Economic & Social Affairs

Expert Panel on Fertility, Reproductive Health and Development

New York, 7 December 2010

Report

United Nations

ESA/P/WP.222
December 2011

Department of Economic and Social Affairs
Population Division

Expert Panel on Fertility, Reproductive Health and Development

New York, 7 December 2010

Report

United Nations
New York, 2011

DESA

The Department of Economic and Social Affairs of the United Nations Secretariat is a vital interface between global policies in the economic, social and environmental spheres and national action. The Department works in three main interlinked areas: (i) it compiles, generates and analyses a wide range of economic, social and environmental data and information on which States Members of the United Nations draw to review common problems and take stock of policy options; (ii) it facilitates the negotiations of Member States in many intergovernmental bodies on joint courses of action to address ongoing or emerging global challenges; and (iii) it advises interested Governments on the ways and means of translating policy frameworks developed in United Nations conferences and summits into programmes at the country level and, through technical assistance, helps build national capacities.

Note

The designations employed in this report and the material presented in it do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Symbols of United Nations documents are composed of capital letters combined with figures.

This publication has been issued without formal editing.

Suggested citation:

United Nations, Department of Economic and Social Affairs, Population Division (2011). Report on the Expert Panel on Fertility, Reproductive Health and Development (United Nations, ESA/P/WP.222).

ESA/P/WP.222

REPORT OF THE EXPERT PANEL

The Population Division of the Department of Economic and Social Affairs (DESA) of the United Nations Secretariat organized an Expert Panel on Fertility, Reproductive Health and Development. The panel highlighted new evidence on the development impact of fertility declines, improvements in access to family planning and other reproductive health services and reductions of inequities in reproductive health. There were presentations from the following experts: Ms. Ann Blanc, Director of the Maternal Health Task Force, EngenderHealth; Ms. Rekha Mehra, Director, Economic Development, International Center for Research on Women; Mr. T. Paul Schultz, Professor, Department of Economics, Yale University; and Mr. David Canning, Professor, Department of Global Health and Population, Harvard University. The presentations are available as downloadable PDF files and accessible on the Population Division website (www.unpopulation.org).

The Expert Panel was held as part of the substantive preparations for the forty-fourth Commission on Population and Development (11-15 April 2011), which had the theme "Fertility, reproductive health and development". The panel presentations and interactive discussion served as an introduction for Member States to key substantive issues for the forty-fourth Commission on Population and Development. Moreover, understanding the links between fertility, reproductive health and development is crucial for accelerating progress in achieving key Millennium Development Goals on health and the goals of the Programme of Action of the International Conference on Population and Development.

The panel took place in New York on 7 December 2010. More than 50 people attended, including representatives of Member States, United Nations entities and civil society organizations active in the areas of fertility, reproductive health and development. A full list of Member States, United Nations entities and organizations that were represented is included at the end of this report.

Fertility declines and improved access to family planning help reduce maternal mortality.

Improving access to family planning and maternal health services enables women and men to plan their families better, especially the number and timing of children they have, and to minimize the health risks to women of childbearing. New evidence suggests that without past declines in fertility, which are due in part to increased contraceptive use, the numbers of maternal deaths would have been about 1.7 million higher than currently estimated for the period 1990-2008. Of the estimated decline in the number of maternal deaths for this time period, reduced fertility accounted for 53 per cent of the decline compared with 47 per cent due to the reduction in the maternal mortality ratio (the number of maternal deaths per 100,000 live births).

An achievement often overlooked in discussions at the international level on health and development is that the decline in maternal deaths over the last two decades has been achieved despite substantial growth in the numbers of women of reproductive age. All else being equal, the number of maternal deaths should have increased as the number of women of reproductive age increased.

Maternal deaths are concentrated in a small number of countries, including Afghanistan, Ethiopia, India, Nigeria and Pakistan. With the exception of India, these are also countries where a relatively high percentage of married women have an unmet need for family planning; that is, women want to delay or stop childbearing but are not using a contraceptive method. Programmes that address unmet need for family planning are thus logically strong allies of programmes to lower the risks of death during pregnancy and childbirth. It was noted that investments in family planning and maternal and child health services are mutually supportive investments from a cost-savings perspective, in terms of volume of services provided, and in terms of spillover effects. It was also noted that country-specific calibration of funding is still needed based on the level of service coverage and level of unmet need for family planning.

Poverty and gender inequality are significant barriers to maternal health service utilization but can be reduced.

