



# PHE partnerships guide

Introduction to PHE

Version 1

**blue ventures**  
beyond conservation

 **PHE** Population  
Health  
Environment  
Madagascar Network

# About this guide

This guide consists of 15 chapters covering the core **values**, **skills** and **knowledge** needed to develop and implement effective cross-sector Population-Health-Environment (PHE) partnerships. You have downloaded **chapter 1 - Introduction to PHE**. If you wish to download other chapters or the entire guide please visit the Madagascar PHE Network's website [here](#).

This guide is primarily designed for use by the staff of environmental organisations wishing to develop cross-sector PHE partnerships with health service providers in line with priority community needs and their organisational missions. Many chapters will also be relevant to the staff of health organisations wishing to develop cross-sector PHE partnerships with environmental organisations working in under-served zones. And of course livelihoods-focused organisations working at the interface of sustainable development and natural resource management are also ideally placed to develop and implement collaborative PHE initiatives with relevant partners.

This guide draws on the PHE implementation experiences of Blue Ventures and other members of the Madagascar PHE Network in order to provide practical advice structured in a conversational format with case study examples. As such it should be highly relevant to organisations working in Madagascar and much material will be applicable to organisations working in other countries as well.

This guide is accompanied by various complementary resources including an integrated PHE community outreach tool (illustrated PHE story cards) available via the Madagascar PHE Network's website [here](#). Please note that a comprehensive online library of documents relating to PHE programming has been collated by the Population Reference Bureau and can be found [here](#).

This guide should be considered a living document and as such it will be updated regularly. Please don't hesitate to contact Blue Ventures ([pheinfo@blueventures.org](mailto:pheinfo@blueventures.org)) if you have any suggestions for improvement or requests for elaboration. We look forward to incorporating your feedback into future versions of this guide.

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## Credits and acknowledgements

This guide was written and produced by Laura Robson, Blue Ventures' Health-Environment Partnerships Manager.

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Valuable feedback on the content of this guide was also received from the following organisations via a PHE training and experience sharing workshop held by the Madagascar PHE Network in March 2016: Association Cétamada, Catholic Relief Services, Centre ValBio, Community Centred Conservation, Conservation International, Durrell Wildlife Conservation Trust, Honko Mangrove Conservation & Education, JSI/MAHEFA (now Mahefa Miaraka), Madagascar Fauna & Flora Group, Madagascar Wildlife Conservation, Marie Stopes Madagascar, MIHARI Network, Ny Tanintsika, Population Services International, Reef Doctor, SEED Madagascar (formerly Azafady), Stony Brook University, USAID Mikolo, Voahary Salama, Wildlife Conservation Society and WWF. The photo on the cover page of this guide was taken by Jean-Philippe Palasi at that PHE training and experience sharing workshop. All other photo credits can be found on top of the photos included throughout this guide.

This guide should be referenced as follows: *Robson, L. (2017) PHE partnerships guide. London, UK / Antananarivo, Madagascar: Blue Ventures Conservation.*

# 1. Introduction to PHE

By the end of this chapter you should:	This chapter may be of particular relevance to:
<ul style="list-style-type: none"> <li>➤ Know the core components that constitute a PHE approach</li> <li>➤ Understand the rationale for a PHE approach</li> <li>➤ Know how PHE initiatives can be implemented (including strengths and challenges associated with different institutional arrangements)</li> <li>➤ Know what questions you can ask yourself in order to assess whether it's appropriate for your organisation to develop a PHE partnership or explore other institutional arrangements for implementing a PHE initiative</li> <li>➤ Know the benefits of PHE initiatives for communities, environmental organisations and health organisations (including evidence that PHE is more cost-effective than single-sector approaches)</li> <li>➤ Understand that PHE does not equate to population control</li> <li>➤ Know how PHE contributes to national and international policy goals</li> </ul>	<ul style="list-style-type: none"> <li>➤ Environmental organisations</li> <li>➤ Health organisations</li> <li>➤ Policy makers</li> <li>➤ Funders</li> </ul>

## What is PHE?

“Population-Health-Environment” or “PHE” is a term used to describe a holistic approach to sustainable development that reflects the connections between people, their health and the environment.

