World Bank Safe Motherhood Initiative

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The lives of women and children in developing countries have been measured and found wanting in the utilitarian cost-benefit analyses of the World Bank and its partners in the international population control cartel. The burden and expense of mothers and infants can only be relieved through the legalization of abortion surgeries and the imposition of restrictive population control policies at the national, state and local levels. Programmatic population programs must therefore be injected into their communities, homes and personal relationships.

An “interagency partnership” composed of the World Bank, the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Fund for Population Activities (UNFPA), International Planned Parenthood Federation (IPPF) and the Population Council (PC) have proposed a “Safe Motherhood Initiative” centered on the legalization of abortion within all national maternal and health programs in developing countries. Within the partnership, the World Bank is intended to provide economic compulsion and guaranteed funds to carry out the agenda forcefully. There are those among the targeted nations who dare to call this “economic blackmail with genocidal intent.”

Pressures were mounted to impose the “Safe Motherhood Initiative” on Latin American countries during recent conferences held in Guatemala, the Andean Sub-region, Mexico and the Caribbean. A strategy session of the major international participants was held in March at the World Bank headquarters in Washington, D.C. The Guatemalan “Safe Motherhood Initiative” reveals the Machiavellian pattern of the strategy.

Safe Motherhood Conference, Guatemala

The “Central American Conference for Maternity Without Risk,” was held in Guatemala during January 1992. It was co-sponsored by the World Bank, Family Care International and
local IPPF affiliates. At that conference the Bank proposed that Latin American countries make the legalization of abortion the center of their maternal and infant health programs. Before an audience of health officials and legislators, it was suggested that “national consultations” should be initiated to bring this about in all social sectors, especially among women.

Under the deceptive slogan of “Safe Motherhood,” it was said that large monetary savings would accrue if maternal and child health programs in both the public and the private sector were oriented toward “safe abortion” and contraception.

Raising the spectre of maternal deaths as the motivating factor for legislative change by the 10 Hispano-American government representatives attending the conference, the Bank compared the costs related to death, which varies from $1,336 to $1,554, to the social and economic costs of abortion and contraceptives which would vary between 50 cents and $2.00 per capita. The Bank was especially concerned about establishing programs that would guarantee the reduction of maternal mortality as it related to “female productivity.”

A cost benefit analysis of the Mexican Social Security System was presented which showed that for each dollar spent in family planning services between 1972 and 1984, during which intensive sterilization programs were implemented, $9 was saved on maternal and infant health services.

As a further backup to the Bank statements, a study on “Public Hospitals in Developing Countries” was offered which found conditions relating to pregnancy and birth were the major reasons for hospital admissions and accounted for 13–24 percent of health budgets. The Bank warned ominously that “closing your eyes and not putting into effect new policies which concern abortion and maternal health could affect economic progress.”

According to Bank calculations, a widely disseminated program of legalized abortion and contraception, and a change in attitudes toward women, would only mean an expense of 1 percent of the gross national product. Such a program would not only save lives but also millions of dollars.

Anne G. Tinker, a health specialist in the Bank’s Population and Human Resources Department, formerly Chief of the Health Services Division of the U.S. Agency for International Development, opined that “unwanted pregnancies or those that were not planned imply grave monetary consequences.”

‘Pushing the envelope’ of credibility, Tinker said the cost of treatment for complications of
illegal abortion, according to studies made by the Bank, “means four times the expenses of prenatal care, 12 times the cost of a normal delivery and, in some hospitals of the region, 50 percent of the hospital’s admissions.”

She urged the compilation of field studies on cost-effectiveness in maternal health programs, to be funded by the World Bank. Such studies would be used as foundations for public policy in the region. Family Care International (FCI), a U.S.-based organization which for several years shared the offices of the International Planned Parenthood Federation (Western Region) and Profamilia in New York City, insisted that abortion is one of the principle causes of maternal death because of the legal restrictions that exist in almost all the Latin American countries. Although FCI qualified its statements with an admission that no reliable figures were available on the number of induced abortions, they claimed nevertheless that between 3 and 4 million abortions are performed annually in Latin America.

The delegation of the Population Council of the U.S. and Mexico called on specialists to discuss strategies for an analysis of abortion in Mexico. Lucy Atkins, representative of the U.S.-funded Population Council has already been conducting studies on this for over a year (La Jornada, 3 March 1992, “Legislate on Abortion the World Bank Proposes to 10 Latin American countries”).

**Mexican Strategy**

After the Guatemalan conference, Mexican officials — led by Senator Blanca Esponda, president of the Committee on Population and Development of the Mexican Congress — presented legislative changes on population policies for discussion by the Mexican government. The group called on Mexican public officials to revise abortion legislation in Mexico. They also proposed that both the executive and the legislative branches of Mexican government work jointly to determine how ‘modernized’ population programs can be strategized within all sectors of society, including the churches (Ibid).


The Global Committee of Parliamentarians was organized by UNDP, UNFPA, UNICEF and
IPPF in 1982 to promote integral development, especially in areas of population [and] the environment. The Global Forum is composed of members of the Global Parliamentarians and world spiritual leaders organized by an international interfaith group, the Temple of Understanding. The Global Forum seeks spiritual leaders who “rise above the dogma of religious” who have “the courage to question established ideas, doctrines, techniques and assumptions” (Shared Vision, No. 3, 10 and No. 7, 16, Global Forum of Spiritual and Parliamentary Leaders on Human Survival).

