Population Policies and Programmes

United Nations

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* All inquiries should be addressed to the Director, Population Division, United Nations Secretariat, Rm. DC2-1950, New York, NY, USA.

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Department of Economic and Social Information and Policy Analysis

Population Policies and Programmes

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NOTE

The designations employed and the presentation of the material in this publication 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.

The designations"developed" and "developing" economies are intended for statistical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.

The term "country" as used in the text of this report also refers, as appropriate, to territories or areas.

The views expressed in signed papers are those of the individual authors and do not imply the expression of any opinion on the part of the United Nations Secretariat.

Papers have been edited and consolidated in accordance with United Nations practice and requirements.

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PREFACE

The Economic and Social Council, in its resolution 1991/93, decided to convene the International Conference on Population and Development in 1994, with population, sustained economic growth and sustainable development as the overall theme. Through its resolution 1992/37, the Council accepted the offer of the Government of Egypt to host the Conference and decided to hold it at Cairo from 5 to 13 September 1994.

At the request of the Council, the Secretary-General appointed the Executive Director of the United Nations Population Fund (UNFPA) to serve as the Secretary-General of the Conference and the Director of the Population Division of the Department of Economic and Social Development* as Deputy Secretary-General.

Also, in its resolution 1991/93, the Council authorized the Secretary-General of the Conference to convene, as part of the preparations for the 1994 International Conference on Population and Development, six expert group meetings corresponding to the six groups of issues that it had identified as those requiring the greatest attention during the forthcoming decade. One of those six expert group meetings was on population policies and programmes; it was convened at Cairo from 12 to 16 April 1992. The Meeting was organized by the Population Division in consultation with UNFPA.

Contained in this volume are the report and recommendations of the Meeting and the papers submitted to the Meeting. These materials will not only make a valuable contribution to the 1994 Conference itself but will serve as useful tools for future research on population policies and programmes, as well as contribute to the work of the United Nations in that area.

It is acknowledged with appreciation that the Government of Egypt, which hosted the Meeting, contributed significantly to both the substantive and the organizational aspects of the Meeting. Thanks are also due to the experts and other participants who prepared invited papers and contributed to the discussions.

* Now the Department of Economic and Social Information and Policy Analysis.

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Explanatory notes

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

The following symbols have been used in the tables throughout the report:

Two dots (..) indicate that data are not available or are not separately reported.
An em dash (—) indicates that the amount is nil or negligible.
A hyphen (-) indicates that the item is not applicable.
A minus sign (-) before a number indicates a decrease.
A point (.) is used to indicate decimals.
A slash (/) indicates a crop year or financial year, e.g., 1988/89.
Use of a hyphen (-) between dates representing years (e.g., 1984-1985) signifies the full period involved, including the beginning and end years.

Details and percentages in tables do not necessarily add to totals because of rounding.

Reference to "dollars" ($) indicates United States dollars, unless otherwise stated.

The term "billion" signifies a thousand million.

Through accession of the German Democratic Republic to the Federal Republic of Germany with effect from 3 October 1990, the two German States have united to form one sovereign State. As from the date of unification, the Federal Republic of Germany acts in the United Nations under the designation "Germany". For some statistical data which predate the unification, it has been necessary to refer occasionally to the former States of the Federal Republic of Germany and the German Democratic Republic.

The group classified as least developed currently includes 47 countries: Afghanistan, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cambodia, Cape Verde, Central African Republic, Chad, Comoros, Djibouti, Equatorial Guinea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, Sao Tome and Principe, Sierra Leone, Solomon Islands, Somalia, Sudan, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen, Zambia and Zaire.

The following abbreviations have been used in this report:

ADB	Asian Development Bank
AfDB	African Development Bank
AIDS	acquired immunodeficiency syndrome
BKKBN	National Family Planning Coordinating Board of Indonesia
CELADE	Centro Latinoamericano de Demografía/Latin American Demographic Centre
CONAPO	Consejo Nacional de Población (Mexico)
CPS	Contraceptive Prevalence Survey
DAC	Development Assistance Committee (of OECD)
DHS	Demographic and Health Surveys
ECA	Economic Commission for Africa
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
FAO	Food and Agriculture Organization of the United Nations
FIGO	International Federation of Gynecology and Obstetrics
GDP	gross domestic product
GNP	gross national product
HIV	human immunodeficiency virus

IBRD	International Bank for Reconstruction and Development
ICDDR,B	International Centre for Diarrhoeal Disease Research (Bangladesh)
IDA	International Development Authority
IEC	information, education and communication
ILO	International Labour Organisation
IPPF	International Planned Parenthood Federation
ISI	International Statistical Institute
IUD	intra-uterine device
IUSSP	International Union for the Scientific Study of Population
KAP	Knowledge, Attitudes and Practice (survey)
MCH/FP	maternal and child health/family planning
OAU	Organization for African Unity
ODA	Overseas Development Administration (United Kingdom)
OECD	Organisation for Economic Co-operation and Development
ONAPO	Office national de la population (Rwanda)
PAHO	Pan American Health Organization
PAPIN	Pan Arab Population Information Network
POPIN	United Nations Population Information Network
PROLAP	Programa Latinoamericana de Actividades en Población
SIDA	Swedish International Development Association
TFR	total fertility rate
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFS	World Fertility Survey
WHO	World Health Organization

Part One

REPORT AND RECOMMENDATIONS OF THE EXPERT GROUP MEETING

INTRODUCTION

A. Background

The Economic and Social Council, in its resolution 1991/93 of 26 July 1991, decided to convene the International Conference on Population and Development under the auspices of the United Nations and decided that the overall theme of the Conference would be population, sustained economic growth and sustainable development. The Council authorized the Secretary-General of the Conference to convene six expert group meetings as part of the preparatory work.

Pursuant to that resolution, the Secretary-General of the Conference convened the Expert Group Meeting on Population Policies and Programmes at Cairo from 12 to 16 April 1992. The Meeting was organized by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat in consultation with the United Nations Population Fund. The participants, representing different geographical regions, scientific disciplines and institutions, included 15 experts invited by the Secretary-General of the Conference in their personal capacity; representatives of the five regional commissions, the International Labour Organisation (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank. Also represented were the following intergovernmental and non-governmental organizations: the League of Arab States; the Organization of African Unity (OAU); the International Planned Parenthood Federation (IPPF); the International Union for the Scientific Study of Population (IUSSP); and the Population Council.

As a basis for discussion, the 15 experts had prepared papers on the agenda items. The views expressed by the experts are their own and do not necessarily represent the views of their Governments or organizations. In addition to the expert papers, brief discussion notes had been prepared by a number of the specialized agencies and non-governmental organizations.

Ambassador Yossry Rizk, Director of International Conferences of the Ministry of Foreign Affairs; Dr. Maher Mahran, Secretary-General of the National Population Council of Egypt; and Abdel Salam El Banna had served as the organizing committee for the host Government.

B. Opening statements

Opening statements were made by Dr. Ragheb Doweidar, the Minister of Health, representing the Prime Minister of Egypt; and by Dr. Mahran. Statements were also made by Dr. Nafis Sadik, Secretary-General of the International Conference on Population and Development, and by Shunichi Inoue, the Deputy Secretary-General of the Conference.

In her opening statement, the Secretary-General of the Conference took note that it was very appropriate that the Meeting should be held in Egypt, where a population policy had long been in place and where the fruits of many years of programme development could be seen. Indeed, the Meeting was informed that the most recent estimates from the PAPCHILD survey for Egypt indicated continuing declines in infant and child mortality and a recent increase in contraceptive prevalence, with a corresponding reduction in the total fertility rate. The Secretary-General emphasized that the framers and executors of the population policy of Egypt were to be congratulated on that clear evidence of their success.

The Secretary-General stated that the successes and failures of over 20 years of experience in population policy implementation and programme activity had taught many lessons. Successive evaluations had documented continuing progress in policy and programme development, including a significant increase in the outreach and effectiveness of population programmes throughout the world and real, measurable progress in regions that had traditionally lagged behind.

The evaluations had confirmed what was required for population policies and programmes to be truly

effective: political commitment, manifested in the allocation of human and financial resources in support of population activities; mobilization of individual and community support and active local participation in defining and implementing programmes; involvement of women at all stages of the planning and execution of programmes; development of an institutional framework for delivering services; training of service delivery personnel; and development of networks of distribution points.

Despite the difficulties of the 1980s, the Meeting was informed that the flow of national and international resources for population programmes had been maintained. Moreover, developing countries themselves had begun to invest more in population activities. But even in countries with more available resources and longer histories of programme development, it had been found that international assistance could play a catalytic role, encouraging the exploration of new approaches, generating and maintaining institutional dynamism and addressing new needs.

I. REPORT OF THE EXPERT GROUP MEETING

A. POPULATION POLICY

The Population Division in the paper entitled "Evolution of population policy since 1984: a global perspective" (ESA/P/ICPD.1994/EG.11/3), reported that, since 1984 when the International Conference on Population had been held at Mexico City, the issue of population growth had become less politically divisive. Over the past decade, there had been a growing convergence of views at the national level, with many more countries currently in favour of modifying population growth.

Whereas there was continuing debate over how to achieve it, the ultimate, internationally accepted goal as enunciated at Mexico City, was the stabilization of global population within the shortest period possible. The participants agreed that meeting those targets would involve assigning a higher priority to population in development programmes and extending family planning information and services to perhaps 2 billion people.

With regard to fertility levels and trends, the participants concurred that there were a number of hopeful signs. For the first time, fertility was declining in all major areas of the world, as increasing numbers of Governments had adopted policies to regulate fertility. The participants agreed that evidence from 25 years of experience in organized family planning programmes showed that a good quality service, with consistent political and administrative support and innovative public education efforts, could produce very rapid voluntary changes in reproductive behaviour in a wide variety of economic, political, social and religious settings.

The Expert Group was in agreement that, for the developing world as a whole, the past 25 years had been a period of unprecedented progress in regard to reducing mortality and improving health. That impressive overall performance, however, concealed an extremely uneven pattern of progress. Concerning the major directions in health-care policy, it was mentioned that since the landmark conference at Alma-Ata in 1978, there had been a marked shift throughout the developing world from a curative, hospital-based health-care approach to one that was focused on preventive, primary health-care strategies. It was reported that an emerging health concern in both the developed and developing countries was the spread of the acquired immunodeficiency syndrome (AIDS). Recently, the epidemic had expanded its geographical scope, reaching countries and regions previously unaffected or only slightly affected by the human immunodeficiency virus (HIV).

The participants were informed that although international migration had occasionally had significant demographic impacts, few Governments had adopted international migration policies for demographic reasons. Moreover, until fairly recently, the area of international migration had been considered somewhat peripheral to the mainstream of population policy.

The participants were also informed that despite Governments' concerns over the past two decades with their population distribution patterns, policies concerning population distribution had become somewhat discredited, mainly because there had been many more failures than successes. Frequently, the goals of population distribution policies had been unrealistic and had led to disenchantment and eventual abandonment. A further problem had been a lack of continuity in the implementation of such policies in many developing countries.

Some of the participants took note that although many developing countries were overwhelmed by external indebtedness, weakening economies and poor management, unabated population growth remained one of the major threats to progress. In many developing countries, over the past two decades, a mix of national and international complacency in regard to the urgency of population issues had resulted in millions of unwanted births, which threatened their hope of achieving sustainable development and alleviating poverty.

The discussion that followed focused on the context in which population processes and policies had taken place. It was mentioned that the globalization of the world economy had led to a larger gap in levels of living between developed and developing countries and

to more social inequality and higher proportions of the population of the latter countries living in absolute poverty. However, it had also led to a globalization of a culture of modernity expressed, among other things, in changes in patterns of consumption and aspirations and in new family patterns and gender roles.

At the political level, attempts in most countries to redefine the role of the State by the shrinkage of state bureaucracies, the transfer of Government-owned enterprises to the private sector and the decentralization of decisions to the local level were contextual factors that would continue to affect both population trends and the success of population policies and programmes.

Given those changes, the Meeting questioned whether there were any means by which population growth rates could be significantly reduced. One option would be to continue applying the same prescription, namely, to rely upon the market economy in the hope that it would quickly rescue the poorest countries from the abyss of underdevelopment. A second option to establish an obligatory maximum limit for the number of children per family was politically unviable and clearly violated the World Population Plan of Action. A third option, sometimes referred to as "equitable development", involved raising Governments' policies with respect to education, public health, housing, employment, social security from their current secondary role and placing them on at least equal footing with policies directed first and foremost to achieving economic growth. The participants were in agreement that action along those lines seemed to offer the best chance of achieving the goal of alleviating consequences of rapid population growth and inappropriate spatial distribution.

In the discussion on population policies in sub-Saharan Africa, it was stated that at the time of the World Population Conference in 1974, many Governments in Africa had considered their fertility levels to be satisfactory. Since that time, demographic and health justification for a small family norm had evolved and more than half of all the countries in Africa had formulated explicit policies to reduce fertility.

The Group was informed that about 90 per cent of the Governments in Africa gave direct or indirect support to family planning programmes to influence fertility and/or to improve maternal and child health (MCH). However, about two fifths of all the countries in Africa either had no intervention programme or had adopted family planning programmes for health reasons only. Among the countries that had adopted family planning programmes intended to lower fertility and population growth, a few (notably Botswana, Zimbabwe and, more recently, Kenya) had been successful in realizing programme objectives.

The participants acknowledged that in Africa, many Governments had not progressed beyond the rhetoric of family planning. The example of programmes that had succeeded in lowering fertility levels underscored the importance of political commitment, manifested not only by consistent and substantial financial support but also by regular pronouncements by high-level policy makers concerning the need for adoption of the small-family norm.

The participants recommended that Governments in Africa should show greater commitment to implementing existing family planning programmes; that government actions to influence fertility should be coordinated with actions in other sectors and that, conversely, the impact of development efforts on fertility should also be monitored; that, in view of the demonstrated effect of female education and participation in the development process, schooling for all girls should be a top priority in social development; and that among a still largely illiterate population, new and imaginative information, education and communication (IEC) campaigns needed to be devised to encourage attitudinal change in favour of the small-family norm.

In the discussion that followed, note was taken that although there had been an overall shift in Governments' perceptions of population problems, there was an obvious inconsistency between the proportion of countries in Africa that were concerned with those various aspects of their population trends and the proportion that had taken action to formulate policies. In other words, the Expert Group questioned the extent to which reported perceptions reflected reality and/or to what extent they more or less constituted a "facade".

The Group further agreed that although the formulation of a population policy was a necessary condition for inducing a reduction in fertility and hence ensuring sustainable development, it was not a sufficient condition. The design of an effective action plan for implementing the policy measures was equally

important; as were dynamic and committed leadership, local political support, interested private organizations and institutions, a receptive audience and availability of resources. Moreover, it was stated that, overall, implementation of population policies and programmes depended greatly upon the priority assigned by the Government to population issues. In countries where population issues remained sensitive matters, with considerable opposition from various interest groups, it had been difficult for population planning agencies to compete for scarce government resources to implement their programmes.

In the discussion of population policies in the countries of Northern Africa and Western Asia, the Meeting took note that the regional population shared common social, cultural and linguistic features. Demographically, most countries of these regions were similar in having relatively high population growth, young population structure; high rates of marriage, especially at the younger ages; high fertility and large family size norms, declining mortality and morbidity, and high rates of urbanization. Only four countries—Algeria, Egypt, Morocco and Tunisia—had explicit population policies with specified targets and implementation mechanisms.

In commenting upon the fact that only four Arab countries had formulated explicit population policies, the discussant took note that population policy was still a vague concept. Despite the population policy database maintained at United Nations Headquarters, it was suggested that the manner in which population policies were assessed in the Arab countries was perhaps inadequate. Rather than relying upon the United Nations Population Inquiries among Governments, perhaps the only way to assess such policies was through in-depth field surveys.

In the discussion on population policies in Asia, it was stated that because Asia was the most populous area of the world, the population policies of the Asian countries were very important. Actual performance in the implementation of those policies had a strong impact on global population trends. The Meeting agreed that most Asian countries had excellent records with regard to the formal adoption of population policies, although dissemination of information about those policies was not always done effectively.

Given the fact that countries in Asia had in general been successful in implementing their population policies, a number of recommendations were identified to assist countries in other major areas and regions in achieving their population goals. Although population limitation objectives were best made explicit and operationally defined in terms of quantitative targets, the participants considered that it might be preferable, in some instances, to integrate such goals into broader social and economic development strategies. Policies that complemented population limitation measures should be included in explicit population policies. Those policies might include such interventions as raising the minimum legal age at marriage, introducing literacy and educational programmes for women, encouraging young girls to stay in school longer, mobilizing non-governmental organizations for family planning campaigns, encouraging the private and commercial sector to play a more active role in population matters and so forth. The availability of contraceptive methods was considered to be a crucial element in a comprehensive population policy. When appropriate, local production of contraceptives should be fully supported.

The Group also emphasized that gender considerations should be explicitly included in national population policies. The phenomenon of ageing ought to be studied more closely, and the implications of the ageing process for comprehensive population and development policies should be emphasized. Although most countries considered their population distribution to be an important problem and studies had been made of efforts to correct the maldistribution of population, specific reasons for the success or failure of those interventions were poorly understood. It was considered that more intensive country case-studies, carried out in a comparative perspective, should be conducted.

The Expert Group was in agreement that international migration in Asia, as in other parts of the world, promised to be one of the most important aspects of population policy. International migration, however, was often not included in explicit population policies. In particular, the demographic effects and impact of international migration had been poorly analysed. The performance of specific measures, such as training people that might wish to emigrate, maximizing the benefits from income remittances of migrants to countries of origin and so forth, had not been adequately evaluated. Those and other similar measures should be included in the population policy of the country.

In the discussion, it was stated that the population policies that had been adopted by most Asian countries were justified by their impact, namely, improvement of the quality of life. When those policies were translated into action, however, they became population control policies with well-defined quantitative targets, with little or no attention to quality. The situation, however, was changing, particularly in countries where demographic goals had either been achieved or were close to being achieved. The participants stated that many Asian countries were striving to adopt innovative strategies and new programme directions in order to sustain the successful achievement of demographic goals, for example, by paying serious attention to improved service delivery systems, the training of service providers, contraceptive technologies and choices, and family support systems.

In the discussion on population policies in Latin America and the Caribbean, the Group was informed that in many countries in the region, the favourable demographic results had been achieved in the absence of a population policy.

During the 1980s, three concerns had marked the decision-making framework for policy initiatives within Latin America: the economic crisis and its deteriorating effects on the social and physical environment; the debate on a new role for the State; and the integration of women into development.

The Group took note that the health sector in many countries in Latin America and the Caribbean had already been experiencing serious deficiencies by the beginning of the economic crisis. It was estimated that 130 million persons in the region had no regular access to health-care services. Estimated population growth would place an additional 110 million persons in need of health care. It was mentioned that the most revealing indicator of the deterioriation in living conditions was the presence of cholera in the area. Also, the increase in the level and intensity of poverty throughout the 1980s had had a special impact on women. The "feminization of poverty" and the increases in the percentages of women as the head of household in poor and indigent families had been well-documented.

In the discussion that followed, the participants took note that there was a clear trend in Latin America and the Caribbean to increase the recognition of population as a valid field for public policy. Within that framework, there was an increase in the number of Governments that had reported that they either definitely wanted lower rates of population growth or that they would support individual decisions to lower fertility through family planning programmes. The Group acknowledged that whereas there had been an increase in the number of population policies approved as such and of population policy statements, that increase did not necessarily imply effective implementation. It did, however, define a positive trend and, most importantly, gave greater social legitimacy to services that were already being offered by non-governmental organizations, the private commercial sector and even the public-health sector, but whose development ran against former negative attitudes of many Governments.

In the overview on population policies in the developed countries, the Meeting took note that it was surprising that, after several decades of population policy research and debate, there was still no clear definition of population policy in many of those countries. Addressing population policy issues in the developed countries was sometimes controversial because the demographic problems were usually not as pressing as in the developing countries. Moreover, the well-known general pattern of sustained low or declining fertility, slow, zero or negative population growth, and the associated progressive ageing of the population were processes and phenomena to which the developed countries had had a relatively long time to adjust. Whereas population-related policies existed in all of the developed countries, many countries did not consider the sets of measures that were implemented for social or welfare reasons to be population policies. Nevertheless, those policies did have certain demographic impacts, even if they were unintended.

The participants commented that the effectiveness of fertility policies which were typically pronatalist had varied and had largely depended upon whether the measures had sought to modify the desired family size or had been directed to assisting couples in fulfilling their desired family size. Most policies and measures had had short-term effects in raising the number of births, but seldom in increasing cohort fertility. The Group also observed that, along with policies responsive to the ageing process, socio-economic

differentials in morbidity and mortality and in access to adequate health care were issues in the developed countries that called for policy action.

Concerning international migration policies in the developed countries, the Meeting questioned whether the potentially shrinking labour forces of most European countries should be expanded by immigrant labour, particularly from Eastern Europe. It was concluded that the demographic situation in Eastern Europe was similar to that of Western Europe; hence, the ageing and the decline of the potential labour force in the Eastern countries was occurring at more or less the same pace and with the same timing.

B. Population programmes

In its paper on the experience of UNFPA with population programmes over a 20-year period (ESD/P/ICPD.1994/EG.11/9), UNFPA stated that data generation and policy analysis had shown that the population issues currently needing attention and the nature of the issues that would endure until nearly the end of the twenty-first century were more numerous and of greater scale than had been anticipated. The importance of the 1990s arose from three issues. First, near-term targets were needed to guide planning and to serve as criteria for programme impact. Secondly, there was need to check a significant part of the momentum of population growth in the decade so that population stabilization would occur at acceptable levels. Thirdly, near-term estimates challenged the participating countries to examine their levels of commitment.

The Meeting noted that UNFPA had been a principal advocate for developing the needed capacity for policy analysis and had included support for such activities in its annual work plan. Bilateral contributions and analytic efforts by scientists working for international non-governmental organizations concerned with population had been very important. Among the results had been an increase in the number of countries with population policies and programmes and with units established to monitor those policies and programmes.

The participants observed that an equally important policy development over that period had been the growing emphasis on the status of women. Their special involvement in population change and the necessity of removing the personal and societal costs of longstanding inequities was now universally recognized.

The Group was informed that a number of lessons had been learned from the major review and assessment exercise recently concluded by UNFPA. One problem was to incorporate knowledge into programme design and implementation specific to the wide variety of very distinct sociocultural and behavioural factors seen throughout the world. Another problem was that population programmes seldom fit neatly with overall development objectives and other social policies and received low priority and small financial outlays. Still another constraint was over-reliance upon the governmental sector. It was observed that bottlenecks were likely without the support of community organizations and other grass-roots, non-governmental institutions.

The participants also identified a number of important challenges that lay ahead. In the field of maternal and child health and family planning (MCH/FP), the major challenges included making services more accessible, improving their quality and reaching previously underserved populations, in part by means of strategic planning. Such strategic planning, in reference to IEC and other population-related activities, involved a number of factors, including adoption of a long-term time-horizon, selection of critical points for intervention, coordination of programme efforts and careful programme design and planning. Factors of critical importance to the success of programmes had been found to be the quality of family planning services, culturally sensitive IEC activities, improvements in the role and status of women and effective policy planning units that were coordinated with other development planning efforts. The Group was informed that the review had led UNFPA to adopt a strategic approach to programming by instituting the programme review and strategy development methodology.

In regard to financial and material resources to the year 2000, it was reported that if global population stabilization was to occur during the twenty-first century, it was essential for the proportions of couples in developing countries using contraception to rise during the 1990s from the initial level of about 50 per cent to slightly over 64 per cent by the year 2000. It was estimated that such an enhanced programme for the year 2000 would cost about $8 billion in public funds (in constant 1990 dollars).

In conclusion, it was noted that in the Amsterdam Declaration on a Better Life for Future Generations, (see A/C.2/44/6, annex), adopted in 1989 at the International Forum on Population in the Twenty-first Century, the United Nations medium-variant population projection was accepted as a baseline by which to plan efforts to achieve balanced and sustainable growth. When combined with estimates of the use and cost of contraception, it was possible to project major components of future resource needs. UNFPA was ready to supply much of the needed leadership to assemble the resources required for expanding population programmes to meet those targets. Survey data indicated that current unmet demand was of sufficient magnitude that the targets of the Amsterdam Declaration could be reached with expanded programmes. The challenge facing Governments and the international donor community was to mobilize the funds, the human resources, the institutional capacity and the political will to do so.

The Expert Group Meeting was in agreement that the past decade had seen a considerable consolidation of knowledge and experience in the design and implementation of population activities in developing countries. Moreover, over the past two or three years some interesting changes in direction had emerged. First, increasing attention had been given to the processes for broad population programme strategy development as a precursor to the formulation of detailed project activities. At the same time, there had been a resurgence of interest in reassessing population as a development activity. Several factors lay behind that development: there was a growing emphasis on individual rights, welfare and needs; measures to improve the role and status of women were commanding increasing attention; environmental concerns had come more to the fore; and the progress and prospects for economic and social development had not been as positive as had been hoped. The last-named factor had increased pressure to ensure that the limited resources available for social service provision should be well spent.

The participants took note that considerable experience had been built up over the past decade in the design and implementation of population activities. Family planning programmes in particular could be formulated with increased confidence, so that they would achieve worthwhile impact and effectiveness. None the less, on some key aspects of population programme development there remained disparate views and considerable uncertainties. They raised questions as to which activities should be featured in a national population programme, alongside family planning provision and population information and education measures as core components; what prioritization was appropriate between population activities in the light of resource constraints and what approaches should be pursued to establish a more coherent population dimension for labour, social security and environmental policies.

The Group suggested that further refinement in the process used for population programme needs assessment should be sought, through a more precise articulation of broad programme strategies (i.e., the issues that had to be tackled if the programme was to achieve its short- and medium-term goals) and greater attention to institutional analysis (i.e., the respective roles and capacities of institutions with responsibility for policy formulation and dialogue, regulation and standard-setting, programme planning, programme management, service delivery, programme monitoring and evaluation, and research and training). Also, action research was needed to establish and demonstrate the effectiveness of new approaches, particularly in regard to issues of women's reproductive health.

In the paper concerning population programmes in Rwanda (ESD/P/ICPD.1994/EG.11/10), the Meeting was informed that the social and economic situation in Rwanda was such that emergency steps had to be taken to solve the population problem. The population policy was intended to make the population more aware of socio-demographic problems by information, training and education in family well-being and to spread the use of all contraceptive methods allowed by the authorities in all public-health units in the country. The Meeting was informed that currently more than 85 per cent of the Rwanda population were believed to be aware of the sociodemographic problems. The population policy of Rwanda had the ambitious goal of reducing population growth to 3.6 per cent in 1990 and to 2.0 per cent by the year 2000, by applying family planning methods, so as to lower the number of births per woman from 8.5 in 1990 to 4.0 by 2000. That goal would necessitate an increase in the level of contraceptive prevalence from 12 to 48.4 per cent in less than 20 years.

In the second country case-study, which concerned Indonesia (ESD/P/ICPD.1994/EG.11/11), the Meeting was informed that the gradual slowing of the

Indonesian population growth rate had been the direct result of the concentrated, steadfast and visionary approach that the Indonesian Government had taken towards population control. Since 1970, the fertility rate had fallen by 46 per cent. The population growth rate had been reduced from a potentially insupportable level of over 2.3 per cent per annum in the mid-1960s to 1.97 per cent per anum in the mid-1980s, making Indonesia one of the middle-income developing countries with the lowest population growth rates. That accomplishment would be even more impressive if Indonesia achieved its planned growth rate of 1.6 per cent by 1995.

The 21-year-old family planning programme in Indonesia attributed its successful performance to information, education and motivational campaigns; institutional development; the wide availability of contraceptives and village-level health care. The programme enjoyed active, broad-based support at every level, from local community leaders to the President of Indonesia. The Ministry of Information had been an integral partner from the outset, using modern methods of mass communication to make family planning as a concept and its technical details common knowledge. Talk of family planning had actively been removed from the realm of private unspoken behaviour and placed squarely in the public domain.

The participants were informed that when the Indonesian family planning activities had just begun, during the late 1960s and early 1970s, some of the Indonesian family planning workers had visited a number of other countries to learn from their family planning programmes. They had observed and discussed other programme successes and failures. Programmes had been adopted through the adaptation of certain elements and their modification to fit the Indonesian cultural context.

The Group took note that many observers had concluded that community participation was a major reason for the success of the Indonesian programme. In some areas, community members had been willing to receive and distribute the monthly resupply of contraceptives to each participating household for a small stipend. That group had rapidly evolved to become a fully volunteer, unpaid network of suppliers throughout Java and Bali, where indigenous community organizations had seized the opportunity to provide a useful and desired community service and had established community-based family planning clubs.

Another reason for the success of Indonesian family planning programme was that all motivation was based on a single, simple concept: the promotion of the "small, happy and prosperous family" norm. Although contraceptive methods were explained by medical personnel, the primary responsibility of volunteers was to facilitate the acceptance of family planning and of the small, happy and prosperous family norm by relating them to the sociological and economic situation of their particular areas in ways that were easily understood and accepted by their neighbours.

C. Mobilization of resources

In a paper on public, private and non-governmental mobilization of resources: the Meeting was informed that during the 1980s, many developing countries had adopted stabilization and structural adjustment policies, defined as a set of economic policies put in place to restore the economy to a sustainable growth path. During the stabilization phase, the prices of imported goods had typically increased as a result of devaluation and price liberalization, which had resulted in a shortage of supplies. One of the immediate responses to the situation had been the implementation of user charges which had not only directed to the promotion of greater cost efficiency in the use of diminished resources but also represented a new source of revenue. Taking note that user charges had been introduced in the health and/or education sector in many countries in Africa, Asia and Latin America over the past decade, the participants cautioned that such charges could constitute a significant barrier to social services and the attainment of global population goals unless they were accompanied by an increase in family income levels and/or the establishment of a mechanism for subsidizing the poor. The participants stated that the viability of cost-recovery schemes, the goal of which was sustainability through the establishment of a revolving fund, obviously operated under the same constraints as user charges.

In regard to cost-sharing, the Expert Group took note that the experiences of various countries had shown that communities were willing to share the costs of national development with Governments in addition to paying for their recurrent costs. The participants emphasized that involving the private sector was a

variant on the cost-recovery strategy, in that sections of a community that could afford to pay the full price for their services were encouraged to do so, thereby permitting government funding to be directed to the neediest group within the community.

The participants emphasized that the active involvement of the private sector and non-governmental organizations necessitated adequate management support systems. Accountability to the community was probably the single most important requirement for success in cost-recovery and cost-sharing systems. By keeping revenues generated from cost-recovery/cost-sharing schemes at the local level, accountability could be monitored by the revenue collected, as well as by improvement in the quality of care. The participants took note that it was not surprising that as many government leaders in the developing countries grappled with the need for increased domestic resources, "accountability" and "decentralization" were becoming key words.

In a paper on the special problems of the least developed countries (ESD/P/ICPD.1994/EG.II/16), the Expert Group was informed that the reality in the population sector was characterized by population control programmes that were donor-dependent and donor-shaped. The dominant model of administrative organization for population control programmes throughout much of the developing world, with its decentralized, top-down bureaucracy for essentially transferring contraceptive technology, had been responsible for the absence of local initiatives with regard to the formulation of a self-sustaining and viable programme. The existing model was non-viable in the long run and could not be sustained in the impoverished settings of the least developed countries.

The participants agreed that the crucial problem of resource mobilization for the implementation of a pragmatic and contextually appropriate population programme in a least developed country consisted of initiating and sustaining a capability to self-finance programmes indigenously, at the local level and from within the community. The identification of internal resource mobilization as the strategy for long-term programme viability was rationalized on the grounds of the need both for a greater national role in comparison to donor roles and for greater community and local government roles in comparison to the role of the national Government. The Group discussed the barriers to confront the process of effective devolution of decision-making authority and financial autonomy. It also identified the formidable constraints faced by local governments in mobilizing community support and in generating sufficient local revenue for development programmes, including those in the population sector.

The Meeting was informed that the population field faced a major dilemma in the last decade of the twentieth century: the very success of population programmes had engendered a growing scarcity of resources which threatened to place a severe damper on the momentum of the programmes just as they were reaching maximum effectiveness.

From roughly 1980 onward, the demands for population assistance had begun to outstrip the supply of population assistance funds. Since 1974 it had been learned that success in family planning programmes required sustained donor commitment over a number of years. The challenge for the population donor agencies was to ensure that the commitment of resources should be sustained until the final chapter of the success story was complete. In that endeavour, the multilateral organizations had to be key players.

The participants agreed that it was incumbent on the multilateral donors to examine seriously the issue of cost efficiency and to ensure that their funds should be used to maximum advantage. That effort entailed, among other things, increasing coordination with other donors and non-governmental organizations not only at the headquarters level but, more importantly, at the country level.

It was pointed out that as donors and multilateral agencies planned their responses to the increased demand for financial assistance to population programmes, it would be important for them to think strategically at the country level. Countries with strong programme effort and high demand for family planning services would be able to absorb larger amounts of funding. They were in a position to make effective use of the typically large loans provided by the World Bank. At the same time, some of those countries might be reaching a point where rising incomes would make it possible for more of the cost of services to be assumed by users and more of the programme effort to be provided by the private sector. Countries with weak programme effort and/or less fully articulated demand for services would require a different strategy.

Considering that UNFPA was the principal United Nations organization in the field of assistance to population programmes, the Meeting agreed that UNFPA was in a position to take a more assertive role in donor coordination, both globally and locally. The participants took note, however, that the UNFPA project development process had resulted in the "atomization" of resources into many small projects. It was argued that it was perhaps difficult to achieve measurable impacts with so many very small, dispersed projects.

The Group was informed that the World Bank typically lent for large projects which ultimately promised large economic returns. The Bank often found it difficult to finance the relatively small investment needs and the recurrent costs, such as contraceptives and salaries, that were the principal requirements of population programmes. Also, countries often did not wish to borrow for population projects, even at concessional international development assistance rates, because of a reluctance to borrow for social sector programmes.

The participants were informed that the Amsterdam Declaration called for a doubling of support to the population sector by the year 2000. Since those endorsements, the funding environment had changed. The AIDS crisis had continued to present ever-growing needs, while Eastern Europe and the environment represented "new", competing needs. In addition, the economic situation of donor countries themselves had not improved. It was therefore not a foregone conclusion that funding levels for population activities would increase.

Concerning the profile of bilateral donor support, the Group took note that no donor had the delivery capacity of the United States of America. At the end of the 1980s, there was intensive bilateral donor activity in a few other countries. Only a handful of countries were receiving the support of many bilateral donors: Bangladesh received support from 10 donors; Kenya, 9; the United Republic of Tanzania and Zimbabwe, 5 each. Four other countries received support from four donors; and eight were given assistance by three donors. Twenty-one countries had only two donors and 22 others had single donors acting bilaterally in the sector. If only those activities which had received over $1 million were counted, donor presence had been reduced considerably in most instances.

The participants agreed that the donor profile became critical in the light of the increased importance of the bilateral channel in United States assistance and recently proposed changes to that assistance. A new United States initiative, Priority Country Strategy, [1/] would focus bilateral population assistance on 17 strategic countries while phasing down and/or halting funding in other countries, at least in terms of bilateral assistance.

To maintain current levels of contraceptive prevalence in an expanding population, it had been estimated that donor funding levels would have to double by the year 2000. To meet that basic needs scenario, against the background of a changing United States assistance profile, donors would have to expand their activities in the sector considerably.

The participants in the Meeting took note that experience and expertise in technical cooperation and the provision of population assistance was limited to a few donor countries. Many donor countries had, nevertheless, some experience in a limited number of population activities, such as data collection and analysis, academic training and research or population policies, principally related to immigration.

Since a few donor countries had a considerable head start on the other donors in the field of population assistance, the Meeting concluded that such expertise should be shared with other interested donor countries, particularly in the light of the challenges and increasing needs for such assistance in the coming decades.

The participants discussed the relationships between population policies and other social and economic policies and concluded that although population policies were adopted courses of action intended to affect population variables, the adoption of such goals and objectives found their justification in the improvement of individual and collective well-being. In that sense, population policies were to be conceived as components of socio-economic policies and not as their substitute, as had been affirmed in the World Population Plan of Action. The Meeting recognized that more attention should be given to the design of social and economic policies and strategies that would respond to future changes in the size, composition and distribution of the population. In that respect, it was noted that, in some cases, a special emphasis had been placed on the reduction of fertility as an offset to

environmental damage, without taking sufficient note of the fact that the adult population, whose decisions and activities had the greatest effect on the environment, would increase by 90 per cent or more over two decades in many developing countries, whatever the trend in fertility.