PHE initiatives are designed to address the multidimensional challenges facing isolated rural communities living in areas of high biodiversity and/or natural resource dependence with limited access to health services.

PHE initiatives typically integrate **voluntary family planning** and **other health services** with **community-based natural resource management efforts**. PHE initiatives may also encompass biodiversity conservation and alternative livelihood initiatives as well as measures to improve water, sanitation & hygiene (WASH) and/or nutrition.

PHE initiatives should be designed to uphold human rights, including the reproductive rights of all individuals to choose freely the number and spacing of their births as well as the management rights of communities with regards to their natural resources. PHE initiatives seek to promote gender equality by engaging men in discussions about family health while involving women in natural resource management decision-making.

Population	Health	Environment
Voluntary family planning	Sexual and reproductive health	Community-based natural resource management
	Maternal and child health	Biodiversity conservation
	Water, sanitation and hygiene	Alternative livelihood initiatives
	Nutrition	
<b>Cross-cutting themes</b>		
Commitment to human rights		
Integrated community outreach linking health and environmental topics		
Focus on gender equality		

Although PHE initiatives usually integrate the core components outlined in the box on the previous page (i.e. voluntary family planning + at least one other relevant health service / initiative + at least one relevant environmental initiative), they should be tailored to the priorities of local communities and may therefore look quite different in different contexts or ecosystems.

## What is the rationale for a PHE approach?

Isolated rural communities living in areas of high biodiversity and/or natural resource dependence often face a number of interconnected challenges including limited access to family planning and other health services, limited livelihood options and limited capacity for effective natural resource management. These challenges can lead to poor community health outcomes, food insecurity and the degradation of ecosystems upon which local livelihoods depend.

Organisations wishing to support communities to overcome these challenges often have their own specific priorities and specialised expertise. For example, environmental organisations might try to support communities to establish and enforce natural resource management rules in order to combat environmental degradation. Meanwhile, health organisations might try to offer health services through mobile clinics in order to improve community health outcomes.

However, the effectiveness of these kinds of single-sector interventions is limited. For example, natural resource management efforts are likely to be undermined if community health needs are not addressed; communities suffering from health problems are less able to engage in management efforts, and couples with unmet family planning needs may have more children than they would like to choose - thereby placing undue demands on the very natural resources and ecosystems that they're trying to conserve. Meanwhile, community health outcomes are unlikely to improve if environmental degradation and associated food insecurity / malnutrition are not addressed. Having recognised the inseparable links between these challenges, many organisations are finding the PHE approach to be a highly logical and effective way of supporting communities to live more healthily and more sustainably alongside the ecosystems of which they're custodians.

Poor community health outcomes, unmet family planning needs, food insecurity, resource depletion and environmental degradation interact and compound each other in increasingly negative ways. PHE is a joined-up approach designed to stop and reverse these vicious cycles by kick-starting a series of positive chain reactions: enabling couples to plan and better provide for their families, improving their food security, and equipping them with the skills they need to manage their resources sustainably. Only by working in such a holistic way can we unlock real change for people, their health and the environment.