Poverty and gender inequality pose barriers to the utilization of maternal health services (e.g., antenatal care, delivery with skilled health personnel and postnatal care). A review of studies published since 2000 shows that these barriers can be significant. For example, in the Middle East, North Africa and South Asia, less than 50 per cent of women in the lowest wealth quintile have at least one antenatal care visit compared with more than 80 per cent of women in the highest wealth quintile. The costs of maternal health services in terms of formal and informal fees and the cost of drugs, equipment, transport and lost time are not trivial for poor women and men. Women's unequal status in many societies—lower education, less autonomy and less decision-making power—can also translate into lower utilization of maternal health services. For example, one-third or more of currently married women in 13 African countries say they cannot make decisions about their own health care.

Effective strategies for reducing the impact of poverty and gender inequality on maternal health service utilization include:

- Removing user fees (requires planning for increased demand in the short-term and financial sustainability in the long-term);
- Targeting subsidies (should be combined with social marketing so women know they can use the subsidies);
- Expanding the training and posting of skilled attendants (can improve coverage but critical to limit the use of fees and to monitor to ensure services are reaching the groups where need is highest);
- Providing conditional cash transfers (can increase demand for health services and empower women);
- Organizing participatory learning and networking, where women in a community are trained to organize group meetings on maternal and neonatal health for the community.

Meeting the family planning needs of women has positive, long-term impacts on development-related outcomes for women and their families.

Increasing access to family planning and maternal and child health services improves human welfare on a range of social and economic dimensions in the long-term. Randomized evaluations—the gold standard for measuring how interventions affect behaviours in the long-term—are few in number because they tend to be complex, expensive and involve long time periods in which to observe intergenerational effects. Results from one of the few large-scale, randomized evaluations of health and family planning programmes show that by 1996 (about 20 years after the introduction of improved health and family planning services in the treatment areas in Matlab, Bangladesh), fertility declined by about one child more per woman in the treatment area compared with the control area. Long-term gains were found in women's human capital in the form of health (an improved body mass index), higher labour market productivity and increases in most categories of household assets (such as housing and consumer durables). Moreover, the benefits extended into the succeeding generation with a higher number of years of schooling (especially for boys) and higher body mass indices (for girls) in the treatment areas compared with the control areas. It was noted that there were no significant effects on men's or boys' body mass indices, so the effects cannot be attributable to overall improvements in wealth. It was also noted that health effects were observed for even the least educated women, so the results do not suggest that family planning effects are substituting for education effects.

The outreach design of the family planning programme was likely responsible for the magnitude of the health and economic benefits found. The design involved frequent home delivery of services in a setting where there are Purdah restrictions on women's mobility, restrictions that may limit

women's access to family planning supplies and maternal and child health services. It was recognized that the evidence was based on a particular social setting, and so for other settings where women's mobility is not an issue, this type of intervention would not be appropriate. Yet the overall evidence is robust and shows that fertility declines and family planning provision have positive, long-term effects on development.

Fertility declines and improved access to family planning are also correlated with positive development outcomes at the country level.

Fertility levels and trends matter for development outcomes at the country level partly in terms of the numbers of people and resource use but more importantly because of age structure effects. As mortality and fertility levels decline, the proportion of the total population that is of working age increases and the proportion that is economically-dependent (i.e., children and the elderly) decreases. Evidence at the macro level shows strong correlations between fertility declines and lowered child dependency and increased income per capita, and the evidence is particularly robust for East Asian countries. While age structure is associated with economic growth, the positive impact of age structure change depends on good governance, openness to trade, employment opportunities and investments in human capital. It was recognized that for some countries there is now a concern with very low fertility and higher old-age dependency and that interest is growing in the degree to which migration can counter-balance a shrinking working-age population.

Fertility declines are also related to behavioural changes that at the aggregate level, such as increased female labour force participation and greater investments in the health of young children, can lead to higher economic growth. For example, lower fertility is associated with higher female labour force participation, and this relationship is particularly evident in middle income countries where the work-family trade-off is more distinct than in settings where the nature of work (work at home, self-employment or work for family members) is more compatible with child care. Country case studies were presented showing the timing of increased access to effective contraceptive methods and the rise in the labour supply of women.

Lower fertility is also associated with higher investments in the health and education of children at the household level and at the country level, which, in turn, have long-term benefits of healthier, more educated and more productive adults of working age. Several randomized control trial studies were described that showed health interventions in early childhood (a malaria eradication campaign, a de-worming programme and a nutritional intervention) led to improvements in adult earnings. It was noted that the effects were in part a reflection of effects on cognitive development and, for de-worming, in part via increased school attendance. In sum, fertility declines, facilitated by improved access to family planning, can increase per capita income via age structure changes (and the right policies to maximize the demographic dividend), boost family incomes via female labour force participation and higher earnings and can increase the health and education investments in children.