The participants had an opportunity to discuss the Matlab project in Bangladesh as an example of a comprehensive population policy. The substantial progress in reducing fertility and expanding the use of contraception in a poor, rural, conservative population in the absence of substantial improvements in economic well-being provided a model for programmes in other countries in which fertility remained high and the population was impoverished, not well educated and mostly rural. To replicate the model would require experimentation in seeking a feasible mechanism in the local administrative and cultural setting to create outreach to individual households involving trained local personnel and to create the necessary network of administrators, clinical facilities and the like. Such a strategy should be made part of the agenda of international efforts to assist the developing countries in making effective contraception available and enabling couples to make a free and informed choice concerning their family size.

In regard to the set of socio-economic policies designed to respond to future population characteristics, the participants observed that such policies had not received the priority required in many developing countries. In some instances, population policies directed to the reduction of fertility had been conceived as the best remedy to combat poverty and backwardness, without taking into account that their impact would be limited if they were not accompanied by other socio-economic policies. Such limited approaches ignored, for example, that the size and the growth of the adult population of a given area was not affected by family planning decisions until after 15 or 20 years. In Eastern and Western Africa, for example, population projections showed an increase in the total population of about 80 per cent from 1990 to 2010; that increase might be diminished by a more rapid introduction of family planning. However, the population aged 15 years or over would increase by 90 per cent between 1990 and 2010, and that increase would not be tangibly affected by family planning programmes yet to be introduced or augmented.

The participants were informed that organizational research was the neglected stepchild of family planning programmes. Despite enormous support given to finding ways to limit fertility, there had been a neglect of research on the organizations that carried out family planning programmes.

Concerning the achievements and limitations of various family planning programmes throughout the world, the participants observed that in those countries where such activities had been under way for several decades, with rather limited results, the major handicap was related to their organizational characteristics.

The Meeting took note that it was reasonable to ask why research on family planning organizations had been neglected, compared with research on other components of family planning and fertility, such as breast-feeding and operations research. The participants concluded that the answer to the question was that research on the organization of family planning programmes was regarded as "too sensitive" by funding agencies and family planning organizations.

There was also the issue of administrative overload in many family planning programmes. Every programme was faced with a problem of internal management, field and client relations, relations with other sectors of government and management of the delicate political and diplomatic linkages with international and foreign agencies. Although all government agencies confronted a similar array of problems and demands, family planning was different in that it was attempting to provide a service that the would-be beneficiaries might not be demanding. The complexity and difficulty of a family planning programme justified the assertion that, qualitatively, family planning was not just another government programme.

Because family planning activities had received high priority from the donor community, such programmes had led to the creation of units responsible for external and donor relations. That was no modest task; indeed, the domestic system often became overburdened with the need to provide reports, field trips, detailed accounting of funds and materials received. Adding to the burden, in many instances, field operations of foreign or international agencies typically had not formally coordinated their activities with one another, resulting in overlap, repetition and redundancy.

The Group stated that there was need to conduct research on family planning organizations. More attention should be given to programme leadership and to interorganizational relations as a discrete area of inquiry in population policy research.

In regard to research on population policies, the participants concluded that a number of questions remained to be answered before rational and effective policies could be formulated, for example: in what specific socio-economic and political circumstances would development strategies alone be more effective than family planning programmes in achieving a reduction in fertility and when would the opposite be true; in what way could policy makers identify empirically the two types of situations; and what type or structure of development would be most effective in reducing fertility.

The Meeting was informed that answers to those above questions could not be effectively reached through comparative research alone but required the development of a causal theoretical framework that would take into account the different characteristics and modalities of the demographic transition.

A number of policy implications could be derived from such analysis. For population groups at the early stages of the demographic transition, where the desired number of children exceeded the maximum achievable number, a policy of fertility reduction was not likely to have immediate effects. A family planning programme would have little or no impact on fertility levels. All that should be done in those circumstances would be to create the socio-economic environment that would lead to a modification of family-size preferences.

The participants were informed that reducing the demand for children should be a major policy aim of any fertility reduction policy at all stages of demographic development. Socio-economic policies directed to reducing the demand for children fell into two categories: policies intended to affect the relationship between incomes and levels of living; and those intended to affect the utility and disutility of children. Incentive and disincentive schemes were examples of the former category, and encouraging the employment of women was an example of the latter.

One socio-economic policy that appeared to have considerable effect on fertility was that of promoting education, particularly among women and beyond a certain level (in general, about six or seven years). The reason was that education operated in the required direction on most of the determinants of fertility. It decreased the utility of children by creating interests that competed with family requirements; it increased the cost of children directly and through the extension of the period of support, raised the standards of living by opening up the couple's horizons to better standards of life elsewhere and by making education part of those standards.

The Meeting recognized that any population policy to reduce fertility had to utilize measures that were common to other economic and social policies and therefore ran the risk of making contradictory or competing demands. For example, promotion of the education of women beyond a certain level would make specific demands on the educational system that might compete with demands made on the system by other development objectives. In that manner, each policy would attempt to influence the structure of development towards its goals, leaving it to the decision-making processes to determine through trade-offs arrived at rationally and explicitly or otherwise the dynamic structure that would prevail. It would therefore be essential for population policy-making to be substantially integrated into overall policy-making and for an appropriate institutional arrangement to be developed to ensure that integration.

II. RECOMMENDATIONS OF THE MEETING

A. PREAMBLE

The World Population Plan of Action affirms that the major goal of human development is to ensure the achievement of a more equitable distribution of resources and the improvement of levels of living and the quality of life of all people, in accordance with the upholding of human rights, as outlined in the Universal Declaration of Human Rights. The Plan also affirms the right of women to be completely integrated into the development process, the rights of the child and basic respect for the sovereign right of nations to choose population policies that reflect national objectives and conditions. The Plan also recognizes that population policies should be comprehensive, including all components of population.

Global experience in the formulation and implementation of population policies and programmes since the adoption of the Plan of Action in 1974 reveals strong linkages between population trends, socio-economic development and the environment. These findings were highlighted at the International Conference on Population held in 1984, in the quinquennial Review and Appraisal of the World Population Plan of Action and at the International Forum on Population in the Twenty-first Century held at Amsterdam in 1989. Population problems (rapid population growth, ageing, AIDS, reproductive rights of women, refugees and other migration issues, urbanization and spatial distribution) and their complex interactions with such factors as poverty, unemployment and underemployment and environmental degradation, and the effective implementation of national population policies will merit special attention in 1994 at the International Conference on Population and Development. In examining these problems, the needs and requirements of the least developed countries deserve to be given special attention.

Achieving the goals of human development, as adopted in the International Development Strategy for the Fourth United Nations Development Decade, requires concerted action in all major socio-economic fields, including population, at the international, regional, national and community levels. As stated in the World Population Plan of Action, policies designed to affect population trends are not substitutes for socio-economic development but should be integrated into those policies to promote development.

Population policies and programmes should respond to specific national conditions. More attention should be given to sustaining ongoing efforts and to integrating population concerns into health, education, employment, and environment activities into socio-economic development. In most of the countries that have formulated population programmes, there is need to strengthen policy formulation and programming mechanisms, to improve service delivery systems and to adopt innovative management of multisectoral programmes.

The need for political commitment remains. Moreover, sufficient resources are required, particularly in the least developed countries, for the strengthening of country institutions that adopt, implement and monitor population and development policy and permit programmes to become more effective and ultimately sustained by domestic resources.

The Expert Group on Population Policies and Programmes, recognizing the ongoing socio-economic and political changes that will mark the next decade, having reviewed the experience gained in applying the World Population Plan of Action and being aware of the key issues in the area of population policies and programmes, adopted the following recommendations listed in section B.

B. RECOMMENDATIONS

Recommendation 1. In accordance with the spirit of the World Population Plan of Action, Governments should assess and evaluate their national development policies and programmes in the light of their demographic impacts, in order to ensure a consistent policy framework that promotes balanced and sustainable development. Given the relevance of population in aspects of societal development, population considerations should be taken into account at all levels of decision-making and in resource allocation in all sectoral agencies and in those pertaining to education, health, labour, industry, agriculture and environment.

Recommendation 2. Governments should adopt a long-term perspective in socio-economic planning activities to ensure that due attention should be accorded to developmental sustainability and emerging demographic issues.

Recommendation 3. Governments are called upon to review their current institutional structures and arrangements for formulating, implementing, monitoring and evaluating population policies. Governments are urged to designate and support financially an independent expert body to consider regularly the range of population issues that may demand attention either immediately or in the near future. That body should convey its findings to the Government and to the public in periodic reports.

Recommendation 4. Governments should ensure that all institutions, public and private, governmental and non-governmental, that are responsible for the implementation of population policies shall be fully aware of the content of those policies and shall be committed to their effective implementation.

Recommendation 5. Governments are called upon to decentralize the delivery of services designed to serve population policy objectives. The participation of local communities, informal groups, and non-governmental and private organizations should be promoted and supported in that process, since the efficacy and responsiveness of programmes greatly depended upon personal and community-based interactions.

Recommendation 6. Although the quantitative aspects of programme delivery remain important, the quality of services, especially of family planning services, should be given due attention in order to ensure acceptance of, and participation in, the programmes.

Recommendation 7. Governments are urged to build on the partial gains achieved in women's established right to play an equal role in social, economic, cultural and political life. To that end, a high-priority developmental goal is to adopt policies sensitive to gender concerns in the areas of education, economic participation, reproductive choice and health. The key role of women in the policy-making and implementation process should be ensured.

Recommendation 8. In pursuing policies sensitive to gender, Governments should respond to the diverse family planning and health needs of women and men at all stages of their life cycle, emphasize the quality of family planning care, expand contraceptive choice and institute appropriate personnel development policies and actions.

Recommendation 9. The formulation, implementation and evaluation of population policies and programmes should incorporate community participation at every stage. Non-governmental and grass-roots organizations working in population-related areas should be actively encouraged and supported by Governments.

Recommendation 10. Governments and international organizations should evolve a close partnership with the non-governmental sector. This relationship should reconcile the autonomy of non-governmental organizations with accountability. Complementarity within the sector of non-governmental organizations needs to be furthered through development of its technical, managerial and financial capabilities.

Recommendation 11. Governments should support and encourage community-based development programmes, including those in the population sector. Those programmes should have a particular focus on the poorest groups, with a priority of promoting their well-being and participation, so as to ensure ownership of programmes within local communities.

Recommendation 12. Governments should, in particular, facilitate assistance by international organizations to local non-governmental organizations with respect to the exchange of information and experience, and the provision of innovative, cost-effective and quality service delivery, including efforts to create demand.

Recommendation 13. In order to meet the existing need and rapidly growing demand for family planning services and to respond to the growing requests for assistance in the population field from Governments and non-governmental organizations, multilateral and bilateral donors should strive at least to double their 1990 contributions to population programmes by the year 2000, as was endorsed in the Amsterdam Declaration on a Better Life for Future Generations.

Recommendation 14. Developing countries should make all possible efforts to generate domestic resources to support service-delivery programmes and the provision of contraceptives, including the selective use of user fees and other forms of cost-recovery, cost-sharing, social marketing, and gaining access to local sources of philanthropy, *inter alia.* In doing so, they should take all necessary measures to ensure the availability of the highest possible quality of services to all groups and to take special care to protect the interests and meet the needs of those least able to pay.

Recommendation 15. Multilateral and bilateral donor agencies should strengthen their capacity to respond more effectively to requests for assistance and to assist in the implementation of population policies and programmes. That effort will require an increase in the number of professional staff devoted to population activities, a significant proportion of whom should be posted in the developing countries.

Recommendation 16. Donors should ensure effective coordination of their assistance, both at the headquarters and country levels. Recognizing that recipient countries have primary responsibility for donor coordination, UNFPA should play a leading role in assisting Governments to ensure that resources shall be allocated in the most cost-effective and efficient way.

Recommendation 17. Governments should set clear population objectives and should ensure that adequate resources in their development plans and annual budgets shall be devoted to family planning services, information, education and communications and other population activities and to the social and economic development programmes that support those population objectives.

Recommendation 18. Governments pursuing structural adjustment programmes should monitor and undertake studies on the impact of such measures on population policies and programmes, with reference to the quality of life in general, and the conditions of women, children and other affected groups.

Recommendation 19. Governments are encouraged to continue to strengthen the systematic flow of information on population trends in order to be able to monitor demographic change and to adopt policies and implement strategies to meet their desired goals.

Recommendation 20. Research is fundamental for policy and programme formulation and implementation. Mobilization of resources for research in population must be considered an integral part of national and international strategies for coping with population problems. To promote reproductive health and safe motherhood, Governments and funding agencies are encouraged to support, in particular, research into the determinants and consequences of induced abortion, including its effects on subsequent reproductive health, fertility and contraceptive practice.

Recommendation 21. Governments are urged to take the necessary action to create sustained political commitment and a climate in which population and related development issues are considered to be central to public policy.

NOTE

1/ Formerly called Bigger Impact Globally.

ANNEXES

ANNEX I

Agenda

1. Opening of the Meeting.

2. Adoption of the agenda.

3. Population policy:
   (*a*) Evolution of population policy since 1984: a global perspective;

   (*b*) Review of population policies: Africa;

   (*c*) Review of population policies: Northern Africa and Western Asia;

   (*d*) Review of population policies: Asia and the Pacific;

   (*e*) Review of population policies: Latin America and the Caribbean;

   (*f*) Review of population policies: developed countries;

4. Population programmes:
   (*a*) Experience of 20 years: achievements and challenges;

   (*b*) National case-study: Rwanda;

   (*c*) National case-study: Indonesia;

   (*d*) Assessment of needs.

5. Mobilization of resources:
   (*a*) Domestic resources: public, private and non-governmental;

   (*b*) Multilateral population assistance;

   (*c*) Bilateral population assistance;

   (*d*) The special problems of least developed countries.

6. Future directions:
   (*a*) Future population trends and policy responses;

   (*b*) Institutional linkages and population policy;

   (*c*) Socio-economic change and population programmes: balancing priorities.

7. Adoption of the recommendations.

8. Closing of the Meeting.

ANNEX II

List of participants

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UNITED NATIONS

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Habib Rejeb, Medical Officer

World Bank
William McGreevey, Principal Population Specialist

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Mahmoud H. El-Sayed

Organization for African Unity
V. K. Ntandayarwo, Chief of Population/Demography and Employment

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Category II
International Union for the Scientific Study of Population (IUSSP)
Massimo Livi-Bacci, President

The Population Council
Paul Demeny, Distinguished Scholar

ANNEX III

List of documents

Document No.	*Agenda item*	*Title and Author*
ESD/P/ICPD.1994/EG.II/1	-	Provisional agenda
ESD/P/ICPD.1994/EG.II/2	-	Provisional annotated agenda
ESD/P/ICPD.1994/EG.II/3	3(*a*)	Evolution of population policy since 1984: a global perspective United Nations Secretariat
ESD/P/ICPD.1994/EG.II/4	3(*b*)	Review of population policies: Africa Paulina Makinwa-Adebusoye
ESD/P/ICPD.1994/EG.II/5	3(*c*)	Review of population policies: Northern Africa and Western Asia Hussein A. Sayed
ESD/P/ICPD.1994/EG.II/6	3(*d*)	Review of population policies: Asia and the Pacific Aprodicio Laquian
ESD/P/ICPD.1994/EG.II/7	3(*e*)	Review of population policies: Latin America and the Caribbean Maria Helena Henriques-Mueller
ESD/P/ICPD.1994/EG.II/8	3(*f*)	Review of population policies: developed countries Gabriella Vukovich
ESD/P/ICPD.1994/EG.II/9	4(*a*)	Experience of 20 years: achievements and challenges United Nations Population Fund
ESD/P/ICPD.1994/EG.II/10	4(*b*)	Population programmes: national case-study of Rwanda Nyirasafari Gaudence Habimana
ESD/P/ICPD.1994/EG.II/11	4(*c*)	Population programmes: national case-study of Indonesia Haryono Suyono
ESD/P/ICPD.1994/EG.II/12	4(*d*)	Population programmes: assessment of needs Chris J. Allison
ESD/P/ICPD.1994/EG.II/13	5(*a*)	Mobilization of domestic resources: public, private and non-governmental Charlotte Gardiner
ESD/P/ICPD.1994/EG.II/14	5(*b*)	Mobilization of resources: multilateral population assistance Steven W. Sinding and Anna S. Quandt
ESD/P/ICPD.1994/EG.II/15	5(*c*)	Mobilization of resources: bilateral population assistance Judith Harrington

Document No.	*Agenda item*	*Title and Author*
ESD/P/ICPD.1994/EG.II/16	5(*d*)	Mobilization of resources: the special problems of least developed countries Simeen Mahmud
ESD/P/ICPD.1994/EG.II/17	6(*a*)	Future population trends and policy responses Ansley J. Coale
ESD/P/ICPD.1994/EG.II/18	6(*b*)	Institutional linkages and population policy Jason L. Finkle
ESD/P/ICPD.1994/EG.II/19	6(*c*)	Socio-economic change and population programmes: balancing priorities Riad B. Tabbarah
ESD/P.ICPD.1994/EG.II/INF.1	-	Provisional programme of work
ESD/P.ICPD.1994/EG.II/INF.2	-	Provisional list of participants
ESD/P.ICPD.1994/EG.II/INF.3	-	Provisional list of papers
ESD/P.ICPD.1994/EG.II/INF.4	-	Issues in population education: lessons learned and strategies for the future United Nations Educational, Scientific and Cultural Organization
ESD/P.ICPD.1994/EG.II/INF.5A	-	Information for participants (travelling at United Nations expense)
ESD/P.ICPD.1994/EG.II/INF.5B	-	Information for participants (travelling at their own expense)
ESD/P.ICPD.1994/EG.II/INF.6	-	Population policies and programmes in the member States of the Economic Commission for Africa Economic Commission for Africa
ESD/P.ICPD.1994/EG.II/INF.7	-	Changing role of population NGOs in the context of increased public financed population programmes Internnational Planned Parenthood Federation
ESD/P.ICPD.1994/EG.II/INF.8	-	Population, human resources and development planning: priority issues and requirements International Labour Organisation
ESD/P.ICPD.1994/EG.II/INF.9	-	Integrating population factors into agricultural and rural development policies: future needs Food and Agriculture Organization of the United Nations
ESD/P.ICPD.1994/EG.II/INF.10	-	Population policies and programmes in the member States of the Economic Commission for Latin America and the Caribbean Economic Commission for Latin America and the Caribbean

Document No.	*Agenda item*	*Title and Author*
ESD/P.ICPD.1994/EG.II/INF.11	-	Health policies and programmes: the safe motherhood initiative--accomplishments and future directions World Health Organization
ESD/P.ICPD.1994/EG.II/INF.12	-	Formulation and implementation of population policies: lessons learned from technical cooperation United Nations Secretariat
ESD/P.ICPD.1994/EG.II/INF.13	-	Population programmes, mobilization of resources and national capacity-building William McGreevey
ESD/P.ICPD.1994/EG.II/INF.14	-	Population policies and programmes in the member States of the Economic and Social Commission for Asia and the Pacific Economic and Social Commission for Asia and the Pacific
ESD/P.ICPD.1994/EG.II/INF.15	-	Policy and programme implications of research and activities undertaken by the International Union for the Scientific Study of Population International Union for the Scientific Study of Population
ESD/P.ICPD.1994/EG.II/INF.16	-	Policy and programme implications of research and activities undertaken by the Population Council The Population Council

Part Two

POPULATION POLICIES

III. EVOLUTION OF POPULATION POLICY SINCE 1984: A GLOBAL PERSPECTIVE

*United Nations Secretariat**

A. THE ROLE OF POPULATION POLICY IN NATIONAL AND INTERNATIONAL DEVELOPMENT STRATEGIES

Although such countries as India recognized the need to adopt a comprehensive national family planning policy as an integral part of its development plans as early as 1951, population policy issues did not reach the forefront of world attention until nearly two decades later.

Over the years, the United Nations has played a major role in increasing worldwide awareness of population problems and the need for integrating population policy into general economic and social development policies and programmes. The first World Population Conference was held in Rome in 1954 under United Nations auspices. Although primarily a scientific meeting, a heated debate over the role of population in development took place between the Western "capitalist" countries and the centrally planned economies, with most third world countries remaining far from convinced that rapid population growth constituted a barrier to development. At the second World Population Conference, held at Belgrade in 1965, the debate between those groups of countries continued, with most developing countries once again remaining in the background.

Following the 1960 round of population censuses, it became clear—for the first time in many developing countries—that unprecedented population growth trends were in operation. Indeed, for the large majority of developing countries, rates of population growth implied the doubling of population within 25 years or less.

In 1974, which was declared by the United Nations to be World Population Year, the third World Population Conference was convened at Bucharest. It was the first conference that brought together high-ranking government officials and experts. The donor countries initiating the Conference, principally the United States of America, planned it to be a staging ground for a united worldwide effort to endorse family planning programmes. As is well known, a heated debate ensued, with the head of the Indian delegation asserting that "development is the best contraceptive". A majority of third world participants agreed and were critical of the donors for placing too strong an emphasis on the supply side of fertility control, that is, on family planning services, and not enough emphasis on the underlying economic and social factors affecting the demand for children.

Nevertheless, for the first time, sufficient agreement was reached for the adoption of the World Population Plan of Action. The Plan that was finally adopted at Bucharest reflected a developmentalist rather than a narrowly pro-family planning approach (and was, in a sense, a political defeat for the "orthodox" position represented by the United States). Indeed, since the adoption of the Plan of Action, donors and international agencies working in the population field have consistently defined population policies and programmes in terms of mortality and migration, in addition to fertility, and in terms of social and economic policies and programmes that influence demographic variables, other than family planning (Sinding, 1991).

Over the next decade, the population debate continued in academic circles. The fact that the

* Population Division (Department of Economic and Social Development), now Department of Economic and Social Information and Policy Analysis.

catastrophes predicted by the proponents of orthodoxy for a quarter of a century did not materialize led to the questioning of a number of basic assumptions. The near-zero correlation between population growth and per capita economic growth within the developing world led a number of economists to conclude that population growth could not be an overriding factor in economic growth. In fact, the continued lack of statistical association between these two variables during the 1970s and 1980s gradually changed the examination of this relationship into a revisionist enterprise. Attention became focused on explaining the lack of association, with some academics, most notably Julian Simon, going so far as to suggest that population growth actually stimulated economic growth.

As the debate continued in academic circles, there was a growing consensus among third world Governments of developing countries that rapid population growth constrained development, indicating final acceptance of the message of orthodoxy by its primary audience (Hodgson, 1988). Whereas the International Conference on Population, which was convened at Mexico City in 1984, might have been what orthodoxy had hoped for at Bucharest—namely, a politically neutral occasion at which the goal of reducing fertility and promoting family planning programmes would be universally acclaimed—the United States delegation ended that hope with the revisionist pronouncement that population growth was, of itself, a neutral phenomenon. The new American position stated that development strategy transcended all partial strategies, including population. (Ironically, this view had been the position of the majority of participants at Bucharest and it had then been opposed by the United States.) The main philosophy that emanated from the United States position was a *laissez faire* policy attributing to the free-market economy, rather than to direct intervention, the only effective way to modify population trends.

One of the more significant aspects of the International Conference at Mexico City was the turn-round in the position of the African delegations. In contrast to their position at Bucharest, where most of those Governments had expressed optimism that Africa could easily accommodate more inhabitants because of its vast territory, low density, and abundant and rich resources, many African Governments expressed serious reservations about the consequences of continuing rapid population growth. From this perspective, the International Conference marked a turning point, in that population no longer seemed to be a politically divisive issue, at least among the developing countries.

B. Evolution of population policy since 1984

Population growth

The world population, which reached 5.4 billion in mid-1991, is growing by about 1.7 per cent per annum. Contrary to conventional wisdom, the global population growth rate has remained nearly unchanged since 1975, although it is significantly lower than the historical peak of 2.1 per cent which occurred between 1965 and 1970. In absolute numbers, however, the world has never experienced such a dramatic population increase—more than 90 million additional persons every year. In relation to the relatively fixed resources which are often critical for development advance, absolute changes rather than rate changes are the determinants of whether population resource ratios constrain or facilitate development.

It is now believed that population growth will stop much later, and at much higher levels, than previously assumed. Indeed, United Nations population projections have been revised upward. The medium-variant, or most likely projection, for the year 2025 is now 8.5 billion—260 million more than the United Nations projection in 1982, or roughly the equivalent of the total population of the United States. The United Nations long-range projections have likewise been revised upward. It is currently projected that the world population will ultimately stabilize at 11.6 billion (in the medium-fertility extension) shortly after the year 2200, compared with stabilization at 10.2 billion in 2100 put forth in the 1982 projections.

Ninety-seven per cent of global population growth will take place in the developing regions of Africa, Asia and Latin America—in countries that are least able to absorb it. The largest numerical increases will be in Southern Asia, whereas the largest relative increases will take place in Africa. By the end of the century, Africa will have 900 million inhabitants, compared with 650 million today. The annual rate of population growth for Africa as a whole will be 3 per cent, the highest regional growth rate the world has

TABLE 1. GOVERNMENT VIEW ON THE POPULATION GROWTH RATE, 1974-1991

(Percentage of countries)

Year	*Too low*	*Satisfactory*	*Too high*	*Total*	*Number of countries*
1974	25.0	47.4	27.6	100.0	156
1983	18.5	45.2	36.3	100.0	168
1986	16.5	45.3	38.2	100.0	170
1989	14.7	45.3	40.0	100.0	170
1991	13.8	43.7	42.5	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 2. GOVERNMENT POLICY TO MODIFY THE POPULATION GROWTH RATE, 1974-1991

(Percentage of countries)

<table>
<tr><th>Year</th><th>Raise</th><th>No intervention</th><th>Maintain</th><th>Lower</th><th>Total</th><th>Number of countries</th></tr>
<tr><td>1974 ....</td><td>19.9</td><td colspan="2">55.1</td><td>25.0</td><td>100.0</td><td>156</td></tr>
<tr><td>1983 ....</td><td>19.0</td><td>41.7</td><td>13.5</td><td>25.6</td><td>100.0</td><td>168</td></tr>
<tr><td>1986 ....</td><td>15.9</td><td>44.7</td><td>8.2</td><td>31.2</td><td>100.0</td><td>170</td></tr>
<tr><td>1989 ....</td><td>12.4</td><td>41.8</td><td>10.6</td><td>35.3</td><td>100.0</td><td>170</td></tr>
<tr><td>1991 ....</td><td>12.1</td><td>39.7</td><td>10.3</td><td>37.9</td><td>100.0</td><td>174</td></tr>
</table>

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

ever experienced. Some of the Arab countries have even shorter population-doubling times; indeed, throughout the region, a total fertility rate (TFR) of eight children per woman is not uncommon.

The importance of reducing high rates of population growth is underscored by such factors as the steadily mounting pressure of human needs on non-renewable and biological resources, environmental pollution and degradation, the impending food crisis in many developing countries, the mounting pressures of migration both within and between countries and unprecedented rates of urban growth. Moreover, high rates of population growth contribute to the persistence of widespread poverty.

As previously noted, since the Conference at Mexico City , the issue of population growth has become less politically divisive. Over the past decade, there has been a growing convergence at the national level, with many more countries now in favour of modifying population growth. Indeed, according to the *World Population Monitoring, 1991* (United Nations, 1992b), 42.5 per cent of Governments considered their rate of population growth to be too high, compared with 36.3 per cent in 1983 and with only 27.6 per cent in 1974 (table 1). In contrast, the percentage of countries that viewed population growth as being too low declined from 19 per cent in 1983 to 15 per cent in 1991 (table 2).

Whereas there is continuing debate over how to achieve it, the ultimate, internationally accepted goal—as enunciated at the International Conference on Population at Mexico City—is the stabilization of global population within the shortest period possible. In order to keep population growth in line with the United Nations medium-variant projection, this implies

reducing the total fertility rate in the developing countries as a whole from 3.8 to 3.3 by the year 2000 and increasing the level of contraceptive prevalence from 51 to 59 per cent.

Meeting these targets will involve assigning higher priority to population in development programmes and extending family planning information and services to perhaps 2 billion people. Whereas such factors as age at marriage, breast-feeding and induced abortion play significant but minor roles in influencing fertility and population growth, family planning programmes are one of the most important determinants of fertility levels and trends, hence of population growth. Although it is now widely recognized that improved levels of education and a rising standard of living (particularly for women) bring about lower levels of fertility and population growth, without family planning programmes, fertility decline begins later and typically is less pronounced.

Over the past decade, the issue of demographic ageing has come increasingly to the forefront. Long-range population projections recently published by the United Nations indicate dramatic changes in the future age structure of the world population (United Nations, 1992b). By the year 2150, the world population will have aged considerably. According to the medium-fertility extension, the median age is anticipated to rise to 42 years by 2150, up from 24 years in 1990. Incredibly, it is projected that there will be one third more old people, aged 65 or over, than children under age 15.

In relative terms, demographic ageing is, of course, more advanced in the developed than in the developing countries. In terms of absolute numbers, however, the situation is reversed. Moreover, the growth of the elderly has been twice as rapid in the regions.

In the developed countries, particularly in those in Northern America and Western Europe, and in Japan, increasing attention is being devoted by policy makers to a plethora of issues in regard to ageing. On the one hand, it is now recognized that in order to avoid the isolation of the growing number and proportion of the elderly in the future, it will probably be necessary to abolish or modify many of the thresholds that divide up the life course (e.g., by adopting more flexible retirement policies at least for the "young-old"). On the other hand, there is growing concern over the problem exacerbated by advancing medical technology and complicated by difficult ethical issues in regard to access to—and perhaps rationing of—expensive new modes of treatment.

Meeting the needs of the elderly traditionally has not been a societal problem in the developing countries, because the elderly usually continue to live and work with their families. As development proceeds, however, the satisfaction of those needs has increasingly become a governmental responsibility at a time when there are competing demands for limited and overstretched resources.

Fertility and the family

In regard to fertility levels and trends, there are a number of hopeful signs. For the first time, fertility is declining in all the major areas of the world, as increasing numbers of Governments have adopted policies to regulate fertility (see tables 3 and 4). According to the most recent United Nations monitoring report, 65 per cent of the world population currently reside in countries that intervene to lower the rate of fertility (United Nations, 1992b). Moreover, direct support for modern methods of contraception is now provided by more than three quarters of all Governments (table 5). Since the 1960s, contraceptive prevalence in developing countries has grown from less than 10 per cent to slightly over 50 per cent. It is estimated that over this period several hundred million unwanted births were averted through family planning programmes.

Of course, there are major variations by region. Contraceptive-use levels range from near zero in parts of Africa and Asia to levels of from 65 to 75 per cent in some countries of Latin America and Eastern and South-eastern Asia. Demand for family planning continues to outstrip the services available, however, and as many as 300 million men and women worldwide who want to plan their families lack the means to do so. Moreover, recent surveys indicate that knowledge of contraception is still quite limited in some least developed Asian countries and in much of sub-Saharan Africa.

The evidence from 25 years of experience in organized family planning programmes is that good quality

TABLE 3. GOVERNMENT VIEW ON THE FERTILITY LEVEL, 1974-1991

(Percentage of countries)

Year	Too low	Satisfactory	Too high	Total	Number of countries
1974	11.5	53.2	35.3	100.0	156
1983	13.1	45.2	36.9	100.0	168
1986	14.1	50.0	40.0	100.0	170
1989	12.4	45.9	44.1	100.0	170
1991	11.5	42.5	46.0	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 4. GOVERNMENT POLICY TO MODIFY THE LEVEL OF FERTILITY, 1974-1991

(Percentage of countries)

Year	Raise	Maintain	Lower	No intervention	Total	Number of countries
1976	9.0	14.1	25.6	51.3	100.0	156
1983	14.3	14.3	28.6	42.8	100.0	168
1986	11.8	11.2	32.4	44.6	100.0	170
1989	12.4	10.6	37.6	39.4	100.0	170
1991	11.5	10.9	40.2	37.4	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 5. GOVERNMENT POLICY CONCERNING ACCESS TO CONTRACEPTIVE METHODS, 1974-1991

(Percentage of countries)

Year	Access limited	Access not limited			Total	Number of countries
		No support	Indirect support	Direct support		
1974	7.1	22.4	15.4	55.1	100.0	156
1983	4.2	19.0	16.7	60.1	100.0	168
1986	3.5	10.6	14.1	71.8	100.0	170
1989	4.1	11.8	11.8	72.4	100.0	170
1991	2.9	10.3	10.3	76.4	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

service, with consistent political and administrative support and innovative public education efforts, can produce very rapid voluntary changes in reproductive behaviour in a wide variety of economic and social settings. Indeed, where family planning services have been widespread and affordable, fertility has declined more rapidly than expected. Pilot projects, such as the well-known Matlab project in Bangladesh, have underlined the importance of the availability of a mix of contraceptive methods and of the quality of services and follow-up activities (e.g., home visits by locally recruited female outreach workers).

Governments are now universally aware of the fact that the determinants of fertility are varied and complex, making it imperative that direct action to reducefertility by means of family planning information and services be linked to efforts to improve economic and social conditions (through primary health care, education, employment, housing and broad-based programmes of legal reform to strengthen the role and status of women). As the World Bank has noted, when various programmes have all worked together they have made possible the steep declines in fertility experienced by some countries (World Bank, 1984).

Family planning programmes have become much more sophisticated, involving community distribution networks, contraceptive social marketing programmes and active use of the mass media (including radio, television, videos, films, newspapers, magazines and billboard and poster advertising) to promote the ideas of birth-spacing and family limitation and to provide information on specific contraceptive methods. In recent years, programmes have not only given greater attention to adolescents but have come to recognize that men are an important target audience for family planning information and education programmes.

Increasingly, Governments have given greater emphasis to equal protection of women under the law, recognizing that such measures as allowing women to earn and keep money and to own and inherit property, raising the minimum legal age at marriage and eliminating such discriminatory marriage customs as dowry or bride-price reinforce respect for women as equals. They also broaden women's range of choices, including choice in regard to child-bearing.

Abortion has become an emotionally charged and highly divisive political issue in recent years. Many countries in all world regions have liberalized their abortion laws and practices. Although abortion is widely regarded as being unacceptable as a primary method of fertility control, its use as a method of fertility regulation has increased in recent years. Although no reliable method has yet been developed to estimate the numbers of illegal abortions, fragmentary and incomplete data suggest that abortion, mainly illegal abortion, may have contributed substantially to recent declines in fertility reported in some developing countries.

Mortality and health

For the developing world as a whole, the past 25 years have been a period of unprecedented progress in reducing mortality and improving health. Life expectancy in the developing countries as a whole has increased by about 10 years. Infant mortality rates have been nearly halved, whereas child death rates have plummeted. The worldwide proportion of children immunized against the six major preventable diseases of childhood increased from only 5 per cent in 1974 to 80 per cent in 1990 (and to 90 per cent in the Asian countries). This impressive overall performance, however, conceals an extremely uneven pattern of progress.

Although life expectancy for the world as a whole is 65.5 years for the period 1990-1995, in some 47 per cent of the developing countries, life expectancy is under 60 years. In Africa as a whole, life expectancy is about 54 years. Moreover, infant mortality in more than one third of the developing countries still exceeds 100 deaths per 1,000 live births.

According to the 1991 population monitoring report (United Nations, 1992b), fewer than one third (31 per cent) of all Governments considered their current level of mortality to be acceptable (table 6). In the developing countries, Governments expressed particular concern over cholera (which recently has had a dramatic resurgence in Latin America), respiratory diseases, tuberculosis, malaria, schistosomiasis and sexually transmitted diseases. Many developing countries reported a severe shortage of medical and health-care personnel, a continuing concentration of

TABLE 6. GOVERNMENT VIEW ON ACCEPTABILITY OF MORTALITY LEVEL, 1974-1991

(Percentage of countries)

Year	*Acceptable*	*Unacceptable*	*Total*	*Number of countries*
1974	37.2	62.8	100.0	156
1983	36.9	63.1	100.0	168
1986	37.6	62.4	100.0	170
1989	32.9	67.1	100.0	170
1991	31.0	69.0	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

health services in urban areas and vast areas infected with malaria and other tropical diseases. In the developed countries, major concerns have been the growing elderly population, pressing environmental health issues and the rapid rise of diseases related to lifestyle (e.g., diseases of the heart and vascular system, which are exacerbated by tobacco smoking, excessive alcohol consumption and sedentary behaviour).

With respect to the major directions in health-care policy, since the landmark Conference at Alma-Ata in 1978, there has been a marked shift, throughout the developing world from a curative, hospital-based health-care approach to one focusing on preventive, primary health-care strategies. In this regard, a number of United Nations agencies have played a pivotal role. The United Nations Children's Fund (UNICEF), for example, has taken the lead in developing programmes that emphasize growth monitoring, oral rehydration therapy, breast-feeding, immunization, food supplementation and family planning. Similarly, WHO has long been in the forefront of efforts to improve the health of women. As one of the leading sponsors of the Safe Motherhood Initiative, WHO has been instrumental in alerting the world through its information and advocacy activities. In order to achieve the goals of reducing levels of maternal mortality by one half by the year 2000 and significantly improving women's health, national plans focus on the fourfold strategy: (a) redressing the social inequalities confronting women; (b) ensuring access to family planning information and services; (c) developing community-based maternity care; and (d) providing backup for those women who require skilled obstetric care (since the WHO figures indicate that one half of all women in the developing countries still deliver without any trained assistance).