## How can PHE initiatives be implemented?

Institutional arrangement	Advantages / strengths	Disadvantages / challenges
Partnership between environmental and health organisations	<ul style="list-style-type: none"> <li>➤ No need to hire core staff with technical expertise outside of your organisation's sector - this may also make it easier to secure organisational buy-in</li> <li>➤ Limited risk of perceived mission drift</li> <li>➤ Dedicated funds may not be required where the already funded activities of partners overlap geographically</li> <li>➤ Allows rapid PHE programme implementation and experimentation - possibly leading to other institutional arrangements in the future</li> <li>➤ Saves costs by sharing operational infrastructure (e.g. boat / car pooling, equipment, etc) between partners</li> <li>➤ Enables access to new networks and relationships through partners</li> <li>➤ Leverages existing technical expertise and respective credibility of each organisation</li> <li>➤ Ensures high quality of sector-specific activities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cross-training of staff needed to ensure effective collaboration (see chapter 7)</li> <li>➤ Close coordination and effective communication needed for integration of activities including community outreach (see chapters 7 &amp; 15)</li> <li>➤ Sharing of operational infrastructure and data may require a formal agreement (see chapter 5)</li> <li>➤ May need to work on ensuring commitment to important values from all partners e.g. reproductive rights (see chapter 3)</li> </ul>
Sector-specific teams working within the same organisation	<ul style="list-style-type: none"> <li>➤ Easier to ensure that teams communicate, coordinate and integrate their community outreach activities compared to working in partnership with another organisation</li> <li>➤ Saves costs by sharing operational infrastructure (e.g. boat / car pooling, equipment, etc) and support staff (e.g. logistics, finance, etc) across teams</li> <li>➤ All operational infrastructure and data are owned by your organisation</li> <li>➤ May be easier to ensure high quality of sector-specific activities compared to one interdisciplinary team</li> <li>➤ Can combine sector-specific grants</li> </ul>	<ul style="list-style-type: none"> <li>➤ May need to hire core staff with technical expertise outside of your organisation's sector - this requires time, funding, commitment, etc</li> <li>➤ Risk of perceived mission drift</li> <li>➤ May take longer to develop / implement a PHE programme in this way compared to working in partnership with another organisation - less scope for experimentation</li> <li>➤ Your organisation may initially lack credibility in the other sector(s)</li> <li>➤ Cross-training of staff may be needed to ensure effective collaboration (see chapter 7)</li> <li>➤ Sector-specific teams may be less likely to buy into the bigger PHE vision compared to one interdisciplinary team</li> </ul>
Interdisciplinary team working within the same organisation	<ul style="list-style-type: none"> <li>➤ Easier to achieve full integration of activities including community outreach compared to working in partnership with another organisation or coordinating several teams within the same organisation</li> <li>➤ Strong communication and coordination within the team can enable adaptive programme management</li> <li>➤ Highly cost-effective</li> <li>➤ All operational infrastructure and data are owned by your organisation</li> <li>➤ Interdisciplinary team more likely to buy into the bigger PHE vision compared to sector-specific teams</li> </ul>	<ul style="list-style-type: none"> <li>➤ May need to hire core staff with technical expertise outside of your organisation's sector / experience of working across sectors - this requires time, funding, commitment, etc</li> <li>➤ Risk of perceived mission drift</li> <li>➤ May take longer to develop / implement a PHE initiative in this way compared to working in partnership with another organisation - less scope for experimentation</li> <li>➤ Your organisation may initially lack credibility in the other sector(s)</li> <li>➤ Cross-training of staff may be needed to ensure effective cooperation (see chapter 7)</li> <li>➤ May not be feasible to operate as one interdisciplinary team if serving a large number of communities</li> <li>➤ May be harder to ensure high quality of sector-specific activities compared to sector-specific teams</li> <li>➤ Often difficult to secure cross-sector grants</li> </ul>

Adapted and elaborated significantly from USAID's [PHE Programming Manual](#) (2007)

Environmental and health organisations are often trying to tackle overlapping challenges in the same geographic zones but from different starting points. This represents a huge opportunity for collaboration!

PHE initiatives can be implemented by environmental and health organisations working together to combine their respective technical expertise and share operational infrastructure to reach isolated communities. PHE initiatives can also be implemented by interdisciplinary or sector-specific teams working within the same organisation.

These different institutional arrangements have various advantages and disadvantages (outlined in the box on the previous page) that you should weigh up when deciding which approach is most appropriate for your organisation.

The interdisciplinary team approach is often referred to as the PHE “gold standard” because in theory it enables the deepest level of integration, but in reality this tends to be the least commonly used approach as it requires much greater organisational buy-in and time-consuming / costly internal development of multi-sector expertise. Sector-specific teams working within the same organisation also generate many of these challenges, so partnerships between environmental and health organisations often represent the most popular institutional arrangement.

Since PHE initiatives are very frequently implemented by environmental and health organisations working together<sup>1</sup>, and in light of the challenges outlined above, this guide focuses on offering practical advice to environmental and health organisations seeking to develop cross-sector PHE partnerships. Nevertheless, much of the information provided (e.g. in relation to fundraising, cross-training staff, designing integrated community outreach activities, monitoring and evaluation, external communications, etc) is also relevant to organisations seeking to implement PHE initiatives by interdisciplinary or sector-specific teams.

