



Accelerating achievement of the MDGs by lowering fertility: Overcoming the challenges of high population growth in the least developed countries

1. High population growth: A challenge to the realization of the Millennium Development Goals.

- **High population growth can generate unsustainable demand for public sector services.** Population growth increases the demand for public sector services that are critical for meeting the internationally agreed development goals. The capacity of the least developed countries* to expand public sector services, such as education and health, is challenged by the rapidly increasing numbers of children and youth, which have been rising faster than service supply. The public costs of providing universal education and ensuring the health of a rapidly growing child population increase even more with reductions in the cost-sharing of public services, such as elimination of school fees.
- **Rapid population growth: A trade-off between quantity and quality.** Countries with lower fertility and therefore slower population growth spend substantially more in the health and education of each child than those with higher fertility,¹ an outcome suggesting that slowing population growth enables higher investments in the health and education of each new generation, which in turn leads to increasing labour productivity.

* For purposes of this publication, the developing world includes all the countries and areas of the world except Australia, Canada, Japan, New Zealand, the United States of America and all countries in Europe. The group of least developed countries (LDCs) encompasses the 49 countries designated as such by the General Assembly. The rest of the countries in the developing world are considered as a group in this publication in order to contrast their demographic trends and characteristics with those of the group of least developed countries.

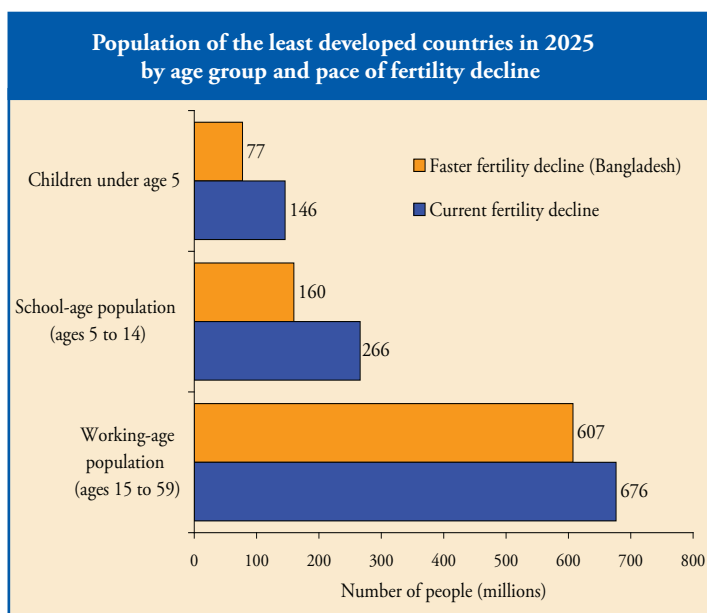
- **Slowing population growth can stimulate greater productivity and savings.** Slowing population growth through lower fertility produces a “demographic dividend,” whereby the proportion of persons of working age increases with respect to that of children and the elderly.^{2,3} When supported by economic policies that increase employment and strong public investment in education and health, the demographic dividend can itself contribute to development, as shown by the experience of Eastern Asian economies.^{2,3}

2. Lowering fertility facilitates the achievement of key development goals.

- **The overall population of the 49 least developed countries is growing today nearly twice as fast as that of the rest of the developing world:** at 2.3 per cent annually vs. 1.2 per cent per year.⁴
- **Fertility decline has been markedly slower in the least developed countries than in all other developing countries combined.** Excluding the least developed countries, total fertility in the rest of the developing world declined by about 50 per cent between 1970-1975 and 2005-2010: from 5.0 to 2.5 children per woman.⁴ In contrast, fertility in the least developed countries dropped by 34 per cent since 1970-1975, from 6.7 to 4.4 children per woman. Among the least developed countries, Bangladesh is exceptional because its fertility fell by over 60 per cent, from 6.9 children per woman in 1970-1975 to an estimated 2.4 in 2005-2010. Under-five mortality has also declined rapidly in Bangladesh and the country now has an under-five mortality level lower than 41 other least developed countries. As a result,

Bangladesh is on track to achieve MDG4 on the reduction of child mortality. It has also achieved gender parity in both primary and secondary education (MDG3) and literacy rates among women aged 15 to 24 have nearly doubled since 1990 (MDG2).⁵