An emerging health concern in both the developed and developing countries is the spread of AIDS, which has not only diverted attention from other health-care issues but has threatened to siphon off a significant proportion of the funds devoted to medical research. At the beginning of the 1980s, only about 100,000 persons worldwide were infected with HIV. During the 1980s, between 5 million and 10 million people became infected.

Beyond absolute numbers, the global epidemic of HIV infection remains dynamic and is dramatically increasing in already affected areas. Recently, the epidemic has expanded its geographical scope, reaching countries and regions previously unaffected or only slightly affected by HIV. Although sub-Saharan Africa is still the hardest hit region, with over 7 million adults and children infected since the beginning of the pandemic, the virus is now spreading dramatically in Southern and South-eastern Asia, where at least 1 million people have already been infected. Indeed, WHO predicts that, by the mid- to late 1990s, more Asians will become infected each year than Africans. The potential for rapid epidemic spread also exists in Latin America. For the year 2000, WHO projects that the cumulative global total of HIV infections will fall between 30 million and 40 million.

Concerning policy responses, there has been an unprecedented—if somewhat belated—response to the pandemic from Governments in all world regions. Currently, virtually every country has a national AIDS programme. Priority areas for policy intervention include: (a) strengthening national AIDS programmes, especially their management and technical capabilities; (b) planning for the social and economic consequences of the pandemic (e.g., for the 10 million-15 million uninfected children, mostly in sub-Saharan Africa, who will lose their mothers to AIDS by the turn of the century) and for skyrocketing health-care costs, as well as for enormous projected labour force losses, as persons in the prime of life succumb to AIDS); (c) support for behavioural research into ways of encouraging couples to practise safer sex; (d) support for biomedical research, especially on drugs and vaccines for the developing countries; (e) activities concerned with the prevention of discrimination against HIV-infected persons; and (f) activities to deal with the complacency and denial still prevalent in many countries.

International migration

Although international migration has occasionally had significant demographic impacts (e.g., when small countries have been engulfed by massive flows of refugees), few Governments have adopted international migration policies for demographic reasons. Moreover, until fairly recently, the area of international migration was considered to be somewhat peripheral to the mainstream of population policy. About three quarters of all Governments have expressed satisfaction with levels and trends of immigration and emigration (tables 7 and 9), and a majority have no policies of intervention beyond the usual visa and passport controls (tables 8 and 10).

This situation now appears to be changing. Increasing numbers of Governments in all world regions have identified international migration as a priority area for policy intervention. Currently, more than one third (34.5 per cent) of Governments have adopted policies designed to lower immigration—up from only 6.4 per cent in 1976.

Concerning changes over the past decade, immigration policy in the traditional immigration countries has followed a basically evolutionary pattern and has not been marked by drastic changes. Governments have continued to fine-tune immigration decisions, weighing humanitarian concerns against other political and societal objectives by means of increasingly precise selection processes involving quotas, numerical weightings and so forth.

Although the number of places in all world regions for permanent immigrants has more or less stabilized and may well decline in future years, there is a clear and growing preference in all world regions for temporary rather than permanent workers. In Western Europe, the former labour-importing countries were fairly successful up to the mid-1980s in stabilizing the size of their foreign populations, mainly as a result of recession and the active promotion of return migration. The late 1980s, however, witnessed a reversal of those trends in labour migration and a number of countries experienced significant net migration.

The factors behind the growing concern of European Governments with international migration issues currently include: continuing problems related to the economic, social and cultural integration of legal immigrants within the former major labour-importing countries; the rapidly growing number of asylum-seekers in recent years from both the developing countries and Eastern European countries; the possibility of future large-scale population movements as a result of the political and economic disintegration of the Eastern-bloc countries and the revival of nationalist aspirations, with ensuing inter-ethnic conflicts; the growing hostility to immigrants in many of the host countries; and the still largely unknown implications of the gradual abolition of border controls at the internal frontiers of the European Community.

Since the mid-1970s, just when Western Europe began to wane as the major destination in the world for migrant workers, the oil-producing countries of Northern Africa and Western Asia have grown in importance as labour-importing countries, recruiting workers both from within the region and from a growing number of Asian countries. The policy that was increasingly adopted was to import workers in

TABLE 7. GOVERNMENT VIEW ON THE LEVEL OF IMMIGRATION, 1974-1991

(Percentage of countries)

Year	*Too low*	*Satisfactory*	*Too high*	*Total*	*Number of countries*
1976	7.1	86.5	6.4	100.0	156
1983	6.6	74.4	19.0	100.0	168
1986	3.6	76.4	20.0	100.0	170
1989	3.5	75.9	20.6	100.0	170
1991	3.4	74.7	21.8	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 8. GOVERNMENT POLICY CONCERNING THE LEVEL OF IMMIGRATION, 1974-1991

(Percentage of countries)

Year	*Raise*	*Maintain*	*Lower*	*Total*	*Number of countries*
1976	7.1	86.5	6.4	100.0	156
1983	5.4	77.9	16.7	100.0	168
1986	3.5	77.1	19.4	100.0	170
1989	4.7	63.7	31.8	100.0	170
1991	5.2	60.4	34.5	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

"project packages" and to channel them to industrial areas where they were kept in camps, thereby minimizing their contacts with the local population.

The recent Gulf crisis revealed in a dramatic fashion the size and spread of the migration system that has developed in these regions over the past two decades. For a number of months following the Gulf crisis, world attention was focused on the plight of the nearly 6 million foreign workers and their families, in

Kuwait. In the aftermath, the crisis has raised many questions concerning the relationship between the type of immigration policy pursued by the oil-rich countries and the long-term viability of the migration system it gave rise to. Moreover, the large-scale repatriation of workers from the oil-producing countries brought home in a dramatic manner the implications of return migration to the sending countries, many of which are among the poorest.

Undocumented migration has grown in importance in all world regions over the past two decades and will probably account for an increasingly large proportion of future international migration flows. Indeed, a striking aspect of recent international population movements in Asia has been the huge increase in undocumented migration. Even highly homogeneous societies, such as Japan, which have long maintained restrictive immigration policies, are now host to large numbers of undocumented workers.

Refugee problems have emerged as one of the most characteristic features of the past two decades. In the

TABLE 9. GOVERNMENT VIEW ON THE LEVEL OF EMIGRATION, 1974-1991

(Percentage of countries)

Year	*Too low*	*Satisfactory*	*Too high*	*Total*	*Number of countries*
1976	3.9	83.3	12.8	100.0	156
1983	6.0	74.4	19.6	100.0	168
1986	5.3	75.3	19.4	100.0	170
1989	5.3	74.1	20.6	100.0	170
1991	4.6	75.3	20.1	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 10. GOVERNMENT POLICY CONCERNING THE LEVEL OF EMIGRATION, 1974-1991

(Percentage of countries)

Year	*Raise*	*Maintain*	*Lower*	*Total*	*Number of countries*
1976	3.8	83.4	12.8	100.0	156
1983	4.8	75.0	20.2	100.0	168
1986	4.7	73.5	21.8	100.0	170
1989	3.5	71.8	24.7	100.0	170
1991	3.4	71.8	24.7	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

early 1970s, the number of refugees worldwide was about 3.5 million; by the late 1980s, the refugee population of the world had increased to nearly 17 million persons, some 15 million of whom had found asylum in the developing world.

In addition to the growing burden of refugees, there has been a substantial increase in recent years in persons fleeing from generalized oppression and poverty and they fall into the vast gray area between clearly identifiable economic migrants and clearly identifiable refugees. These issues have been further complicated when refugees have followed established migration routes or when migration flows have changed over time and have broadened to include economic migrants and asylum-seekers.

Population distribution and urbanization policies

Currently, nearly half (45.4 per cent) of the Governments consider that their pattern of population distribution requires major change, whereas fewer than 20 per cent consider patterns of population distribution to be satisfactory (table 11).

Partially in response to the failure of the growth-centre strategies pursued by many developing countries in the 1960s and early 1970s, many countries have now adopted strong rural-oriented spatial policies. Particularly in sub-Saharan Africa, it has been almost universally believed that investments in rural infrastructure and rural development will cause urban pressures to evaporate by slowing down the rate of rural-urban migration, or—a much more extreme argument—by attracting urban residents back to the rural areas. Indeed, at the global level, 30.5 per cent of Governments have internal migration flows (table 12). To date, however, there is little evidence in Africa or elsewhere indicating the success of this approach. Rural development strategies are critically important in developing countries to expand food production and to improve agricultural productivity, not because they offer a solution to the problems of urbanization.

In many developing countries, population distribution policies are synonymous with measures to control the growth of the primate city or other large metropolitan areas. Indeed, this was the objective of 70 per cent of Governments in Latin America, more than 60 per cent of those in Africa and more than 40 per cent of those in Asia (United Nations, 1992b). In practice, most policies to slow growth of primate cities have been ineffective. Even in centrally planned countries, such as China, which for years have utilized residential controls, ration cards and so forth, there are large "floating" populations of unauthorized migrants in all the major cities.

In addition to slowing primate city growth, many Governments throughout the developing world have strongly endorsed the concept of promoting small towns and intermediate cities. However, whereas there is a broad consensus as to the desirability of promoting such towns and cities, how to go about it is far less clear. A number of countries, including Egypt and several of the oil-exporting countries in Western Asia (e.g., Saudi Arabia, Kuwait and the United Arab Emirates) have promoted the development of new towns. The pace of development of these new towns usually has been slow, however, and their contribution to population absorption has probably been smaller than could have been achieved by spending an equivalent amount on improving the infrastructure in existing towns. Similarly, a number of developing countries have attempted to build new capitals. None of these capitals has much prospect for success as an instrument of population redistribution, and in many cases construction has become stalled or been cut back. The "successes" of capital relocation in the developing world (Brasilia and Islamabad) demonstrate very clearly that this approach has severely strained urban investment resources, even when the country in question is relatively prosperous. Regional development policies for lagging regions, border-region strategies and land colonization schemes have also been employed in a number of developing countries, although the impact of these policies on national population redistribution has been almost negligible.

It is not too strong to state that despite Governments' concerns over the past two decades with their patterns of population, population distribution policies have become somewhat discredited, mainly because there have been many more failures than successes. Frequently, the goals of population distribution policies have been unrealistic, leading to disenchantment and eventual abandonment. Another problem has been that population distribution policies have not been spatially selective, even within particular groups of settlements, mainly because policy makers have found it difficult to handle the political problems arising from giving resources to some areas to promote growth, while witholding resources from other areas.

A further problem has been the fact that there has been insufficient continuity in many developing countries in the implementation of population distribution policies. Part of the reason for this situation is that the planning horizon for population distribution policies is typically longer than for other national policies (typically from 15 to 20 years, rather than the five-year horizon for national development plans). Lack of consistency among explicit population distribution policies and implicit policies (i.e., macro-policies and sectoral policies that may have harmful spatial impacts) has also been a problem. Lastly, given the fact that only a finite set of population

TABLE 11. GOVERNMENT VIEW OF THE APPROPRIATENESS OF SPATIAL DISTRIBUTION, 1974-1991

(Percentage of countries)

Year	*Satisfactory*	*Minor changes desired*	*Major changes desired*	*Total*	*Number of countries*
1974	12.2	37.8	50.0	100.0	156
1983	11.3	41.7	47.0	100.0	168
1986	11.2	43.5	45.3	100.0	170
1989	18.8	35.3	45.9	100.0	170
1991	19.5	35.1	45.4	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

TABLE 12. GOVERNMENT POLICY CONCERNING INTERNAL MIGRATION, 1974-1991

(Percentage of countries)

Year	*Accelerate*	*Decelerate*	*Reverse*	*No intervention*	*Total*	*Number of countries*
1976	2.6	64.1	10.9	22.4	100.0	156
1983	2.4	60.7	12.5	24.4	100.0	168
1986	4.7	58.9	12.9	23.5	100.0	170
1989	2.9	40.0	28.2	28.8	100.0	170
1991	2.9	37.4	30.5	26.4	100.0	174

Source: The Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

distribution policy instruments are available, so that the same instruments are used across a broad spectrum of countries—Governments have sometimes "borrowed" approaches without adapting them to their specific circumstances.

With regard to urbanization policies, it is now increasingly recognized that the major urbanization problems of the developing countries have little to do with the absolute size of the individual cities but result instead from the failure to manage rapid urban population growth. The deplorable state of municipal revenue systems, the urban services gap, the responses to rapid growth based on either "fire-fighting" strategies or neglect, all these are the result not so much of resource limitations as of failures of urban management. These deficiencies cannot be remedied either quickly or easily. Policies to address them make claims on very scarce human resources; they require the creation of new institutions (or the modification of existing institutions) and the adoption of new procedures and urban management methods.

C. THE POPULATION POLICY SITUATION IN THE LEAST DEVELOPED COUNTRIES

With a per capita gross domestic product (GDP) of about $250 in 1988, the 47 countries classified by the United Nations as least developed are the weakest partners in the international community. The reasons are complex. Terms of trade have turned against some exporters of non-fuel commodities in recent years. The debt burden of many least developed countries continues to be very heavy and constitutes a major hindrance to their efforts to adjust and reactivate development. Severe economic losses were also experienced by several of these countries because of the reduced flows of private remittances from nationals previously employed in the Gulf region and the costs related to their repatriation and resettlement. In addition to the external economic environment, natural and man-made disasters continue to cause heavy losses to the least developed countries. Civil strife and regional conflicts have in some countries aggravated drought-induced food shortages and have displaced millions of people.

To help meet their pressing needs, a Programme of Action for the Least Developed Countries for the 1990s was adopted at the Second United Nations Conference on the Least Developed Countries in September 1990. The objective of the Programme is to strengthen the partnership between these countries and the international donor community, in the realization that the countries cannot overcome their structural handicaps without sufficient international support. Yet, at the same time, the countries themselves must undertake fundamental reforms in their economic and political systems.

As of 1990, the least developed countries had a combined population of 511 million, or about 10 per cent of the world total. With an annual rate of population growth rate of slightly over 3 per cent, these countries are typical of those at the initial stage of the demographic transition. Perceptions of population growth rates in these countries have shifted dramatically over the past two decades. In 1974, 22 per cent of the countries viewed their rate of population growth as too high; by 1991 the proportion had more than doubled to over 50 per cent.

As a consequence of continuing high levels of fertility and high mortality, the least developed countries have a very young age distribution, with 44 per cent of the population under age 15 as of 1990. What is noteworthy is that the combined effects of the current age distribution and the most likely future course of fertility and mortality will lead to higher proportions of women in the child-bearing ages in the years ahead.

Total fertility for the least developed countries is estimated to be 6.0 children per woman for the period 1990-1995, virtually unchanged from the period 1950-1955, when it was 6.5. Government support for access to modern methods of contraception is widespread, with nearly 80 per cent of the countries providing direct support. Even in countries where family planning programmes receive Government support, however, contraceptive prevalence remains extremely low, generally between 0.8 and 6 per cent in Africa. In the Asian least developed countries, contraceptive prevalence is generally higher—for example, Nepal has a rate of 14 per cent, and Bangladesh, 31 per cent.

Life expectancy at birth in the least developed countries is 52 years for 1990-1995—up from 44 years in 1970-1975—yet still well below the minimum mortality target of 60 years established at the International Conference on Population in 1984. Infant mortality is estimated to 108 per 1,000 live births for 1990-1995, more than double the target identified at the Conference in 1984. Indeed, according to United Nations estimates, only four of these countries (Botswana, Cape Verde, Lesotho and Myanmar) are expected to attain an average life expectancy of 60 years, and only three (Botswana, Cape Verde and Myanmar) will reach the target for infant mortality by the year 2000.

As of 1 January 1992 about 100,000 AIDS cases, about 22 per cent of the total number of cases worldwide, had been reported to WHO for all of the least developed countries. Several of those countries (the Central African Republic, Malawi, Rwanda, Uganda, the United Republic of Tanzania and Zambia) have rates of AIDS (number of AIDS cases per 100,000 population) that are among the highest in the world.

D. OBSTACLES TO POPULATION POLICY FORMULATION

In formulating population policies, data needs are crucial. Ideally, policy makers require published and analysed census data that are not more than 10 years

old and other national surveys at more frequent intervals. Moreover, if a country is experiencing rapid population growth, for example, policy makers must have sound population projections and analyses of the economic and social consequences of its population growth in order to generate and sustain political commitment.

In regard to political commitment—which can range from public statements to paragraphs in national development plans and from a general commitment to, say, reducing population growth to specific targets—countries with strong population policies have typically been able to mobilize visible and sustained commitment not only at the highest level but down to local leaders at the grass-roots level. Moreover, there has been growing recognition of the fact that population policies will not be successful or sustainable unless the beneficiaries are fully involved in their design and subsequent implementation.

The role of institutions is also crucial. Almost three quarters of Governments throughout the world have established population units. Despite the widespread establishment of these units, many problems must still be overcome. One of the most important is clarifying the mode of interaction between the population unit and sectoral ministries.

Another institutional problem at the central government level is the fact that agencies concerned with population policy are almost wholly preoccupied with fertility and mortality issues and related questions, such as health and nutrition, and show very little interest in spatial distribution policy. Many of the functions relating to spatial distribution policies at the central government level are given to a human settlements department or similar agency (typically located under a specific ministry, such as the Ministry of Public Works or the Ministry of Housing). A serious problem arises because the department is treated as if its functions were vertical rather than horizontal, with multisectoral responsibilities cutting across ministerial lines. While it is true that most of the population distribution policy levers lie elsewhere (e.g., location of industry incentives, infrastructure investment allocations), there is, nevertheless, a close connection between population growth and population distribution, and institutional arrangements that divorce population growth policies from population distribution policies can result in serious misallocations of resources.

E. Conclusion

The decline in population growth and fertility that has taken place in many developing countries over the past two decades is not a reason for complacency. Despite many dramatic success stories, the absolute numbers of global increases are still mounting, a pattern which appears almost certain to continue beyond the end of the century. Moreover, of such absolute increases, over 90 per cent is taking place in the developing world.

Although many of the developing countries are overwhelmed by debt, flattening economies and poor management, unabated population growth remains one of the major threats to progress. Over the past two decades, a mix of national and international complacency in regard to the urgency of population issues resulted in millions of unwanted births in many developing countries, threatening to overtake their hope of achieving sustainable development and alleviating poverty. Any delay in adopting and implementing effective population policies magnifies the damage that has to be repaired.

There has been substantial improvement in health throughout the developing world, as reflected by infant mortality rates and life expectancy at birth, and in health-service coverage by various elements of primary health care. However, the double burden in the developing countries of communicable and chronic diseases is currently being aggravated by the spread of the AIDS pandemic and the resurgence of old scourges, such as malaria, tuberculosis and cholera. Moreover, the gap between the least developed countries and other developing countries is widening.

The goal of health for all and the primary health-care approach remain valid. However, renewed efforts are needed to bring equitable support to the countries and population groups in greatest need—the poor, the unemployed, women and children in many countries and the elderly.

References

Hodgson, Dennis (1988). Orthodoxy and revisionism in American demography. *Population and Development*

Review (New York), vol. 14, No. 4, (December), pp. 541-570.

Sinding, Steven W. (1991). *Strengthening the Bank's Population Work in the Nineties.* Policies Reserach and External Affairs Working Paper, No. 802. Washington, D.C.: World Bank.

United Nations (1992a). *Long-range World Population Projections: Two Centuries of Population Growth, 1950-2150.* Sales No.E.92.XIII.3.

__________ (1992b). *World Population Monitoring, 1991, with Special Emphasis on Age Structure.* Population Studies, No. 126. Sales No. E.92.XIII.2.

World Bank (1984). *World Development Report, 1984.* New York: Oxford University Press.

IV. CONTENT OF POPULATION POLICIES: AFRICAN COUNTRIES

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Africa is made up of 51 countries, which had an estimated population of about 650 million in 1990. For the period 1990-1995, its annual growth rate will remain very high, about 3.0 per cent—arising from high fertility, a total fertility rate of about 6 and moderate declines in mortality. A low life expectancy at birth of about 54 years reflects the prevailing poor health conditions. Moreover, the area faces problems with regard to increasing rural-urban and urban-larger urban migration flows, refugees and desertification (United Nations, 1988b).

Recognition of serious problems associated with "rapid population growth that is patently unmatched by a corresponding increase in the production of goods and services" (ECA, 1990, p. 5)[1] is a recent phenomenon. Important changes have taken place over time in perceptions of the negative effects of growth rate and other demographic variables on development. At the World Population Conference at Bucharest in 1974, most of the participating African countries were satisfied with their fertility and population growth rates and argued that the need for rapid economic and social development was the most important problem. Zambia portrayed the prevailing attitude: "It is highly erroneous to jump to the conclusion that Zambia's economic failures were due to rapid population increase" (Cochrane, Sai and Nassim, 1990, p. 218). Since 1974, there has been a change from the satisfied, non-intervention attitude to heightened concern about high fertility levels which has resulted in the adoption of several strategies to lower growth rates. The percentage of countries expressing a desire to lower their growth rate increased from 18 in 1974 to 46 in 1989. Similarly, between 1976 and 1989, the percentage of countries desiring to lower the fertility level more than doubled, increasing from 22 in 1976 to 48 in 1989. The number of countries with explicit, Government-supported family planning programmes intended to lower fertility also greatly increased from 4 (Botswana, Ghana, Kenya and Mauritius[2]) in 1974 (Nortman, 1985) to 23 in 1989 (ECA, 1990).

This paper is arranged in three sections. Section A reviews the perceptions of and policies on growth and the national fertility level, as well as on population distribution. Section B, which focuses on policies intended to modify fertility and population growth rate, underlines the justification for and the major instrument for implementing policy. Reasons for programme success or failure are also discussed. Section C, examines the policies and programmes that are directed to achieving better distribution of population.

A. PERCEPTIONS OF POPULATION PROBLEMS AND FORMULATION OF POLICIES

This shift in perception of population-development interrelationships is reflected in, *inter alia*, the responses of Governments in Africa to the United Nations Sixth Population Inquiry on views and policies on population growth and distribution, national fertility levels and family planning programmes. Table 13 shows, in column 1, that in 1988, of the 51 States, about one third (16 countries) considered their population growth rate satisfactory. Moreover, 30 countries (60 per cent) perceived the rate as "too high". Only three countries, the Congo, Equatorial Guinea and Gabon, considered their growth rate as too low.[3]

As concerns fertility (see columns (2) and (3) of table 13 , by 1988, only three countries (the Congo, Equatorial Guinea and Gabon) perceived their fertility level as low, and only two (Equatorial Guinea and Gabon) had policies to increase the level. Seventeen countries (Angola, Benin, Burkina Faso, Cape Verde, Chad, Côte d'Ivoire, Djibouti, Guinea-Bissau, the Libyan Arab Jamahiriya, Mali, Mauritania, Mozambique, Sao Tome and Principe, Somalia, the Sudan, Togo and Zaire) expressed satisfaction with the current fertility level. Of these, Mali, Sao Tome and Principe, and Togo had policies to maintain their current fertility level and Côte d'Ivoire wished to raise

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TABLE 13. PERCEPTIONS OF POPULATION GROWTH AND FERTILITY, AND POLICIES TO MODIFY THE FERTILITY LEVEL, AFRICA, CIRCA 1989

Region and country	Perception of: Population growth (1)	Perception of: Current fertility (2)	Policy to influence fertility (3)	Family planning access not limited: Type of support provided (4)	Family planning access not limited: Rationale for family planning (5)
Eastern Africa					
Burundi	High	High	Lower	Direct	Health and demographic
Comoros	High	High	Lower	Direct	Health and demographic
Djibouti	Acceptable	Acceptable	None	None	..
Ethiopia	High	High	None	Direct	Health and demographic
Kenya	High	High	Lower	Direct	Health and demographic
Madagascar	Acceptable	High	None	Direct	Health and demographic
Malawi	High	High	None	Direct	Health and demographic
Mauritius	High	High	Lower	Direct	Health and demographic
Mozambique	Acceptable	Acceptable	None	Direct	Health
Rwanda	High	High	Lower	Direct	Health and demographic
Seychelles	High	High	Lower	Direct	Health and demographic
Somalia	Acceptable	Acceptable	None	Indirect	Health
Uganda	High	High	Lower	Direct	Health and demographic
United Republic of Tanzania	High	High	None	Direct	Health and demographic
Zambia	High	High	None	Direct	Health and demographic
Zimbabwe	High	High	Lower	Direct	Health and demographic
Middle Africa					
Angola	Acceptable	Acceptable	None	Direct	Health
Cameroon	High	High	None	Direct	Health and demographic
Central African Republic	High	High	None	Direct	Health and demographic
Chad	Acceptable	Acceptable	None	Indirect	Health
Congo	Low	Low	None	Direct	Health
Equatorial Guinea	Low	Low	Raise	None	..
Gabon	Low	Low	Raise	None	..
Sao Tome and Principe	Acceptable	Acceptable	Maintain	Direct	..
Zaire	Acceptable	Acceptable	None	Indirect	Health and demographic
Northern Africa					
Algeria	High	High	Lower	Direct	Health and demographic
Egypt	High	High	Lower	Direct	Health and demographic
Libyan Arab Jamahiriya	Acceptable	Acceptable	None	None	..
Morocco	High	High	Lower	Direct	Health and demographic
Sudan	Acceptable	Acceptable	None	Direct	Health
Tunisia	High	High	Lower	Direct	Health and demographic

Table 13 (*continued*)

Region and country	Perception of: Population growth (1)	Perception of: Current fertility (2)	Policy to influence fertility (3)	Family planning, Access not limited: Type of support provided (4)	Family planning, Access not limited: Rationale for family planning (5)
Southern Africa					
Botswana	High	High	Lower	Direct	Health and demographic
Lesotho	High	High	Lower	Direct	Health and demographic
South Africa	High	High	Lower	Direct	Health and demographic
Swaziland	High	High	Lower	Direct	Health and demographic
Western Africa					
Benin	Acceptable	Acceptable	None	Indirect	Health
Burkina Faso	Acceptable	Acceptable	None	Direct	Health
Cape Verde	Acceptable	Acceptable	None	Direct	Health
Côte d'Ivoire	Acceptable	Acceptable	Raise	None	Health
Gambia	High	High	Lower	Direct	Health and demographic
Ghana	High	High	Lower	Direct	Health and demographic
Guinea	Acceptable	High	None	Direct	Health
Guinea-Bissau	Acceptable	Acceptable	None	Direct	Health
Liberia	High	High	None	Indirect	Health and demographic
Mali	Acceptable	Acceptable	Maintain	Direct	Health
Mauritania	Acceptable	Acceptable	None	Indirect	Health
Niger	High	High	None	Direct	Health and demographic
Nigeria	High	High	Lower	Direct	Health and demographic
Senegal	High	High	Lower	Direct	Health and demographic
Sierra Leone	High	High	None	Direct	Health and demographic
Togo	Acceptable	Acceptable	Maintain	Direct	Health

Sources: For rationale for family planning, Henry M. Mosley and Gladys Branic, "Population policy in sub-Saharan Africa: agendas of international agencies", paper prepared for the Seminar on Population Policy in Sub-Saharan Africa: Drawing on International Experience, Kinshasa, Zaire, 27 February-2 March 1989; for type of support provided in Burkina Faso, Chad, Mauritania and Sierra Leone, "Population trends and policies in the least developed countries", *Population Newsletter* (New York), No. 46 (December 1988) pp. 1-10, published by the United Nations; for the Congo, Côte d'Ivoire and Mauritania, Susan Cochrane, Fred Sai and Janet Nassim, "The development of population and family planning policies", in *Population Growth and Reproduction in Sub-Saharan Africa*, George T. Acsadi, Gwendolyn Johnson-Acsadi and Rodolfo A. Bulatao, eds. (Washington, D.C., World Bank, 1990); for all other data, *World Population Trends and Policies; 1987 Monitoring Report; Special Topics: Fertility and Women's Life Cycle and Socio-economic Differentials in Mortality*, Population Studies, No. 103 (United Nations publication, Sales No. E.88.XIII.3).

it.[4] The remaining 31 countries that have 77.2 per cent of the population of Africa perceived their fertility level as too high. Of these, about two thirds had policies to reduce it (United Nations, 1988b; ECA, 1990).

This overall picture obscures substantial variations that exist between geographical and colonial language areas in Africa. As is shown in columns (1) and (2) of table 13, pronatalist Governments (which consider their growth rate and current fertility level to be low or satisfactory) and therefore have a *laissez-faire* attitude or intend to raise the fertility level) are more common in Middle and Western Africa than in Eastern, Northern and Southern Africa. Moreover, these attitudes were more in evidence among French-speaking countries as well as Portuguese-speaking and Spanish-speaking countries. Five countries (Djibouti, Equatorial Guinea, Gabon, the Libyan Arab Jamahiriya, and Sao Tome and Principe) have no policy. Fifteen countries (Angola, Benin, Burkina Faso, Cape Verde, Chad, the Congo, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Mauritania, Mozambique, Somalia, the Sudan and Togo) do not intend for the existing family planning programmes to modify the fertility level.

In addition to their concern over high levels of fertility, African countries perceive as problematic their current patterns of population distribution, particularly the seemingly endless flow of population from rural areas to urban centres which results in the growth of primate cities. In 1988, not a single State in Africa considered its pattern of population distribution to be entirely satisfactory. Twenty-nine per cent of the Governments considered that their patterns of population distribution required minor modification. A larger proportion, 71 per cent, considered that their distribution pattern required major restructuring (Brennan, 1988). This group included eight of the nine largest countries in Africa--Egypt, Ghana, Kenya, Mozambique, Nigeria, the Sudan, the United Republic of Tanzania and Zaire (United Nations, 1988b).

Concern about population problems resulted in the adoption of the Kilimanjaro Programe of Action at the Second African Population Conference in Arusha, United Republic of Tanzania in January 1984 (ECA, 1984b). The Kilimanjaro Programme, with its 84 recommendations to member States of ECA, has become the blueprint for implementation of the African Population Programme. To reduce population growth rates, the Kilimanjaro Programme recommends that Governments should take appropriate measures to protect and support the family, which is the basic unit of society; should incorporate family planning services into maternal and child health services; should ensure that family planning services are available and accessible to all couples or individuals seeking such services gratis or at subsidized prices; and, in view of current low mean ages at first marriage for females, should set up national programmes, especially in education, with the aim of raising the age at marriage (ECA, 1984b). In addition, the Plan recommends comprehensive urbanization policies to reduce current rates of migration to capital cities and rural development programmes to stem the exodus from rural areas.

In keeping with the Kilimanjaro Programme, majority of the countries in Africa have adopted explicit population policies[5] intended to reduce current levels of fertility and the annual rate of population growth and to achieve a more satisfactory distribution of the population.

B. POLICIES TO MODIFY FERTILITY AND THE GROWTH RATE

Explicit policies to modify the fertility level are critically important in stating the justification and key strategies for implementation. Broad policy objectives usually consist of a mixture of general demographic goals (to reduce or stabilize current annual growth rate) and improvement of maternal and child health and family well-being.

Strategies adopted to modify the level of fertility include family planning services, measures related to the status of women; schemes to safeguard children, youth and other high-risk groups; education and information, and strategies to improve population distribution. However, the establishment and widespread provision of family planning services have been most widely used.

Family planning programmes

The demographic rationale for family planning is that "family planning can help reduce fertility during that period when socio-economic development is still at an early stage... [and] can lessen the demographic

burden... and maximize achievements of development by reducing the pace of population growth so that it does not surpass or impede development" (ECA, 1990, p. 6). Family planning programmes are also established for health and human rights rationale with emphasis on birth-spacing as a means of reducing maternal and infant morbidity and mortality.

As is shown in column (4) of table 13 about 90 per cent of the Governments in Africa (in 46 countries) give direct or indirect support to family planning programmes to modify fertility and/or to improve maternal and child health (United Nations, 1988b). Moreover, it is noteworthy that all Governments in Africa (including Equatorial Guinea and Gabon which perceived their fertility levels as low and therefore considered interventions to raise them appropriate[6]) permit access to family planning (United Nations, 1988b).

It is important to distinguish between two categories of family planning programmes that are intended to modify fertility levels as well as to improve maternal and child health. In the first category, objectives are stated as explicit, quantitative demographic targets in terms of achieving a particular crude birth rate, total fertility rate, net reproduction rate or rate of population growth over a given time period. Like the first, the second category of programmes also enjoy public support for health reasons, but unlike the first group, these categories have no clear fertility reduction goals.

The seemingly massive support for family planning, however, obscures the fact that only about 20 per cent of the countries in Africa have explicit goals with quantifiable demographic targets (see Nortman, 1981; United Nations, 1988b; World Bank, 1989). These countries include: (*a*) Egypt, where the goal was to reduce the crude birth rate from 40 per 1,000 in 1980 to 20 per 1,000, to achieve TFR of 3.0 by the year 2000 and reduce the growth rate between 1.0 and 1.3 per cent per annum; (*b*) Mauritius, which desired to reduce the gross reproduction rate to 1.1 by 1987, and to achieve TFR of 2.3 by 1988; (*c*) Tunisia, which desired to reach a general fertility rate of 116 in 1991, 96 in 1996 and 80 by 2000; (*d*) Ghana, which intended to reach TFR of 3.3 by the year 2000; (*e*) Uganda, where the goal was to reduce the growth rate to 2.6 per cent per annum by 1995; and (*f*) Morocco, which had a target crude birth rate of 35 per 1,000 in 1985. In Nigeria the population policy adopted in 1988 intends to reduce TFR from the current level of over 6 to 4 by the year 2000 and to reduce the rate of population growth from 3.3 per cent per year to 2.5 per cent by 1995 and 2.0 per cent by 2000 (Nigeria, 1988).

As is shown in (3) and (5) of table 13, about two fifths of all the countries in Africa either have no intervention programme or have a family planning programme for health reasons only. It is noteworthy that pronatalist and *laissez-faire* attitudes are also more in evidence in Middle and Western African countries, reflecting their perceptions of population growth and fertility as low or satisfactory. Nearly all (about 85 per cent) of the 14 Governments that support family planning programmes for health reasons only are in Middle and Western Africa and are French-, Portuguese-, or Spanish-speaking. Two of the four countries that give no support to family planning and intend to raise fertility are French-speaking.

It has been noted that the political, religious and legal legacies bequeathed by former colonial Powers (France, Portugal and, to some extent, Spain) are mainly responsible for the pronatalist tendencies among Middle and Western African countries. Of these legacies, the most important constraint to family planning was, until recently, the French anticontraception law enacted in 1920. Although the law was repealed in France many years ago, many French-speaking countries in Africa retained it as part of their penal code until the early 1970s. The former colonies have also embraced the predominant, colonial, Roman Catholic religion, with its attendant pronatalist and anticontraception stance. Moreover, unlike the English-speaking countries, these countries had no tradition of private organizations, which first demonstrated the need for family planning and pressed for government support (Heckel, 1986; Cochrane, Sai and Nassim, 1990).

Programme success or failure

Among the countries that have adopted family planning programmes intended to lower fertility levels and growth rate, a few (notably Botswana, Zimbabwe and, more recently, Kenya) have been successful in terms of realizing objectives of the programmes. A study of five countries with a long history of family planning programmes to lower fertility (Egypt, Ghana,

Kenya, Morocco and Tunisia) found that the objectives of the various programmes were realized only in the case of Tunisia. The success of the Tunisian programme was attributable to two important factors: the Government's commitment to the programme; and the exact specification of programme objectives as quantifiable demographic indicators. The obvious lesson to be drawn from the study is the vital importance of government commitment and specification of quantifiable targets to ensure programme success (ECA, 1985). Another study, conducted in 1987, found that "programme efforts had been very successful in Mauritius, moderately so in Egypt, much less so in Kenya, while they had little effect in Lesotho" (ECA, 1987). According to the study, the differentials in programme success were due to the degree of official interest and involvement in family planning, the level of education, the extent of family planning services and the level of infant and child mortality. Unfavourable background factors, such as low levels of illiteracy, low per capita income and poor infrastructural facilities, also militate against programme success. Another study established a significant and positive relationship between decreased fertility and the increased role of women in the development process, such as participation in the labour force outside the home and spending more years in acquiring higher education (ECA, 1986).

The successful family planning programmes in Botswana and Zimbabwe are also indicative of factors that are necessary to ensure the success of programmes. These two countries have adopted different strategies: in the former country, the Government is the sole provider of family planning services; in the latter, a non-governmental parastatal, the Zimbabwe National Family Planning Council, has much of the responsibility. Both countries, however, share good environmental conditions including good infrastructure, high levels of education and modernization, high levels of official commitment and relatively high per capita income (World Bank, 1989). The success recorded by the programmes in Botswana and Zimbabwe underscore the need to employ a wide variety of strategies to remove social, cultural and other roots of high fertility, which are major constraints to effective family planning. In addition, these policies require complementary activities from various ministries, necessitating an interministerial approach to implementation of programmes, as well as clear direction and support from the highest levels of policy makers (World Bank, 1989).