Whatever the institutional arrangement, all PHE initiatives are guided by the understanding that working in a holistic way can generate important synergies and better outcomes than when single-sector interventions are delivered in isolation. PHE activities can be implemented with varying degrees of integration:



**Parallel:** sector-specific projects are implemented in the same geographic zone without coordination or communication between different organisations or project teams; activities are separate.

**Coordinated:** sector-specific projects are implemented in the same geographic zone with some level of coordination and communication between different organisations or project teams; activities are coordinated but not fully integrated.

**Integrated:** a multi-sector programme is implemented in a single geographic zone by different organisations or project teams (or a single interdisciplinary team) working closely together; activities are fully coordinated and integrated.

Adapted from USAID’s [PHE Programming Manual](#) (2007)

<sup>1</sup> Examples include: HoPE-LVB in the Lake Victoria Basin (Kenya and Uganda) implemented by Pathfinder International with the Ecological Christian Organisation and Nature Kenya; Safidy along the west coast of Madagascar implemented by Blue Ventures Conservation with Marie Stopes Madagascar; PSI, USAID Mikolo and Mahefa Miraka; Tuungane around Lake Tanganyika (Tanzania) implemented by The Nature Conservancy with Pathfinder International and the Jane Goodall Institute; the PATH Foundation partnering with Family Health International and others along the Danajon Bank (Philippines); Conservation Through Public Health partnering with FHI 360 in Bwindi (Uganda).

Whether implemented through cross-sector partnerships or by a single organisation, the different elements of PHE initiatives should ideally be conceptually linked **and** operationally coordinated at the community level. That is to say, environmental and health activities should not simply be delivered in parallel but rather should be fully coordinated at every level and integrated as far as possible.

Not only does a fully integrated approach enable cost savings by pooling transport and sharing operational resources among different organisations and/or project teams, it has also been found to be effective in broadening community participation. For example, supporting women to engage more in natural resource management decision-making and/or alternative income-generating activities, and building men’s support for family planning by linking discussions about food security concerns with reproductive rights.

## Is it appropriate for my organisation to develop a PHE partnership?

Once you’ve self-assessed your organisational capacity for PHE partnerships (see [chapter 2](#)) and engaged with communities to gain an understanding of PHE-related challenges in your context (see [chapter 4](#)), then you’ll be able to make an informed decision about whether it’s appropriate to try to develop a PHE partnership or pursue an in-house implementation model.

Start by reviewing the above table ([How can PHE initiatives be implemented?](#)) to remind yourself of the strengths / advantages and challenges / disadvantages associated with different institutional arrangements. You may like to think through specific “pros” and “cons” of each option for your organisation, and brainstorm potential “fixes” to the “cons” (i.e. potential ways of overcoming the challenges). You may also like to talk through the following discussion points with your colleagues, bearing in mind the type of community needs that you’re aiming to address:

- Would the needs of communities in our context be addressed by a PHE approach?
- Is there adequate organisational buy-in for working in this way?
- What skills and capacity do we already have for implementing a PHE initiative? What are the gaps that need filling? (*Refer to your completed organisational capacity development plan in [chapter 2](#).*)
- Would we be open to hiring staff with technical expertise outside of our organisation’s sector? (*If no - a PHE partnership would probably be most appropriate. If yes - in-house implementation could be possible.*)
- Do we have funds available that would allow us to expand the scope of our activities outside of our organisation’s sector? (*If no - a PHE partnership leveraging the already funded and complementary activities of another organisation would probably be most appropriate. If yes - in-house implementation should be possible.*)
- Would we be willing to put systems in place to ensure strong coordination with a partner? (*If yes - a PHE partnership should be feasible.*)
- Are there organisations with complementary skills and objectives working in our area? (*If yes - a PHE partnership should be feasible.*)

## What are the benefits of PHE initiatives for communities?

PHE initiatives increase access to basic health services and empower people to make their own family planning choices, while equipping them with the skills they need to manage their natural resources sustainably and diversify their livelihoods.