World Bank Meeting, Washington, D.C.

World Bank President Lewis Preston was joined by James Grant of UNICEF, Mahbub ul Haq of UNDP, Hu Ching-Li of WHO, Nafis Sadik of UNFPA, Halfdan Mahler of IPPF and George Zeidenstein of the Population Council for the “partnership” meeting at the World Bank headquarters in Washington, D.C.

Claiming that “‘Safe Motherhood’ means better lives for all women, children, families and future generations,” partnership members ignored the devastating effects on women of contraceptive drugs, sterilizations and abortion surgeries, and promised more of the same for the world’s women (tape recording of World Bank Meeting, 9 March 1992).

They erected the Rousseauean ‘fear of death’ as the motivating passion needed to drive “mothers previously doomed to die” toward acceptance of government-sponsored ‘choices.’ In a discussion concerning the developing nations, Lewis Preston, president of the World Bank, stated, “Each year some 500,000 women die of pregnancy-related causes...more than a quarter of all deaths among women of reproductive age in many developing countries are maternal deaths.” In fact, statistical data collection in the developing nations is notoriously unreliable. Activities are therefore based on statistical ‘best estimates and ‘projections’ which are subject to the bias of the presenter.

Preston’s solutions included “Advocacy, research, and increasing the quality and accessibility of maternal health [integrated with] family planning services.” “Effective family planning [rather than reliable health care] is the first line of defense against maternal death.” “Trained midwives, centers equipped for obstetric complications and transport to those centers” provided the secondary line of assistance for women.

Third World women would bitterly dispute these feigned interests in women’s health and well-being. Speaking at the recent World Women’s Congress for a Healthy Planet in Miami,
Dr. Mira Shiva, an internist with the People’s Health Network and Health Action International, was notable for her objections to the use of population control technology in India. Dr. Shiva claimed that money is not being spent on comprehensive “health services.” It is actually being spent for “family planning programs” While diseases are increasing, money spent on family planning programs “is eclipsing or removing what could have gone into basic health programs” (Tape recording, World Women’s Congress for a Healthy Planet, 8–12 November 1992, Miami).

She continued, “In areas where women have a high rate of illiteracy, more and more coercive methods, and more and more complicated technologies” are being used. Long acting injectables, such as RU 486, which effect “the pituitary, hypothalamus and create fertility and menstrual disorders for women are being brought in as ‘do it yourself’ in our part of the world.”

“This is not for the liberation of women …. It becomes evident that the women’s health issues are not the important issues …national population policies are going to be linked with financial aid…. We are in a position where things are being dictated…one of them is population policy…. Where women are concerned the only time they are taken into account is when their tubes are to be ligated.”

Lewis Preston, as president of the World Bank, conformed to Dr. Shiva’s predictions that national population policies would be linked with financial aid when he promised to integrate the full “Safe Motherhood” agenda into World Bank “policy dialogue” with developing countries.


Dr. Shiva’s expectations were fully realized in the closing commentary of the World Bank press release when Preston integrated population policy requirements as the primary provision of basic survival needs. “The Bank,” he stated, “expects that its lending for the Population, Health and Nutrition (PHN) sector will approximately double to $2.5 billion by 1995.”

James Grant of UNICEF stressed the need for “women who contemplate motherhood” to be
“healthy, well-nourished and well-informed” and insisted that “couples bring only wanted children into the world (emphasis in the original), preferably when the mother is between the ages of 18 and 35, with adequate spacing between each birth ....” “In the long run”, he said, “prevention is the way to go.”

In the past, UNICEF has argued vehemently that it was not involved in the issue of abortion but, on this occasion, the organization openly acknowledged “active participation” in a partnership which advanced abortion surgeries as an integral part of its “Safe Motherhood” campaign.

James Grant reminded those attending the partnership meeting of the World Summit for Children where “71 heads of state and government and senior representatives from another 88 countries...” committed themselves and their countries to a ‘Plan of Action’ in which “Safe Motherhood must be promoted in all possible ways.” He expounded the UNICEF program further:

Additional leverage for advocacy and programmatic action is provided by the Convention on the Rights of the Child which... is now the law of the land in 110 countries. This extraordinarily comprehensive ‘Bill of Rights’...also obligates States parties — in Article 24 — ‘to ensure appropriate pre-natal and post-natal health care for mothers.’ In other words, what we Partners for Safe Motherhood have been focusing on as needs have now been elevated to the level of rights by the international community and formally recognized as priorities by the leaders of the world (emphasis in the original).

Halfdan Mahler of the International Planned Parenthood Federation opened his presentation with a quotation from Genesis, “Unto the woman He said, I will multiply thy sorrow. In sorrow shall thou bring forth children.”

“Even the Safe Motherhood Initiative is considered a hot potato because it brings to the forefront the “A” word .... I submit that the provision of safe abortion services deserves
much greater attention…. In many parts of the world, *sex is the poor woman’s only asset* (emphasis not in the original), to be used in exchange for cash for school fees — or a meal for her children...[attention to these risks in women’s lives]...of course includes very high quality contraception and safe abortion services” (Tape recording of World Bank Meeting of Partners for Safe Motherhood in Washington, D.C., press copies of addresses by Mr. Louis T. Preston, James P. Grant and Dr. Mahbubul Haq, World Bank press release).

The “Day of the Jackal” is at hand.