C. POPULATION DISTRIBUTION POLICIES[7]

In many countries of Africa, problems of population distribution have mainly been equated with rural-urban and urban-urban population movements which result in primate cities and large urban centres. These countries have therefore adopted strategies designed to influence migration and urbanization.[8] Two major categories of strategies are discernible; urban-oriented strategies are directed to slowing the growth of primate cities and large urban centres. They include projects to promote the growth of small and medium-sized towns and growth centres, the relocation of capital cities, land-use controls, slum clearance and the creation of satellite and new towns. A second set of policies relies upon the indirect effects of rural development to lead to retention of population in rural areas and, perhaps, to encourage return migration from the towns to rural areas.

Urban-oriented strategies

A vast array of distribution policies is directed to stemming the tide of urban in-migrants. As depicted in table 14, slowing the growth of primate and other large cities is the main objective of about two thirds of the countries in Africa. Although by world standards, the current rate of urbanization (percentage of population living in urban areas) is low (30 per cent), Africa records a very high average growth of urban population of nearly 5 per cent per annum. There is also the additional problem of the tendency towards primacy resulting in situations where the population of the largest city is much too large in relation to the second, third or other cities and dominates the national urban system.

The five largest cities in Africa are Lagos (Nigeria), Cairo (Egypt), Kinshasha (Zaire), Nairobi (Kenya) and Dar es Salaam (United Republic of Tanzania). All of these cities suffer from problems associated with fast-growing urban areas, particularly the shortage of such social amenities as the supply of electricity and pipe-borne water; and the shortage of housing stock and proliferation of slums and squatter settlements. In their attempt to slow the growth of primate cities, Egypt, Kenya, Nigeria, the United Republic of Tanzania and Zaire have adopted, among other strategies, variants of the growth-pole strategy, counter-magnets and creation of new towns, and relocation of the capital city.

TABLE 14. SELECTED STRATEGIES OF POPULATION DISTRIBUTION POLICIES: AFRICA, 1988.

	Comprehensive strategies			*Partial strategies*			
Region and country	*Slowing of primate city (metro-politan) growth (1)*	*Promotion of small towns and inter-mediate cities (2)*	*Rural develop-ment strategies (3)*	*Relo-cation of national capital (4)*	*New towns and growth-centre strategies (5)*	*Regional develop-ment policies for lagging regions (6)*	*Land coloni-zation schemes (7)*
Eastern Africa							
Burundi	X	X	X	—	X	X	X
Comoros	—	—	X	—	X	X	—
Djibouti	—	—	X	—	—	X	—
Ethiopia	—	—	X	—	—	X	X
Kenya	—	X	X	—	X	X	—
Madagascar	—	—	X	—	X	X	X
Malawi	X	X	X	X	—	X	—
Mauritius	—	X	X	—	X	X	—
Mozambique	X	X	X	—	—	X	X
Rwanda	—	X	X	—	—	X	—
Seychelles	—	—	X	—	—	X	X
Somalia	X	X	X	—	X	X	—
Uganda	X	X	X	—	X	X	X
United Republic of Tanzania	X	X	X	X	—	X	—
Zambia	X	X	X	—	X	X	—
Zimbabwe	X	X	X	—	—	X	X
Middle Africa							
Angola	—	—	X	—	—	—	—
Cameroon	X	X	X	X	—	X	X
Central African Republic	X	—	X	—	—	—	—
Chad	—	—	X	—	—	—	—
Congo	—	—	X	—	X	X	—
Equatorial Guinea	X	—	X	—	—	X	—
Gabon	X	—	X	—	—	X	—
Sao Tome and Principe	—	—	X	—	—	X	—
Zaire	X	—	X	—	—	X	X
Northern Africa							
Algeria	X	X	X	—	X	X	—
Egypt	X	X	X	—	X	X	—
Libyan Arab Jamahiriya	X	—	X	—	X	—	—
Morocco	X	X	X	—	—	—	—
Sudan	X	—	X	—	—	X	X
Tunisia	X	—	X	—	—	X	—

Table 14 (*continued*)

Region and country	Comprehensive strategies: Slowing of primate city (metropolitan) growth (1)	Promotion of small towns and intermediate cities (2)	Rural development strategies (3)	Partial strategies: Relocation of national capital (4)	New towns and growth-centre strategies (5)	Regional development policies for lagging regions (6)	Land colonization schemes (7)
Southern Africa							
Botswana	X	X	X	—	—	X	—
Lesotho	—	—	X	X	—	—	—
South Africa	—	X	X	—	X	X	—
Swaziland	X	—	X	—	—	—	X
Western Africa							
Benin	—	—	X	—	—	—	—
Burkina Faso	—	X	X	—	X	X	X
Cape Verde	X	X	X	—	—	—	—
Côte d'Ivoire	X	X	X	X	—	—	—
Gambia	—	—	X	X	—	—	—
Ghana	X	X	X	—	—	—	—
Guinea	X	—	X	—	—	—	—
Guinea-Bissau	X	X	X	X	X	X	X
Liberia	—	—	X	—	—	—	—
Mali	X	—	X	—	—	—	—
Mauritania	X	X	X	—	X	X	X
Niger	—	—	X	—	—	—	—
Nigeria	X	X	X	X	—	—	X
Senegal	X	X	X	—	X	X	X
Sierra Leone	—	X	X	—	X	X	—
Togo	X	X	X	—	—	—	—

Source: *World Population Trends and Policies, 1987 Monitoring Report; Special Topics: Fertility and Women's Life Cycle and Socio-economic Differentials in Mortality*, Population Studies, No. 103 (United Nations publication, Sales No. E.88.XIII.3).

Kenya provides an example of a national attempt to utilize growth centre programmes to encourage regional development and divert migrants from Nairobi and Mombasa, its two largest cities. The objective is to create an urban hierarchy consisting the national capital at the apex, followed by growth centres or municipalities and a four-tier service-centre category including the urban/rural market and local centres. The nine designated growth centres were to receive large public investments for accelerated development. However, these integrated growth centre programmes have had only marginal effect on the growth of Nairobi and other towns. The Government of Kenya appeared not to have committed sufficient funds for project execution and had placed more emphasis on rural development as the main solution to excessive rural-urban migration (Gruchman, 1984; United Nations, 1988b).

Other countries that employed the growth centre strategy include Côte d'Ivoire and Senegal. The former country intends to control migration to its capital and main port, Abidjan, through the creation of a network of medium-sized towns and the improvement of

conditions in the rural areas. The Government's strategy for adjusting patterns of population distribution include the strengthening of a number of regional growth centres, such as Saint Louis and Tambocounda, to serve as counter-magnets to Dakar.

The creation of new states (numbering 30 since August 1991) is part of the strategy used by the Government of Nigeria to achieve large-scale administrative and industrial decentralization as state capitals become alternative migration destination to Lagos (national capital until December 1991).

The creation of a new capital city for Nigeria serves as an example of the use of the strategy of relocation to rid the former capital and primate city, Lagos, of the many bottlenecks created by inadequate infrasrtructural facilities, such as housing, electricity and telephone lines. In October 1975, a decree established the Federal Capital Development Authority and charged it with the development of a new national capital (Abuja) for Nigeria. Lagos, one of the most congested cities in Africa, was declared incapable (due primarily to shortage of land for further expansion) of functioning as both the capital of Lagos State and thenational capital. The seat of Government was formally shifted from Lagos to Abuja on 12 December 1991. It is too early to determine the impact of the change on the population of Lagos.

Pekine, a dormitory town located about 8 kilometres from Dakar, provides an example of a satellite town that was intended to take the pressure off Dakar. The project has been found to be moderately successful. However, inhabitants of the satellite town faced real hardship from a shortage of public transport and the high cost of housing, which effectively excluded the working class and the lack of job opportunities (Laquian, 1981).

In addition, various Governments have demarcated urban land into several land-use zones to manage the development of large urban centres such as Lagos, Nigeria. The absence of an effective, high-level authority to control metropolitan growth is one of the factors militating against effective land control system.

In sum, examples from Kenya, Côte d'Ivoire and Nigeria show that strategies designed to slow the growth of primate cities using the growth-centre strategy, deliberate construction of new capitals and new towns as well as zoning regulations have met with no appreciable success.

Rural-oriented strategies

Governments appear to be fully aware of the limitations of rural development in slowing rural-urban migration. At the Arusha meeting in 1984, delegates from various African countries noted, *inter alia,* that "rural-urban migration cannot be stemmed by concentrating resources on rural development alone" and that it was desirable to promote development in all parts of a country (a seemingly impossible task) (United Nations, 1988b, p. 220). As is shown in table 13, all countries of Africa have included rural development programmes in the list of strategies directed to correcting imbalances in their spatial distribution of population.

Several countries in Africa have programmes that attempt to regroup dispersed villages into larger centres to facilitate provision of public service and amenities. One of the best known examples of efforts to promote rural development by means of regrouping dispersed population is the villagization (formerly known as *ujamaa*) scheme in the United Republic of Tanzania. However,the *ujamaa* in the United Republic of Tanzania, like the Nigerian farm settlement schemes of the early 1960s, have had limited success in keeping people in rural areas. Burundi and neighbouring Rwanda have similarly experimented with programmes of rural regroupment which made little progress (United Nations, 1988b).

Land colonization schemes, also referred to as resettlement or land development schemes, are intended to achieve one or several of the following objectives: reclaim needed agricultural land; provide land and income for the landless and jobless; increase agricultural production; and correct imbalances in the spatial distribution of population. The Nigerian farm settlement scheme typifies this strategy. Settlements patterned after the Israeli moshav were first introduced in 1959 in western Nigeria to provide jobs for primary school-leavers, and were later introduced to other parts of the country. These schemes failed as a result of several factors, including overcapitalization, admisistrative difficulties and lack of enthusiasm among settlers.

Another variant of land settlement is the sedentarization of nomads, which is being tried out in Nigeria and in the Niger, a Sahelian country with a large number of nomads (United Nations, 1988b).

D. Summary and recommendations

The establishment and wide distribution of family planning facilities is the preferred instrument for implementing population policies designed to affect fertility. However, it would appear that many Governments in Africa have not progressed beyond the rhetorics of family planning without a vigorous pursuit of existing programmes. Examples of programmes that have succeeded in lowering fertility levels (Botswana, Mauritius, Zimbabwe, and more recently, Kenya) underscore the need for and importance of political commitment manifested in consistent and substantial financial support and regular pronouncements by high-level policy makers on the need for adoption of the small family size ideal. Another factor militating against programme success is the inability of Governments to develop an inter-ministerial approach to family planning administration. The current practice, as in Nigeria where one ministry is given responsibility for implementation of the population policy, encourages a situation where the activities of other ministries may not only fail to further family planning but may indirectly support large families. In other words, it is important to include population variables in development planning and to be aware of the influence (usually indirect) of development activities in other sectors on fertility. Despite several policy statements, few countries have the necessary structures for the integration of women into development and IEC components of most existing programmes remain grossly deficient.

It is therefore recommended that Governments in Africa should show greater commitment to implementing existing family planning programmes; that Government actions to modify fertility should be coordinated with actions in other development and social sectors and that the impact of development efforts on fertility should also be monitored, that in view of the demonstrated effect of female education and participation in the development process, schooling for all girls should be a top priority in social development; and that in order to improve the environmental context, an important factor in programme success, socio-economic development and national population programmes should be implemented simultaneously. Moreover, it cannot be overemphasized that among a still largely illiterate population, new and imaginative IEC campaigns need to be devised to encourage attitudinal change towards the small family size ideal.

Among the major reasons for the limited success of population distribution programmes are the general lack of high-level political commitment to a better distribution of economic development activities in the countries; resource and manpower constraints, the complex interrelationships between macroeconomic and sectoral policies and spatial elements which are poorly understood and not easily anticipated; and the application of one or two policy instruments where an entire package of diverse instruments is needed.

It is therefore recommended that Governments should show more commitment to policies; and, as has previously been suggested (Richardson, 1984), to ensure an effective national population distribution, policy should be comprehensive, involving a judicious mix of urban-oriented and rural-oriented strategies.

Notes

[1]The economic problems in Africa are severe and worsening, and population growth far outstrips income growth. For instance, the total annual product of all the 46 countries of sub-Saharan Africa, about $135 billion, is about the same as that of one developed country, Belgium (ECA, 1990).

[2]In 1967, Kenya was the first African country to adopt an explicit policy to reduce rapid population growth. Ghana followed in 1969 and Mauritius in the early 1970s.

[3]This finding is in sharp contrast to the situation in 1974, when seven countries were in the "too low" category: Cameroon, Cape Verde, the Central African Republic, Côte d'Ivoire, Gabon, the Libyan Arab Jamahiriya and Morocco.

[4]By 1988, Burkina Faso, Cape Verde and Guinea-Bissau, which had previously been satisfied with current fertility levels, had revised their non-intervention stance and operated programmes intended to lower fertility (United Nations,1988b).

[5]In this paper, the term "explicit population policies" covers formal government statements issued as separate policy documents, such as those of Ghana, Kenya and Nigeria; and written statements of national priorities, such as national development plans and budgets with respect to the three components of population growth—fertility, mortality and migration.

[6]The Congo also considers its population growth rate to be too low, but it does not consider any intervention appropriate.

[7]This section draws extensively from Makinwa-Adebusoye (1989).

[8]A more detailed analysis of migration and urbanization policies in countries of sub-Saharan Africa is presented in Makinwa-Adebusoye (1989).

REFERENCES

Brennan, Ellen M. (1988). Population distribution policies: a policy review. Paper prepared for the Cairo Demographic Centre Twenty-fifth Anniversary Commemorative Conference, Cairo. 15-18 October, 1988.

Cochrane, Susan H., Fred T. Sai and Janet Nassim (1990). The development of population and family planning. policies. In *Population Growth and Reproduction in Sub-Saharan Africa: Technical Analysis of Fertility and Its Consequences, Africa,* George T. Acsadi, Gwendolyn Johnson-Acsadi and Rodolfo A. Bulatao, eds. Washington, D.C.: World Bank.

Gruchman, Bohdan (1984). The role of small and intermediate cities in national development: case studies of five cities in Africa. In *The Role of Small Cities in Regional Development,* Om Prakash Mathur, ed. Nagoya, Japan: United Nations Centre for Regional Development.

Heckel, Nancy I. (1986). Population laws and policies in sub-Saharan Africa: 1975-1985. *International Family Planning Perspectives* (New York), vol. 12, No. 4 (December), pp 122-124.

Laquian, Aprodicio A. (1981). Review and evaluation of urban accomodationist policies in population distribution policies in population distribution. In *Population Distribution Policies in Development Planning.* Papers of the United Nations/UNFPA Workshop, Bangkok, 4-13 September 1979. Population Studies, No. 75. Sales No. E.81.XIII.5. New York: United Nations.

Makinwa-Adebusoye, Paulina (1989). Migration and urbanization policies in sub-Saharan Africa: drawing on international experience. Paper prepared for the Seminar on Population Policy in Sub-Saharan Africa: Drawing on International Experience, Kinshasa, Zaire, 27 February-2 March 1989. Organized by the International Union for the Scientific Study of Population.

Mosley, M. Henry, and Gladys Branic (1989). Population policy in sub-Saharan Africa: agendas of international agencies. Paper prepared for the Seminar on Population Policy in Sub-Saharan Africa: Drawing on International Experience, Kinshasa, Zaire, 27 February-2 March 1989. Organized by the International Union for the Scientific Study of Population.

Nigeria (1988). *National Policy on Population for Development, Unity, Progress and Self-reliance.* Lagos.

Nortman, Dorothy L. (1981). *Population and Family Planning Programs: A Compendium of Data through 1981,* 11th ed. New York: The Population Council.

Richardson, Harry W. (1984). Population distribution policies. In *Population Distribution, Migration and Development.* Proceedings of the Expert Group Meeting, Hammamet, Tunisia, 21-25 March 1983. Population Studies, No. 89. Sales No. E.84.XIII.3. New York: United Nations.

United Nations (1988a). Population trends and policies in the least developed countries. *Population Newsletter* (New York), No. 46 (December), pp. 1-10; Special Topics: Fertility and Women's Cycle and Socio-economic Differentials in Mortality.

_________ (1988b). *World Population Trends and Policies: 1987 Monitoring Report.* Population Studies, No. 103. ST/ESA/SER.A/103. Sales No. E.88.XIII.3.

_________ , Economic Commission for Africa (1984a). Fifth Population Inquiry among Governments: ECA Member States Perceptions and Policies on Demographic Trends in relation to Development as of 1982. ECA/PD/WP/1984/3.

_________ (1984b). Kilimanjaro Programme of Action for African Population and Self-reliant Development. In *Report of the Second African Population Conference, Arusha, United Republic of Tanzania, 9-13 January 1984.* Organized in cooperation with the United Nations Fund for Population Activities and the Government of the United Republic of Tanzania. ST/ECA/POP/1.

_________ (1985). Population growth and evaluation of family planning programmes in Africa. ECA/PD/WP/1985/14.

_________ (1986). *Some Aspects of Family Planning Programmes and Fertility in Selected ECA Member States.* African Population Studies, No. 9. E/ECA/SER.A/7. Addis Ababa.

_________ (1987). The import of changing patterns of family formation and structure on fertility in selected African countries. ECA/POP/WP/87/3/1.3.

_________ (1990). Population issues in Africa in the 1990s. *African Population Newsletter* (Addis Ababa), No. 59 (December).

World Bank (1989). *Sub-Saharan Africa: From Crisis to Sustainable Growth.* Washington, D.C.

V. REVIEW OF POPULATION POLICIES: NORTHERN AFRICA AND WESTERN ASIA

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The definition of the area of Northern Africa and Western Asia varries according to the main categorizing factor. Speaking geographically, the area excludes Djibouti, Mauritania and Somalia. If these countries were added, there would be a broader, namely, the "Arab region", which covers about 14 million square kilometres and extends from the Persian Gulf in Asia to the Atlantic coast in Africa. The overall population of the 19 States in this region was estimated to be about 220 million in 1990 and is expected to reach 290 million by 2000 and 490 million by 2025. Because of the large proportion of desert land, however, the population is concentrated in narrow areas beside river valleys, rainy coasts, oases and fertile areas with an adequate supply of water.

The regional population share common social, cultural and linguistic features. Moreover, their history, heritage and national aspirations led to their consideration as one "nation". Demographically, most of these countries are similar in having relatively high population growth, young population structure; high rates of marriage, especially at younger ages; higher fertility and large family size norms, declining levels of mortality and morbidity and high rates of urbanization and city growth. In addition, most of these countries share an agrarian, rural-oriented community life.

On the other hand, such common features should not conceal significant differences in wealth, economic structure and demographic characteristics. In 1991, the per capita gross national product (GNP) fluctuated between $170 for Somalia, $500 for Mauritania and $640 for Egypt, to $18,430 for the United Arab Emirates, $16,150 for Kuwait and $6,020 for Saudi Arabia. These differences also point up the variations in the economic situation of countries with a high proportion of agrarian population and those highly dependent on oil exports.

Similarly, Arab countries differ significantly with regard to population size and they are at different stages of the demographic transition. According to the United Nations medium-variant projections for 1990 (table 15), these countries can be classified in four sizes:

(*a*) About 500,000 or fewer: Qatar (368,000), Djibouti (409,000) and Bahrain (518,000);

(*b*) Fewer than 5 million: Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Oman and United Arab Emirates;

(*c*) Fewer than 20 million: Iraq, Saudi Arabia, Somalia, Syrian Arab Republic, Tunisia and Yemen;

(*d*) More than 20 million: Algeria, Egypt (52 million), Morocco and Sudan.

The annual growth rates during the period 1985-1990 fluctuated between 2.4 and 2.6 per cent (Egypt, Tunisia and Morocco) and about 4.0 or 4.2 per cent for Saudi Arabia and Qatar, respectively. These rates, however, exclude Lebanon, which had an annual growth rate of about 0.25 per cent during the same period. For most countries, the annual growth rate is above 3.0 per cent, thus reflecting higher fertility levels in those countries irrespective of the declining mortality over the periods reviewed.

Population dynamics reflect the various policy orientations. In countries with relatively low total fertility rates and high life expectancy at birth, the high annual growth rates are due to immigration, as is notably the situation in Bahrain, Kuwait and the United Arab Emirates. On the other hand, lower annual growth rates are explained by higher fertility and mortality levels in, for example, Djibouti, Mauritania, Somalia and the Sudan while in other

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TABLE 15. DEMOGRAPHIC INDICATORS FOR COUNTRIES IN NORTHERN AFRICA AND WESTERN ASIA[a], 1990

Country	Population (thousands)	Growth rate	Total fertility rate	Life expectancy at birth	Net migration
Algeria	24 960	2.72	5.4	63.0	0.0
Bahrain	516	3.67	4.4	68.8	2.1
Djibouti	409	2.88	6.8	45.4	0.0
Egypt	52 426	2.39	4.5	57.8	-0.4
Iraq	18 920	3.48	8.4	63.0	0.0
Jordan	4 009	3.25	6.2	64.2	0.0
Kuwait	2 039	3.40	3.9	71.2	1.7
Lebanon	2 701	0.25	3.8	63.1	-20.5
Libyan Arab Jamahiriya	4 545	3.65	6.9	59.1	1.9
Mauritania	2 024	2.73	6.5	44.4	0.0
Morocco	25 061	2.58	4.8	59.1	0.0
Oman	1 502	3.79	7.2	62.2	0.0
Qatar	368	4.10	5.6	66.9	15.0
Saudi Arabia	14 134	3.96	7.2	61.7	5.1
Somalia	7 497	3.26	6.6	43.4	2.6
Syrian Arab Republic	12 530	3.61	6.8	63.2	-1.6
Sudan	25 203	2.89	6.4	48.6	0.0
United Arab Emirates	1 589	3.26	4.8	68.5	13.6
Tunisia	8 180	2.38	4.1	64.9	0.0
Yemen	11 687	3.60	7.7	50.0	0.0

Sources: World Population Prospects, 1990, Population Studies, No. 120 (United Nations publication, Sales No. E.90.XIII.2); and for Yemen, data provided by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

[a] For purposes of analysis, data for Djibouti and Somalia, which are in Eastern Africa; and for Mauritania, in Western Africa, are included in this table.

countries, such as Iraq, Jordan, the Libyan Arab Jamahiriya, Oman, Saudi Arabia, and the Syrian Arab Republic, fertility levels compensated for the noticeable decline in mortality.

The lowest fertility level, however, was observed in Tunisia (4.1 children per woman). It is also observed that negative net migration was substantially higher in Lebanon (-20.5 per 1,000 persons) and slightly negative in Egypt, the Syrian Arab Republic and Yemen, while positive net migration was effective in oil-exporting countries such as Bahrain, Kuwait, the Libyan Arab Jamahiriya, Qatar (15.0 per 1,000 persons) and the United Arab Emirates.

In general, these variations in demographic features between the various countries are highly affected by the trends in population policies during the past decades, especially when linked with available resources and the actual level of living or quality of life prevailing in the area under consideration.

A. OVERALL CONCEPT OF POPULATION POLICY

The Arab countries of the region differ significantly with regard to their perception of population problems and their intensity. This variations led to different sets of priorities and timing schedules in responding to the situation, especially because such policies were only viewed within the narrow context of growth rates.

The World Population Conference at Bucharest in 1974, however, increased the awareness about the prevailing high level of population growth rates, their effect on the economic situation and the quality of life in various countries. By that time, only three countries—Egypt, Morocco and Tunisia—considered their population growth rate too high and intended to lower it. At the other end, oil-exporting countries, such as Kuwait, the Libyan Arab Jamahiriya, Oman, Qatar, Saudi Arabia and the United Arab Emirates, considered their rate too low, while the other countries

considered that their population growth level was satisfactory and required no intervention.

The pronatalist attitude adopted by most of these countries posed serious constraints when handling other aspects of the population problems and delayed the formulation of any explicit population policies, especially in the absence of accurate, relevant demographic data. Gradually, however, all Governments began to recognize other related aspects and their interaction with development planning.

The availability of population data and the dissemination of research findings enhanced the awareness of various aspects of the population structure and dynamics, but fell short of encouraging most of those countries in formulating explicit population policies. Their attitudes were clearly demonstrated with regard to population distribution, migration, uneven manpower distribution and raising overall life expectancy, especially for infants and children. They even expressed support for the linkages between high unregulated fertility and the health of both mothers and children, thus slowly leading to wider acceptance of family planning practice.

Except for Egypt, Tunisia and more recently, Algeria and Morocco, the position of most countries was expressed in broader terms without specifying targets or identifying mechanisms to operationalize or to implement their objectives. The issues, however, were widely discussed; and the media were positively engaged in some successful information, education and communication dialogue.

Accordingly, the key population issues in Northern Africa and Western Asia that need to be addressed in this region can be outlined in the following categories:

(*a*) Population growth rates, which are viewed differently by various countries. Northern African countries, which have larger populations are in favour of lower rates, while most Western Asian countries (with smaller populations) either are satisfied or consider their current growth rate too low. This issue is also highly related to the prevailing young age structure, high dependency ratios and the increased pressure on resources because of the growth in consumption and the need for more services (education, health etc.);

(*b*) The demographic or health hazards associated with high levels of fertility and accordingly the need to support family planning programmes;

(*c*) Further reductions in mortality and morbidity conditions in most countries, especially for infants and children; maternal mortality, or safe motherhood and high-risk pregnancy groups;

(*d*) The unbalanced population distribution and the high level of urbanization and growth of cities. This problem of internal migration, especially from rural to urban areas, is complicated by the distribution of economic opportunities and services within the countries;

(*e*) Support or control of international migration for different reasons. The lack of a sufficient national labour force in oil-exporting countries has led to high levels of immigration, which in turn have created a sensitive ethnic and sectarian structure. This situation was highly aggravated by the most recent trends in the area, namely, the war between Iraq and the Islamic Republic of Iran, the problem in Lebanon and, more recently, the Gulf crisis. On the other hand, emigration to Western countries especially from Northern Africa was highly affected by the overall economic situation and various national trends in the receiving countries against such migration streams. For both types of countries, the problem is becoming a pressing issue that have demographic, social and economic implications;

(*f*) The low levels of living of the population, particularly in the non-oil-exporting countries, as evidenced by the high rates of illiteracy, poor health conditions, low levels of per capita income and finally the poor social and economic status of women.

(*g*) Enviromental factors affected by recent developments in some countries and aggravated by the potential scarcity of water resources for most countries.

It should also be mentioned that five countries are considered to be among the least developed countries in the world: Djibouti; Mauritania; Somalia; the Sudan; and Yemen. These countries, however, considered their population growth rates to be satisfactory. Life expectancy was under 50 years, which only Yemen found acceptable; TFRs for the period 1985-

1990 fluctuated between 6.4 children in the Sudan to about 7.7 in Yemen; they desired only minor changes in their spatial distribution except in the Sudan, which expressed the need for explicit policies to achieve the required major changes. Attitudes towards international migration vary. Both Somalia and Yemen considered the level of immigration satisfactory while Djibouti, Mauritania and the Sudan considered the level to be too high. The level of emigration was considered too high by Lebanon, the Syrian Arab Republic and Yemen.

B. SPECIFIC ISSUES IN POLICY STATEMENTS

As previously mentioned, only four countries—Algeria, Egypt, Morocco and Tunisia—have explicit population policies with specified targets and implementation mechanisms. Recently, Yemen joined the group, with a national population strategy document that includes quantitative objectives with regard to population growth, dynamics, population distribution, urbanization, international migration and other socio-economic conditions, especially those concerning women and the environment. For the balance of countries, implicit policies and stated points of views can be taken to reflect their position on various population issues.

Population growth and structure

All countries discussed here realize the effects of rapid population growth, its linkages to socio-economic development and the high dependency ratios resulting from the young age structure because of high fertility levels. These countries can be classified into four groups according to their perception of the level of population growth and whether intervention is required.

The first group includes those countries that viewed their growth rates as too high and have formulated explicit policies to slow them. Only Egypt and Tunisia have had such policies since the mid-1960s; Algeria and Morocco recently joined this group and in 1991 Yemen adopted a population strategy intended to reduce the level of population growth. To this end, fertility levels should be decreased through effective family planning programmes. The relevant policies are outlined below:

(*a*) Egypt, the objective was to reduce the population growth rate to about 2.6 per cent by 1991. It should continue to decline to 2.4 per cent in 1996 and 2.1 per cent in 2001. These goals would be achieved through the reduction of TFRs from 5.3 to 4.4 and 3.8 children over the same period. This effort will also require an increase in the prevalence of family planning from 25 per cent in 1986 to about 51 per cent by the year 2001. These ambitious prevalence levels have, however, been overtaken by the actual performance which reached about 38 per cent by 1988 and about 47.6 per cent in 1991, indicating that the specified objectives need to be revised;

(*b*) The targets specified by Tunisia in the 1980s are directed to reaching an annual growth rate of 1.8 per cent by the year 2001 and 1.1 per cent by 2021, thus leading to population sizes of about 10.5 million and 14.2 million for those years;

(*c*) The goal of population strategy for Yemen formulated in 1991 is to reach an annual growth rate of 2.0 per cent by the year 2023. This objective will be achieved by reducing TFRs from 8.3 to 5.0 and by raising contraceptive prevalence to about 35 and 50 per cent by 2010 and 2023, respectively;

(*d*) Similarly, Algeria and Morocco considered their population growth too high and expressed the intention to slow the rates through the reduction of fertility and the increase of contraceptive prevalence. However, although no quantitative targets have been specified, family planning activities are supported and they adopt the principals of child-spacing (the recommended birth interval by Algeria is 33 months) and health factors for mothers and children. In Morocco, government support for family planning services has been in place since 1968; it is concentrated on women over age 28 with at least four children, to increase contraceptive prevalence to about 24 per cent by 1985, (the estimated prevalence for 1987 reached 36 per cent).

Abortion is restricted in all these countries except Tunisia, which had adopted more flexible policies in that respect.

The second group includes only Jordan, which considered its growth rate (3.5 per cent) to be too high and to affect negatively its social and economic development. This situation is also related to the

young age structure, with those under age 15 constituting about 50 per cent of the total population in 1985. The country has no explicit policy in that respect, however, although it is positively and effectively adopting a birth-spacing policy through active family planning programme.

The third group, consisting of those countries which considered their population growth rates satisfactory, includes Bahrain, Djibouti, Lebanon, the Libyan Arab Jamahiriya, Somalia, the Sudan, the Syrian Arab Republic and the United Arab Emirates. The last named country, however, desired to raise the rate of natural increase (4 per cent) and accordingly decrease the share of non-nationals in the labour force (currently that share is about 76 per cent and represents a critical concern of the Government). All the countries in this group recognized the impact of a high population growth rate, although their responses varied according to their size, specific conditions (religious factors) and resources. For both Bahrain and the Libyan Arab Jamahiriya, the problems of immigration, the high proportion of non-nationals and the availability of resources have led to acceptance of the prevailing growth rates, although Bahrain does have a strong family planning programme. At the same time, the Sudan and the Syrian Arab Republic, which are preparing for the formulation of population policies, realized that population issues can be directly considered rather than being handled through development activities. In both countries, the Government is supporting family planning activities that are directed to reducing the high rate of natural population growth and have issued some guidelines that reflect their intention for further actions. Similarly, Lebanon has no explicit policies although family planning is widespread; and it has achieved the lowest population growth rates because of lower fertility and higher emigration.

The last group consists of the pronatalist which desired to increase their growth rates by raising fertility levels. These countries considered their rates too low and they implicitly intervene to increase them. Political and religious views and the availability of resources supported such positions. It should be noted, however, that some of these countries—in particular, Iraq and Kuwait—had given significant attention to population issues. For the latter country, the balance between nationals and non-nationals has been of high policy importance, which was justified by the most recent events in that region. Strict measures to control population growth rates are being imposed by the Government of Kuwait after the Gulf crisis and the goal of the Government is to fix an upper ceiling to overall population size (between 1.2 million and 1.4 million).

The young age structure of the population in all the countries covered here is raising problems of dependency, high pressure on such basic services as education and health, economic hardship, a low level of employment opportunities and a high level of dependency on the outside to provide imported foods. However, all policies designed to tackle such problems are considered within the context of development planning. Moreover, the problem of ageing will not be felt in these countries for several decades.

Fertility and family planning

Policies towards fertility and family planning parallel, to a large degree, what was described above in relation to population growth. The goal of countries with explicit population policies is to lower fertility levels and to increase contraceptive prevalence through both government and voluntary programmes with specified quantitative targets. However, although Jordan considered its fertility level too high, intervention was not considered. Excluding Iraq and Kuwait, all the countries were satisfied with their fertility levels and only differed about whether to intervene to maintain those levels (Oman, Qatar and Saudi Arabia) or to consider intervention inappropriate (Bahrain, Djibouti, Lebanon, the Libyan Arab Jamahiriya, Mauritania, Somalia, the Sudan, the Syrian Arab Republic and the United Arab Emirates.

Accordingly, such policies and actual support for family planning programmes have been reflected on the level of fertility transition for the various countries. Lebanon was considered to be the only country at the advanced level of transition (TFR between 2.5 and 4.5), while in addition to the four countries that had adopted anti-natalist policies (Algeria, Egypt, Morocco and Tunisia), it was observed that Bahrain, Kuwait, Qatar and the United Arab Emirates were at the early stage of transition. The other countries were at the pre-transition stage with TFR of 6.5 children or more.

Irrespective of declared population policies, the actual position of various countries towards family

planning reflects their attitudes towards implementation of the World Population Plan of Action. This statement stipulates that Governments attempting to reduce fertility should adopt development policies that are known to reduce fertility (education, health, status of women), while countries that desire to increase the level of fertility should not also restrict access to education, information and services for family planning. This was to confirm the basic human rights that allow individuals the free choice of family planning without any type of imposition.

In general, health, human rights and development are currently considered the framework within which all family planning activities are carried out. Specifically, however, only countries with explicit population policies (Algeria, Egypt, Morocco, Tunisia and Yemen) have adopted demographic targets for their programmes; the other countries have considered this process to be within the health rationale, which might ease any political, cultural or religious sensitivity. Consequently, child- or birth-spacing is widely used as a rationale for the provision of services because they are linked to maternal and child health.

Only two pronatalist countries, Iraq and Saudi Arabia, have limited all access to family planning. This situation is also reflected in the most recent Saudi Arabia Child Health Survey, which does not include any information about family planning. Other countries that allow access to family planning differ with regard to the nature of their support:

(*a*) Countries that provide no support for family planning include Djibouti, Kuwait, the Libyan Arab Jamahiriya, Oman, Qatar and the United Arab Emirates;

(*b*) Countries that provide indirect support to family planning include both Mauritania and Somalia;

(*c*) The other countries provide direct support to family planning through governmental and family planning associations.

Accessibility is, however, the key factor, irrespective of the type of government support. This point is obvious when one studies the most recent findings of the Kuwait Child Health Survey, which show that about 56 per cent of all ever-married women have ever used a contraceptive method and that about 35 per cent of all currently married women were using a contraceptive by the time of the survey. Almost all of those users (92 per cent) rely upon modern method.

Mortality and morbidity

All the countries considered the improvement of health status to be one of their prime objectives since they are supportive of achieving Health for All by the Year 2000. This strategy was adopted at the International Conference at Alma-Ata in 1978 and was reaffirmed in 1988 at the WHO meeting, which also stressed the importance of assigning special priority to the least developed countries. Quantitative objectives for relevant measures were specified and countries were assumed to continue policies directed to raising the expectation of life at birth to 60 years. In addition, the International Conference at Mexico City in 1984 urged countries with high mortality rate to work towards the reduction of infant mortality rate to about 20 per 1,000 live births by the year 2000; and in countries with current rates of about 100 maternal deaths per 100,000 births, to reduce maternal mortality by about 50 per cent.

The population-related health measures represented the overall framework perceived by policy makers in these countries. In fact, however, excluding Kuwait, which has an acceptable life expectancy of over 70 years, countries are classified into three groups:

(*a*) Countries with an unacceptable life expectancy of less than 50 years include Djibouti, Mauritania, Somalia, the Sudan and Yemen;

(*b*) Countries with a life expectancy between 50 and 59 years include Egypt, the Libyan Arab Jamahiriya, Morocco and Oman, which consider such levels acceptable;

(*c*) Countries with a life expectancy of 60-69 years include Algeria, Jordan, Lebanon, Saudi Arabia and Tunisia, which consider the level unacceptable; and Bahrain, Iraq, Qatar, the Syrian Arab Republic and the United Arab Emirates, which consider them acceptable.

Health factors are generally considered within health strategies that might be also part of population policies or would more commonly be within the wider context of development plans. Kuwait prepared the most comprehensive health plan to the year 2000, which

would provide the population with a well- developed, free health-care system, with the goals of promoting and maintaining health status; improving the physical, mental and social well-being of the population; and reducing mortality, morbidity and disabilities. Specific population-related targets include reducing infant mortality to about 10 per 1,000 and reducing child mortality from certain diseases by 20-30 per cent every two years and from intestinal diseases by 25 per cent over 10 years. Morbidity targets are also specified, including the reduction of home and traffic accidents (by 15 per cent every five years) and cardiovascular diseases by 25 per cent every 10 years.