- **The under-five population in the least developed countries is large and continues to grow.** In 2010, the number of children under five in the least developed countries reached 126 million. If the current pace of fertility decline in the least developed countries continues, by 2025 the number of children under five will be 20 million higher or 146 million. Therefore, the effort required to provide adequate nutrition, immunizations and other health services to children will need to increase continuously to meet the needs of those rising numbers.
- **Had the fertility of the least developed countries as a group fallen as fast as that of Bangladesh, their number of children under five would be 36 million lower today (89 million instead of 125 million).** Furthermore, if all the least developed countries had made the same effort as Bangladesh in reducing fertility, their under-five population would already be declining and would be expected to number 77 million in 2025, barely half the 146 million children actually projected for that date.



Source: Simulations based on World Population Prospects DEMOBASE extract, United Nations, New York, 2010.

- **Similarly, the number of children aged 5 to 14, a group that includes the population of primary-school age, would have been 37 million lower today in the least developed countries if their fertility had fallen as fast as that of Bangladesh (177 million vs. 214 million).** Once more, lower fertility would have produced a currently declining number of children aged 5 to 14, so that by 2025 their number would have amounted to 160 million instead of the 266 million actually projected.
- **The sustained increase in the number of children aged 5 to 14 in the least developed countries imposes additional burdens on the school system and limits its ability to provide education for all.** Even to maintain current pupil to teacher ratios, the number of teachers in the least developed countries will have to increase by 25 per cent and new schools will have to be built. Improving the quality of education will require even sharper increases in the numbers of teachers, schools and educational materials.
- **In the rest of the developing world, the number of children aged 5 to 14 has been declining since 2000 and will change very little between 2010 and 2025, thus facilitating the achievement of universal education.** Consequently, most developing countries are either close to achieving or have already achieved universal primary education.⁶

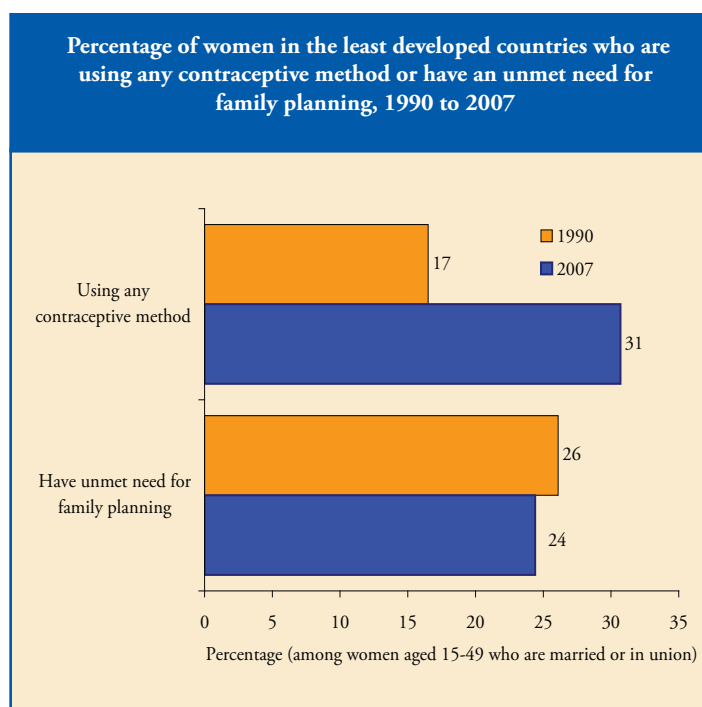
- **High population growth is an impediment to the achievement of full and decent employment.** With a working-age population (i.e. persons aged 15 to 59) that stands at 470 million in 2010 and is growing at 2.6 per cent per year, the least developed countries need to create at least 9.5 million new jobs every year to maintain the current level of labour force participation and keep pace with the growth of the working-age population. Because the children that will join the workforce over the next 15 years have already been born, the least developed countries can expect that over 200 million people will be added to the population of working age by 2025.

