XXI. POPULATION, POVERTY REDUCTION AND THE ICPD PROGRAMME OF ACTION

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A. OLD TRUTHS AND NEW IDEAS

Decisive evidence is emerging that population and reproductive health matter considerably to the achievement of the Millennium Development Goals (MDGs). This statement is a major departure from academic thinking over the past two decades, and a brief review of the successive viewpoints of economists and demographers regarding the relationship between population and economic well-being offers a good starting point for understanding the continued relevance of the Programme of Action adopted by the International Conference on Population and Development held in Cairo, Egypt in 1994.

In 1776, Adam Smith in his *Wealth of Nations* asked why some countries are rich and others poor. This question took a demographic turn when Malthus addressed it in his 1798 *Essay on Population*. This work conveyed the hugely influential but pessimistic view that population growth, powered by an irrepressible passion between the sexes, tended to depress income growth. There are two powerful arguments as to why population growth has a negative impact on income growth. The first is that population numbers tend to overwhelm scarce natural resources. The second is that population growth tends to overwhelm reproducible resources created by people, such as infrastructure and capital, at least in the short run. These plausible and negative views, known as "population pessimism", held sway for much of the past 200 years.

More recently, countervailing arguments have come to the fore. Advocates of the newer "population optimism" have pointed out that population pressure can increase the incentives to innovate and that a larger population increases the pool of possible innovators. More importantly, a bigger population allows for economies of scale.

For much of the last two decades, a third view, "population neutralism", has held sway in the mainstream academic community. This view emerged from a lack of evidence that population numbers or growth rates affect economic development. Consequently, it was concluded that population neither impedes nor promotes development or that, on average, the positive and negative effects tend to cancel out. This was the dominant view in the 1986 report of the US National Academy of Sciences, as a consequence of which population and reproductive health slid off the radar screen of many influential international donor agencies.

Research carried out over the past five to six years has revealed a major defect in the Academy's conclusion and the research on which it was based. The defect stems from economists' preoccupation with population numbers or their growth as the sole demographic indicators of interest. By focusing exclusively on such indicators, economists have disregarded the consequences of changes in population age structure associated with reductions of fertility.

World population doubled from 1960 to 2000, going from 3 to 6 billion, and it is projected to increase by another 3 billion by 2050. These increases, which are concentrated in developing countries,

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are associated with a phenomenon known as the demographic transition. This term refers to the transition from high mortality and high fertility to low mortality and low fertility. Mortality declines first—and in high-mortality populations the decline is mainly concentrated in the younger ages (below age 5)—leading to higher survival of infants and children owing mostly to increased use of vaccines and antibiotics, better access to safe water and the spread of other public health measures. Declining mortality produces therefore a sort of “baby boom” as more children survive to adulthood. This “baby boom” in the developing world has been more pervasive and larger in scale than the well-known “baby boom” that occurred in developed countries when fertility increased in the decade or so following the end of the Second World War. In developing countries, mortality decline has eventually been followed by a reduction of fertility. As a consequence, the increase in the number of children caused by mortality reductions eventually disappears as couples realize that fewer births are needed to ensure that their desired number of children survive to adulthood and as women and couples are empowered to realize their childbearing goals.

As mortality declines and more children survive, the population gets younger, having an increasing proportion of children relative to adults. During this process, income per capita declines because the output of the working-age population must be divided among increasing numbers of child dependants. The growing number of children needs to be fed, clothed, housed, and provided with medical care and schooling. Consequently, less resources are available for other uses, including for the investment needed to build factories or infrastructure, thus retarding the process of economic growth in absolute terms, as conventionally measured.