Similarly, other countries, such as Egypt, Oman, Saudi Arabia, the United Arab Emirates and Tunisia, have included detailed health measures within the context of their overall development plans. However, for all the countries covered here, health policies stress the importance of primary health care, preventive and environmental activities. These policies are directed to wider coverage, accessibility and affordability of such medical services, and also to the elimination of intercountry disparities, especially in rural areas. In addition, these policies identify specific areas for intervention:

(*a*) Maternal and child health programmes as outlined in the declaration of the Safe Motherhood Conference at Amman in 1988, which includes family planning services;

(*b*) Immunization and child survival programmes directed towards the main prevailing diseases and, similarly, oral redehydration campaigns. These activities were even quantitatively targeted because of their far-reaching implications for the population size of several countries in the Gulf region and its other political factors. Moreover, other countries, such as Egypt, are carrying out a large-scale child survival project to reduce infant mortality and morbidity;

(*c*) Basic health education directed to increasing overall awareness and accordingly improving preventive conditions. This has mainly been stressed by Algeria, Bahrain, Egypt, Mauritania, the Sudan and Yemen;

(*d*) Nutritional status and food programmes specified by Egypt, Iraq, Mauritania and Yemen. Countries in the Gulf region have also conducted a series of child-health surveys that included a nutrition module to monitor the situation.

Excluding Algeria, most of these countries specified quantitative targets that are consistent with the objectives of the Strategy of Health for All by the Year 2000, and the recommendations of the Conference at Mexico City. These targets, however, concentrated on two areas: immunization; and the reduction of infant mortality (Egypt, Jordan, Kuwait, Morocco, the Sudan, Tunisia and Yemen).

Spatial distribution

All the countries discussed here recognize the unbalanced population distribution and the high level of internal rural-urban migration in most countries. The growing urbanization process and the migration to capitals and metropolitan areas have reached unprecedented high levels that are currently affecting the level of living and the environmental conditions of these areas. Accordingly, excluding Bahrain and Qatar, which are satisfied with their spatial distribution, all countries expressed the need for a certain level of changes in population distribution. The countries of Northern Africa and Jordan indicated their need for explicit policies to secure major changes in spatial distribution while the remaining countries stated their need for minor changes in their population distribution.

To this end, most countries have included in their development plans specific strategies and programmes are directed to adjusting spatial distribution, including:

(*a*) Slowing of the growth of primary city (the capital) and metropolitan areas. This strategy has been adopted by all the countries of Northern Africa and by Iraq, Somalia and Yemen. It will require the reallocation of investment projects outside such areas or banning the implementation of new projects in such areas;

(*b*) Promotion of small towns and intermediate cities and construction of new cities. This strategy was adopted by Algeria, Egypt, Iraq, Jordan, Morocco, Somalia, all the States in the Gulf region and Yemen. As an example, Egypt has developed a series of new towns surrounding the major cities (Cairo and Alexandria) and desert areas (reclaimed land), which are targeted to contain about 10 per cent of the total population by the year 2000. Similarly, Saudi Arabia

has established two cities—Jubai on the Persian Gulf and Yanbu on the Red Sea. In some countries, however, the high level of resources required for such a process has halted any rapid progress in that direction;

(*c*) Rural development strategies through agrarian reforms and the improvement of basic infrastructure in such areas. This group will include the development of environmental conditions (preventive health factors) and services (education, health), and the construction of a high-quality network of roads. All the countries of Northern Africa have adopted this approach. In addition, Iraq, Jordan, Oman, Saudi Arabia, Somalia, the Syrian Arab Republic and Yemen included these activities in their development plan in order to curb rural-urban migration;

(*d*) Securing of balanced development for various regions of the country, especially those which are lagged or those which are on the border. This strategy was adopted by Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Saudi Arabia, the Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen;

(*e*) Settling of nomads and land colonization schemes to increase the productive agricultural areas. These strategies were adopted by Algeria, Bahrain, Egypt, Iraq, Oman, Qatar, Saudi Arabia, the Sudan and Yemen.

International migration

Policies in that respect are of primary concern for different countries of the region because of its contradictory implications. The sending countries (Algeria, Egypt, Lebanon, Morocco and Tunisia) look on emigration as a tool to ease the pressure of high population growth and consider remittances essential for improving their economic and productivity conditions, while at the same time they are facing the problem of brain drain and the selectivity of migration in favour of professionals highly required in those countries for development programmes. At the same time, the receiving countries (oil-exporting countries) depend upon immigration to compensate for the shortage in their labour force but are also very concerned about the growing proportion of non-nationals within their total population. Some countries—Jordan, Somalia, the Sudan and Yemen—are both sending and receiving waves of migration and refugees that have contradictory impacts on their economic situation. It should also be noted that individual policies are complicated by the need to coordinate between the relevant policies of the sending and the receiving countries and the difficulty of long-term economic planning in that respect because the demand for labour force depends upon the prevailing economic and social conditions in the receiving countries. This factor was clearly demonstrated during the recent Gulf crisis.

These pull/push factors affect the perception of various countries towards international migration. As concerns immigration, Djibouti, Jordan, Kuwait, Lebanon, Mauritania and the United Arab Emirates considered their levels too high but they did not plan any intervention, while the Libyan Arab Jamahiriya and the Sudan considered intervention to lower such high immigration levels. Other countries accepted their level of immigration and only differed with regard to policy intervention:

(*a*) Algeria, Iraq, Morocco, Oman, Qatar, Saudi Arabia, Somalia, the Syrian Arab Republic and Yemen considered intervention to maintain the current level of immigration;

(*b*) Both Bahrain and Egypt considered their levels of immigration satisfactory but planned to intervene to lower them;

(*c*) Only Tunisia perceived its level of immigration to be satisfactory and planned no direct intervention.

A slightly lower different perception is observed in regard to emigration. Most of these countries were satisfied with their levels. Both Morocco and Tunisia, however, considered such levels too low and planned intervention to increase them, while Lebanon, Syrian Arab Republic and Yemen are at the other end, where they perceived their emigration levels as too high and considered action to lower them. Among the satisfied countries, only Egypt and Jordan planned intervention to raise their levels, while Algeria considered plans to lower its level of emigration. The other countries either desired to maintain the current level or did not consider direct intervention.

These perceptions were not, however, formulated in population policies and no quantitative targets were

specified by various countries, although the growth of the labour force demand can provide some indicators about the size of potential flows of migration. At the same time, some specific issues were given due attention in a number of countries:

(*a*) The repatriation of emigrants, which is supported by receiving countries in Europe, especially France and Germany. This matter is observed in the agreement between Algeria and France in 1973 and was recently followed by other countries such as Iraq, Somalia, the Sudan and Yemen, with the goal of encouraging skilled labour to return to their country to assist in the economic recovery;

(*b*) The problem of refugees, which was considered serious in some countries of the region, namely, Algeria, Djibouti, Somalia and the Sudan. Government policies fluctuated between the desire for their repatriation or allowing for their settlement with relevant international assistance;

(*c*) The size of the non-national population within the underpopulated rich countries, especially in the Gulf region. This is indicated by new measures to restrict new immigration flows and the imposition of more stringent measures with regard to illegal migration which were adopted by various countries in the Gulf region and by Jordan;

(*d*) Furthering of coordination between labour-exporting and labour-importing countries to maximize the benefits for both sides, as was stated by Jordan in the late 1980s. This strategy would also allow the discussion of some imposed conditions by the receiving countries, such as preferring male migrants and disallowing dependants (Kuwait and other countries in the Gulf region), asking migrants to become citizens (Libyan Arab Jamahiriya), limiting their activities to certain sectors (Qatar), nationalizing the labour force and fixing a ceiling for non-national labour force (25 per cent for Saudi Arabia in 1989).

Issues specific to some countries

The population problem is viewed by some countries as related to growth, spatial distribution; and characteristics, which include education, health, productivity and the status of women. These aspects were clearly identified in the population policy for Egypt. It calls for reducing illiteracy to 30 per cent by 1996 and 20 per cent by 2001; improving health conditions, especially for infants and children; upgrading education levels and securing full registration of children in basic education, increasing various productive schemes involving families and, upgrading the status of women by increasing their participation in the labour force to reach about 17 per cent by 1996 and 20 per cent by 2001.

Most of these issues are considered within the development plans of various countries of the region although they are not directly linked to population policies. The status of women, however, deserves special attention because it raises a series of questions in relation to its position within Islamic culture and prevailing norms. Almost all these countries have region adopted policies directed to improving the status of women through three main instruments. First, laws related to women's rights and family welfare were changed to secure a woman's position within the family by allowing her the right to divorce and to restrict polygamy. This policy was adopted by a small number of countries, namely, Algeria, Egypt, Somalia, Tunisia and Yemen. All countries, however, are committed to the integration of women into the development process. To this end, the education of girls was given due attention and illiteracy programmes for women were carried out by most countries in order to enhance women's potential to participate in decision-making. Thirdly, various countries are encouraging female participation in the labour force either generally or within certain constraints (Saudi Arabia and some countries in the Gulf region, which are considering such a process within the context of Islam). Most countries have secured equal rights for women with regard to pay, promotion and other benefits. This policy was even furthered by the Libyan Arab Jamahiriya where women receive basic military training and can be drafted into the army. Only four countries, Djibouti, Lebanon, Mauritania and Oman, have not expressed clear policies in that respect, although they are supportive of improving women's position in general.

Another important aspect is the integration of population variable into development planning, which is being considered by most countries, especially with the increasing body of available demographic data, the growing awareness of the linkages and the progress of relevant techniques. The process is, however, ham-

pered by the lack of comprehensive quantitative targets and the nature of the planning activities in these countries. Population variables are exogenously considered in the process of formulating development plans, even for countries with explicit population policies. Some examples are given by the detailed exercises carried out in Egypt, Morocco and Tunisia. For Egypt, both the National Population Council and relevant experts from each sector developed specific programmable objectives to be included during the five-year plan 1987-1992, with an estimated budget. However, these detailed exercises were not reflected in the five-year development plan (prepared by the Ministry of Planning) and are supposed to be taken into consideration in the annual review of the plan.

This integration process is highly linked to the institutional framework adopted by the country. In general, two models are operational, a national population council or committee and population or human resources unit. The first approach was adopted by Egypt, Iraq, Jordan, Lebanon, Morocco, Saudi Arabia, the Sudan and Yemen. Their main objectives are to monitor population trends, advise Governments and formulate population policies; to coordinate all population programmes and activities; to assess and evaluate performance; to train and secure professional staff, and to identify and implement policy-oriented research studies. These interdisciplinary commissions differ with regard to their level within the infrastructure (chaired at the ministerial level as in Jordan, or at a higher level, as in Egypt), the scope of work (Saudi Arabia) and the availability of funds.

Other countries (Algeria, Kuwait, the Libyan Arab Jamahiriya, Mauritania, Somalia, the Syrian Arab Republic, Tunisia and the United Arab Emirates) adopted the second model by assigning the responsibility to a new unit or to an ongoing organizational structure attached to one of the relevant ministries, such as those for planning, labour force and health. Its role will be mainly advisory, except in Tunisia where the National Office of Population and Family is responsible for implementing family planning activities.

C. Conclusion

Irrespective of initial differences, most of the countries discussed here have either formulated explicit population policies or have developed a clear perception of their views on various population aspects. This activity was highly encouraged by many factors, including a growing awareness of population problems and their linkages with development, as well as the important role of the media, the political support at a high level, the introduction of population education at various levels, the growing availability of demographic data and the development of various rationales (health, human rights etc.) that are consistent with the prevailing cultural, social, political and religious norms shaping the behaviour of such countries.

Policies and perceptions are still showing significant differences with regard to population growth, which is welcomed by underpopulated countries with vast oil resources, while other large size countries, especially those in Northern Africa, are supporting various programmes to lower their high growth rates. Even for family planning, which had began earlier, the operationalization of such policies needs to further activities with community participation at various levels.

In addition, several of these countries have reached the stage where a certain form of population policies should be formulated. This is even true for pronatalist countries that face the problems of immigration of labour force and the imbalance between nationals and non-nationals. This will also be enhanced by development planning. The introduction of environmental factors into such a process should also be given priority.

Note

[1] For purposes of analysis, data for Djibouti and Somalia, which are in Eastern Africa, and for Mauritania, in Western Africa, are included in the discussion of data for Northern Africa and Western Asia in this chapter.

References

Al Mazrou, Yagob, and Samir Farid, eds. (1991). *Saudi Arabia Child Health Survey.* Riad: Ministry of Health.

Al Rashoud, Rashid, and Samir Farid, eds. (1991). *Kuwait Child Health Survey.* Kuwait: Ministry of Health.

Egypt (1986). *National Population Policy.* Cairo.

________ (1991). Egypt Survey for Mother and Child Health: preliminary report. Cairo: Central Agency for Public Mobilization and Statistics and League of Arab States. In Arabic.

Khaswneh, S., and M. F. Tall, eds. (1986). *Conference of Population Policies and Development in the Arab World.* Amman, Jordan: Ministry of Labour and Social Development.

Omran, Abdel R. (1980). Comparative evaluation of UNFPA support to population and development planning, Middle East region. New York: United Nations Fund for Population Activities.

Sadik, Nafis, ed. (1991). *Population Policies and Programmes: Lessons Learned from Two Decades of Experience*. New York: New York University Press.

Sayed, Hussein A. A. (1991). Egypt background paper for the UNFPA programme review and strategy development. Unpublished.

__________ , and others (1989). *Egypt Demographic and Health Survey, 1988.* Cairo: National Population Council and Columbia, Maryland: Institute for Resource Development/Macro Systems, Inc.

Sudan (1991). *Sudan Demographic and Health Survey, 1989/1990.* Khartoum; Ministry of Economic and National Planning, Department of Statistics; and Columbia, Maryland: Institute for Resource Development/Macro International, Inc.

United Nations (1987). *World Population Policies,* vol. I, *Afghanistan to France*. Population Studies, No. 102. Sales No. E.87.XIII.4.

__________ (1989). *World Population Policies,* vol. II, *Gabon to Norway.* Population Studies, No. 102/Add.l. Sales No. E.89.XIII.3.

__________ (1989a). *Trends in Population Policy.* Population Studies, No. 114. Sales No. E.89.XIII.13.

__________ (1990). *World Population Monitoring, 1989; Special Report: The Population Situation in the Least Developed Countries.* Population Studies, No. 113. Sales No. E.89.XIII.12.

__________ (1990a). *Global Population Policy Data Base, 1989.* ST/ESA/SER.R/99.

__________ (1990b). *World Population Policies*, vol. III, *Oman to Zimbabwe*. Population Studies, No. 102/Add.2. Sales No. E.90.XIII.2.

__________ (1991). *World Population Prospects, 1990.* Population Studies, No. 120. Sales No. E.91.XIII.33.

__________ , Economic and Social Commission for Asia and the Pacific (1987). *Population Policies and Programmes: Current Status and Future Directions.* Asian Population Studies Series, No. 84. Bangkok.

World Bank (1991). *World Development Report, 1991: The Challenge of Development.* NewYork: Oxford University Press.

VI. REVIEW OF POPULATION POLICIES: ASIA AND THE PACIFIC

*Aprodicio Laquian**

Asia is the most populous major area in the world. The share of the world population in the 35 countries under the responsibility of the Economic and Social Commission for Asia and the Pacific (ESCAP) rose slightly, from 55 to 59 per cent, between 1950 and 1990. Of the 19 countries with a population of more than 50 million, 11 are in Asia. These countries include China and India, which together make up 38 per cent of the total world population (United Nations, 1990c).

The population policies of Asian countries, therefore, are very important because actual performance in the implementation of such policies has a strong impact on global population trends.

Currently, almost all countries in Asia and the Pacific have explicit population policies related to population growth, population distribution, population structure and international migration. Most of the policies relate population matters to other factors, such as food, health, the environment, education and economic development. The maldistribution of population between urban and rural areas is recognized as a problem by many countries. Only a few countries, however, are as yet concerned about ageing of the population and fewer still express concern about the gender aspects of population matters.

It is interesting that in some countries where population is considered a politically sensitive issue, as in India, Pakistan, the Philippines and some small South Pacific countries, fertility regulation is often pursued as an integral part of social development policies. For example, population limitation policies have been justified in terms of assuring the health of mothers and children or seeking a balance between population growth rates and the pace of socio-economic development.

Population policies in countries in Asia and the Pacific include provisions concerning: (*a*) limiting population growth; (*b*) increasing population growth; (*c*) modifying population structure according to age and gender; (*d*) balancing population distribution in geographical space; and (*e*) influencing international migration. The performance of these countries in implementing these policies since 1984 is briefly assessed in this paper.

A. Limiting population growth

According to the Sixth United Nations Population Inquiry among Governments (United Nations, 1990b), most Governments in Asia and the Pacific viewed their population growth rates as too high. More than 90 per cent of the 3.1 billion people in the area lived in countries that had adopted formal population policies to reduce their population growth rates. About 9 per cent of the people lived in countries that viewed population growth rates as neither too high nor too low, and only 1 per cent were in countries that thought population growth rates were too low. Even in countries where population growth rates were considered neither too high nor too low, Governments usually pursued policies that sought to limit population growth or implemented programmes that had the effect of limiting such growth.

Of the 35 countries in the ESCAP region, 18, or 51 per cent, viewed their population growth rate as too high; and 16 of those countries had adopted governmental interventions to lower these rates. It is no surprise, then, that *World Population Monitoring, 1989* states:

> "Of the five regional commissions, the ESCAP region is probably the most explicit with regard to the setting of population targets and goals. Nearly all of the large countries in the region agree on the aim of reducing rates of population growth through the rapid declines of mortality and fertility." (United Nations, 1990c, p. 59).

As previously mentioned, Asia contains the most populous countries in the world. For example, much

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has been written on the population policy of China, which seeks to limit its population to 1.2 billion by the year 2000. Since China makes up more than one fifth of the total world population, the success or failure of the country in achieving this target exerts a strong influence on global trends. Since 1984, China has clarified its population target by stating that the Government's objective was to keep the population growth rate to "about 1.2 billion by the year 2000", rather than keeping it "within 1.2 billion". In recent years, China has more or less confirmed that the population target would not be met. The 1990 census found China's population to be 1,133,682,501. The natural rate of population increase had increased from about 14.6 per 1,000 in the 1982 census to 14.7 per 1,000 in 1990. The United Nations projects that China will have 1,299,000,000 people by the year 2000 (China, 1991).

One of the main explanations for the population increase in China was the so-called "baby boom" created by the cohort born during the period 1966-1976. These persons have now entered their child-bearing years. Other analyses of the Chinese situation cite the economic and social prosperity arising from rural and urban reforms. Such prosperity, it has been argued, has adversely affected the governmental incentive and disincentive schemes by encouraging families with new-found wealth to believe that they had enough resources to support more than one child.

India, the second most populous country in the world, has had an explicit population policy since 1951. The current goal of the Government of India is to achieve zero population growth by the year 2050, when the population will have increased, according to official estimates, from 853 million (1990) to 1.3 billion. The medium-term goal is to reach a net reproduction rate of 1.0 by the year 2000. United Nations estimates, however, project that India will have a population considerably over 1.44 billion by the year 2025. By 2035, in fact, India might overtake China as the most populous country in the world (UNFPA, 1991c).

Other Asian countries with large populations in 1990 (Indonesia, 184 million; Pakistan, 123 million; Bangladesh, 116 million; Viet Nam, 67 million; the Philippines, 62 million; and Thailand, 56 million) also have explicit population limitation policies. The implementation of such policies is heavily influenced by country-specific social, economic and political factors. Indonesia, Viet Nam and Thailand have been very successful in their population limitation efforts. Population programmes in Pakistan, however, have been hampered by cultural and religious factors, especially those related to the status of women. In the Philippines, the pronatalist stand of the Catholic Church and the unsettled political conditions have been factors in limiting success in meeting population goals.

An interesting group in the ESCAP comprises the small countries in the South Pacific that have small populations but, in relation to their land areas and resource constraints, experience tremendous population pressures on limited and fragile environments. These countries include Papua New Guinea, 3,800,000; Fiji, 764,000; Solomon Islands, 320,000; Western Samoa, 168,000; and Vanuatu, 158,000. They also include tiny countries, such as Kiribati, 66,000; Marshall Islands, 39,000; Palau, 17,000; Tuvalu, 9,000; Nauru, 9,000; and Niue, 3,000.

Among these island countries, Fiji, Tonga and Western Samoa have had reasonably successful fertility limitation programmes. The Melanesian countries of Papua New Guinea, Solomon Islands and Vanuatu, however, have had some difficulties in formulating and implementing population limitation policies. They have been hampered by communication difficulties peculiar to isolated mountain and island communities, low literacy rates and the underdeveloped state of public-health infrastructures. The very low status of women in these countries, reflected in mortality rates among females which are often higher than those for males, have had also a negative effect on population limitation.

The main mechanisms for population limitation in Asian countries are national family planning programmes officially executed under explicit legislative enactments. Many such programmes are integrated with health, education, information and other sectoral efforts. In the case of India, for example, fertility regulation is placed in a wider context of health and family welfare. The family planning policy currently includes activities related to child survival, women's status and employment, literacy and education, and socio-economic development, including anti poverty programmes. Interventions to pursue the population policy include efforts to raise the age of marriage and to postpone the birth of the first child, to provide adequate spacing between children and to

assure the survival of children already born. Noting the relationship between the status of women and fertility, current efforts in India attempt to improve female literacy, employment and income, participation in family and community decision making and women's health status (UNFPA, 1991c).

The link between fertility regulation and mortality rates, especially for infants, children and mothers, is recognized in family planning programmes. In Bangladesh, for example, infant mortality rates were about 110 per 1,000 live births (1989) and death rates for children between ages 1 and 4 were estimated at 13.8 per 1,000 (1988). There has been no appreciable drop in maternal mortality rates since 1960; the estimate for maternal mortality in 1988 was 6 per 1,000 live births, one of the highest in the world. Surveys have shown that about 16-25 per cent of maternal deaths in Bangladesh are related to abortions; 5-10 per cent are due to tetanus and a smaller percentage to post-partum sepsis. Experts have observed that an effective family planning programme would be likely to reduce maternal mortality, especially the proportion resulting from abortions (UNFPA, 1991a).

Largely because of the poor health of mothers, life expectancy for females in Bangladesh was only 50.4 years, lower than that for males (51.1) for the period 1985-1990. The average age at marriage for females in Bangladesh in 1989 was 18.4 years, 17.8 years in rural areas. On average, a woman would bear 4.8 children in her lifetime. It is currently estimated that the population of Bangladesh is growing at 2.2 per cent per annum, which means that it is expected to reach 150.5 million by the year 2000.

An important element in policies to limit population growth is the formal adoption of such policies by the Government and the effective dissemination of information about the policies to the public at large. Most Asian countries have excellent records in formal adoption of policies but dissemination of information about the policies is not always as effectively done. Dissemination is sometimes adversely affected by the perception that population limitation is "too controversial". In some countries also, population dissemination relies too heavily upon the governmental machinery for information, education and communication. Some IEC experts have therefore recommended that the private sector and non-governmental organizations be given more responsibility for dissemination of population policies because those sectors can deal with controversial aspects more flexibly and tend to have more cost-effective ways of running their programmes.

IEC programmes may increase the awareness of people about the need for population limitation and increase the demand for family planning. However, an adequate supply of contraceptives and population limitation devices is needed to make a family planning programme successful. Contraceptives must be readily accessible to couples who desire to practise family planning. Unfortunately, in many Asian countries, access to modern, effective and reliable contraceptives is not that easy. Even in China, where the programme is self-sufficient in contraceptives, local production of contraceptive devices is dominated by traditional methods (such as the stainless-steel ring intra-uterine device (IUD), which has an unacceptably high failure rate). The Indian family planning programme is heavily dependent upon imported contraceptives despite the fact that the country has the technology and the human capabilities to carry out local production (UNFPA, 1991c).

To improve the availability of contraceptives in countries desirous of having adequate supplies, it has been proposed that global efforts in this field should be mounted under the leadership of the United Nations. According to this proposal, a method should be set up to estimate realistically the contraceptive requirements on a global basis every year. A consortium of multilateral and bilateral donor agencies should decide how the needs could adequately be met. A global contraceptive fund might be set up, for example, where donor agencies could donate contraceptive supplies or funds. If local production of contraceptives is required, the contraceptive fund might support feasibility studies and even initiate efforts for local production. In this way, global contraceptive needs could be met in a coordinated manner (UNFPA, 1991b).

Experience in Asia has also shown that integrating population limitation into broader social development and health programmes enhances their acceptability to the people at large. In many countries, the recommendation that family planning should be considered an integral part of public health programmes has achieved excellent results. Linking population programmes with broader economic initiatives—such as employment generation, income-generating projects involving credit, training and technical assistance, and programmes seeking to improve the status and role of women—has also been very effective in many coun-

tries. In a number of countries, family planning is not mentioned and programmes are known as family welfare or health initiatives.

One good way of expressing population limitation goals is to relate them to economic development. In China, for example, the population target is set in terms of achieving a per capita income level of $1,000 and a population size of 1.2 billion by the year 2000. Bangladesh, with more than 105 million people, is seeking population limitation in part because four fifths of the total population currently consume less than the minimum caloric requirements for good health (United Nations, 1990b).

The population policy of Indonesia is also fully integrated into the country's socio-economic development plan. This policy was explained by President Soeharto in the following terms:

> "To meet the three challenges related to population, it seems that the principal solution lies in the implementation of a population-oriented development pattern, a development pattern in which population is both the subject and object of development. Development is aimed at the fulfilment of the people's interest...in order that their various needs can be fulfilled and thus enabling them to expand their scope of human life in all its dimensions." (UNFPA, 1985).

B. Increasing population growth

Among the countries of Asia, five viewed their rates of population as too low and have adopted policies seeking to increase these rates: Bhutan; Cambodia; the Democratic People's Republic of Korea; the Lao People's Democratic Republic; and Nauru. Two small countries, Mongolia and Singapore viewed their growth rates as satisfactory but were pursuing policies to increase their population. Another country, Malaysia, considered its population growth rate satisfactory, it has, nevertheless, adopted a pronatalist policy, setting the goal of increasing the population from 17.8 million to 70 million by the year 2100. Four countries with relatively low rates of population growth (Australia, Brunei Darussalam, Japan and Myanmar) considered their population growth satisfactory and had adopted policies to maintain their rates (United Nations, 1990a).

The most common reason given for wanting a larger population is the perception that a larger labour force is needed for national productivity and that a larger population usually means a much larger market. In the Democratic People's Republic of Korea, for example, the concept of *juche*, or self-reliance, which was formulated by the President of the country, considers human beings to be the "primal" element of development. The development of the country and the needs of the national economy are therefore cited as requiring a larger population (UNFPA, 1991c).

Another reason for wanting a higher growth rate is the small size of the existing population. In the case of Nauru, a tiny island of 8,000 people in the central Pacific, the Government considered the population growth rate too low (Nauru grew at 0.9 per cent per annum during the period 1980-1985) (United Nations, 1990a). Nauru has tremendous wealth from phosphate mining, which enables it to employ guest workers from Hong Kong, the Philippines and other Micronesian countries, who make up almost half of the island's residents. The country pursues a comprehensive welfare strategy and guarantees employment to every citizen. Even with its ample resources, however, Nauru has a life expectancy of only 55 years. The richness of the country's lifestyle, combined with a high accident rate among the young (mainly involving motor vehicles), accounts for the low life expectancy.

Even in the pronatalist countries mentioned above, some family planning programmes continue to be provided by private and governmental entities. Typically, such programmes are integrated into MCH programmes. Family planning for child-spacing is seen as an excellent way of assuring the health of mothers and children. It is also viewed as an effective means of lowering abortion rates. In the Democratic People's Republic of Korea, for example, family planning services are offered by government hospitals and clinics at local government levels. Mongolia, which has pursued a pronatalist policy for decades, offers full family planning services in clinics and hospitals. In Malaysia, family planning services are available to couples through public and private health facilities. Among Malaysians of Chinese and Indian origin, in fact, fertility rates have nearly reached replacement levels. Even among the *bumiputra* or native Malaysians, TFR had declined to 3.5 children per woman by 1990.

C. Influencing population structure

Although perceptible changes have been observed in the age structure and gender composition trends of populations in Asia and the Pacific, those issues have not traditionally been considered the concerns of explicit population policies. To date, these countries have mainly been preoccupied with ways in which to lower population growth and correct population maldistribution. Although they perceive ageing and gender as important, most countries have not yet considered those factors to be important elements in their population policies.

Population ageing

A few countries or areas, such as China, Hong Kong, Japan and Singapore, have expressed concern about the ageing of their populations. The Government of Singapore, for example, stated that Singapore was concerned with the rapid process of population ageing owing to the drastic decline in fertility over the past 20 years. Distortions in the age structure will be smoothed out when a stationary population is achieved in the long term (United Nations, 1990c).

The vast majority of these countries, however, have relatively young populations. In 1985, Asia had more young people in its population (ages 15-24) than any other major area of the world (20.6 per cent). This is a direct consequence of the high birth rates in the 1960s and 1970s.

Still, the success of population limitation programmes in many Asian countries since the 1970s has had a significant impact on population age structures. The median age of populations in Asia has increased from 19.7 years in 1970 to 22.2 in 1985; it is projected to increase to 25.8 in the year 2000 and 32.5 in 2025. The decrease in the proportion of the young, of course, correspondingly increases the proportion of the aged.

Between 1970 and 1990, the number of people aged 60 or over increased from 134.5 million to 239.9 million. This increase involved an annual growth among the elderly of from 1.9 per cent to 3.1 per cent. In 1970, the elderly made up 6.4 per cent of the population of Asia. This share increased to 7.7 per cent in 1990 and is expected to increase to 8.7 per cent by the turn of the century.

Despite the patterns mentioned above, the ageing of the population, with its implications for the dependency ratios of Asian countries, has not been an important element in population policies. One exception is the situation in China, where the very rapid decline in fertility in the past couple of decades has highlighted population ageing. Chinese authorities now observe that large cities, such as Shanghai, Beijing and Tianjin, have reached a stage where more than 10 per cent of the population are aged 60 or over. The commensurate burden on health and other social services of this elderly group has alerted public officials to the problem of ageing. For the country as a whole, the problem of the "one-two-four syndrome" has been raised, whereby each only child might have to support, in the future, two parents and four grandparents. As a result, Chinese population policies now include programmes to improve living conditions for the elderly through retraining, the setting-up of institutions for the elderly, better health services, pension funds and social security systems. Although families are still expected to support elderly members, community-based programmes and national social welfare schemes are currently being pursued. These programmes, of course, are directly related to the national family planning objectives since one of the most frequently mentioned concerns of parents is support in old age. If the Government assures the welfare of the elderly, it is argued, they will be more likely to accept family planning objectives.

Gender considerations

Gender is rarely mentioned as a population concern in most Asian countries despite the fact that enhancing the role and status of women has been increasingly adopted as a matter of social development policy. Where gender is mentioned, it is usually expressed as an element in rural-urban migration, which in many countries is becoming female dominant. It is also seen as an important aspect of ageing because in Asia, as in other major areas, females tend to outlive males.

The sex ratio in a country is influenced by such factors as sex ratio at birth, the differentials in mortality and morbidity levels and internal and international migration. Compared with the global sex ratio of 101.2 males per 100 females (1985), Asia had a higher sex ratio of 104.9. This ratio was relatively higher than Latin America, 99.9; Africa, 98.7; Northern America, 95.4; and Europe, 95.0.

In most Asian countries, the sex ratio at birth is more or less even between males and females. In many countries, however, there is a marked preference for male children, which often influences child-care and child-rearing patterns to the extent that when children reach age 5, the sex ratio is higher. In many countries in Asia, therefore, IEC campaigns have been conducted to combat male child preference. Public health programmes have also been designed to encourage parents to take care of children regardless of gender.

Many countries have recognized the direct correlation between female education and literacy and the adoption of family planning practices. Thus, most population programmes now have IEC components especially directed to females. Such programmes stress the importance of literacy and often link literacy efforts to employment and income-generating activities to make them more effective.

Quite a number of population policies also aspire for a higher age at marriage, especially for females. This aim is reflected in statutory edicts raising the age of marriage or in incentive programmes that reward women for marrying later. In a few countries in Southern Asia, for example, fellowship schemes have been created for young girls. Their families receive financial awards for each year that girls are in school, thereby showing the economic importance of girls and encouraging parents to keep them in the households longer.

Enhancing the status and role of women, of course, has been proved to exert a strong influence on fertility behaviour. Many Asian countries, therefore, have launched women's programmes as integral parts of their population activities. These programmes involve education and training, leadership skills, community organization, and finance and credit schemes designed to increase the economic and political participation rates of women. Although many of these programmes have a fertility objective, most of them seek the enhancement of women's status as a goal in itself, with gender equity taken as a key element in a country's development.

D. Population distribution

Of the 35 countries in Asia within the ESCAP region, only Nauru and Singapore consider their current patterns of population distribution to be satisfactory. Since the combined populations of these small countries constitute fewer than 1 per cent of the population of the region, the great majority of the people live in countries that are dissatisfied with their population distribution patterns. All other countries considered that their current population distribution required major and minor changes. In fact, Japan and Thailand, which in 1984 had said their population distribution needed only minor changes, subsequently reported that they required major changes (United Nations, 1990c).

Between 1950 and 1985, most countries in the world experienced a decline in the rate of urban growth; the exception was Southern Asia, where urbanization actually accelerated. Throughout the world, urbanization rates are expected to slow because of lower fertility in urban areas and the deceleration of rural-urban migration. The exception to this trend is Eastern Asia, where urban growth may remain high because of continued rural-urban migration. Southern Asia, too, will probably continue to have urban growth rates of between 30 and 60 per cent between the years 1990 and 2020.

In the ESCAP region, the most important strategies countries designed to balance population distribution include: slowing the growth of very large cities; promoting the growth of small towns and small cities; fostering the planned development of intermediate-sized cities; encouraging rural development; and developing frontier and border regions. Variations of some of these measures include relocating the national capital to a less urbanized site, creating growth poles or counter-magnets to attract more population or resettlement of people to frontier areas.

In general, direct interventions to slow the growth of very large cities in Asia have not met with much success. Early efforts in Indonesia to close the capital city of Jakarta to migrants did not succeed. In China, the national household registration system designed to control internal migration is currenly under tremendous pressure. There are estimates that about 10 per cent of the population in large cities, such as Shanghai, Beijing and Tianjin, are not registered in those cities; they are part of the rapidly increasing "floating population". In Viet Nam, the household registration system has also been unable to contain the growth of large cities. Ho Chi Minh City is now said to have more than 400,000 illegal residents and this number is

expected to increase by 100,000 per annum (UNFPA, 1991e).

In some countries, physical planning measures have been tried to limit the growth of large metropolitan areas. At Bangkok, for example, land-use controls and zoning regulations have been implemented to prohibit more investments in the city. At Manila, industries are encouraged to locate more than 50 kilometres from the city centre; those which insist on locating in the city are taxed more heavily than others. The provision of infrastructure is also used to encourage development away from the city. In Thailand, the eastern seaboard development strategy is being supported by infrastructural investments to serve as an alternative development zone. The Philippines has set up "export processing zones" and has provided energy and infrastructures to such zones to deconcentrate growth.

Significant success has been achieved by Asian family planning programmes in urban areas. This may be attributed to such factors as ready accessibility of contraceptives to city dwellers, access to the mass media; the higher education of urban couples, especially women; the availability of work opportunities for women in cities; the higher cost of bringing up children in cities or the concentration of family planning programmes in large cities. In the long run, these socio-economic factors might become more important than rural-urban migration as an influence on large city growth.

The planned development of intermediate cities as an effort to balance population distribution has been quite successful in some countries. The Republic of Korea, for example, has decentralized heavy industries to cities located far from Seoul and these urban centres have thrived. Very large countries, such as India and China, have also avoided the problem of primacy, whereby one city dominates the whole country, by encouraging planned growth in other cities.

Concerned about the heavy concentration of population and economic activity in Tokyo, the Japanese Government decided in 1988 to relocate 31 agencies to prefectures outside the metropolitan area. Also targeted for relocation are educational institutions, manufacturing industries, research and development agencies and commercial activities. The private sector is also being extended incentives to locate outside the Tokyo metropolis.

Experience in many Asian countries has shown that rural development schemes are best linked to development of small towns that may serve as market and institutional hubs for rural activities. In 1984, China adopted a policy allowing migration of villagers to small towns provided they took responsibility for their food supply. In four years, this policy saw the movement of more than 100 million rural inhabitants to towns. Much of the economic progress in China in recent years is attributed to rural reforms that encouraged small rural enterprises to embark on non-agricultural activities with very little governmental support.