AGENDA

10:00 AM	Opening *Opening statement* Ms. Hania Zlotnik, Director, United Nations Population Division/DESA
10:15 AM	Expert presentations *The contribution of family planning to the reduction of maternal deaths* Ms. Ann Blanc, Director, Maternal Health Task Force, EndgenderHealth *Targeting poverty and gender inequality to improve maternal health* Ms. Rekha Mehra, Director, Economic Development, International Center for Research on Women
11:10 AM	Discussion
11:35 AM	Expert presentations *Long term effects of a social experiment in Matlab, Bangladesh: 1974-1996* Mr. T. Paul Schultz, Professor, Department of Economics, Yale University *The macroeconomic consequences of family planning* Mr. David Canning, Professor, Department of Global Health and Population, Harvard University
12:30 PM	Discussion (continued)
1:00 PM	Closing

PROFILES OF INVITED EXPERTS

Ann K. Blanc is Director of the Maternal Health Task Force (MHTF) at EngenderHealth. The MHTF, funded by the Bill and Melinda Gates Foundation, catalyzes existing maternal health initiatives, deepens involvement of developing country experts, engages new organizations from allied fields, and makes information accessible to broader audiences. She previously served as a program officer in the Population and Reproductive Health Program at The John D. and Catherine T. MacArthur Foundation and as a Senior Evaluation Analyst for Macro International, Inc., on the USAID-funded MEASURE/Evaluation Project. At Macro, she collaborated with developing country colleagues to design and implement household- and facilities-based surveys and conducted methodological research and statistical analyses. She served for more than a decade overseeing the implementation of demographic research in developing countries under the Demographic and Health Surveys Program. She holds a PhD in Sociology and Demography from Princeton University.

Rekha Mehra is Director of Economic Development at the International Center for Research on Women (ICRW). She leads work on gender and agriculture, assets and property rights and enterprise development and financial services. Her earlier positions include Senior Gender Specialist in the Gender Unit of the World Bank's Poverty Reduction and Economic Management Group; Program Officer for Economic Development at the Ford Foundation, New Delhi; and Vice President of the International Center for Research on Women in Washington, D.C., where she worked on issues related to the economic advancement of low-income women in developing countries. She has written extensively on gender and development, including the recent publications: *Targeting Poverty and Gender Inequality to Improve Maternal Health* (2010) and *The Significant Shift: Women, Food Security Commercial Agriculture in a Global Market Place* (2008). She has doctoral degrees in Food and Resource Economics and History.

T. Paul Schultz is the Malcolm K. Brachman Professor of Economics, Emeritus, at Yale University, where he has been a professor since 1975. His prior positions include Director of the Economic Growth Center at Yale University, Professor at the University of Minnesota, Director of Population Research Program at the Rand Corporation, and economist with the Joint Economic Committee, U. S. Congress, and Council of Economic Advisors. His research focuses on microeconomic explanations for individual, family, and household economic and demographic behavior, including fertility, health status, marriage, female labor force participation, gender differences in human capital, schooling and health of children, the distribution of income among persons and households and over time, and the role of schooling, migration, and health for labor productivity. He is the author of a textbook *Economics of Population* and more than one hundred journal articles, chapters in books and edited volumes. He holds a PhD in Economics from MIT.

David Canning is Professor of Economics and International Health at Harvard University and Associate Director of the Harvard Center for Population and Development Studies. Previously he was a Professor of Economics at Queen's University in Belfast, Northern Ireland, and has served as a consultant to the World Health Organization, the World Bank and the Asian Development Bank. In addition, he was a member of Working Group One of the World Health Organization's Commission on Macroeconomics and Health. His research examines the role of demographic change and health improvements in economic development, and he has published numerous articles and book chapters in this area as well as the book *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change* (with D. Bloom and J. Sevilla). He holds a PhD in Economics from Cambridge University.

PARTICIPANTS

Member States and Permanent Observers

Angola
Bangladesh
Belarus
Belgium
Benin
Brazil
Canada
China
Cuba
Croatia
Dominican Republic
Egypt
El Salvador
Equatorial Guinea
Finland
France
Germany
Holy See
Hungary
Indonesia
Ireland
Israel
Japan
Kazakhstan
Luxembourg
Malawi
Netherlands
Pakistan
Partners in Population and Development
Philippines
Poland
Portugal
Russia
Sri Lanka
Switzerland
United States of America

Other Participants

American Family Association of New York
Bahai International Community
Catholic Family and Human Rights Institute
International Planned Parenthood Federation/Western Hemisphere Region
Inter Press Service News Agency
Pan American Health Organization (PAHO)
Save the Children
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
United Nations Population Fund (UNFPA)
World Health Organization (WHO)
Women's Refugee Commission