As fertility declines, however, the proportion of children in the population eventually starts declining and the cohorts initially benefiting from declining mortality keep the population of working age growing, setting the stage for an increase in the productive capacity of the economy on a per capita basis. During a period which can last for several decades, the proportion of the population in the working ages grows relative to the proportions of both children and elderly combined, producing more potential workers per dependant. During this period, a country's potential output grows because the working ages are the prime years for savings, and savings are a key to capital accumulation and technological innovation. Savings get a further boost as longevity increases in the latter phases of the demographic transition. People save more in anticipation of longer periods of retirement, promoting further capital accumulation and economic growth.

Considerable evidence has now been accumulated indicating that the process described above, known as the “demographic dividend”, has had a major positive effect on the economic growth of some developing and even some developed countries. Poverty reduction, the first and most important goal set by the Millennium Declaration, follows from this process because economic growth is, to some extent, equivalent to a rising tide that lifts all boats. The level of poverty can be thought of as a function of two other variables: the average income level and the distribution of this income among members of society. The evidence suggests that, on average, economic growth is neutral in terms of income distribution. That is, on average, the poor enjoy a similar rate of income growth as the population in general, so that rising average incomes lift substantial numbers of people out of poverty. It should be noted, however, that this average relationship does not hold true in every country and that there are cases in which the poor have gained little from rising economic growth as well as cases where poverty levels have declined under conditions of low economic growth. Lack of detailed and reliable data on poverty and the paucity of convincing analyses on the linkages between GDP per capita and poverty levels prevent a more definite assessment to be made at this time. Pogge and Reddy (2003), for example, argue that the most widely available data on poverty (those supplied by the World Bank) are "meaningless". Deaton (2003) suggests methods for improving assessments of poverty levels and international comparability, underscoring the advantages of using data derived from household surveys rather than those generated by national accounts to measure poverty.

So far we have discussed an accounting effect of the changing dependency ratio (i.e., the ratio of dependents to working-age people) that occurs as the demographic transition progresses. This effect stems from the changing distribution of the population by age assuming unchanging behaviour over time at each age. However, the demographic transition also leads to changes in behaviour. In particular, smaller family sizes can increase the resources devoted to education and other forms of human capital investment, such as expenditures on health, per child. Increases in such investments can occur both at the household level and by Governments. Generally, fertility starts declining first among the better-off households in a population, often widening income gaps as the better-off are able to invest more on the human capital of their children than poor households are able to. However, over time, the process of fertility decline diffuses from elites to the middle-class and eventually to low-income families. The process of diffusion can be accelerated through appropriate interventions, especially via the provision of information and services on family planning.

At the regional level, both the demographic transition and economic growth have advanced rapidly among the "Tiger" economies of Eastern and South-eastern Asia, whereas the transition has been slow in sub-Saharan Africa whose economic growth has also been stalling. There are, of course, other major differences between sub-Saharan Africa and Eastern and South-eastern Asia, including in the realms of geography, governance, educational attainment and economic policy, and these differences help account for the very different macroeconomic performance of those two regions over the past few decades. But these differences, taken together, cannot account for the entire difference in economic results; the "Tigers" have appeared to be a "miracle". Recent research on demographic factors has helped fill this gap. In particular, the demographic dividend that Eastern and South-eastern Asia received and on which it was able to capitalize explains most of the previously unexplained "miracle performance"; its absence in sub-Saharan Africa explains the poor economic performance of that region. Health improvements and the subsequent rapid decline in fertility in Eastern and South-eastern Asia generated a “baby boom” whose entry into the labour market coincided with the start of their economic booms. The demographic transition can account for about one third of the region’s phenomenal economic growth during 1965-1990. In contrast, the continued prevalence of poor health and high fertility in sub-Saharan Africa have generated high levels of youth dependency and low levels of income growth. There are no significant unexplained differences between the two regions once demographic dynamics are taken into account. More broadly, Mason and Lee (2005) summarize research on the effect of the demographic dividend on poverty reduction and conclude that it has had a significant effect in Latin America and Asia between 1960 and 2000. Moreover, they estimate that, with sustained fertility decline, the demographic dividend in the developing world could lead to a reduction in poverty levels by about 14 per cent between 2000 and 2015, with Africa sharing for the first time these benefits. They also estimate, using a quasi-experimental approach in analysing data on Indonesia, that a 10 per cent reduction in fertility levels would lead to an 11 per cent reduction in the level of poverty.