In India, the Sixth Five-Year Plan seeks to strengthen small towns and cities by providing adequate infrastructure. In particular, market centres will be encouraged so that they can serve as growth and service centres for their hinterlands. Similar efforts are being pursued in Bangladesh, where the Government's strategy is focused on the *upazila* or subdistrict. About 470 *upazilas* have been selected for further development so that they can serve as the major local government units in the rural areas (UNFPA, 1991c).

Mainly because most Asian countries do not have too many frontiers left, policies to resettle people to such areas have not made too much of a dent in population distribution. In Indonesia, the "transmigration" programme has managed to move people from Java and Bali to the outer islands, but it has been found to be quite expensive. The federal land development scheme in Malaysia, based on cash crops, such as rubber and palm oil, is even more expensive but it has at least succeeded in keeping the settlers in the resettlement site because adequate services and markets for their products were available there. The Viet Nam, the resettlement programme that was moving people to New Economic Zones has been changed to one that moves them to Resettlement Areas. People relocated to these areas now have better services and facilities. However, as new economic opportunities occur elsewhere and the Government's controls on migration become more relaxed, internal migration might increase in the country (UNFPA, 1991e).

In their efforts to balance population distribution, some Asian countries have even tried policies encouraging people to move from urban to rural areas. In the Republic of Korea, for example, the Government offers financial and other incentives (resettlement allowances) for people who will move from the cities to villages.

Negative sanctions have also been used. In the Lao People's Democratic Republic, the Government has ruled that officials transferred to administrative centres are not allowed to bring with them members of their extended families (parents, siblings, uncles and aunts). In general, such schemes have rarely worked. One needs only to refer to the "rustication schemes" used by China during the period 1966-1976, which temporarily sent young people and cadres from large cities to rural areas but which eventually saw these people move back to the cities against the Government's policies.

E. International migration

Of the 35 countries in the ESCAP region, not one considered its international migration rates too low. Twenty-two countries said their rates were satisfactory and had adopted policies to maintain these rates, while three considered migration rates satisfactory and did not feel that intervention measures were necessary. Only four countries considered their international migration rates too high and had adopted measures to lower the rates (Indonesia, the Islamic Republic of Iran, Nepal and Pakistan) (United Nations, 1990c).

International migration patterns in Asia are dominated by emigration of permanent migrants to traditional receiving countries, such as Australia, Canada, New Zealand and the United States of America. Temporary migration of workers to Western Asia has also been an important pattern, although this flow was disrupted during the recent Gulf crisis. Some temporary migration to countries or areas within the region occurs (for example, Filipino migrants to Brunei Darussalam, Hong Kong, Japan or Singapore) but the numbers involved are not large.

During the period 1981-1985, some 2,800,000 immigrants entered the United States and 427,000 moved to Canada. About 48 per cent of immigrants to the United States and 41 per cent of those to Canada came from Asia. The majority of the immigrants to Canada and the United States came from Indochina but Filipinos also came in significant numbers. Within the same period, immigration of Asians to Australia and New Zealand slackened a little bit. However, during 1986-1988, the number of permanent immigrants in Australia jumped to 252,000. In 1987-1988 alone, more than 5,000 entrepreneurs entered Australia under the Business Migration Programme, which provides a permanent residence visa, financial incentives and tax breaks for immigrants with at least $110,000 in resources.

Quite a number of Asian countries have adopted policies of "export of human resources", with some even taking a direct hand in the recruitment, training, fielding and supervision of temporary workers abroad. Bangladesh, India, Pakistan, the Philippines, Sri Lanka and other countries have benefited significantly from the earnings and remittances of nationals temporarily working abroad. Even China has expressed an interest in sending temporary workers abroad to earn more foreign exchange. Of course, some problems have been encountered in these schemes, such as the tremendous dislocations in the region arising from the Gulf crisis. In 1988, the Philippines banned the temporary out-migration of female workers and entertainers because of many problems encountered but the prohibition was short-lived as the clamour for outside employment was just too strong.

Refugees continue to be a serious concern in international migration in Asia. Currently, no South-eastern Asian country or area allows Indochinese refugees to settle in its territory. Singapore prohibits first-asylum landings and Hong Kong has begun a programme of forcibly sending so-called "economic migrants" back to Viet Nam. In 1989, Malaysia stopped accepting any more refugees, as did Thailand, which stopped providing automatic asylum to Indochinese entering its territory.

Refugees from Afghanistan continue to live in Pakistan and in the Islamic Republic of Iran despite the end of the war and the withdrawal of the former Soviet Union from that country. International assistance continues to be available to Afghan refugees but the resolution of the refugee problem continues to be very slow. The refugee problem in the Islamic Republic of Iran might require more long-term solutions because unlike the situation in Pakistan, the Afghans in the Islamic Republic of Iran live among the general population instead of in identifiable camps. In the long run, such refugees might integrate more into the general population rather than deciding to return to their country of origin.

F. Conclusions and recommendations

In general, population policies in Asia and the Pacific are predominantly focused on limiting growth and balancing population distribution. A few countries

have adopted policies to correct patterns in the population structure and to influence international migration but these are the exceptions. Population policies in Asian countries are almost universally explicit. They tend to be supported by institutional structures and human resources to make them work. By and large, countries are succeeding in the implementation of their population policies. From their experience, therefore, a number of recommendations can be identified that may assist countries in other parts of the world in achieving their population goals:

1. Although population limitation objectives are best made explicit and operationally defined in terms of quantitative targets, it may be better, in some instances, to integrate such goals into broader social and economic development strategies. Thus, a country might set the target that by the year 2000, the Government hopes to achieve a certain per capita income level and a specific population size. It may even be better to include health, education and family welfare elements in the population strategy, especially when there is some cultural or traditional opposition to explicit population measures;

2. Policies that complement population limitation measures should be included in explicit population policies. These may include such interventions as raising the age at marriage, introducing literacy and educational programmes for women; providing credit, technical assistance and training in entrepreneurship to women's groups; encouraging young girls to stay longer in school, mobilizing non-governmental organizations for family planning campaigns and encouraging the private and commercial sector to play a more active role in population matters. Placing population policies within the context of such holistic efforts would increase the likelihood of success;

3. Availability of contraceptive methods is a crucial element in a comprehensive population policy. Periodic and regular determination of contraceptive needs in a country is a basic foundation of population limitation strategies and the institutional and human resource requirements to make this possible should be provided by national, bilateral and multilateral sources. When appropriate, local production of contraceptives should be fully supported. An efficient distribution and logistical system for assuring access to contraceptives by all couples wishing to practise contraception should be set up. At the international level, a comprehensive system for contraceptive provision should be established under the leadership of the United Nations. Such a system should receive national and global assistance;

4. Gender considerations should be explicitly included in national population policies. These may include the collection, analysis and dissemination of statistical data on the basis of gender, the education and training of females to give them equal opportunities for employment and professional advancement, the creation of income-generating opportunities for females, the provision of adequate health and social service measures to mothers and children and the encouragement of leadership programmes to foster greater participation of females in household and community affairs. Currently, most of the measures mentioned above are initiated independently of efforts to limit fertility. The direct relevance of such measures to population programmes should be clearly indicated in development policies;

5. Only a few countries currently include ageing as a key element in population policies. The ageing phenomenon must be studied more closely and the implications of the process for comprehensive population and development policies must be emphasized. In particular, the linkage between economic security in old age and current fertility behaviour should be more clearly understood;

6. Although most countries consider population distribution an important problem, only a few include measures to cope with the phenomenon in their population policies. Studies have been made of efforts to correct maldistribution of population in space but specific reasons for the success or failure of individual interventions are poorly understood. More intensive country case-studies, carried out in a comparative perspective, should be made. The pragmatic aspects of specific measures to correct population maldistribution should be made known to policy makers and administrators in order to guide them in their search for specific solutions.

7. International migration in Asia and the Pacific, as in other areas of the world, promises to be one of the most important aspects of population policy. However, international migration is often not included in explicit population policies. In particular, the demographic effects and impact of international migration are poorly analysed. The performance of specific measures, such as training human resources for expor-

tation, maximizing the benefits from income remittances of migrants to countries of origin, enhancing the role of Governments and non-governmental organizations in the formulation and implementation of international migration policies and the alleviation of the plight of refugees have not been adequately evaluated. These and other similar measures should be included in the population policies of a country.

REFERENCES

China (1991). *China/UNFPA Cooperation in Population Activities.* Beijing: Ministry of Foreign Economic Relations and Trade.

United Nations (1987). *World Population Policies*, vol. I, *Afthanistan to France*. Population Studies, No. 102. Sales No. E.87.XIII.4.

__________ (1989). *World Population Policies*, vol. II, *Gabon to Norway*. Population Studies No. 102/Add.1. Sales No. E.89.XIII.3.

__________ (1990a). *Global Population Policy Data Base, 1989.* Population Policy Paper, No. 28. ST/ESA/SER./99.

__________ (1990b). *Results of the Sixth Population Inquiry Among Governments.* Population Policy Paper, No. 31. ST/ESA/SER.R/104.

__________ (1990c). *World Population Monitoring, 1989: The Population Situation in the Least Developed Countries,* Population Studies, No. 113. Sales No. E.89.XIII.12.

__________ (1990d). *World Population Policies*, vol. III, *Oman to Zimbabwe*. Population Studies, No. 102/Add.2. Sales No. E.90.XIII.3.

__________ (1991). *World Population Prospects, 1990.* Population Studies, No. 120. Sales No. E.91.XIII.5.

United Nations Population Fund (1985). *Population Perspectives: Statements from World Leaders.* New York.

__________ (1991a). *Bangladesh: Programme Review and Strategy Development Report.* New York.

__________ (1991b). *Contraceptive Requirements in Developing Countries by the Year 2000.* New York.

__________ (1991c). *India: Programme Review and Strategy Development Report.* New York.

__________ (1991d). *Inventory of Population Projects in Developing Countries around the World, 1988/89.* Sales No. E.90.III.H.l. New York.

__________ (1991e). *Viet Nam: Programme Review and Strategy Development Report.* New York.

VII. POPULATION POLICY ISSUES IN LATIN AMERICA AND THE CARIBBEAN

*Maria Helena Henriques-Mueller**

In Latin America and the Caribbean, the existence of population policies has not been a necessary condition to address favourable demographic outcomes. Specific programmes have been set up for the purpose of modifying fertility, mortality and migration without being integrated into general population policies. Most Governments in the region considered the rate of growth, fertility and migration levels satisfactory. On the other hand, the levels and trends of mortality was viewed as unacceptable, while spatial distribution was assessed as inappropriate or partially appropriate (United Nations, 1987).

With regard to mortality, interventions have been undertaken under the Strategy for Health for All by the Year 2000. Those efforts have included specific targets for the reduction of infant, adult and maternal mortality, as well as for increases in immunization coverage, as the most important actions.

The scope of interventions directed to modifying the fertility level covered a wide range of explicit and implicit policies. The countries that have the highest contraceptive prevalence levels (over 63 per cent of women in reproductive ages are contraceptors) are Brazil, Colombia, Costa Rica and Mexico. None the less, the institutionalization of fertility policies varies widely across these countries.

In Brazil, for instance, the right of individuals and couples freely to decide on the number and spacing of children is a recently (1988) acquired constitutional right. Both in Brazil and in Colombia, the Government does not have an official policy to modify fertility because there has already been a considerable decline in fertility and population growth. The total fertility rate in those two countries was estimated at 3.4 children per woman in 1990. In Costa Rica, population growth and distribution concerns have been integrated into development plans since the late 1970s; its total fertility rate is similar to that in Brazil and Colombia. Mexico is the exception in this group of countries in the sense that it wishes to reduce substantially demographic growth, mainly by modifying fertility. In 1973, the General Population Law was formulated to decrease fertility; and in 1978, a regional demographic policy was established to promote adjustment of the spatial distribution (United Nations, 1989).

In relation to migration, the Goverments' concerns seem to be different from the people's concerns. In both Central and South America, urban migration continues at a high pace. In Central America, the population is equally split between urban and rural areas; in South America, the urban population already represents 70 per cent of the total population.

Governments have tried to redirect migratory streams through tax incentives to private companies, frontier expansion and settlement policies. These policies have produced undesirable health effects by being instrumental in causing malaria outbreaks and by increasing the incidence of transmissible diseases.

A. THE CONTEXT

During the 1980s, three concerns marked the decision-making framework for policy initiatives within the Latin American region: (*a*) the economic crisis and its deteriorating effects on the social and physical environment; (*b*) the debate on a new role of the State; and (*c*) the integration of women into development.

The first of these concerns has such strong effects as to label the whole era the "lost decade" as far as development is concerned. The second, equally strong in its power to influence politics, offered through decentralization a new opening to participation at all society levels, made room for more democratic scenarios and engendered renewed hopes for Governments to succeed in their regulatory and mediating roles. The third focused on designing policies to

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incorporate women as agents of development and on improving women's status as beneficiaries of the development process.

In order to discuss priorities in population policy-making, this paper deals with these three issues as a framework for the population policy debate.

The economic crisis

The economic crisis has been dealt with thoroughly in terms of origin, scope and consequences. Socially and economically speaking, it has been devastating: at the end of 1989, per capita income was at the 1976 level; the deterioration in average income was markedly regressive, and as a consequence, there was a noticeable step backward in the material levels of living of the Latin America and Caribbean population. Foreign debt had its impact in the region as 12 out of the most indebted countries of the developing world are currently found in this major area (Rosenthal, 1989, p. 11).

The main trends did not occur in all the countries with the same intensity nor did they have the same effect on all sectors, strata and regions of a given country. In some contexts, positive counterforces emerged: there were communities that strengthened their capacity for self-management; creativity was stimulated by various levels of coping; and, there was a clear trend towards democratic openness, with more pluralistic alternatives to political participation.

Although the majority of the economies stopped growing, the population did not. At the beginning of the decade, the region had 362 million inhabitants; at the end, it had 448 million. Due to the entry of women into the labour force, mainly in the informal labour market, the economically active population grew, on average, by 2.8 per cent per annum during the 1980s.

The economic difficulties, the increase in unemployment and underemployment and the rising levels of employment in the informal market, together with restrictions on public spending, contributed in one way or another to the higher incidence of extreme poverty. According to rough estimates, at the beginning of the decade there were 112 million people in Latin American and the Caribbean were living below the poverty line; by 1986 there were 160 million (Primera Cumbre Iberoamericana, 1991). Moreover, the gap between lower and upper income groups has widened.

Parallel to the decline in economic indicators, decaying conditions of the natural environment became part of the concerns. The overexploitation of natural resources entered as a serious topic in the international agenda and the presence of the Amazon in the region, among other natural luxuries, pressed for a component of environmental protection in many economic projects.

The deterioration of the physical infrastructure, the overexploitation of natural resources, the expansion of agricultural frontiers and the need to increase exports reduced the possibility of adopting measures to conserve natural resources and to bring environmental degradation under control. The problems of industrial waste and environmental pollution in large cities also heightened during the 1980s.

The marked deterioration in the levels of living of broad sectors of the population led to increases in social tension and in crime rates, particularly in large urban centres. The decision to cut back on public investments and social expenditure carried a heavy social cost translated into the deep deterioration of levels of living. Nevertheless, no clear-cut evidence of deteriorations in health and education indicators exists.

The vast literature on the relationship between economic indicators and health or education testifies to the complexity of the relationship. A retarded causation effect appears to exist in relation to indicators of vulnerable groups, especially because of the extensive coping that takes place (UNICEF, 1988). At any rate, conclusiveness is restricted mainly due to limited available evidence and the absence of appropriate empirical work (Weil and others, 1990).

At least in relation to nutritional well-being, it seems that, in general, adjustment policies can have a direct and negative effect for the poor in developing countries. The reason for that effect derives from changes of particular concern to the poor: reductions in real wages; increases in food prices; and cuts in government expenditure on social services.

At any rate, in current circumstances, investment in social development must be a condition to economic

development. Of the social sectors, the health sector already was experiencing serious deficiencies by the beginning of the crisis. It is estimated that 130 million of the Latin American and Caribbean population have no regular access to health care. Estimated population growth will place an additional 110 million in need of health care. Efforts to widen health coverage, to innovate on models of health care, to enhance cost effectiveness in service delivery and to improve overall management of the health sector will have to be substantial (Primera Cumbre Iberoamericana, 1991).

The most revealing indicator of the deterioration in living conditions and the increase in poverty, and of reductions in the level of investment in basic infrastructure, is the presence of cholera in the region. During 1991, there were 350,000 registered cases in Latin America. The spread of the disease indicates the high level of contamination of the water and the obvious deficiencies in general hygiene.

The likelihood of finding cholera in major urban centres is high. Throughout the 1980s, the urbanization process sustained its pace. Most of South America is now urban and rural-urban migration continues to increase the numbers of the young, unemployed and poor population in cities.

Table 16 provides a summary picture of selected well-being indicators during the late 1980s. As mentioned above, per capita GDPs are at the levels prevailing in the 1970s. The lack of basic infrastructure is clearly reflected in the percentages of the rural population that have access to health, water and sanitation. It is worth mentioning that the mere access to water does not ensure its quality, contaminated water being commonly found in the urban areas as well. Lastly, it must be said that as of the beginning of March 1992, the number of cholera cases was already 61,978, as reported by the Pan American Health Organization (PAHO).

A further indicator of the deterioration of conditions in the regions is the increasing volume of migration from Latin American and the Caribbean, particularly to Canada and the United States of America. In addition, the political conditions in Central America favoured the increase in migration in the case of displaced persons and refugees within the isthmus.

The new role of the State

Almost without exception, the public sectors in Latin America moved into crisis during the 1980s. On the one hand, the economic crisis and budgetary restrictions severely limited their actions. On the other hand, central Governments were under attack for excesses committed in the past, such as extreme bureaucratization, inefficiency and inappropriate allocation of resources.

At the political-institutional level there is a strong trend towards political-administrative decentralization. The local, municipal and decentralized ways of perceiving the implementation of social policies constitute a solid proposition of democratization. The latter view derives from the creation of a potentially closer proximity between the decision-making levels and the people who originate the demands. However, it is also true that the decentralization of responsibilities and powers, unless accompanied by the corresponding resources, is nothing but another way of reducing spending.

The decentralization trend has been accompanied by an increase in the degree of popular participation at the different levels of policy adoption, elaboration and implementation. The association of neighbours and shanty town dwellers, community bodies and volunteer organizations of all types that are formed in and for social policies express a new and potentially continuous reorganization of the social fabric in defense of people's rights and fulfilment of their demands (Draibe, 1989).

A typical example of the difficulties one runs into when working at the local level is provided by examples in the structuring of local health systems (PAHO, 1990a). Challenges to be faced refer to the definition of social participation itself, the selection of priorities to be dealt with, the role of the community in managing all resources, resistance from old authorities to allow lower level personnel to participate in the definition of priorities, evaluation of services and the use of resources, to name just a few.

A gap in understanding the process exists between the rulers (political-institutional level) and the "doers" (grass-roots and community leadership). The first

TABLE 16. SELECTED INDICATORS OF WELL-BEING, LATIN AMERICA AND THE CARIBBEAN, VARIOUS DATES

Region and country	Per capita GDP, 1985-1988	Life expectancy at birth, 1990	Percentage of rural population (1985-1988) with access to:			Percentage of urban population (1985-1988) with access to:			Cholera cases, 1991
			Health	Water	Sanitation	Health	Water	Sanitation	
Latin America									
Andean Area									
Bolivia	1 480	54.5	36	15	13	90	77	55	206
Colombia	3 810	68.8	..	76	13	..	100	96	11 979
Ecuador	2 810	66.0	30	37	34	90	75	75	46 284
Perú	3 080	63.0	..	22	12	..	78	67	322 562
Venezuela	5 650	70.0	..	89	70	..	89	97	13
Southern Cone									
Argentina	4 360	71.0	21	17	35	80	63	75	0
Chile	4 720	71.8	..	21	..	..	100	100	41
Paraguay	2 590	67.1	38	7	..	90	65	55	0
Uruguay	5 790	72.2	..	27	59	..	95	59	0
Brazil	4 620	65.6	..	86	..	..	100	61	1 431
Central American Isthmus									
Belize	2 600	69.5	50	63	..	100	87	..	0
Costa Rica	4 320	74.9	63	83	89	100	100	99	0
El Salvador	1 950	64.4	40	10	39	80	76	86	947
Guatemala	2 430	63.4	25	41	48	47	91	72	3 674
Honduras	1 490	64.9	65	45	34	85	56	..	11
Nicaragua	2 660	64.8	60	19	16	100	78	35	1
Panamá	3 790	72.4	64	66	68	95	100	100	1 177
México	5 320	69.7	..	49	12	..	79	100	2 690
Caribbean									
Latin Caribbean									
Cuba	2 500	75.4	..	..	..	..	..	..	0
Dominican Republic	2 420	66.7	..	28	36	..	86	77	0
Haiti	970	55.7	70	36	15	80	55	42	0
Other Caribbean									
Antigua and Barbuda	3 940	72.0	..	..	..	..	..	..	0
Bahamas	10 590	71.5	..	..	..	..	..	..	0
Barbados	6 020	75.1	100	100	..	100	100	100	0
Dominica	3 020	76.0	..	..	..	..	..	..	0
Grenada	2 810	71.5	..	..	..	..	..	..	0
Guyana	1 480	64.2	..	40	81	..	100	97	0
Jamaica	2 630	73.1	..	46	90	..	95	92	0
Saint Kitts and Nevis	3 150	67.5	100	100	100	100	100	100	0
Saint Lucia	2 940	70.5	..	..	..	..	..	..	0
Saint Vincent and the Grenadines	2 100	70.0	95	..	..	..	..	..	0
Suriname	3 830	69.5	..	56	36	..	82	64	0
Trinidad and Tobago	4 580	71.6	..	87	97	..	100	100	0

Sources: United Nations Development Programme, *Human Development Report, 1991* (New York, Oxford University Press, 1991); and Pan American Health Organization, *Cholera Situation in the Americas* (Washington, D.C., 1992).

NOTE: The following countries or areas were not included in the *Human Development Report, 1991* and are, therefore, excluded from the table: Falkland Islands (Malvinas), Anguilla, Cayman Islands, French Guiana, Guadeloupe, Martinique, Montserrat, Netherlands Antilles, Turks and Caicos Islands, British Virgin Islands and United States Virgin Islands.

group sees community participation in accepting specific programmes; while community members want full participation in activities of their interest (vaccination campaigns, sanitation and environmental control) and in institutional programmes (family planning, prenatal and nutritional projects (PAHO, 1990a).

Unequivocally, this new debate is directed to modifying and realigning the relations of equilibrium between the State and the private sector, profit or nonprofit. The focus here is to facilitate a change in the production and distribution of social goods and services. Where the State or the market dominated before, these new forms of "social solidarity" are coming to play a role.

In the health sector, not long ago, the main strategy in relation to community involvement had to do with the dissemination of information and health education. The emphasis on decentralization permits the sharing of responsibilities in the management of local health systems. In this respect, particular attention should be given to the transformation of environmental conditions and behavioural patterns that are detrimental to health and to the execution of programmes directed to the health priorities in the community. For the reasons stated above, the agenda for the 1990s appears to be formidable.

Non-governmental organizations of various types and various objectives have assumed an important social role in this new network for the production and distribution of social goods and services. Their numbers grew considerably during the second half of the 1980s, in part because of the need to change the scale of operations and in part because donors favour non-governmental organizations in partnerships for development projects.

Three characteristics of non-governmental organizations need to be evaluated in fostering them as potential partners in social policy projects: their ability to develop low-cost operations; the small scale of their contribution; and their escalating impact. All of these characteristics make them into appealing collaborators in a wide range of functions (PAHO, 1990b).

In the specific field of population policies, one might envisage action by non-governmental organization in the delivery of services, the organization of basic information and operational research, the provision of training and technical assistance, networking for the exchange of experiences and providing education and advocacy of specific policies. The entire spectrum of activities foreseen for these organizations complements the role of the State but should not be seen as a substitute for it.

Integration of women into development

It is now well understood that the main problem is not that women are not integrated, but rather that the manner of their integration translates into a loss of resources for society as a whole and causes a delay in meeting the proposed development targets (Lopez and Pollack, 1989).

The increase in the level and intensity of poverty during the 1980s placed a special burden on women. The "*feminization* of poverty" and the increases in the percentages of women as heads of households in poor and indigent families has been well-documented (Lopez and Pollack, 1989). At the same time, the impact analysis of community development projects or women-oriented projects should the meagre or deleterious effects of these projects on women's lives. As acknowledged by the Swedish Development Agency (SIDA), this inadequacy is owing to the failure to find out what the various projects meant to men and to women, respectively, and to the lack of representation of women's needs and views in the planning process (SIDA, 1991).

Advances in reproductive control methods, supported at times by demographic policies and widespread use of contraceptives, caused a marked drop in fertility. At the same time, and in the absence of other adults, this factor imposes greater responsibility on the couple *vis-à-vis* their children than in an extended family-household context (Krawczyk, 1990).

Fertility decline and increases in the mean number of years of education and in labour force participation are assumed to be mutually reinforcing events. Taking for granted that higher educational levels and participation in economic activity broadens the scope for women's integration in society, barriers other than the number of children *per se* need to be simultaneously dealt with in order that the increase in women's social and economic visibility might improve.

The generation of new policies focusing on women should consider the elimination of effective barriers to their upgrading , that is, provision of access to the means of production—in particular, access to land for rural women—and access to rural and general credit systems, and reshaping of services offered by the State to accommodate women's specific needs.

It is a fact that women incorporation into the labour force has reached magnitudes that were inconceivable 30 years ago: the female labour force in Latin America tabled between 1950 and 1980, increasing from 10 million to 32 million (Krawczyk, 1990). It is true as well that, at least in Latin America and the Caribbean, women considerably expanded their educational levels. None the less, as shown in table 17, the gap between the accomplishments of women and men in the economic sphere is still considerable.

The gap in the mean number of years of schooling between men and women is less than 10 per cent in all countries except Bolivia, The Dominican Republic, Ecuador, Guatemala, Haiti, Mexico, Paraguay and Peru. The extent of the difference in labour force participation, however, remains large, varies considerably within the the major area and bears no correlation with the educational accomplishment on a cross-sectional perspective.

Additional indicators in table 17 show the low levels of coverage of deliveries by qualified personnel and, concomitantly, the extremely high levels of maternal mortality. It should be noted, however, that the latter factor is sustained by the low levels of contraceptive prevalence and the widespread incidence of illegal abortions performed in various countries, which could account for from 15 to 50 per cent of maternal mortality for all causes (PAHO, 1991a).

Contraceptive prevalence increased significantly during the 1980s but it remains low for the majority of the countries in the area. Three countries—Colombia, Brazil and Costa Rica—show rates close to the 70 per cent level found in most of the developed countries. At least in Brazil, the composition of this prevalence was worthy of special treatment by many experts and is discussed later in this paper (see, for instance, World Bank, 1991).

The type of contraceptive used, in relation to the women's or couple's needs was analysed in the series of Demographic and Health Surveys (DHS) programme carried out in Latin America. Considerable mismatching still exists. In addition, 75 per cent of the women that were not using family planning methods in Latin America wanted to postpone, delay or limit their child-bearing (UNFPA, 1990b).

To sum up, the indicators presented in table 17 suggest the task of accelerating women's mobility to be complex and in need of effective actions.

In the Nairobi strategies oriented to the future advancement of women,[1] emphasis is placed on the need to revoke discriminatory laws and the preparation of complementary strategies to bring about the sharing of domestic responsibilities by all family members. Mechanisms for socialization of domestic work and child care will not come by themselves. They should be discussed by the educational system and should form part of labour protection and social security schemes.

At any rate, a programme on priorities for women's development should consider the following: the social value of women in the family; community and national development; the need to increase women's education and participation in economic and political life; the need to improve the coverage and quality of maternal and child health and family planning programmes. The importance of integrating men into the process of women's upgrading should be underlined.

B. The demographic context

Population growth in Latin America during the 1980s was marked by the persistence of three trends: the slow reduction in mortality levels; a definite trend towards fertility decline; and the persistence of migration to urban areas. From a demographic point of view, the take-off levels and the composition of these trends lead to many outcomes, a few of which are discussed here. The first effect has to do with the increase in the number of births, despite the fertility decline, due to the substantial increase in the percentage of women of reproductive ages. The second relates to the ageing of the population, that is, the increasing numbers and proportions of persons over 65 years of age, mainly due to the fertility decline. Lastly, there are markedly higher percentages of young adults in the cities, brought in by the migratory streams.

TABLE 17. INDICATORS RELATED TO WOMEN, LATIN AMERICA AND THE CARIBBEAN

Region and country	*Females as a percentage of males*		Births attended by health personnel	Maternal mortality per 100,000 live births	Contraceptive prevalence rate (in-union women)
	Mean years of schooling	*Labour force*			
Latin America					
Andean Area					
Bolivia	60	49	36	600	30
Colombia	96	52	51	200	65
Ecuador	87	68	27	300	44
Peru	72	..	44	300	46
Venezuela	89	27	82	200	..
Southern Cone					
Argentina	100	27	..	140	..
Chile	94	29	98	67	..
Paraguay	87	62	22	300	38
Uruguay	103	45	97	36	..
Brazil	89	39	95	200	66
Central American Isthmus					
Belize	93	49	80	..	42
Costa Rica	100	27	93	36	69
El Salvador	96	33	35	300	47
Guatemala	86	19	34	300	23
Honduras	94	22	50	300	41
Nicaragua	89	27	41	300	..
Panama	99	37	89	60	58
Mexico	81	30	94	200	53
Caribbean					
Cuba	93	46	..	36	..
Dominican Republic	87	17	..	300	..
Haiti	63	51	40	600	5
Other Caribbean					
Antigua and Barbuda	80	..	90	..	39
Bahamas	94	..	..	..	..
Barbados	94	89	93	..	47
Dominica	100	..	96	..	58
Grenada	93	..	81	..	31
Guyana	86	27	96	200	31
Jamaica	102	45	89	115	..
Saint Kitts and Nevis	97	..	100	..	41
Saint Lucia	96	..	99	..	43
Saint Vincent and the Grenadines	95	..	73	..	42
Suriname	85	41	80	..	..
Trinidad and Tobago	97	38	98	111	53

Sources: United Nations Development Programme, *Human Development Report, 1991* (New York, Oxford University Press, 1991). The maternal mortality data, which refer to early or later years in the 1980, were taken from Pan American Health Organization-World Health Organization, *XXIII Pan American Sanitary Conference: Regional Plan of Action for the Reduction of Maternal Mortality in the Americas* (Washington, D.C., September 1990).

NOTE: The following countries or areas were not included in the *Human Development Report, 1991* and were, therefore, excluded from this table: Falkland Islands, Anguilla, Cayman Islands, French Guiana, Guadeloupe, Martinique, Montserrat, Netherlands Antilles, Turks and Caicos Islands, British Virgin Islands and United States Virgin Islands.

Any population policy, therefore, will have to deal with the multiple challenges of addressing both the general population needs and the specific requirements of children, young adults and the elderly. At the same time, it is known that, in terms of public expenditures, the elderly are more expensive than the young. In this context, social security policies become part of the wider discussion of population policies. To the best of the author's knowledge, such a comprehensive treatment from a population policy perspective has not yet been attempted.

In addition, reproduction fulfils a social function and, as such, might be subjected to different interpretations by Governments and the various subgroups of the population, which may perceive their needs to be different in relation to this question. In the Latin American region, there are instances of pronatalist views by Governments (Chile, in the mid-1980s, for example) which led to the withdrawal of family planning counselling and delivery from the public sector services. On the contrary, the initiation of family planning actions for reasons of "population control" is associated with initiatives of non-governmental organizations leading to abuses, and is widely rejected. A recent IPPF report on Brazil provides quotations on the subject by various Brazilian experts:

> "These [private] agencies aimed at a reduction of population growth.... All actions occurred under a birth control framework.... There has been an enormous ideological issue on past NGO actions which became prevalent during the military Government...[NGOs with close relationships to the military were seen as] holding paternalistic and clientelistic attitudes. Family planning entered Brazil disguised as birth control, and that was very damaging....People associate family planning to birth control and not to programs of comprehensive health care for women. Even physicians do not understand it well." (IPPF, 1991, p. 3)

The prevailing view among the majority of these experts was that Government's inaction in this area facilitated a narrow and uncontrolled reliance on two methods, sterilization and pills. The practice of sterilization following a delivery led to an increase in the percentage of deliveries performed through Caesarean section; at the same time, birth control pills were sold behind the counter, lacking proper medical advice and follow-up. The ideal situation foreseen for Brazil would be to have clearly defined guidelines on the subject by the State, information and access to a wider method selection, proper medical attention and screening.

At least in Brazil, the current view is to promote reproductive control for its human rights, equity and women's health implication, and to provide services within a primary health-care framework. If services are rendered in a comprehensive health frame, they must include information and access to all methods, screening for reproductive tract infections and sexually transmitted diseases, prevention of gynaecological cancer, and prenatal and post-natal care (IPPF, 1991).

Family planning programmes have been criticized in the past for their verticality. Having the community as a constituency can correct this error. Pressing needs are identified in the areas of (*a*) improvements in the nature and quality of care; (*b*) widening access to services by all groups in need, including rural populations and young adults; and (*c*) enhanced health education for health professionals and community members.

Within this setting, non-governmental organizations could collaborate with Governments in providing care to the most unprotected populations. For the nature of the work they develop at the community level, such organizations are in a privileged position to incorporate men and young adults in discussions on sexual and reproductive behaviour. The organizations may also establish partnerships with Governments to train medical and non-medical personnel on the various aspects of this undertaking. Lastly, because non-governmental organizations work at the microlevel, they are in a better position to develop participatory research which would identify models of services customized to the community needs.

C. Past issues in population policy

The experience of implementing the World Population Plan of Action, adopted at Bucharest in 1974 and expanded at Mexico City in 1984, taught the community concerned with population that development and population strategies must march together.

The International Forum on Population in the Twenty-first Century endorsed the mutual reinforcement of population and development objectives, stated the need to overcome misery and poverty and made population goals and programme priorities explicit. These goals are to reduce the average number of children born to women, to increase contraceptive prevalence, to reduce early marriage and teenage pregnancy, to reduce infant and maternal mortality, to increase life expectancy and to attain a better geo-

graphical distribution of the population (UNFPA, 1990a).

These goals are wellknown by those concerned with population matters. In fact, what is needed is an innovative approach on how to get them under way. Already, the substantial literature on the relationships between population and development states that increasing equity in development carries desirable effects for individuals in general and women in particular. What must be addressed is the nature of the population-specific interventions that must be pursued.

Current perspectives for more effective outcomes are good. The United Nations bodies concerned with population and development issues are attempting to develop inter-agency activities to serve their specific purposes simultaneously, that is, favouring an integrated approach. In fact, inter-agency cooperation is becoming a mode of operation in the 1990s (see, for example, the Safe Motherhood Initiative).

The demographic goals stated for the world may be realized in Latin America without too much difficulty. They refer to contraceptive prevalence of 60 per cent of eligible women; a 70 per cent literacy rate among women and universal enrolment of girls in primary education; average life expectancy of 60 years for both men and women; an infant mortality rate of fewer than 50 per 1,000 live births; and a reduction in maternal mortality of at least 50 per cent, especially in countries where current rates are over 100 per 100,000 live births (UNFPA, 1990a).

Requirements for the population policy debate to succeed in Latin America departs from the understanding that the demographic goal should not be an objective in itself, but rather a consequence of satisfying the needs of individuals and couples. These needs are of a multiple nature and so should the policies be; these policies need to be comprehensive and to address women's concerns, health, environment and economic and social projects of the poor population sectors.

In addition, each national and regional context, for that matter, are unique. Therefore, programmatic efforts need to be tailored to the specific needs of the population. Furthermore, national or regional policies should contain provisions for the different ethnic or subgroups that comprise the population.

D. THE PAHO CONTRIBUTION IN THE FIELD

The mandate of PAHO within the family of United Nations agencies is focused on identifying health needs, equating actions converging to them and strengthening Governments' capacity to respond to them. In this respect, PAHO provides technical assistance in the formulation of health policies that would guarantee self-sustainability and institutionalization of required interventions.

Concern with population policy issues has been part of the PAHO agenda for the past 20 years. Within PAHO, these questions are defined as linked with maternal and child health activities and from a programme point of view.

Specific recommendations on this matter were made by the PAHO Directing Council meetings of 1984, 1985 and 1988. In addition, the XXIII Pan American Sanitary Conference in 1990 and the XXXV Meeting of the Directing Council, in September 1991 (see PAHO, 1991b), singled out the topic and recommended among other points, that PAHO should:

(*a*) Revise and update all maternal and child health and family planning programmes before December 1991 in accordance with Governments' plans of action;

(*b*) Promote at the central, regional and local levels the decisions and commitments of the summit and integrate the public and private sectors in attaining the national goals;

(*c*) Help devise a methodology to estimate programme costs in the 1990s in order to facilitate the design of financial strategies and the mobilization of resources;

(*d*) Give priority to the coverage of: (i) as yet neglected areas, (ii) marginal urban and rural population groups; and (iii) women, children and adolescents from a comprehensive and quality of care perspective;

(*e*) Continue developing epidemiological surveillance systems and databases for improved monitoring and evaluation of programmes;

(*f*) Ensure that the countries shall cover aspects of population, development, health and reproductive health in their reports and proposals at the International Conference on Population and Development in 1994.

