization of social services, patriarchy, neocolonialism, racism, and more (Kumar et al., 2016). And while this paper has argued that large families are not necessarily the reason for poverty in LMICs, and thus decreasing fertility is largely meaningless, those who determine population policy all too often fail to acknowledge this. Therefore, if these policies are to continue, more focus should be directed to the circumstances which promote large families. In other words, as some scholars have stressed, since many people in LMICs believe they are better off with large families, if the goal of these population policies is to reduce fertility, then perhaps the only way to do this is to improve the living conditions that make having more children desirable (Renne, 2016).

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Appendix 1: Glossary of Key Terms

1. **Family planning.** Family planning refers to the practice of controlling if, when, and how many children to have, and is usually achieved through use of modern contraceptive methods. Modern contraceptive methods include, but are not limited to, oral pills, implants, injections, and barrier methods such as condoms ("World Health Organization," 2018). In effect, family planning is a term that specifically focuses on fertility control.

2. **Reproductive health.** Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. It therefore implies that among other features, “people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” (UNFPA, 2014, p. 7.2). Thus, family planning is one component under the broader definition of reproductive health.

3. **Philanthrocapitalism.** Originally coined by Matthew Bishop and Michael Green, philanthrocapitalism refers to philanthropy that mirrors the principles and practices of the for-profit capitalist world. Specifically, it is when philanthropists do not strictly donate money to charitable causes, they invest their finances. As such, philanthrocapitalists want to be hands-on and demonstrate capitalism’s benevolent potential through innovations that allegedly “benefit everyone, sooner or later, through new products, higher quality and lower prices” (Birn, 2014, p. 2).

Appendix 2: Findings Table

YEAR	TITLE	DESCRIPTION	LOCATION	THEMES	EXAMPLES
2012	FP2020: Rights and Empowerment Principles	Drafted by the Rights and Empowerment Working Group, it outlines the principles that partners are expected to follow with emphasis on human rights and empowerment objectives.	http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/08/FP2020_Statement_of_Principles_11x17_EN_092215.pdf	<ul style="list-style-type: none"> - Advancing human rights (agency and autonomy, availability, accessibility, acceptability, quality empowerment, equity and non-discrimination, informed choice, transparency and accountability, and voice and participation). - Human rights realization by all partners and in all services, programs, and policies. - Empowering women to realize their rights 	<ul style="list-style-type: none"> - “The rights principles...must be realized in order to reach and sustain goals for meeting contraceptive needs.” - “Ensuring that human rights principles are at the center of family planning policies, programs, measurement and contraceptive markets represents some of our most challenging work.” - "These rights principles are informed by and build upon existing human rights principles and resources that seek to integrate rights-base approaches specifically for family planning into programming." - “Yet equal attention needs to be paid to empowering and informing clients, so they know, understand, claim their rights, and can become pivotal partners in ensuring the realization of rights...”
2012	FP2020 London Summit on Family Planning	Overview of the goals of the 2012 London Summit on Family Planning, which was the official launch of FP2020. Outlined guiding principles and the need for commitments from partners around the world.	http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2013/09/London-Summit-Family-PlanningOverview_V1-14June.pdf	<ul style="list-style-type: none"> - Pursuing new PPPs and civil society partnerships to meet family planning needs. - Advancing women’s rights through choice, equity and the voluntary use of contraception. - Family planning as key to the health of women and girls. - Empowering women as a way to better their communities. 	<ul style="list-style-type: none"> - "The Summit supports innovative public-private and civil society partnerships to transform the lives of women, men and adolescents." - "Access to voluntary family planning has transformational benefits for women and girls. It is one of the most cost-effective investments a country can make in its future." - "...global commitments that will save and transform the lives of millions of girls and women, in doing so, boost the health, prosperity and development of families, communities, and nations for generations to come."