It is important to note that high fertility in sub-Saharan Africa is usually not due mainly to unmet need for family planning services but rather to high levels of desired numbers of children. Indeed, in some countries in the region, desired fertility is higher than actual fertility. Fertility will not fall in sub-Saharan Africa until desired fertility falls. Following the experience in other regions, it is expected that desired fertility will fall with declining infant mortality, higher educational attainment especially among girls and women, better employment opportunities for women, improved opportunities to educate children, and the existence of mechanisms to acquire financial assets and save for old age. It is expected that, if these conditions were met, fertility might fall as fast as it has fallen already in parts of South-central Asia, such as India, provided family planning services are available. When this happens the effects of the demographic transition can act as an accelerator, leading to a sustained economic boom.

This framework is useful not just for developing countries, but also for rich countries. For example, it appears that the legalization of contraception in Ireland in 1979 led to sizable fertility declines

during the 1980s, and corresponding changes in the population age structure that track extremely well the emergence of the "Celtic Tiger". An important feature of the Irish experience was that the size the economic boom that followed the entry of the “baby boom” into the work force was larger than the accounting effect, partly because there was a rapid increase in female labour force participation following the legalization of contraception, an increase that boosted labour supply per capita. In this case, economic success led in turn to a switch in the direction of international migration, with Ireland becoming a net receiver of international migrants after decades of being a net sender. Instead of exporting young workers, Ireland has become a destination for migrants, further reducing the dependency ratio and increasing income per capita.

However, Ireland is an extreme case in which the illegality of contraception produced a delay in the decline of fertility to very low levels. In most developed countries fertility is now well below replacement levels and the consequences of such trends for the distribution of the population by age are producing economic strains, particularly in countries with pay-as-you-go systems to finance old-age pensions and health care. The expected need for more resources as “baby boomers” age requires the building up of real assets today to finance that generation's future needs. The pay-as-you-go nature of most transfer systems means that in most developed countries the children of today can expect to be net contributors to the Government’s coffers and, implicitly through transfers, to the elderly.

So far we have considered only the supply side, with the demographic transition opening a window of opportunity based on rising labour supply and savings per capita. Policies in the Tigers of Eastern and South-eastern Asia were able to capture the potential benefits that a changing demographic structure brought. However, the benefits of the demographic transition are not automatic. The additional supply of labour generated by the transition must be put to work and the potential savings of the “baby boomers” must be channeled to productive investments. Failure to do this may create a large pool of unemployed and disaffected young adults, whereas success in doing this will lessen poverty.

There is a large body of evidence indicating that the policy environment can influence economic growth. Analysts have argued for the importance of a wide range of effects from trade, institutions, government spending priorities, democratic practices and other factors (Acemoglu, 2003; Bloom and Sachs, 1998; Rodrik and others, 2002; Sachs, 2003; and Sachs and Warner, 1995). Bloom and Canning (2004) have shown that the beneficial effects of the demographic transition can be magnified or muted by the extent to which the policy environment allows them to operate. More specifically, their analysis indicates that a completely open economy will enjoy nearly twice the growth impact of a rise in the share of the population of working age as an average country.

However, in countries with poor economic policies, the potential benefits of the demographic transition appear to be completely wasted, with no effects on output or the standard of living. The imminence of the demographic transition increases the urgency of creating a good policy environment. In particular, the demographic transition in Latin America is already fairly advanced,[1] but has not led to the rapid economic growth that might have been expected, partly because of poor policies, including weak governance, poor macroeconomic management, and high barriers to trade in some instances. This policy environment reduced the demand for labour, leading to high rates of unemployment among the large cohorts entering the working ages, and to budget deficits and inflation, which have made saving and investment difficult.