In focusing on health programmes for women, children and adolescents, it was stressed that emphasis should be placed on inter-agency coordination, quality of care and the costs involved in attaining the objectives established.

In framing these recommendations, special note was made on the extent of the economic crisis in the region, and trends in population growth, structure and distribution were taken into account.

Collaborative work has been established with non-governmental organizations in partnerships with Governments, and a project is under way to identify "female-friendly" services in the need to close the existing gap between service providers and users, especially in relation to women's needs. Moreover, PAHO participates in the inter-agency effort represented by the Safe Motherhood Initiative as a tool to improve women's reproductive health.

E. Conclusions and recommendations

Given the nature of the changes that took place in Latin America during the 1980s, as well as the experiences of below-replacement fertility and foreign migration policies in other regions, it is clear that population policy cannot be based on a simplistic concentration on fertility control.

Of utmost importance is the evaluation of population policy efforts needed to complement programmes directed to decreasing poverty, improving access to water and basic sanitation, and promoting social development. Important variables in this regard are: (*a*) the implementation of nutritional programmes for groups at risk; (*b*) more attention to school attendance by men and women; and (*c*) the organization of men and women to better prepare them for participating in the labour market under equal conditions. Affirmative actions to close the existing gap between men's and women's responsibilities and rewards also need to be given priority attention.

The aim of a population policy is to improve the population's welfare, and health is an essential component of it. Moreover, health is an important element in the development of human resources, as human capital, and is fundamental to the social, political and economic development of people and countries.

Reproductive health is envisaged in the region as a matter of health, equity and human rights. It is basic to women's comprehensive health during all the life stages and to their image in society. Currently, women are still valued more for their contribution to the family and less for their role as productive members in society. Changes in the degree of this recognition will depend upon the extent that societies provide real outlets for women. These alternatives are crucial elements in the decision-making process to balance out women's contribution in all spheres of social life.

Because of the connection between reproductive health and sexuality, and the restrictions prevailing in relation to the unequal expression of each gender's sexuality, advances to incorporate widespread assistance to women in this area have been slow. PAHO recommends that adolescents to be given due attention in programmes geared to their needs, to avoid repeating the traumas of past parental generations.

Actions in the reproductive health field have evolved considerably around the clientele of women as mothers. The Safe Motherhood Initiative is an example. Those concerned with the health and population have to reflect on the need to provide space for all women, mother and non-mothers, to discuss healthy choices in the area of reproductive health.

It is well known that reproductive health has an identified ceiling, given by the total number of pregnancies, the age at initiating and finishing childbearing, and the length of interbirth intervals. Positive messages could be transmitted to the population in this regard. Women as mothers should be informed of the better conditions to develop their reproductive choices in a safe and happy manner. So far, reproductive health has been affected by the double standard that establishes women as the main repository of the human reproductive process but, at the same time, denies them the right to manage the process.

This author sees central level willingness and guidelines being translated into local-level activities involving Government, community resources and women organizations as the proper ground to define constituencies for population issues and to address the self-sustainability and accountability questions.

The possibility of working in closer contact with the community through local health systems and partnerships with non-governmental organizations widens the space to evaluate choices and means for individuals and groups. The local level is a much more dynamic context for assessing and closing gaps in the evaluation of choices and means. Furthermore, the local level may provide a more familiar environment to weigh the contributions of individuals and groups in the construction of balanced and integrated communities. This opportunity grants the possibility

of diminishing counterpressures and renewing support groups.

The direction for change is established. The means for the change are in the hands of integrated communities who have become partners in the construction of better lives for themselves and for all. Success will be achieved when health and welfare of many prevail over the needs of a few (PAHO, 1991a).

NOTE

[1] General Assembly resolution 40/108 of 13 December 1985, cited in Krawczyk (1990).

REFERENCES

Cornia, Giovanni Andrea, Richard Jolly and Frances Stewart, eds. (1988). *Adjustment with a Human Face, vol. 2, Ten Country Case Studies.* A study by UNICEF. New York: Oxford University Press.

Draibe, Sonia Miriam (1989). An overview of social development in Brazil. *CEPAL Review* (Santiago, Chile), No. 39 (December), pp. 47-61.

International Planned Parenthood Federation (1991). Perspectives on the future of family planning in Brazil. Mimeographed.

Krawczyk, Miriam (1990). The growing presence of women in development. *CEPAL Review* (Santiago, Chile), No. 40 (April), pp. 69-81.

López M., Cecilia, and Molly E. Pollack (1989). The incorporation of women in development policies. *CEPAL Review* (Santiago, Chile), No. 39 (December), pp. 37-46.

Otsa, Karen (1992). Safe Motherhood: progress and prospects. Background document for the Meeting of Partners for Safe Motherhood, Washington, D.C., March 1992.

Pan American Health Organization (1990a). *Desarrollo y fortalecimiento de los sistemas locales de salud. La participacion social, Estudios de casos.* HSD/SILOS-7. Washington, D.C.

________ (1990b). *Non-governmental Organizations.* Subcommittee on Planning and Programming, Fifteenth Meeting, Washington, D.C., December 1990.

________ (1991a). Programas de salud maternoinfantil y planificación familiar. Background document for the 107th Meeting of the Executive Committee, Washington, D.C., June 1991.

________ (1991b). *XXXV Meeting of the Directing Council,* Washington, D.C., September 1991. Washington, D.C.

________ (1992). *Cholera Situation in the americas.* Washington, D.C.

________ and World Health Organization (1990). *XXIII Pan American Sanitary Conference. Regional Plan of Action for the Reduction of Maternal Mortality in the Americas.* Washington, D.C.

Primera Cumbre Iberoamericana (1991). *La salud como pilar fundamental del desarrollo social de Iberoamérica.* Guadalajara, Mexico.

Rosenthal, Gert (1989). Latin American and Caribbean development in the 1980s and the outlook for the future. *CEPAL Review* (Santiago, Chile), No. 39 (December), pp. 7-17.

Swedish International Development Agency (1991). *Striking a Balance.* Stockholm.

United Nations (1987). *World Population Policies,* vol. I, *Afghanistan to France.* Population Studies, No. 102. Sales No. E.87.XIII.4.

________ (1989). *World Population Policies,* vol. II, *Gabon to Norway.* Population Studies, No. 102/Add.1. Sales No. E.89.XIII.3.

United Nations Development Programme (1991). *Human Development Report, 1991.* New York: Oxford Press.

United Nations Population Fund (1990a). *Report of the International Forum on Population in the Twenty-first Century, Amsterdam, the Netherlands, 6-9 November 1989.* New York.

________ (1990b). *The State of the World Population, 1989.* New York.

Weil, Diana, and others (1990). *The Impact of Development Policies on Health.* Geneva: World Health Organization.

World Bank (1991). *Brazil: Women's Reproductive Health.* Report No. 8215-BR. Washington, D.C.

VIII. REVIEW OF POPULATION POLICIES: DEVELOPED COUNTRIES

Gabriella Vukovich *

It seems surprising that after several decades of population policy research and debates it is still not clear what population policy means in developed countries. Population-related policies cover a broad range of government recognitions and actions, partially population-influencing, partiallypopulation-responsive. Population-influencing policies can be defined as those types of interventions which are directed to or have a bearing on influencing population trends, that is, population policies in the strict sense. Population-responsive policies can be considered those which are directed to coping with the consequences of population trends; they are usually labelled "socio-economic policies". Because of the interrelations between them, the two types of policies can be separated analytically, but empirical distinctions are more difficult (Van Nimwegen, 1990). Population-related policies, on the whole, cover too broad a range of policy areas for concise discussion as almost all sectors of the societal organization are, closely or loosely, related to stock-type or flow-type aspects of the population.

Addressing population policy in developed countries is sometimes controversial also because the demographic problems are usually not as pressing as in developing countries. The well-known general pattern of sustained low or declining fertility, slow, zero or negative population growth and the associated progressive ageing of the population are processes and phenomena to which the societies of developed countries have had a relatively long time to adjust. Also, by definition, these countries have more abundant financial, material, infrastructure and other means at their disposition to cope with the problems raised by population development.

Strictly speaking, population policy would mean that the Government has identified certain quantitative or qualitative aims or targets and, acting upon the recognition that the direction of the observed population processes is contrary to the aims that were formulated, government action follows. Such action then can take the form of a well-defined population policy comprising a set of measures supportive of the Government's objectives. However, the implementation of the same types of supportive measures can occur without labelling them as population policy.

Some Governments, on the other hand, do not identify demographic aims or targets and do not formulate population policies. The welfare States among the developed countries can choose to ignore population developments as areas of policy intervention, but they cannot detach themselves from the obligation of income redistribution through social policy or welfare schemes. The target groups and, indeed, the transfers themselves are often identical to what in some countries explicitly fall under the heading of population policy. Whether some segments of family policy, of social policy etc. should or should not be considered population policy elements by virtue of some similarities is open to discussion. Consequently, when addressing the issue of population policy in the developed countries, one has first to decide whether to begin from the side of the measures and their possible or likely impact on demographic processes or from the side of the Government's intentions. It would appear that it is for the Governments themselves to decide whether the policy they pursue is social policy, family policy or population policy. Also, the term "policy" implies conscious action with the aim of achieving a defined demographic target or of achieving a socio-economic target through influencing population processes which are counteracting in the path of achieving that target.

A. DEMOGRAPHIC PROCESSES POSSIBLY REQUIRING POLICY INTERVENTION

According to a United Nations publication (United Nations, 1986), the common concerns of the developed countries in reference to population policy are declining fertility levels (in some cases to below-replacement

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level), mortality differentials, ageing of the population, size of the foreign-born population and inappropriate spatial distribution. In most countries, however, these concerns are implicit rather than explicit. The degree of concern expressed about each of these areas also varies.

Government perceptions of the population processes are not in simple direct relationship with the actual levels observed. The perception is probably rather a function of whether the demographic developments serve or are an obstacle to societal goals. A further inconsistency is between the perception of the satisfactory or unsatisfactory nature of the processes and the existence or non-existence of policies to influence population development.

Population growth

During the period 1985-1990, population growth within the more developed regions was more rapid in Australia and New Zealand (1.2 per cent), followed by Northern America and the former Union of Soviet Socialist Republics (0.8 per cent). The regions of Europe had nearly identical growth rates, between 0.24 and 0.27 per cent. The variations between the individual countries are not large enough to justify the diversity in perception and intentions of interventions. For instance, according to *World Population Monitoring, 1989* (United Nations, 1990), of the 39 countries in the Economic Commission for Europe (ECE) area, the former Federal Republic of Germany considered its growth rate too low but did not attempt to raise it. Bulgaria, Cyrus, France, the German Democratic Republic, Greece, Hungary, Israel, Liechtenstein and Monaco considered their growth rates to be too low and reported ongoing interventions to raise population growth rates, whereas Luxembourg and Romania considered their growth rate to be satisfactory but made efforts to raise it. The Netherlands reported the growth rate to be satisfactory but sought to reduce it. All other countries in the ECE area reported satisfactory growth rates and either interventions to maintain them or no interventions.

Components of growth—births, deaths, migration—may be areas of policy intervention because any of these population processes is considered unsatisfactory or because the synthesis of the processes, growth, is unsatisfactory. However, the sensitivity to policy intervention and the acceptability of intervention or non-intervention is specific to the processes.

As for *sensitivity* to policy intervention, it seems that policies directed to increasing fertility occasionally do have certain results. The evidence of the former centrally planned economies shows that pronatalist incentives did have the immediate, if not short-term, effect of increasing the number of births, and some well-chosen measures even may have resulted in slight fertility increases. France, the classical example of a developed country that explicitly adopted a population policy, also has reported results in increasing fertility or at least in slowing the decreases.

Migration can also be rather sensitive to policy intervention, as immigration restrictions can be implemented with the immediate result of reducing legal immigration; and emigration restrictions, although contrary to human rights, also have immediate effects.

Theoretically, marriages and divorces would be the easiest to influence by direct interventions, because alternative living arrangements are readily found. That is, one can choose to live in a consensual union instead of formal marriage, but the wish to have children can only be fulfilled by births. However, except for the recent liberalization of divorce legislation in Belgium and Italy, and occasional changes in the legal age for marriage, very few direct steps are taken to influence marriage partnerships. On the other hand, exactly because adequate substitutes to married partnership are easily adopted, marriages and divorces have proved to be sensitive to measures implemented outside the scope of population policy. An outstanding example of unintentional influence was in the former German Democratic Republic.

In 1976, among various pronatalist incentives, special allowance and housing provisions were introduced for single mothers, out of social policy considerations. The unexpected outcome was that women chose to give birth to a child outside marriage rather than get married, in order to benefit from the special provisions. This situation, in turn, resulted in fertility developments that were contrary to the general aims of the package of incentives. Married couples are known to have higher fertility than unmarried couples or persons, and the social policy measures proved to be incentives for not marrying. Later, in order to counteract the inappropriately chosen provisions, the same

special benefits were offered both to couples and to single mothers.

Turning to the acceptability of the intervention, there is obviously no morally acceptable alternative to a policy directed to reducing morbidity and mortality, whereas fertility, translated into family size, is considered in many developed countries to be a private sphere where policy intervention is uncalled for.

More or less similarly, the moral justification for restricting emigration from a country is by far more doubtful than the acceptability of restricting immigration to a country.

Recent developments that altered the political landscape of Europe and the world have not changed the components of the natural increase of the population, but they did change the potentials of physical movements. Nevertheless, the population policy picture has been reshaped beyond the changes in the nature of demographic processes.

Components of natural increase

Until the end of the 1980s, the centrally planned economies were always emphatically in favour of population policy intervention and, indeed, did practise such intervention.

The successive periods of policy implementation suggest that they followed some type of a pattern in changing ideologies. In the early 1950s, the central decision makers assumed that demographic behaviour could be forced through administrative measures, even in areas of behaviour where the processes eventually depend upon individual decisions. The political system was considered to ensure optimal conditions for favourable population trends, which, in turn, were considered to be equivalent to rapid population growth. The principal target of intervention was fertility. Mortality did continue its secular declining trend for quite a while in the centrally planned economies, owing to the still relatively high proportion of deaths due to exogenous diseases. Migration was not considered a population policy area, despite the severe restrictions in international migration and the limited authorization of internal moves. Subsequent population policy periods in the 1960s and onward reflect the changing ideological foundation and political practice in the system. The voluntary and drastic interventions in population processes gave way to more subtle indirect incentives or disincentives. On the whole, the centrally planned economies succeeded in implementing an elaborate set of pronatalist incentives which may have narrowed the gap between the desired and the completed family sizes of couples. Most of these population policy incentives, however, could have been considered family policy measures, as their intermediate way of influencing was through the institution of the family and their actual way of operating was through income redistribution, whether in cash or in kind.

The reversal of the declining mortality trend began in the mid-1960s in most Eastern European countries, but the recognition only dawned later, when the worsening mortality conditions could no longer be regarded as short-term fluctuations. By the 1980s, the centrally planned economies constituted an easily distinguishable region of high mortality. Policy intervention was obviously called for and efforts to reduce morbidity and mortality were made but with little success. The way of life, environmental hazards, nutritional habits, poorly organized health services, lack of infrastructure, lack of resources etc. were detrimental to health conditions and led to the current mortality situation, despite the health policy goals.

The political changes came about in 1989-1990. Little of what the former centrally planned ecnomies inherited from the previous population policies and population-related policies is left by now. The measures that were implemented prior to the political changes still exist, but their incentive nature has more or less diminished. The family allowances, maternity aids, birth allowances and other transfers in cash or in kind which are offered to families cover smaller and smaller proportions of the cost of rearing children. The rising living costs, high inflation, unemployment and other economic and financial constraints which the transition countries are experiencing are probably much stronger disincentives than the diminishing value of the previous incentives. Also, the Governments and parliaments that came into power have a vast array of legislative, financial and organizational problems to solve under conditions of a permanent shortage of material resources. The problems that population processes may pose appear to be among the less urgent questions and the likelihood that costly efforts yield effective results is not viewed optimistically, although

the general ideological orientation in most transition countries would be favourable to interventions supporting fertility and population growth.

From among the measures that fell under population policies in the centrally planned economies, the issue of abortion has been treated in opposite ways since the new Governments came into power, depending upon the previous provisions. Abortion had been prohibited in Romania during the preceding two decades, but it has been freely authorized since the political events of 1990. The abortion issue recently generated heated debates in Poland and Hungary, less on population policy than on moral and ideological grounds. Conditions of access to abortion have not changed significantly in any of the countries (except Romania), but some restrictions are probably to be expected.

The most frequently cited example of a developed country with a long history of population policy is France, where successive Governments have all adopted policies favouring family formation and large families. The new types of living arrangements, increasing divorce rates, decreasing marriage rates, increasing female labour force participation and increasing proportions of extramarital births are circumstances in which the old stereotype of three-child families with a working father and a housewife mother must give way to policies more adapted to lifestyles that are characteristic of the last quarter of the twentieth century. Consequently, population policy and/or family policy not only in France but in a number of other countries places more emphasis on improving the conditions of rearing children and of family life in general, that is, to qualitative improvements, rather than on promoting increasing family sizes.

The effectiveness of the classical pronatalist policies is more and more often questioned. Judging from the evidence of several developed countries, it appears that indirect measures that are supportive of the aspirations of families and individuals are more successful than policies that try to reach certain goals through influencing the aspirations themselves. Sweden is an example of this.

The summary of the Swedish policies in this respect is that the major concern is to ensure the balanced development of society (Sweden, 1989). The way to reach this general objective is to improve the equilibrium between the main spheres of life—profession and the family. Moreover, providing equal chances for women is an extremely important element of social action. In view of recent fertility trends, it seems that the Swedish approach, which is more sociological than demographic, eventually increased fertility to rates that are close to the replacement level: TFR was as high as 2.13 children per woman in 1990. Part of the increase is probably to be ascribed to timing effects (the arrival of the postponed first births to women now in their early thirties) but according to the Swedish report to the Council of Europe (1991), a result of the changing timing pattern may be that eventual cohort fertility will rise. Accordingly, population projections count with further increases in fertility on the short run, and sustained higher fertility later on. Recent and current fertility developments in Sweden were reached despite the high propensity to live in consensual unions rather than in formal marriage and, moreover, in circumstances of outstandingly high labour force participation of women. The latter factor needs the further explanation that because of the efforts to reconcile professional life and family life, although more than 80 per cent of the women are active, more women spend longer periods at home raising their children than in other developed countries ("they have a job but they are not on the job").

Population ageing

The progressive ageing of populations is an inevitable outcome of demographic transition. Developed countries, owing to their demographic history, have elevated proportions of the elderly in their populations and experience rapid increases in the numbers of the aged especially of the very old population. Since the process has recently been enhanced by the mortality pattern, the implication is that further mortality improvements in mortality largely occur among the aged.

The policies that can be related to population ageing are necessarily of the population-responsive type. It would be difficult to imagine a policy that could be effective in slowing the ageing process, which is by now inherent in the age structures themselves.

What Governments can do is to find ways of coping with the most urgent pressure on health services, human services, pension budgets and welfare provi-

sions. This need is recognized in all the developed countries; and the actions, accordingly, range from specific local or national programmes of rendering services to the aged through health policies, concentrating on the degenerative and chronic conditions at higher ages, to discussions on the reforms of pension systems. What occasionally does raise special concern is that the various age segments of the population are in competition for the attention of and the resources the Governments can allocate.

Families used to be the main care providers for aged family members. Government policies could undertake to support such provision of care. However, a characteristic feature of the ageing process is the high proportion of old persons who live without close family ties. Changes in living arrangements, small family sizes, nuclear families etc. lead to old persons having fewer and fewer descendants and, after a while, fewer relatives of the same age as themselves. Care provision in such circumstances is necessarily shifted to institutions other than the family. Much of what can be done for the aged is and increasingly will be done through informal channels, with the intervention of local and self-supporting groups that can organize assistance, on a small scale, to frail old persons that do not need special expert medical attention.

Extending life expectancy is an aim of all societies and is still continuously achieved in most of the developed countries. The typical physiological, physical and health conditions associated with longer life call for policy action to improve the chances of extending life expectancy in good health, not only for humanitarian reasons but also for the practical reason of maintaining the autonomy and self-providing capacity of the aged as long as possible.

The transition countries of Eastern Europe are in a different situation as concerns health policies. Progressive ageing is observed in Eastern Europe too and the stages reached are more or less similar to what other developed countries experience. The major difference is that the mortality patterns are far from enhancing the ageing process. Mortality in all the Eastern European countries is extremely high and has been increasing since the mid-1960s. All age segments of the population, except the youngest, are touched by increasing mortality. Consequently, health or mortality policies cannot be concentrated on the aged; attention (and scarce resources) must be divided between the various population groups.

International migration

International migration has recently become the major socio-economic and population policy concern of many developed countries. The changing nature of international migration and the impact of international migration on demographic variables were issues already addressed during the Regional Meeting on Population and Development organized by ECE and UNFPA; and held at Budapest in 1987. The important south-north migration potential has possibly even increased since then. An additional concern is more and more often expressed with regard to the migration potential from Eastern Europe and the former USSR.

The political changes in Eastern Europe involved the free movement of the peoples of Eastern European countries, as far as the releasing countries are concerned. The admission of the citizens of Eastern European countries to other countries is a different question. Short-term (usually up to three months) visits are permitted without much restriction. Longer settlement as guest workers or other immigrants is considerably limited by most potential host countries.

At the end of the 1980s, several developed countries (e.g., Austria, Germany, Sweden and Switzerland) reported record heights in migration gains. International migration became the most important component of population growth even in countries that had previously been marked by massive emigration (for instance, some Southern European countries). There was a considerable increase in migrants from Eastern European countries in the last one or two years of the 1980s and the beginning of the 1990s. These numbers were added to the high levels of refugee and guest-worker movements.

In response to the actual and anticipated migration flows and the problems associated with the integration of large groups of foreign-born population, sporadic restrictions to immigration were introduced. However, it is now recognized in many developed countries that international migration policies need the coordinated action of the international community. Both the physical nature of the flows and the motivation of migrants imply that international migration policies are beyond the scope of what individual countries can do and, in particular, beyond the scope of the types of policies that open or close valves according to immediate labour needs.

During an international conference on mass migration in Europe held at Vienna in March 1992 under the joint sponsorship of the Institute of Advanced Studies (Vienna), the Institute of Applied Systems Analysis (Laxenburg) and the Institute for Futures Studies (Stockholm), several speakers referred to the need for new approaches in international migration policies, which should include elements of international development cooperation.

The liberty of movements should not be impaired. Instead, it is the push factors in the current sending countries, be they political or economic, which should lose their strength. Although too much international migration pressure creates bottlenecks in the accommodation of migrants by the host countries and occasionally leads to unwelcome reactions, it also deprives the sending countries of some of its most valuable elements. Brain drain is often mentioned in this context, although the impact of brain drain is limited to certain professions and relatively small groups.

Statistically and demographically, as well as from the point of view of the development of the countries of origin, the losses in human capital are more important. The age selectivity of migration (concentrated in the young active adult ages) is a well-established fact and the migrants are usually the more flexible innovative groups of persons thus lost to their countries of origin. Simplifying the motivation pattern of migration and accommodating migrants in the host countries, one can say that supply and demand are the regulating factors. Employers in developed countries will favour cheap immigrant labour, rather than invest in the countries that are sending the migrants, as long as the cost-efficiency calculations justify it. For the moment, the supply of immigrant labour anxious to settle in developed countries by far exceeds the demand and the accommodating capacity in developed countries.

Migration from Eastern Europe and the former USSR is often considered a coming threatening wave in more developed countries. There certainly exists a set of the usual push/pull factors of migration in the developmental differences between the transition countries and the more developed regions of the world. However, the fear appears to be exaggerated and to a certain extent artificially generated. The estimates of potential migrants, freely circulated in expert circles and in the press, range from a few hundred thousands to several tens of millions of persons who only wait for the first opportunity to emigrate from the former USSR states, for instance. Similarly, countries of the Balkan region are expected to provide further relatively large masses of migrants to Western Europe.

The anticipated large migration wave that could come from the former USSR causes concern also in Eastern European countries. Owing to their geographical location, they would be the first buffer regions, which at least for a certain period of time would have to cope with large numbers of migrants.

The exaggeratedly high estimates are in part the response of what is obviously a cry for help and what is sometimes considered a political blackmail on behalf of the potential sending countries. An example to support such feelings was the issue of the Volga-Germans, at the beginning of 1992, when the fear emerged that a German ethnic minority group would emigrate from the former USSR to Germany. In order to avoid the large immigrant group, financial assistance was offered to improve their conditions in the former Soviet Union.

Migration policies that are adopted in anticipation of future trends could be less well-founded than those types of policies which integrate socio-economic and population development.

The current low, zero or negative growth, and demographic ageing in particular, raise the question whether the missing labour force, expected to decline in the first decades of the twenty-first century, should be substituted by immigrant labour. This step would, of course, improve the performance of social security and pension budgets, as there is a time-lag between beginning to contribute to the budget and beginning to benefit from the provisions. Eastern European immigrant labour is sometimes given preference in such speculations, as the cultural background and the educational systems are not very dissimilar from those in Western Europe. The problem is that the demographic situation in Eastern Europe is also rather close to the West European situations. Consequently, population ageing and the decline of the potential labour force in Eastern European countries have more or less the same pace and timing.

B. CONCLUSIONS

Population-related policies necessarily exist in all the developed countries. Many of them do not report and consider the sets of measures that are implemented for social policy or welfare reasons as population policy. Nevertheless, these policies do have certain demographic results, even if those results were not intended to come about.

The traditional fertility policies, pronatalist in the developed countries that do or did adopt such policies, could be monitored in the former centrally planned economies and a few other countries, such as France. The performance of those policies has varied and has largely depended upon whether the measures sought to influence the family plans of couples or were directed to assisting the couples in fulfilling their family plans. Most policies and measures did have short-term effects in raising the number of births but seldom in increasing cohort fertility.

Mortality and health policies act throughout the entire age distribution of the population, but because of the ageing process and the high numbers and large proportions of the aged in the developed countries, special attention is given to health policies that concern the chronic and degenerative conditions. Alongside the policies responsive to the ageing process, socio-economic differentials in morbidity, in access to adequate health care and in mortality are specificities in the developed countries which call for policy action.

Migration policies have, until now, seldom been coordinated at the international level, although the nature of the processes and the international diplomatic relations involved makes some type of coordination necessary. New considerations advanced in the process of adopting international migration policies include the integration of international development cooperation in order to create more favourable conditions for the populations of sending countries. The argument in favour of such integrated policies is that they may contribute to reducing the push factors in the sending countries, thus the pressure on receiving countries could be alleviated without the introduction of restrictive measures.

References

Council of Europe (1991). *Recent Demographic Developments in Europe, 1991*. Strasbourg.

Sweden (1989). Une politique nataliste qui s'ignore? *Population et avenir* (Paris), No. 593/594, p. 17.

United Nations (1986). *Population Policy Briefs: The Current Situation in Developed Countries and Selected Territories, 1985*. Population Policy Paper, No. 3. ST/ESA/SER.R/63.

________ (1989). *World Population Monitoring, 1989; Special Report: The Population Situation in the Least Developed Countries*. Population Studies, No. 113. Sales No. E.89.XIII.12.

Van Nimwegen, N. (1990). Integration of population policies and social and economic policies: an introduction. Paper prepared under the Integration of Population Policies and Socio-economic Policies Project funded by the United Nations Population Fund. Geneva.

Part Three

POPULATION PROGRAMMES

IX. EXPERIENCE OF 20 YEARS: ACHIEVEMENTS AND CHALLENGES

United Nations Population Fund

The end of the decade 1960-1969 saw the launching of the first international population programme. Since then, the ability to identify population goals, mount programmes and monitor success and shortcomings has grown immeasurably. These activities have been principally due to major efforts, often under trying constraints, by Governments and non-governmental organizations in developing countries. Their work has been assisted by financial, technical and material support from a small group of developed countries and from multinational organizations. Much of the growth in population programmes and services, however, has been due to support provided by the United Nations Population Fund. These efforts have been directed not only to family planning; IEC and contraceptive services, but also to activities in population data, policy and research, essential companions to the action-oriented programmes.

Numerous and significant changes have been made in population programmes and initiatives throughout the world since UNFPA was founded. In particular, population policies have become embedded in development programmes in most regions. A consensus has formed that population is an important aspect of the development equation. Censuses and vital registration systems have been augmented and provide information through which planning can be undertaken and evaluated. The process of data generation and policy analysis has shown that the population issues currently needing attention, and the nature of those that will endure until nearly the end of the twenty-first century, are more numerous and of much larger scale than had been anticipated.

The first objective of this paper is to review the contributions of UNFPA to international population programmes over the past two decades. A second objective is to address the population challenges that face the world as it approaches the new century and the ways in which UNFPA proposes to address these challenges. The levels of programme effort and funding that will be required to reach demographic targets from the present to the year 2000 are also reviewed.

Interest in the decade of the 1990s arises from three considerations. First, near-term targets are needed to guide planning and also to serve as criteria for programme impact. Secondly, unless a significant part of the momentum of population growth is checked in this decade there will be little chance that population stabilization will occur at acceptable levels. Thirdly, these near-term estimates will challenge participating countries to examine the level of commitment necessary to achieve the desired impact.

A. BASIC THEMES IN UNFPA PROGRAMME STRATEGY

The ultimate goal of UNFPA is to assist Governments in achieving an improved quality of life for their people. Population activities, however, have special features as they address some sensitive and private areas of life. Accordingly, UNFPA maintains a policy of neutrality, where each State is affirmed to exercise sovereignty over its population policy. This policy is in agreement with the Charter of the United Nations and was adopted at the International Conference on Population held at Mexico City in 1984. The Member States choose the type of population effort desired. UNFPA extends the assistance it can provide within its mandate. UNFPA also affirms that individuals have the right to make voluntary decisions about their own family size. Reproductive freedom is a cornerstone for efforts to provide family planning information and services.

Increasing the role of voluntary choice in fertility decisions is an essential part of efforts to improve the status of women and, in particular, to increase empowerment and the sense of self-efficacy for women, which accompanies effective actions constructively to direct the life of her family. Decisions about the timing and spacing of births have been shown to be essential factors in reducing high-risk births (births to women under age 18 or over age 35, any birth to a woman who has had four children and any birth that occurs less than two years after the most recent pregnancy termination) which harm the health of women and their children.

This finding points to some advantages that flow from the integration of family planning with primary health-care services at local levels in the community. Benefits of integrated services include improvements in child survival and reductions in sexually transmitted diseases.

In the nearly two decades since the World Population Conference at Bucharest, a consensus has emerged on several elements of population policy. Two of these elements are of signal importance: emphasizing the role of population in the promotion of sustainable development; and recognizing the decisive significance of the improvement of women's status in development and population programmes.

It is increasingly appreciated that the integration of population into issues of environmental protection, sustainable development, economic development and social development is essential for Governments and international organizations. These issues were given special prominence in several forums including the International Population Conference in 1984, the International Forum on Population Policies in Development Planning held at Mexico City in 1987 and in the Amsterdam Declaration on a Better Life for Future Generations adopted in 1989 at the International Forum on Population in the Twenty-first Century.

The programmatic result has been that increasing consideration is being given to population concerns by the World Bank, regional development banks and Governments themselves. Optimal integration has seldom been achieved but a greater impact on development planning is seen, in which a technical capacity for demographic work has been institutionalized.

UNFPA has been a principal advocate for developing this capacity for policy analysis and has included support for these activities in its annual work plan. UNFPA increased its level of support for formulation and evaluation of population policies and programmes throughout the period.

Bilateral contributions to this set of activities by major donor countries and important analytic efforts by scientists affiliated with international non-governmental organizations concerned with population have been very important. The result has been an increase in the number of countries with established population policies and programmes. Population units have been created and the visibility of population variables as matters of development planning has grown.

An equally important policy development over this period has been the growing emphasis on the status of women as a building block in population development and programmes. Although less prominent in the initial discussions and resolutions which established UNFPA in 1969, the role of women in the development strategies of all countries, their special involvement in population change and the necessity of removing the personal and societal costs of inequities have become universally recognized. This aspect did not receive major emphasis in the economic world order issues discussed at Bucharest. However, the questions of status of women were given special prominence at the International Conference in 1984 and at the meeting on the United Nations Decade for Women, held at Nairobi in 1985.

B. Population policies and programmes

UNFPA substantive areas of interest

Maternal and child health and family planning

The history of organized programme efforts to promote the practice of family planning is relatively recent. Although in some countries the policy originally tended to be based on the grounds of demographic and socio-economic development, the health rationale soon assumed an equally important role. During the past 20 years, programme efforts for promoting family planning have expanded significantly, and UNFPA has been a major source of support for family planning.

As a result of expanded services, contraceptive prevalence (defined here as the proportion of all women 15-49 years old living in a union practising contraception) in the developing world has risen significantly. Prevalence in developing countries, estimated at 9 per cent in the early 1960s, had risen to 50 per cent in 1990 (as compared with 71 per cent in developed countries). If China is excluded, the rate in the developing countries is still calculated at 35 per cent, representing significant growth over the period. These figures are based on the most recent survey data (Ross and others, 1988).

In certain countries, achievements have been impressive: in Brazil, contraceptive prevalence rates increased from 32 per cent in 1970 to 65 per cent in 1986; in Malaysia, from 9 per cent in 1966 to 51 per cent in 1984; in Mauritius, from 25 per cent in 1971 to 75 per cent in 1986; in the Republic of Korea, from 9 per cent in 1964 to 77 per cent in 1988; and in Sri Lanka, from 34 per cent in 1975 to 62 per cent in 1987 (Sendek and Bayoumy, 1991).

Several developing countries now have prevalence figures comparable to those in developed countries. However, they have not yet reached replacement levels of fertility, presumably because of differences in effectiveness of contraceptive use, in breast-feeding practices, in nuptiality and in incidence of induced abortion. At the other extreme, rates in most of sub-Saharan Africa, parts of the Middle East[1] and a number of Asian countries are so low as to have had little or no impact on fertility.

Changing behavioural patterns as deeply ingrained as those relating to human reproduction presents a formidable challenge even under optimal conditions. To have a reasonable chance for success, MCH/FP programmes require considerable political support at the highest governmental levels as well as in the relevant ministries at the central, provincial and district levels. Political commitment enhances the probability of success through the assignment of priority in the allocation of financial and human resources, the mobilization of ministries with central and peripheral roles in programme efforts and the legitimization—particularly of family planning—through demonstration of the convictions of the country's leadership to the population.

The results of the Sixth United Nations Population Inquiry among Governments show that of the 131 developing countries surveyed, 99 provided direct support for family planning and 14 claimed to provide indirect support. Only four developing countries officially opposed family planning altogether. A somewhat larger number of countries, 14, reported that although they permitted family planning, they had no official policy to support it and did little or nothing to promote the delivery of services.

Nevertheless, it is important to recognize that the degree and impact of political commitment differ widely. Although in some countries, frequent vocal support is accompanied by the allocation of the financial and human resources necessary to make family planning programmes work, in others, there has been no assignment of true priority status to family planning programmes. In countries in the latter group, delivery of services, to the extent that it must depend upon governmental support, clearly represents a formidable challenge.

Population information, education and communication

Awareness of population issues has never been so high nor interest in programmes so great as it is now. Demographic information has accumulated more rapidly than ever before. Moreover, the improvements in methods of dissemination have been striking.

Only a few decades ago, the topic of "population", if seen as an issue at all, engendered little concerted attention. It was then widely held that economic growth would produce the "demographic transition" to smaller families, as it had in the industrialized countries. Thus, the task of the population advocates was, and to some extent continues to be, not just to introduce new ideas and information but to change entrenched positions.

Much research and numerous interpretations of research findings have been necessary to build a comprehensive picture of population convincing to Governments and international agencies. Partially as a result of efforts in this field, the notion of a "population explosion" has now given way to a recognition of widely different population situations, with differing problems in countries and communities. Population information programmes have been the vehicle for helping Governments recognize that population policies are desirable and that family planning programmes are a legitimate component of national health and social services.

Population education is directed to helping people understand the nature, causes and implications of population processes as they affect, and are affected by, groups or individuals. It focuses on family and individual decisions influencing population change as well as on broad demographic changes.

One of the most rapidly growing educational innovations in the world, population education began to be accepted by Governments in the late 1960s and early 1970s. At that time, however, only a few

countries had introduced national population education programmes into their school systems. By the mid-1980s, however, about 80 countries included population education in their schools.

Some of the first programme efforts of the late 1960s and early 1970s were undertaken in Asia and the Pacific: India (1968); Malaysia (1973); the Philippines (1972); Singapore (1973); Sri Lanka (1973); and Thailand (1972). In the 1970s, however, the areas had no family life education programmes, whereas by the late 1980s the Philippines, Thailand and several South Pacific countries had incorporated family life content into their population education programme.