### Community member testimony from the Velondriake locally managed marine area in southwest Madagascar, where Blue Ventures is implementing a PHE initiative:

*Irene was in her final year of secondary school when she had her son, now four years old. She didn't manage to take her school exit exams then, and was left feeling like her efforts had been quite futile. She decided to start using family planning after the birth of her son, choosing injections (depo-provera) offered by the community health agent in her village.*

*Once Irene took control of her reproductive health, she found that her business ideas thrived, her confidence grew and she became able to provide for her son. To earn money, she farms seaweed and sea cucumbers through a community-based aquaculture initiative.*

*Having experienced the benefits of family planning herself, Irene is dedicated to encouraging other women in her village to know their options and exercise their reproductive rights. Women's groups and marine resource management committees in the region are actively discussing health issues and working to increase women's involvement in fisheries management, with support from Blue Ventures' PHE team.*



Photo credit: Garth Cripps

Recognising that “people don't live their lives in sectors / silos”, PHE initiatives respond to challenges as communities experience them rather than dealing with public health or natural resource management as separate and unrelated issues. PHE initiatives are designed to reflect the ways in which challenges faced by people and the environment are connected, and often compound each other. PHE initiatives break such vicious cycles by working simultaneously to improve the health of ecosystems (both marine and terrestrial) as well as the livelihoods and the health of the communities who depend on them.

Couples are enabled to space their births and attain their desired family sizes, thereby improving food security, allowing women to play a more active role in natural resource management and/or alternative income-generating activities, and bolstering local biodiversity conservation efforts.

## What are the benefits of a PHE approach for environmental organisations?

Environmental organisations sometimes struggle to engage communities in natural resource management efforts, particularly when such initiatives seem removed from more urgent and/or higher priority concerns such as accessing health services.

PHE partnerships enable environmental organisations to address unmet health and family planning needs, thereby strengthening community engagement in natural resource management and bolstering local biodiversity conservation efforts.

- Responding to the needs of your partner communities in a holistic way using a PHE approach can build their trust in your organisation and strengthen their engagement in conservation initiatives.

- The immediacy of health service benefits may be particularly helpful in bolstering long-term community support for the relatively “slower-burn” progress of natural resource management efforts.
- Increasing access to basic health services will improve the health of your partner communities, which can enable them to engage more in conservation initiatives.
- Increasing access to voluntary family planning services will enable couples to space their births and attain their desired family sizes, which can give women in particular more time to engage in natural resource management and/or alternative income-generating activities.
- Increasing access to basic health information and services can also help to reduce child mortality, which in turn can lead to changes in fertility preferences (when more children survive to adulthood, couples may choose to have fewer children).
- In areas where unmet family planning needs are leading to fertility rates that are higher than desired by local women and their partners, increasing access to voluntary family planning services and/or removing barriers to uptake of these services within a reproductive rights-based framework may result in a decline in fertility rates over time, thereby reducing undue demands on finite or slow-to-replenish natural resources and/or bolstering local biodiversity conservation efforts. Note: such fertility decline is never an objective of PHE initiatives, but it is a possible secondary effect (see [Does PHE have anything to do with population control?](#) later in this chapter).
- By exploring and addressing unmet health needs, environmental organisations can develop a more complete understanding of community situations that can aid the planning and implementation of natural resource management initiatives.

**Tiana Rahagalala of the Wildlife Conservation Society (WCS) describes the benefits of their PHE partnership with Marie Stopes Madagascar (MSM):**

*“Our collaboration with the District Health Office in Maroantsetra and Marie Stopes Madagascar (MSM) is allowing us to ensure that all communities in the MaMaBaie (Makira, Masoala and Baie d’Antongil) terrestrial and marine conservation area have full access to voluntary family planning services. We’re also supporting local community*



Photo credit: WCS

*health agents to facilitate discussions about the links between health and environmental issues. Now women are able to make their own family planning choices and are becoming more engaged in natural resource management.”*

**Results observed in the Velondriake locally managed marine area of southwest Madagascar, where Blue Ventures has been implementing a PHE initiative since 2007:**

- Proportion of sexually active women of reproductive age (15-49 years) using contraception increased more than fivefold from 10% in 2007 to 55% in 2013 (2016 data forthcoming)
- General fertility rate (number of live births per 1,000 women of reproductive age in the last 12 months) declined by 40% between 2007 and 2013
- Proportion of female representatives within the Velondriake general assembly (responsible for governing the locally managed marine area) increased from 13% to 38% at the most recent community elections in 2016

## What are the benefits of a PHE approach for health organisations?

Health organisations can face significant challenges in reaching isolated communities, and PHE partnerships offer a way of overcoming these difficulties. PHE initiatives generally engage isolated rural communities living in areas of high biodiversity and/or natural resource dependence, which tend to be under-served zones where environmental organisations are already working to support community-based natural resource management.