In addition, wide income inequalities in Latin America are mirrored in wide gaps in fertility levels by socio-economic status, with the high fertility still prevalent in the poorer segments of society helping to perpetuate poverty. Nevertheless, the window of opportunity for Latin America will remain open for some time still, and there is consequently still an opportunity to pursue policies that will generate economic growth before dependency ratios start increasing as the population ages.

In sum, new view has emerged in which population and reproductive health matter substantially to the achievement of the goal of reducing poverty, the first of the Millennium Development Goals. The view that population played a neutral role with regard to economic growth has been replaced by a more nuanced position: although the overall rate of population growth may not affect economic growth, the changing age structure of the population does in all probability have a major impact on economic well-being. Achieving the demographic transition, especially by ensuring a reduction of fertility, is at the heart of this mechanism. The Programme of Action's goal of meeting the reproductive health needs of populations in developing countries is an important ingredient in facilitating or sustaining fertility reductions.

Demographic change, along with changes in economic policy, is occurring in most countries. The pace and timing is varied, but the trend is unmistakable. Two countries stand out: China, where the decline in fertility has been particularly dramatic, and India. China already has very low fertility levels and an export-oriented economy and is experiencing very high rates of economic growth. India, particularly southern India, is in the process of achieving low fertility, and has instituted economic reforms to make its economy more open to trade and investment. Dollar and Kraay (2002) point out that, primarily because of the rapid income growth in China and India, economic inequality in the world is decreasing and global poverty is declining. Even if countries do not change their economic policies, the goal of reducing poverty by half, as called for by the first MDG, will likely be substantially met at the global level by 2015. Projected economic growth in China and India, based to a large extent on the beneficial effects of demographic change, is expected to lift hundreds of millions out of poverty by that date (Bloom and others, 2004a).

There are other interactions between poverty and fertility that are worth highlighting. Population and reproductive health issues have significant implications for public policy. Poverty reduction should be carried out as fast as possible because, even if poverty levels are expected to be halved in the normal course of events, countries can still benefit by adopting policies that allow people to increase their incomes faster than in a "business as usual" scenario. For instance, under that scenario, high poverty levels would likely still remain in sub-Saharan Africa and in Latin America and the Caribbean. In the latter region, poverty is mostly the result of inequities in income distribution. In both regions, the poor are more likely to have higher levels of unmet need for contraception. By satisfying that need, reproductive health programmes have a potentially vital role to play in reducing family sizes among the poor and helping them get out of the poverty trap whereby poverty leads to high numbers of children and lower income per head.

Of course, reducing the unmet need for contraception is beneficial whether or not it promotes economic growth and poverty reduction. It is beneficial because it improves people's lives. But it is even more beneficial if it also promotes the achievement of the MDGs and of poverty reduction in particular, even if attainment of this goal also depends on public policies that extend beyond the realm of population and reproductive health.

B. Relevance to the ICPD Programme of Action

A crucial issue to be addressed here is how the Programme of Action of the International Conference on Population and Development (ICPD) contributes to the achievement of the internationally agreed development goals, including the MDGs. The foregoing arguments point to the relevance of reproductive health concerns and to demographic change as being highly relevant to the first MDG, poverty reduction. One key point is that the evidence base for the linkage between population issues and poverty has changed. In particular, chapter III of the Programme of Action, on "Interrelationships

between population, sustained economic growth, and sustainable development", while discussing the effects of population age structure on the economy, could be rewritten to emphasize the strong connection that has been found between the demographic transition and economic growth.

Regarding chapter VI on "Population growth and structure", paragraph 6.4 states: "Countries should give greater attention to the importance of population trends for development. Countries that have not completed their demographic transition should take effective steps in this regard within the context of their social and economic development and with full respect of human rights." A key part of paying attention to population trends and enabling families to achieve their desired family size is the development and strengthening of family planning programmes. The effectiveness of such programmes in reducing fertility has been debated extensively during the last few decades. Recent research by Miller (2004) provides a careful and compelling analysis that in Colombia the efforts of ProFamilia, Colombia's longstanding family planning programme, have led to women having fewer children and at a later age, thus being better able to get more education and participate in the labour market. Both girls and boys have benefited by delaying the start of their working lives.