2012	About the London Summit on Family Planning	Outlines the goals of the 2012 London Summit of Family Planning including the rationale for supporting contraceptive development and distribution. It also highlights the principles, aims, barriers, and the commitment needs from partners.	http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2013/09/About_the_London_Summit_on_FP_-_Summary_Document.pdf	<ul style="list-style-type: none"> - Working toward development and prosperity in LMICs. - Improving the reproductive and maternal health of women. - Respect for human rights (choice, voluntarism, equity, empowerment). - Pursuing multisector partnerships to meet needs. - Market-oriented approaches to contraception distribution. 	<ul style="list-style-type: none"> - Access to voluntary family planning has transformational benefits for women and girls and is one of the most cost-effective investments a country can make in its future. It is estimated that every US\$1 spent on family planning can save up to \$6 on health, housing, water, and other public services.” - "Improve supply chains, systems and service delivery models, including through innovative public, private and not-for-profit partnerships." - "...generating new global commitments that will save and transform the lives of millions of girls and women, and in doing so, boost the health, prosperity and development of families, communities, and nations for generations to come.”
2017	FP2020 Summit Outcome Document	Describes the six major themes that the 2017 Family Planning Summit was organized around. These themes are: (1) Adolescents and Youth; (2) Humanitarian Settings; (3) Contraceptive Method Choice; (4) Supply Chain Strengthening; (5) Financing Solutions; (6) Private Sector Networks. Also, outlines partner commitments.	http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2017/10/FP2020_Summit_Outcome_Document_V10_Clean.pdf	<ul style="list-style-type: none"> - Partner-driven collaboration with LMICs leading - Commitment of private sector partners and investments into family planning. - Human rights principles in implementation - Pursuing development and eradicating poverty. - Empowering women and girls through family planning - For-profit mechanisms and approaches 	<ul style="list-style-type: none"> - “As today’s girls grow into tomorrow’s women, it’s essential that they be able to take control of their own reproductive lives and make their own decisions about whether and when to have children. Family planning is the key to empowering women, and empowered women are the key to solving persistent global problems—from poverty to disease—that affect us all.” - “FP2020 countries are leading the way with larger domestic budget allocations and innovative approaches to developing new funding streams. Several countries are investigating possibilities for greater private sector involvement in program funding, commodity sourcing, and delivery channels”. - "...access to reproductive, maternal, newborn, child, and adolescent health services, including family planning, which they consider an integral component of women’s health and empowerment and their inalienable right."

					- "The need is urgent. There are 1.2 billion adolescents entering or already in their reproductive years, yet most of them don't have access to comprehensive sexuality education or contraception. What happens in the next few years is critical for their lives and futures and for their countries' futures."
2017	The Way Ahead: From the Reference Group CO-Chairs and Executive Director	Introductory materials from FP2020 executive including (1) a letter co-signed by the FP2020 Co-Chairs: Dr. Chris Elias (Bill & Melinda Gates Foundation) and Dr. Natalia Kanem (UNFPA); (2) a letter signed by FP2020 Executive Director, Beth Schlachter	http://progress.familyplanning2020.org/en/introductory-material/from-the-fp2020-reference-group-co-chairs	<ul style="list-style-type: none"> - Country-led partnerships. - Advancing women's rights through family planning. - Overcoming global challenges. - Multi-sector collaboration toward a common vision. 	<ul style="list-style-type: none"> - "The past year has been full of highs and lows, but what has come through so clearly is the strength and resilience of this partnership." - "FP2020 is stronger than ever with new commitments, a community of dedicated stakeholders, and a strong agenda." - "We're going to support our partner countries, who are the leaders of this movement and the pacesetters of progress." - "Collaboration across sectors and across institutions is another defining feature of the FP2020 platform. FP2020 provides space for governments and civil society to connect, for experts to share their knowledge, for donors to align their investments for maximum effectiveness, and for the global family planning community to take joint action on critical issues." - "FP2020 is a country-led movement to empower women and girls by investing in rights-based family planning."
2017	The Way Ahead: The FP2020 Partnership	Includes the FP2020 vision statement, along with its structure and the key institutions and groups involved.	http://progress.familyplanning2020.org/en/introductory-material/the-fp2020-partnership	<ul style="list-style-type: none"> - Country-led with leadership from domestic governments. - Rights-based family planning respected by all partners. - Pursuit of a shared family 	<ul style="list-style-type: none"> "The FP2020 partnership links countries with a global network of partners, donors, experts, and advocates who are committed to developing sustainable programs that are grounded in human rights, informed by best practices, and integrated with the country's overall development strategy." - "A country-led approach to developing rights-based family planning programs that are sustainable,

				<p>planning vision.</p> <ul style="list-style-type: none"> - Strategic direction provided by experts from the UNFPA and Gates Foundation (representation in the Reference Group and Core Conveners Group). - FP2020 as a core component of broader development goals. 	<p>accountable, and supported by data and evidence."</p> <ul style="list-style-type: none"> - "...partners collaborate to strengthen and expand family planning programs in countries, identify and implement best practices, train health workers, collect and analyze data, improve global and local supply chains, develop and introduce new contraceptive methods, advocate for the young and the marginalized, and insist everywhere on the rights of women and girls to shape their own lives." - "FP2020 envisions rights-based family planning programs as the cornerstone of a country's wider development strategy."
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