- Collaborating with environmental organisations that have well-established operational infrastructure can enable you to reach isolated populations more easily - for example, by using their transport for your outreach staff or supply chains.
- Collaborating with environmental organisations that have well-established community relations can support greater uptake of your health services than in areas where you don't have a locally-based partner to work with - for example, by having them integrate health promotion into their existing and ongoing community outreach activities, by having them engage men in discussions about family planning at natural resource management meetings, etc.
- PHE partnerships can also allow you to expand the scope of your work to include nutrition, food security and livelihood sustainability for the more effective achievement of your health objectives.



**Eugène Andriamasy of Marie Stopes Madagascar (MSM) describes the benefits of their PHE partnerships with environmental organisations in various under-served areas of Madagascar:**

*“Partnering with environmental organisations including the Duke Lemur Center, the Madagascar Fauna & Flora Group (MFG) and Blue Ventures is enabling*



*us to expand the coverage of our services to reach some of Madagascar’s most isolated communities with significant unmet health needs. For example, recently one of our mobile outreach teams travelled by boat with Blue Ventures to some very remote coastal communities (inaccessible by our 4x4 vehicles during the rainy season) where they were able to offer a variety of long-acting contraceptives. Community health agents supported by Blue Ventures had informed their communities about these services in advance of our visit, dispelling common misconceptions about these methods so the demand was noticeably higher than in similarly isolated communities where MSM works independently.”*

**Evidence suggests that PHE is more cost-effective than single-sector approaches**

*A quasi-experimental study conducted by the PATH Foundation in the Philippines compared the results of three different interventions – an integrated PHE programme (called “Integrated Population and Coastal Resource Management” or IPOPCORM), a reproductive health programme and a coastal resource management programme – and found that integrating reproductive health services with coastal resource management efforts generated better results than the single-sector interventions in terms of indicators including contraception use, food security and improvements to coral reef and mangrove health.*

*Young adults – especially young men – participating in the integrated PHE/IPOPCORM programme were more likely to use contraception than in the site where the stand-alone reproductive health intervention was delivered, while coral reef and mangrove health increased more at the integrated PHE/IPOPCORM programme site than in the site where the stand-alone coastal resource management intervention was delivered.*

*Although the integrated PHE/IPOPCORM programme cost more to implement than either of the single-sector interventions, the combined cost of implementing the two single-sector interventions was considerably greater than the cost of implementing the integrated PHE/IPOPCORM programme. When its cost-efficiency was viewed together with its greater impacts, the study concluded that the integrated PHE/IPOPCORM programme was the most cost-effective approach.*

*Summarised from Castro & D’Agnes, 2008 - [Reproductive Health and Integrated Coastal Management in the Philippines](#) - ECSP Focus, Issue 11*

## What are the challenges of implementing PHE initiatives?

PHE implementation often entails organisations from different sectors working together, aligning work plans and coordinating activities at the community level in order to deliver fully integrated initiatives. This requires organisations and their staff to develop the competencies needed for cross-sector working, and to learn enough about each other’s work in order to be able to collaborate effectively. This guide has therefore been designed to accompany the staff of both environmental and health organisations through the process of developing such competencies, with the aim of unlocking the benefits of PHE partnerships for your organisation and the communities with whom you work!

## Does PHE have anything to do with population control?

A common misconception about the PHE approach is that it aims to promote the reduction of fertility rates in support of environmental goals. This is **not** the case.

PHE initiatives respond directly to the needs and priorities of communities, as identified and expressed by communities themselves. When such priorities include addressing unmet family planning and other health needs alongside building local capacity for natural resource management, a PHE approach may be appropriate.