In light of this and other evidence, we believe that taking the actions called for in paragraph 6.4 will, without question, contribute to the attainment of the MDG on poverty reduction. The steps called for by the Programme of Action, which specifically cite the importance of focusing on the situation of women and the rural population, and the need to emphasize education and health (particularly reproductive health and family planning), are likely necessary if poverty alleviation programmes are to be effective. Similarly, the call for countries to involve non-governmental organizations, community groups and the private sector reflects the need for Governments to work in conjunction with such groups in addressing reproductive health and population issues.

In paragraph 6.5, the Programme of Action appropriately highlights the importance of understanding the interaction between fertility and mortality levels and the need "to reduce high levels of infant, child and maternal mortality so as to lessen the need for high fertility and reduce the occurrence of high-risk births". These actions, if carried out successfully, will likely reduce poverty. The demographic channel described above as leading to economic growth can also allow the poor to focus their resources on better education and nutrition for their children, and on pursuing job opportunities for adults. An important issue, as noted above, is that in sub-Saharan Africa desired fertility levels are still high and reducing desired fertility is required if fertility is to fall. To the extent that desired fertility is a consequence of high infant mortality, an emphasis on reducing infant mortality can have multiple benefits.

Paragraph 6.6 points out the primacy of making family planning services available to all who want them. When desired fertility is lower than actual fertility, family planning services have been instrumental in reducing fertility levels. When fertility falls, families have fewer demands on their resources and a greater possibility of climbing out of poverty. Eastwood and Lipton (2001) show that high fertility hurts the poor economically because it reduces the economic growth that is often necessary for poverty reduction.

Paragraph 6.11, too, calls for actions that will alleviate poverty. In areas of the world where early marriage is common, the potential of women to contribute to economic development is severely constrained by the need to take care of, and spend meager family assets on, young children. In addition, of course, these mothers are able to earn much less in the paid workforce, thus making it more difficult for their families to emerge from poverty.

Paragraph 6.15, calling for reproductive health services, sex education, the prevention of early pregnancies, and education about HIV/AIDS prevention, highlights actions that would likely be beneficial

if countries are to avoid falling further into poverty and that are also essential to reducing the incidence of poverty. As explained above, declining fertility leads to a one-time demographic opportunity that can spur economic growth and thus reduce poverty. In addition, preventing HIV infections and other STDs is key to shoring up a population that may be struggling with broader health issues. HIV infection tends to target the poor and uneducated and to further pauperize them by reducing their productivity and depleting their savings. It follows that the further spread of HIV/AIDS will create great difficulty for many of the families that are already poor or close to poverty, as well as for entire communities, all of whom will have great difficulty in emerging from poverty (Bloom and others, 2004b).

The key actions for the further implementation of the Programme of Action, calls for a similar range of actions whose benefits in terms of reducing poverty overlap with those discussed above. The need to strengthen programmes that reduce infant and child mortality is clearly central to ensuring that families will have the necessary confidence to reduce the number of children they have. Preventing infectious diseases and ensuring clean water supplies are particularly important for the young, but are also of obvious importance for the general population. A sick population will find it more difficult to take significant steps out of poverty. The document's emphasis on targeting poverty alleviation programmes toward females is also important. Lastly, the call for countries to continue to examine the economic and social implications of demographic change, and how they relate to development planning concerns and the needs of individuals is exactly in line with the potential poverty reduction implications of the demographic transition explained above.