3. Strong family planning programmes - key to reducing fertility in the least developed countries.

- **Governments are concerned about high fertility and recognize that improving access to family planning is a strategy to improve living conditions.** In 2009, the Governments of 42 of the 49 least developed countries considered the fertility levels of their populations as too high and 44 were providing support for the dissemination of family planning information, guidance and supplies through government facilities.⁷ Making available the widest achievable range of safe, effective, affordable and acceptable family planning and contraceptive methods is one of the goals of the Brussels Programme of Action, the international community's blueprint for improving the living conditions of people in the least developed countries.⁸

- **Demand for family planning is outpacing supply.** Women's demand for family planning in the least developed countries has increased markedly over the past two decades. In 1990 only 17 per cent of women of reproductive age who were married or in union in the least developed countries were using a contraceptive method and 26 per cent had an unmet need for family planning, since they wanted to delay their next pregnancy or stop childbearing altogether but were not using any method of contraception.⁹ Today, 31 per cent of women who are married or in union in the least developed countries use a family planning method but the proportion having an unmet need for contraception has remained virtually unchanged, at 24 per cent.⁹ The barriers that women and men face in accessing family planning services and supplies are partly responsible for this almost constant level of unmet need.

- **Declining donor funding:** Donor funding for reproductive health on a per woman basis has fallen by over 50 per cent in 42 of the 49 least developed countries since the mid-1990s. This decline has contributed to shortages in supplies and services, which in turn keep unmet need high.



Source: *The Millennium Development Goals Report Statistical Annex 2010*, United Nations, New York, 2010.

- **Adequate funding coupled with country-specific strategies can lead to successful family planning programmes.** Official family planning programmes perform better when they are backed by government commitment at all levels. In addition, the following strategies can improve the effectiveness of family planning programmes, especially to improve access to quality family planning for vulnerable groups such as the poor and adolescents:
 - Integrating family planning with other health services, especially those related to maternal and child health;
 - Using innovative delivery systems at the community level;
 - Improving contraceptive counseling and the mix of family planning methods offered;
 - Ensuring a consistent and adequate supply of contraceptive supplies;
 - Strengthening day-to-day service delivery and eliminating user fees (or implementing fair systems to waive user fees for the poor);
 - Mobilizing the mass media and community leaders to disseminate reliable and credible

information about family planning and to combat misinformation, and

- Partnering with the private sector by, among other things, supporting social marketing and social franchising.¹⁰

4. Recommendations by the Commission on Population and Development (Resolution 2009/1):¹¹

- **Prioritize universal access to reproductive health**

Urge Governments and development partners to prioritize universal access to reproductive health care, including family planning.

- **Provide access to a variety of family planning methods**

Ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable, evidence-based and acceptable methods of family planning.

- **Fund family planning programmes**

Increase financial commitments from donors for family planning to ensure predictable resources for reducing unmet need for family planning.

Ensure that funding lines for family planning programmes and commodities are included in national budget formulations.

NOTES

¹United Nations (2009). *World population monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*. Report of the Secretary-General. E/CN.9/2009/3.

²Birdsall, Nancy, Allen C. Kelley and Steven W. Sinding, eds. (2001). *Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World*. Oxford: Oxford University Press.

³David E. Bloom and David Canning (2008). Global demographic change: dimensions and economic significance. *Population and Development Review*, supplement to vol. 34, pp.17-51.

⁴United Nations, Department of Economic and Social Affairs, Population Division (2009). *World Population Prospects: The 2008 Revision Population Database*. Available from <http://esa.un.org/unpp> (accessed 14 July 2010).

⁵United Nations MDG Database accessible at unstats.un.org/unsd/mdg

⁶United Nations (2009). *Implementation of the Programme of Action for the Least Developed Countries for the Decade 2001-*

2010. Report of the Secretary-General. A/64/80-E/2009/79.

⁷United Nations (2009). *World Population Policies 2009*. New York. Available from http://www.un.org/esa/population/publications/wpp2009/Publication_highlights.pdf (accessed 29 January 2009).

⁸United Nations (2006). *Brussels Programme of Action: Addressing the Special Needs of the Least Developed Countries*. New York. Available from <http://www.unohrrls.org/UserFiles/File/Publications/bpoa.pdf> (accessed 25 May 2010).

⁹United Nations (2010). *The Millennium Development Goals Report Statistical Annex 2010*. New York. Available from <http://unstats.un.org/unsd/mdg/Resources/Static/Data/2010%20Stat%20Annex.pdf> (accessed 6 July 2010).

¹⁰PATH and United Nations Population Fund (2006). *Meeting the Need: Strengthening Family Planning Programs*. Seattle: PATH/UNFPA.

¹¹United Nations (2009). *Resolution 2009/1: The contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*. Commission on Population and Development. E/CN.9/2009/10.