PHE initiatives increase access to voluntary family planning services, **without any targets** for fertility decline. PHE initiatives simply aim to uphold the reproductive rights of all individuals to choose freely the number and spacing of their children, **without coercion or discrimination**. That is to say: PHE initiatives can aim to reduce or eliminate unmet family planning needs (women wanting to space or limit their births but not using contraception) by ensuring full access to voluntary services and removing any barriers to uptake (such as lack of information about different options), but it’s not appropriate to set targets for contraceptive uptake as this depends entirely upon the personal choices made freely by individuals (in line with their reproductive rights outlined above).

PHE initiatives funded by USAID are legally obliged not to use any incentives or targets relating to number of family planning “acceptors” or number of births, as per the Tiahrt Amendment of 1999 in support of voluntarism and informed choice, since any such incentives or targets could risk encouraging coercive practices.

### Family planning’s troubled relationship with population: a historical perspective

*In the late 18th century, economist Robert Malthus observed that human population was growing faster than agricultural production. He predicted that this would eventually lead to an environmental crisis, triggering widespread disease and death.*

*Malthusian concerns about the limits to population growth have underpinned some coercive family planning campaigns over the years, including forced abortions and sterilisation camps in countries including China and India. More recently though, Malthus’s argument about the simple relationship between population growth and resource availability has been complicated and challenged by various developments, including great boosts to agricultural productivity associated with the “Green Revolution”.*

*At the International Conference on Population and Development in Cairo in 1994, an important shift took place. Coercive family planning campaigns were denounced as examples of how women’s bodies and rights were being violated in pursuit of national economic development, and the relevance of arguments about the ecological limits to population growth for the family planning movement was hotly contested. Countries at the conference agreed that governments have a responsibility to address the reproductive needs and rights of individuals, rather than strive to achieve any demographic targets. The health sector urged environmentalists to stop associating family planning campaigns with population control.*

*More than two decades after the Cairo conference, such commitments to reproductive rights are as strong as ever. At the same time though, reproductive rights advocates are acknowledging that sustainability arguments may be useful for advancing international support for family planning. In country after country where women and their partners are empowered to make their own family planning choices, fertility rates are declining. The health sector now invites environmentalists to address unmet family planning needs within natural resource management efforts, while respecting the rights of all individuals to choose freely the number and spacing of their births.*

*Adapted from WWF’s PHE Manual: [“Healthy People, Healthy Ecosystems: A Manual on Integrating Health and Family Planning into Conservation Projects”](#) (2008)*

Effective PHE partnerships require both environmental and health organisation to have a strong understanding of and commitment to human rights including reproductive rights, and it's important that organisations developing PHE partnerships communicate clearly the rationale for and aims of their initiatives to funders, communities and other stakeholders in order to avoid any misconceptions about population control.

## How does PHE relate to national and international policy goals including climate change resilience and sustainable development agendas?

Cross-sectoral approaches such as PHE are explicitly promoted in the Libreville Declaration on Health and Environment in Africa, with 52 signatory countries including Madagascar. PHE initiatives also contribute directly to the achievement of several of the new Global Goals for Sustainable Development, and work to build social and ecological resilience to climate change.

### PHE's contribution to the Global Goals for Sustainable Development:

- 1. No Poverty** - PHE initiatives support rural communities to diversify their livelihoods.
- 2. Zero Hunger** - PHE initiatives improve food security and nutrition by advancing community-based management of natural resources (e.g. fisheries) and supporting the development of alternative income-generating activities that can be used to purchase food.
- 3. Good Health & Well-Being** - PHE initiatives increase access to health information and services.
- 5. Gender Equality** - PHE initiatives empower women to take control of their reproductive health and participate more actively in income-generating activities and natural resource management while encouraging men to become more involved in family health.
- 6. Clean Water & Sanitation** - PHE initiatives may include measures to improve water, sanitation and hygiene.
- 13. Climate Action** - PHE initiatives build social and ecological resilience to climate change by increasing access to family planning services, supporting diversified livelihoods and improving ecosystem health.
- 14. Life Below Water** - PHE initiatives in coastal areas encompass community-based marine management efforts and advance the participation of women in these efforts.
- 15. Life On Land** - PHE initiatives in terrestrial areas encompass community-based forest management efforts and advance the participation of women in these efforts.



Photo credit: Laura Robson



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