Regarding chapter VII on “Reproductive rights and reproductive health”, from the perspective of reducing the unmet need for family planning services and reducing fertility, the key statements in the chapter are in paragraph 7.12, which provides the basis for action, and paragraph 7.14, which established the main objectives: "The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children ..." (7.12) and "To prevent unwanted pregnancies … " (7.14). The arguments we have set out in this paper are that ensuring that these objectives become real will increase not only the welfare of families directly by allowing them to achieve their family planning goals but will also help promote economic growth and poverty alleviation by the effects of fertility reduction on the age structure, and by enhancing the ability of parents to provide for their children.

In retrospect, the ICPD enunciated a progressive, feminist agenda that sought to bring development actions to the local level and to promote grassroots involvement in defining and implementing reproductive health programmes. This agenda represented a fundamental new direction for this field. For the reasons outlined in this paper, this agenda continues to be relevant. The principles agreed on at ICPD speak effectively to both the intrinsic value of improving population trends and expanding reproductive health programmes, and the indirect but significant effects of reproductive and population health programmes in alleviating poverty. We argue here that new evidence on the connection between fertility reduction and economic growth suggests that the link between population policies and poverty reduction is even stronger than the ICPD contends. However, we see the rights-based approach that is evident throughout the ICPD Programme of Action and the instrumental argument provided here as complementary.

One important principle in the ICPD Programme of Action is that family planning policies should aim to meet the desires and needs of couples and individuals and not be based on coercive policies set by Governments: “The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play” (7.12). Our analysis suggests that lower levels of fertility will promote economic growth, but this does not imply that Governments should attempt to enforce lower fertility. For one thing, such attempts have often been unsuccessful. In addition, and more crucially, enhancing human welfare should be the aim of Government. Human welfare depends on

many factors other than income. Although lower fertility may increase economic growth at the macro level it should only be pursued to the extent it improves human welfare. Children are valued for many reasons, which go beyond economic well-being. To the extent that the full welfare costs and benefits of smaller family size accrue to the family, decision-making regarding childbearing should rest with the family. Women, who bear the brunt of the costs associated with higher fertility, should be able to make decisions that affect both family size and family income per capita.

While the goal of family planning policies should be to allow women to achieve their desired levels of fertility without coercion, there may be some scope for policies that affect this desired level. If fertility does produce externalities, the optimal level of fertility for society may be different from that chosen by families. At present there is little evidence of such externalities (the economic growth that occurs should mainly be reflected in higher per capita incomes and higher investment in human capital of families with lower fertility). However, worries that there are negative externalities to a higher number of children are giving way in many developed countries to the view that children also have positive externalities (for instance, pay-as-you-go pension systems depend on the inflow of sizeable numbers of young workers) and that below-replacement fertility and the ensuing reductions of population may not be socially or economically optimal. In this case, policies aimed at increasing desired fertility, including the provision of child-care services for working mothers and paid maternal and paternal leave, may be socially beneficial. To the extent that such policies may be desirable the statement: "Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives" (7.22) may be too strong. Even in the case where externalities are shown to be present we support population policies that attempt to change fertility levels by incentives that affect desired family size.

Four points sum up our views of the implications of the implementation of the ICPD Programme of Action on the MDGs:

- Population and reproductive health programmes and policies that reduce the unmet need for family planning as called for in the Programme of Action promote welfare directly and will help promote the achievement of the reducing poverty by half in developing countries as called for by the MDGs.
- The main effects will be felt only after desired fertility falls.
- The benefit from the potential effects in terms of poverty reduction reductions in fertility should be accompanied by appropriate policies that promote employment and savings and that channel savings into productive investment.
- Population and reproductive health programmes that reduce unmet need are also beneficial by increasing the choices women have, even if they did not also promote the achievement of the MDGs.
- Population and reproductive health programmes that coerce fertility outcomes cause large direct welfare losses by limiting choice, and there is no evidence that such policies increase welfare by reducing negative externalities.

  For these reasons, the Programme of Action's goal of eliminating unmet need for family planning and ensuring that reproductive health programmes are universally available should have been reflected in the MDGs because it is so central to human well-being and different from, albeit complementary with, other MDGs. Nevertheless, reproductive health is not only a good in itself, but also a factor that can contribute to the reduction of poverty.

NOTE

[1] Dramatic demographic change has been taking place in Latin America and the Caribbean for several decades. However, the share of working-age people will be at its peak from about 2015 to 2035.

REFERENCES

Acemoglu, Daron (2003). Root causes: A historical approach to assessing the role of institutions in economic development, *Finance and Development,* June, available at http://www.imf.org/external/pubs/ft/fandd/2003/06/pdf/Acemoglu.pdf.

Bloom, David E., and Jeffrey Sachs (1998). Geography, demography, and economic growth in Africa. *Brookings Papers on Economic Activity*, vol. 2, pp. 207–295.

Bloom, David E., and David Canning (2003). From demographic lift to economic lift-off: The case of Egypt, *Applied Population and Policy,* vol. 1, No. 1 (September), pp. 15-24.

_____ (2004). Global demographic change: Dimensions and economic significance. Paper presented at the Federal Reserve Bank of Kansas City Symposium on Global Demographic Change: Economic Impacts and Policy Challenges, Jackson Hole, Wyoming, August 26-28, 2004. NBER Working Paper, No. 10817. September.

_____, Bryan Graham and Jaypee Sevilla (2004a). Global integration and the reduction of poverty. In *Solving the Riddle of Globalization and Development,* Manuel R. Agosín, David E. Bloom, Georges Chapelier and Jagdish Saigal, eds. London: Routledge.

Bloom, David E., Ajay Mahal, Larry Rosenberg, Jaypee Sevilla, David Steven and Mark Weston (2004b). *Asia's Economies and the Challenge of AIDS*. Asian Development Bank.

Deaton, Angus (2003). How to monitor poverty for Millennium Development Goals. Princeton University Research Program in Development Studies, Working Paper 221.
Available at www.wws.princeton.edu/~rpds/downloads/seminar_papers/deaton_poverty_mdg.pdf.

Dollar, David, and Aart Kraay (2002). Spreading the wealth, *Foreign Affairs*, vol. 81, No. 1 (January/February).

Eastwood, Robert, and Michael Lipton (2001). Demographic transition and poverty: Effects via economic growth, distribution, and conversion. In *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World,* .Nancy Birdsall, Allen C. Kelley and Steven W. Sinding, eds. New York: Oxford University Press.

Mason, Andrew, and Sang-Hyop Lee (2005). The demographic dividend and poverty reduction. Proceedings of the United Nations Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals, New York, 17-19 November 2004.

Miller, Grant (2004). Contraception as development? New evidence from family planning in Colombia, Harvard University, unpublished paper. Available at http://www.people.fas.harvard.edu/~nmiller/papers/family_planning.pdf.

Pogge, Thomas W., and Sanjay G. Reddy (2003). Unknown: The extent, distribution and trend of global income poverty, Version 3.4, July 26. Available at http://www.columbia.edu/~sr793/povpop.pdf.

Rodrik, Dani, Arvind Subramanian and Francesco Trebbi (2002). Institutions Rule: The Primacy of Institutions over Integration and Geography in Economic Development, IMF Working Papers 02/189, International Monetary Fund.

Sachs, Jeffrey D. (2003). Institutions matter, but not for everything, *Finance and Development,* June. Available at http://www.imf.org/external/pubs/ft/fandd/2003/06/pdf/sachs.pdf.

_____, and A. M. Warner (1995). Economic reform and the process of global integration. *Brookings Papers on Economic Activity*, pp. 1-118.

United Nations (1994). Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (A/CONF.171/13/Rev.1).

_____ (1999). General Assembly Resolution S21/2 of 2 July 1999. In Official Records of the General Assembly. Twenty-first special session, Supplement No. 3. A/S-21/5/Rev.1.