During the late 1960s and early 1970s, several Latin American countries undertook work in family life education programmes, although ties to formal education programmes through education ministries were loose. Nevertheless, this early orientation influenced the approach of this major area to population education, so that balanced attention was eventually given to demographic, ecological and family life education issues.

In sub-Saharan Africa, early concern over problems of adolescent fertility was accompanied by extremely limited programme experience in modifying adolescent behaviour. Moreover, since rapid population growth was not widely perceived as a problem, population education programmes were largely concerned with education for development, environmental issues and family welfare education. Today, increasing attention is being given to the prevention of adolescent pregnancy, rapid population growth and AIDS.

Frequently, education ministries that focused first on population education in schools later became interested in going beyond the classroom to link population education to community welfare, adult education, vocational training and rural development. Non-formal activities are often integrated into literacy, adult education and community development programmes, sponsored separately or jointly by government agencies and non-governmental organizations.

Population education components have also been integrated into family welfare education and workers' education in the organized sector to help workers and employers understand population issues. Trade unions, personnel managers and employer organizations have channelled population education through workers' education programmes, vocational training, cooperatives and other rural institutions.

A major achievement of projects in the organized sector has been the changing attitudes and behaviour of management personnel with regard to family planning for workers, as illustrated by the provision of time for population education classes and, in some Asian settings, of incentives for family planning acceptors. Moreover, a large cadre of trained worker-motivators can now influence fellow workers and, potentially, other community members to accept family planning.

Comprehensive rural development has been viewed as one of the most immediate and promising solutions to the problems of rapid population growth and migration. Population education programmes are playing an important role in rural development, through projects that create awareness of population issues among officials and decision makers concerned with rural development. Agricultural extension and home economics education, cooperatives, 4H clubs, young farmer associations, and women's clubs and groups have all served as vehicles for the introduction of population education and the practice of family planning in rural areas.

A growing number of health education programmes now include the topics of human reproduction, sexuality, adolescent fertility, family planning, sexually transmitted diseases and HIV/AIDS. In the developing countries, the proportion of young people in the population has grown enormously in recent years. In addition, the age of menarche has decreased and the mean age of marriage has increased in many countries, thus extending the period between puberty and marriage, with the consequent risk of unwanted pregnancy. Changes in traditional systems have often resulted in the decline of parental and community guidance that once governed sexual behaviour.

Both government and voluntary agencies have developed programmes stressing education in family life and human sexuality for out-of-school youth in a variety of settings, such as multi-purpose youth centres, community centres, women's centres, workplaces, churches and recreation centres. Reproductive health services for adolescents and youth have been slow to emerge, stirring controversy nearly

everywhere. Nevertheless, some excellent programmes have been developed to meet the reproductive health needs of young people, often combining many kinds of educational, health and social services.

Population data collection

Before the 1980 round of population censuses, only about 70 per cent of the world population lived in countries in which the population had been enumerated. After the census in China and the censuses of 22 countries under the African Census Programme, the estimated percentage rose to about 95 per cent. With the 1990 round of censuses completed or under way, this figure will approach the 100 per cent mark even more closely. In addition to the valuable data gained from censuses, single-round retrospective sample surveys, such as the World Fertility Survey (WFS), the Contraceptive Prevalence Survey (CPS), the Demographic and Health Surveys and the PAPCHILD programmes, have helped planners identify levels, trends and differentials in fertility and infant and child mortality.

Censuses and surveys in developing countries have generally employed tested methodologies and documentation schemes, made available chiefly through the efforts of agencies in the United Nations system and international statistical organizations. Further, the availability of United Nations, public-domain and commercial software and the adaptation of that software for microcomputers have contributed much to the efficiency of the census enterprise.

With UNFPA support, the African Census Programme was launched in 1971, in response to a series of recommendations and resolutions by various United Nations bodies and at the request of a number of African countries that could not participate in the 1970 round of censuses because of inadequate technical and financial resources.

The long-range objective of the Programme was to assist Governments in Africa in creating a capacity for conducting all types of demographic data-gathering operations. A related aim was to stimulate the development of vital statistics registration systems. The African Census Programme was designed to provide information not only on the current structure of the population but on the components of population change—fertility, mortality and migration. Another goal was to provide in each country a group of experienced technicians able to plan and conduct censuses and surveys.

Of the 22 countries requesting UNFPA assistance under the Programme, 15 had never had a complete census of their population. The combined population of the 22 countries was estimated to be 167 million at that time, or approximately 45 per cent of the total population of Africa. UNFPA also assisted countries that did not participate in the Programme in carrying out censuses during the period.

Research and policy analysis

Research and policy analyses have pursued multiple objectives in advancing knowledge about fertility. One of the earliest research tasks was to determine the prevalence of family planning and to identify the countries in which fertility rates were perceived as high, low or satisfactory. Later goals were to ascertain the proximate determinants of reproductive behaviour and to identify the socio-economic and geographical correlates of different fertility patterns. In addition, research and policy analyses have continued to identify types of population-related activities that would help couples attain their desired family size and, at the same time, help Governments achieve their population growth targets within given resource constraints.

To obtain information on the knowledge, attitudes and practice (KAP) of fertility and family planning, more than 400 surveys were undertaken between 1960 and 1980. To identify how fertility rates were being, and continue to be, perceived, the United Nations conducts a series of surveys, such as the Population Inquiries Among Governments, designed to obtain Governments' assessments of the status of population matters in their countries.

By historical standards, mortality declines since 1945 have been extraordinarily rapid. In 1950-1955, life expectancy was under 50 years in approximately 96 countries, and infant mortality rates were over 125 per 1,000 live births in 91 countries. By 1985-1990, all but 22 countries had surpassed this mortality target.

Population research and policy analyses have contributed in several ways to the understanding of the determinants of mortality decline. First, research has helped identify the groups with the highest mortality

rates—those that most need intervention. Secondly, research has identified correlates of mortality differentials, among them, mother's and father's education, marital status, rural/urban residence and economic activity status. Thirdly, research has identified the types of population activities that can significantly affect the proximate or intermediary mechanisms correlated with mortality.

A strong consensus has emerged that problems of migration should be the focus of intensified research, policy analyses and programmes to improve population distribution. The World Population Plan of Action adopted at Bucharest in 1974 (United Nations, 1975), the report of the International Conference on Population at Mexico City in 1984 (United Nations, 1984) and the United Nations Population Inquiries Among Governments have indicated that population distribution is of urgent concern to most countries.

Despite this concern, few research and policy studies have focused on migration. One explanation is that migration has traditionally been viewed as tangential to "population concerns", whereas concerns over mortality, fertility and rapid population growth occupy a more central place. Another explanation is that migration interventions entail "action" programmes or costly capital outlays to finance projects to resettle populations, to undertake politically sensitive agrarian reforms or to build counter-magnet cities as an alternative to residence in principal cities.

Increasingly, however, Governments are realizing that migration is central to all population and development interrelationships. Equally important, migration—and thus income distribution, congestion, environmental degradation and fertility—can be influenced in ways that do not entail costly capital outlays.

Women, population and development

Improvement of the status of women is an important issue *per se*. Moreover, it has even greater significance in the context of the UNFPA mandate because it influences and is influenced by a number of demographic factors, such as fertility and maternal and infant mortality patterns. In addition, because of their dual productive and reproductive roles, women require attention to their special needs as mothers and the consequential demands upon them in this dual responsibility. UNFPA has always emphasized that women's aspirations and their decisions are vital to an effective population policy and that more women should take part in decision-making both in the family and in the community.

The importance attached to the need for special efforts to promote women's participation and the incorporation of their specific concerns into policies and programmes has led to the formulation and implementation of concrete policies and strategies to enhance the status of women in the context of population programmes. UNFPA has emphasized two complementary approaches: (*a*) promotion and support of activities required to ensure the participation of women and the incorporation of their interests in all programmes and projects; and (*b*) support of projects specifically developed to benefit women, as well as inclusion of specific components benefiting women in other projects where appropriate.

In many UNFPA-supported projects, activities are incorporated that have a direct bearing on improving the situation of women. The activities include education, training, skill development, economic activities, child care and community participation. Specific projects also include activities directed to increasing the awareness of policy makers, political leaders, the media and the public of the importance of women's issues. They include the identification of constraints to the full participation of women in the development process. As a result, measures can be designed to overcome those constraints, and institution-building activities can be undertaken to strengthen the capacity of national women's organizations to participate fully in development activities. Moreover, such activities can assist women's organizations in expanding their roles beyond the traditional ones and to become advocates for women.

Population and development planning units

One of the primary objectives of UNFPA assistance to population and development planning is to enhance the capacity of Governments to undertake their own planning and integration efforts. Between 1969 and 1985, funding to strengthen national institutional capacity accounted for approximately 33 per cent of UNFPA funds in support of population and development projects.

Recognizing the importance of strengthening the institutional setting, several countries have established national population councils at the cabinet level and population units as coordinating and operational bodies under the councils; others have placed population units or divisions in planning institutions; still others have set up population units in sectoral ministries or in regional development planning bodies.

According to United Nations surveys, 72 population units had been established by 1987, up from 61 units reported in the previous survey in 1983. The 1987 figure is based on data from 108 countries, both developed and developing. Nearly half of the countries in the less developed regions have still not yet established a population unit.

Although the existence of a population unit or council does not guarantee that population factors will be adequately incorporated into development planning, it does represent an important and necessary step towards integration. Most UNFPA assistance for this purpose has been devoted to strengthening or establishing population units to help Governments integrate population variables into development plans, through projects executed primarily by the United Nations and the International Labour Organisation.

Despite many constraints and shortcomings revealed in UNFPA reviews of several country programmes, population units are increasingly able to play a role in integration efforts. Whatever the institutional model, it is clear that for effective integration of population and development planning to take place, there must be a network of local capabilities in data collection, research and analysis, policy formulation and programme development.

Training in population and development

Many assistance agencies, as part of their efforts to help developing countries become self-reliant in research and policy analysis, have supported research and training at specialized population and development centres, interregional demographic institutes, universities and national institutions. For example, UNFPA funds several demographic institutions, covering all the less developed regions, in which the training programme includes a module on population and development.

To ensure adequate training in population and development policy and planning, however, several training requirements must be met. The first is to gear the type of training proposed in project plans to the type of substantive skills actually required. Many population projects include provisions for training at specialized demographic institutes because of the lack of national expertise in these areas. A related problem is that many programmes designed to produce professionals with solid economic and demographic skills tend to be filled much more often by those with backgrounds in demography and statistics than by those with backgrounds in socio-economic development planning. This practice is not conducive to fostering the integration of research and policy analysis in ministries concerned with national economic development planning.

The UNFPA Global Programme of Training in Population and Development was established specifically to help correct these problems. Participants range from staff members of national planning commissions or ministries of health or social development to population programme officers with field-level responsibilities. The Programme has been undertaken in conjunction with the Governments of the host countries and participating institutes.

Population information and publications

Many technical publication programmes, including those of organizations in the United Nations system and international non-governmental organizations concerned with population, have gained worldwide reputations. At the regional level, the ESCAP information programme has spurred national publishing activity in almost every country in Asia and the Pacific. All other United Nations regional commissions—ECA, ECLAC and the Economic and Social Commission for Western Asia ESCWA)—issue regular and occasional population reports and country data sheets on demographic and related socio-economic conditions. In all these regions, the national member associations of IPPF also contribute to the flow of population information.

UNFPA has actively supported much of the work done by these institutions as well as by many non-governmental organizations that specialize in other facets of population. UNFPA itself has contributed several well-received publications including, *inter alia*,

the findings of the major review and assessment exercise (Sadik, 1991), the topical reports on the state of the world population (e.g., UNFPA, 1992b), programme reviews and strategic development reports for several countries and many reports evaluating population policies and programmes.

All but one of the United Nations regional commissions have established population information centres. These centres collect, organize and disseminate scientific and technical information tailored to specific audiences, particularly policy makers, programme planners and managers. Regional, subregional and international networks have vastly expanded the amount of information at the disposal of users.

In 1979, the United Nations Population Information Network (POPIN) was established to improve the flow of population information. As of 1986, POPIN had a membership of some 100 institutions engaged in population information activities. POPIN acts as the umbrella for the regional and subregional networks that it has brought into existence.

One of the largest regional networks is the Asia-Pacific POPIN at ESCAP, which has helped establish national population information centres, providing technical assistance, training and equipment. It helps national centres keep abreast of new literature.

POPIN-Africa links such important centres as the Cairo Demographic Centre, the Regional Institute for Population Studies, the Sahel Institute, the Centre for African Family Studies at Nairobi and several national population information centres and family planning associations. In Latin America, the Centro Latinoamericano de Demografía/Latin American Demographic Centre (CELADE) is helping to establish a network called Programa Latinoamericano de Actividades en Poblacion (PROLAP), consisting of non-governmental institutions with population interests. In the Arab region, the League of Arab States has set up the Pan Arab Population Information Network (PAPIN).

C. Lessons learned

The main task of the major review and assessment exercise undertaken by UNFPA has been to identify the most salient factors in the success of national population programmes along with the continuing constraints to implementing those programmes. Although population problems appear to be rather similar in many developing countries, the determinants of such problems are not. Many programmes fail because planners neglect the unique influence of sociocultural and behavioural factors in programme design and implementation. The lack of appropriate data, information and knowledge on these and other aspects, and the inadequate analyses and dissemination of whatever data do exist continue to be a problem.

Another problem is that population programmes seldom fit neatly with overall development objectives and other social policies. Even when they do, the social sector, and the population programmes within it, receive the least priority and smallest outlays. For instance, the importance of the role, status and participation of women in population and other development activities has now been acknowledged. Yet, effective legislation and other legal measures, as well as economic and social instruments in support of women, are still lacking.

Still another constraint is over-reliance upon the government sector. As is discussed below, population programmes succeed only when they have the active and direct support of the people. Regardless of the type of population programme—whether it deals with censuses, vital registration or family planning service delivery—bottlenecks are likely without the support of community organizations and other grass-roots, non-governmental institutions.

Progress in the policy development process will depend first and foremost upon strong political commitment, institutional support, human resources provisions, budgetary commitment and a willingness to use the findings. Next, the quality and content of research and analysis should be improved, with the development of a research agenda for population issues. In addition, the contribution of data and research to policy and planning activities in developing countries should periodically be assessed. Formulating population policies should become a solid endeavour, with the participation of individuals, grass-roots organizations, religious institutions and political leaders.

The principal challenges in the MCH/FP field are essentially those of making services more accessible, of improving their quality and of reaching previously underserved populations with them. Meeting these challenges will require widespread application of

several approaches that are already under way in some countries. Provision of services through as many modes of delivery as possible, with emphasis on outreach approaches in both public and private sectors, would appear advisable. However, given the limited resources, the number and relative merit of the various modes that might be employed in a given national situation should be assessed using methods of cost-effectiveness analyses. Lastly, providing the widest possible selection of contraceptives will help ensure that all couples shall have an opportunity to assess and meet their needs in the best way.

The programmatic implications of the IEC issues identified above are many. In addition, because of their range and complexity, the issues cannot be resolved with vertical sets of activities; strategic planning will be required to help forge suitable frameworks for action. Among the implications is the need for further investment in a variety of training and research activities, with great care given to improving the effectiveness of training and to ensuring the appropriateness of research and its application. Qualitative research on audience perceptions and knowledge is especially important. Segmenting audiences into groups with distinctive characteristics and needs will help ensure that underserved groups—such as youth, newly-weds and men—receive the attention that is pertinent to them.

A comprehensive IEC strategy will take into account the needs of political decision makers as well as those of the underserved groups referred to above. To ensure effective outreach, it is advisable to bring communication and education personnel into the planning process so that the resulting programme will reflect important communication principles.

Many factors, substantive and other, are responsible for lack of political support. For this reason, overcoming lack of support requires an interrelated set of activities which would accompany an IEC approach as outlined above:

(*a*) Generating popular support to programmes;

(*b*) Including all important actors, that is, politicians, policy makers, planners, parliamentarians, community and religious leaders and others;

(*c*) Undertaking research on sociocultural and behavioural aspects of population and making the findings available in useful formats for programme design and implementation;

(*d*) Forging institutional development at all levels and in different fields, including research, training, policy formulation and management.

The need for strategic planning and programming is perhaps the most important programme modification identified by the review and assessment exercise. Strategic planning entails at least four activities: (*a*) adoption of a long-term time-horizon; (*b*) selection of critical points for intervention; (*c*) coordination of programme efforts; and (*d*) careful programme design and planning.

The review and assessment exercise has identified several factors of strategic importance in the success of programmes. It has found, for instance, that even where institutional support for meeting family planning demand is weak, the quality of family planning services plays a positive role in contraceptive practice. Similarly, wherever IEC programmes have been specially adapted to particular social and cultural settings, they have led to better programme performance. The improvement of the role and status of women is another element of strategic significance to the success or failure of population programmes. Wherever programmes have taken this factor into account, the impact on society in both demographic and health terms has been substantial. In addition, where effective policy planning units are in place, policy formulation has been successfully coordinated with development planning. Likewise, wherever good quality data and capabilities for analysis are present, assessments of programme impact and success have been facilitated. It is essential, therefore, that such contributors to programme success be integrated into the process of strategic programming.

As a result of this review, UNFPA has adopted the strategic approach to programming by instituting programme review and strategy development processes for country programmes. The exercise is organized by UNFPA in cooperation with the Government and is directed to developing a coherent framework for a national population programme. The exercise consists of an analysis of the current status and needs, an

assessment of achievements of past population activities and recommendations for future action in terms of an overall national strategy. Its specific objective is to generate a consensus around a comprehensive strategic framework for population activities. So far more than 40 programme review and strategy development exercises have been carried out.

The review and assessment exercise has also led to suggestions for modifying the population programming needed to improve international cooperation in population.

Ensuring that resources shall be put to the best use is a challenging assignment. A major obstacle to successful and sustainable population programmes has been a lack of strategic thinking. As a result, population activities are often unfocused, uncoordinated, ad hoc and without follow-up. A framework for population assistance is needed, based on strategic planning at the international level, for which the population assistance community must take responsibility. To establish an international strategy, several actions are required: agreement must be reached on the overall population objectives and their relation to general development goals; fund-raising targets for the international community must be specified; and, at the programme level, priorities have to be determined, procedures harmonized and the roles of the various agencies delineated.

For certain tasks, all parties involved must take responsibility. These include advocacy of critical issues, such as the importance of considering population an integral part of development, the urgency of intensifying population interventions and the importance of improving the status of women. The advocacy function must also include efforts to increase resources available for population programmes. Moreover, to arrive at a more efficient international assistance programme, all parties must actively participate in the development of the framework or strategy for population assistance.

Certain tasks are, however, more suited to one body than to another. Some of these tasks are already being performed; others remain to be undertaken. Some can be performed within existing technical and administrative configurations; others may require additional capacities in the organizations concerned. The lessons learned from past UNFPA experience show that the roles of major members of the international community need to be modified to produce optimal programmatic results.

In the case of UNFPA, the review suggested that it should continue its role of adviser to Governments for in-country coordination of population assistance. It should also continue to help establish a programme strategy for such assistance. UNFPA also seems to be in a good position to oversee international coordination, serving as the focal point for coordination and overall analysis of policy and programme information and arranging the necessary meetings to discuss strategic programme issues.

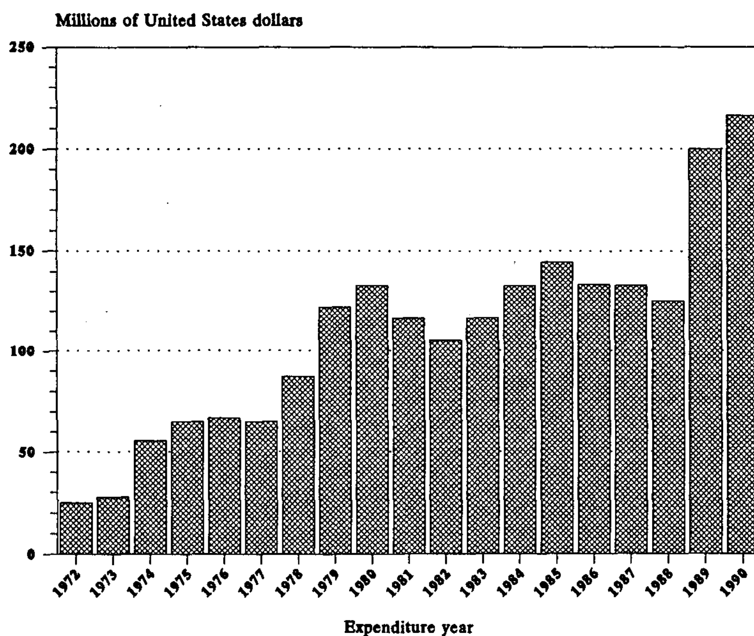
D. Regional and substantive variations in expenditures

Marked variations are seen in UNFPA expenditures by regions and by work plan categories. When examined over the 23 years since UNFPA was established, these variations show an evolution in the capacity of Governments to absorb support for population activities. Trends in funding also illustrate a maturation of programmes in these regions. These trends are shown geographically for the period 1969-1990. Data for the first four years, 1969-1972, were combined into a single year, 1972. The level of funding for these first years was too small and variable to treat as separate yearly data.

Funding for the period 1969-1980 increased rapidly (figure I). Slightly over $136 million was expended in 1980 on all activities. The following years up to 1988 saw some increases followed by declines in support. Beginning in 1989, a large increase occurred and a further addition is seen in 1990. The total expenditures for the final year was $221.3 million, a 635 per cent increase over the 1973 level.

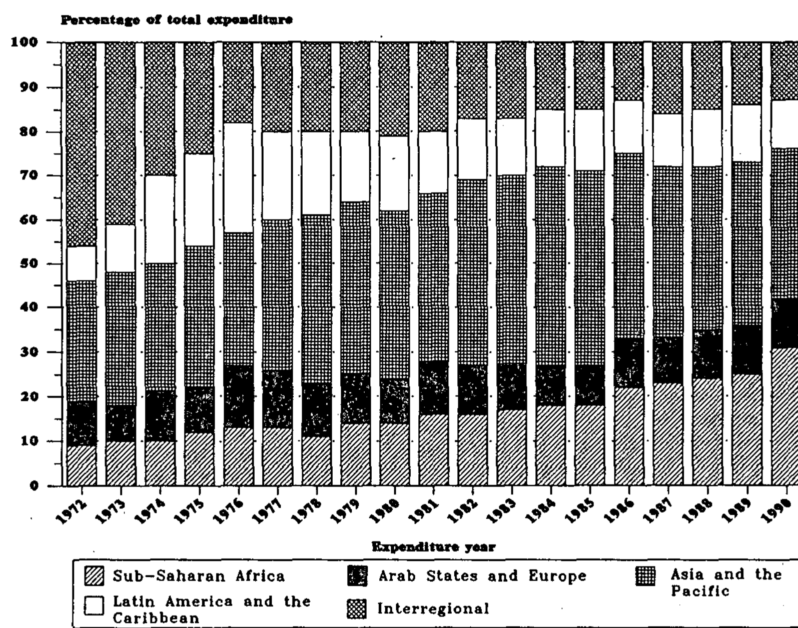
The regional pattern of funding to the geographical regions are quite distinct. Within the Arab States-Mediterranean-Europe region, annual support has stayed stable at between 8 and 11 per cent of all funds (figure II). Sub-Saharan Africa received from 9 to 13 per cent of the UNFPA budget until 1980. Subsequently, the level of support rose rapidly and reached 31 per cent of the 1990 expenditures. the commitment of these funds reflects the increased interest of Governments in Africa in support for population policies and programmes and the attention given to addressing population issues in countries that

Figure I. Total expenditures of the United Nations Population Fund, 1969-1990[a]



[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

Figure II. Expenditures of the United Nations Population Fund, by region, 1969-1990[a]



[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

are experiencing the highest rates of increase in the world.

In large parts of Asia and Latin America, considerable improvements in reductions in fertility rates are seen and these successes may account for the relative declines in funding seen in those regions. A rapid decline also occurred in interregional programme expenditures from 1972 to 1990.

Although UNFPA is seen as primarily an action-oriented funding agency, it is clear that only about two thirds of expenditures are used for the provision of information, services and facilities for delivery of contraceptives (including IEC expenditures). Except for a sharp reduction for some years around 1981, expenditures in family planning and IEC have remained generally stable (figure III). The sharp dip that began in 1979 and lasted through 1983 mirrored an upswing in expenditures for collection of basic population data. Data collection included the development of vital statistics systems, contributions to special surveys, the WFS programme, and support for census data collection and analyses.

A steady growth is seen in expenditures on IEC efforts, which are an integral part of family planning action programmes. Activities include direct promotion of family planning services, mounting special IEC programmes and campaigns to support national and international conferences such as the 1974 and 1984 world meetings, public information on population concerns and population education. Continued steady support is also evident for population dynamics work, including analyses of data, training and research.

A fresh view of these expenditure data is shown in figures IV-VII. In the data on family planning expenditures, the Asia region shows a fluctuating but continued high level of expenditures on these functions. In the Latin America and Caribbean area, expenditures increased rapidly until 1978 and then declined to lower but still substantial levels. Both Africa and the Arab States and Europe rose from moderate levels of expenditure in the late 1970s and stabilize at about 33 per cent. This figure is well below the near 50 per cent average seen overall for UNFPA expenditures.

The data shown in figures IV-VII also document the effects of relative maturity of population programmes in the regions. For those areas in Africa and in the Arab States and Europe, a sharp increase from 1976 to 1990 in IEC expenditures is seen. These are often essential precursors of major family programme service-delivery efforts and reflect the need to increase demand for services. In parts of Asia and in Latin America and the Caribbean, sufficient demand is present in many countries and efforts are directed to other activities.

Both Africa and the Arab States and Europe show increases in expenditures on basic population data collection at the time of the WFS programme and all regions show increases in outlays at the period surrounding the 1980-1981 census efforts. In all four cases levels declined somewhat by 1990.

Expenditures on research and analyses of data on the dynamics of populations are also described in figures IV-VII. The Africa region shows a sharp decline in this work after a moderately high and steady level of effort until 1987. This reflects an interval during which future activities have been under discussion and development. Considerable growth in these efforts is seen for the Arab States and European countries.

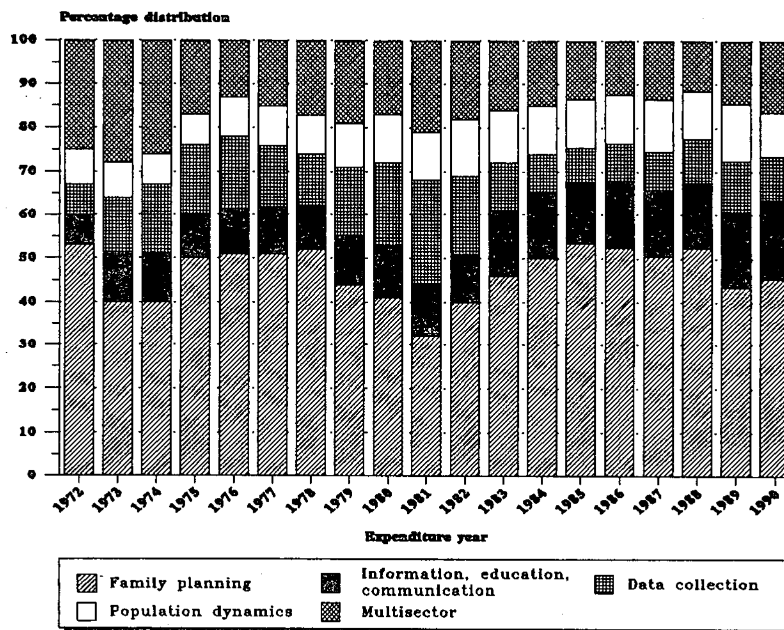
Average UNFPA expenditures for policy development have fluctuated between 5 and 8 per cent of expenditures over the period. As the figures in table 18 show, policy formulation was the major activity in the initial phases of assistance. As programmes matured and as consensus was reached on the need for implementation and integration of population elements into economic and other planning activities, assistance shifted so that in the most recent period three quarters of policy assistance has been given to implementing integration activities. During the period 1969-1974, programmes in Latin America and the Caribbean dominated policy work. In the most recent period, expenditures are spread more widely across regions and the interregional activities.

E. Challenges to the year 2000 and beyond

Humans have reached their current position of dominance through their adaptability. They adjust to scarcity by shifting to other resources or by stretching out their use by constantly changing technology.

The pace is decisive to success or failure. The faster the growth of population and consumption, the

Figure III. Work-plan expenditures of the United Nations Population Fund, 1969-1990[a]



[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

faster technology and institutions must change—and the less likely they are to change before serious human and environmental damage has been done.

The scale of adjustment required over the next three or four decades is perhaps the most formidable challenge humans have ever faced. They must attempt to defeat poverty at a time when population growth is constantly moving the goalpost. The natural resources upon which long-term survival depends must be preserved, along with as much diversity of species as possible, in the interests both of human descendants and those of the species themselves.

Humans must try to do all of these tasks in the knowledge that growing populations and growing material expectations will place heavier and heavier demands on the environment, as a source of resources and as a sink for all wastes. If people do not succeed in reconciling these conflicting trends, at the very least the world will be a poorer, uglier place. It could become unlivable.

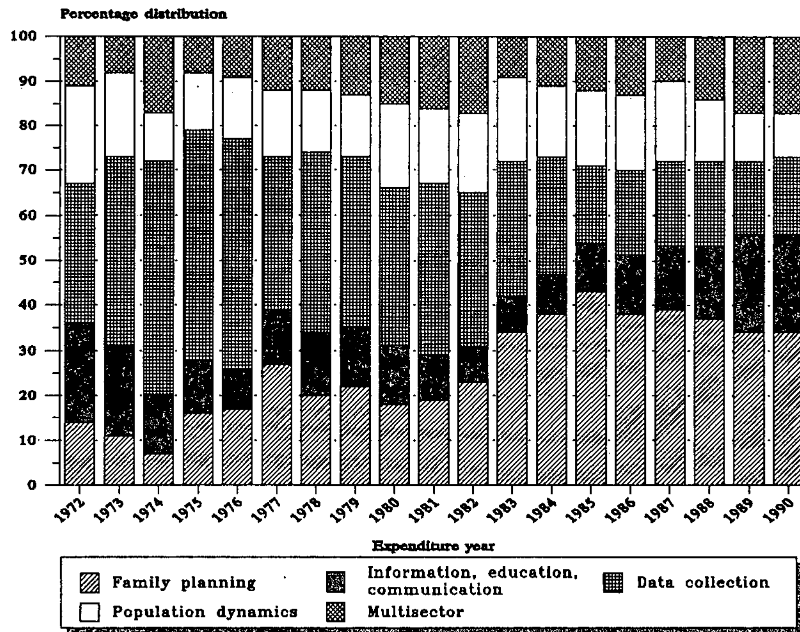
The elimination of poverty in all its aspects is perhaps the central task. There is broad agreement that it can be done, and even on the mechanisms for doing it—but only if both rich and poor countries accept that it is a priority.

Overall economic growth in developing countries must be part of the strategy. For this, a fairer international economic order is required, including wide-ranging trade agreements that do not discriminate unfairly against developing countries.

The policies of developing countries themselves are crucial for development. Research shows clearly that realistic exchange rates and free markets help speed growth. Spending priorities can be reordered, redistributing military spending into education, health and family planning.

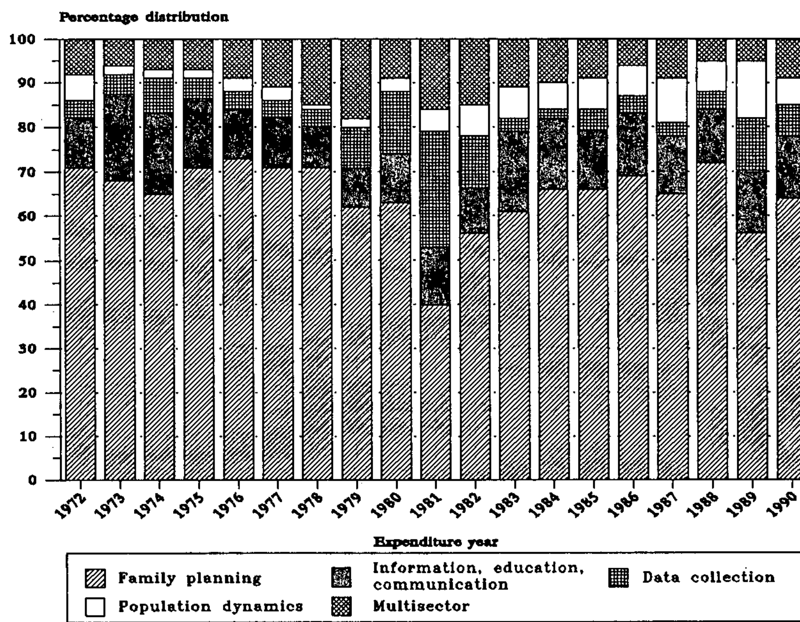
Slower population growth, and lower eventual total populations, will contribute to sustainability in two ways: first, through slower growth in demand for

Figure IV. Expenditures of the United Nations Population Fund by work-plan category, sub-Saharan Africa, 1969-1990[a]



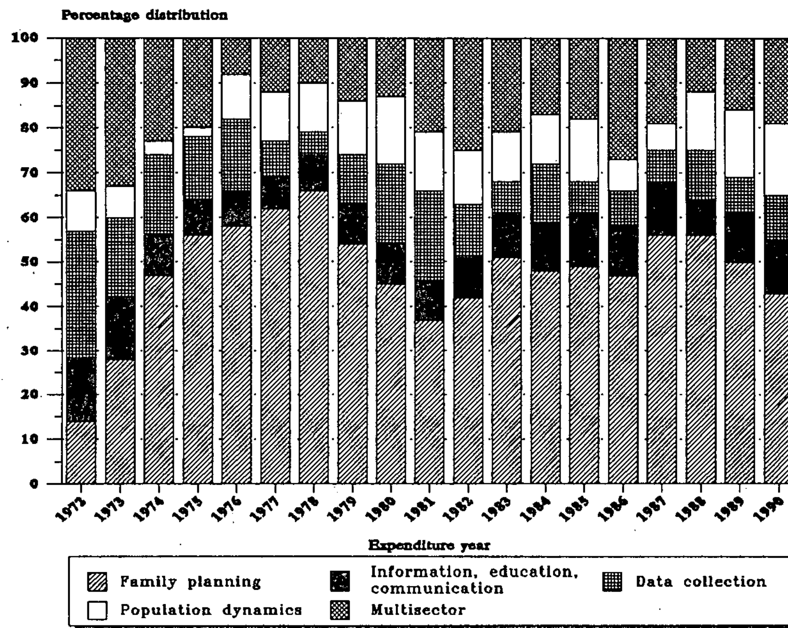
[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

Figure V. Expenditures of the United Nations Population Fund by work-plan category, Asia and the Pacific, 1969-1990[a]



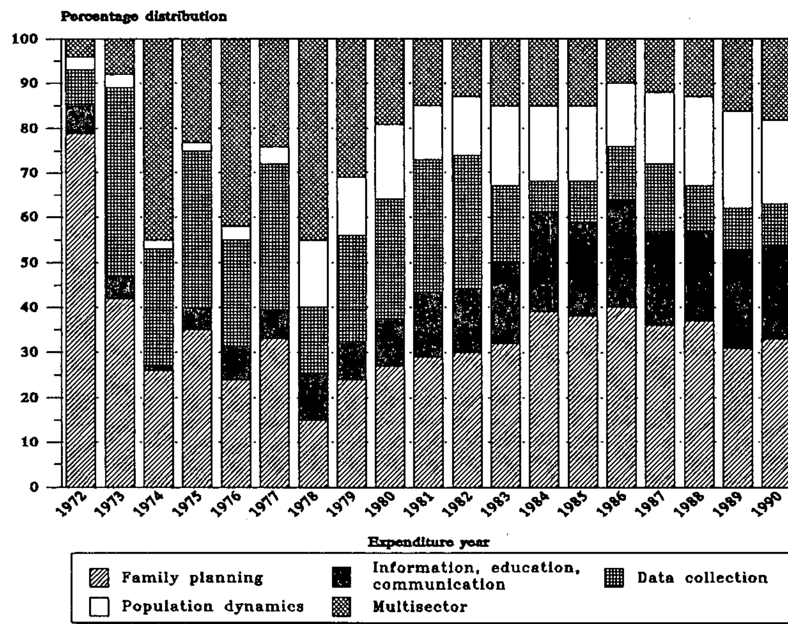
[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

Figure VI. Expenditures of the United Nations Population Fund by work-plan category, Latin America and the Caribbean, 1969-1990[a]



[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

Figure VII. Expenditures of the United Nations Population Fund by work-plan category, Arab States and Europe, 1969-1990[a]



[a] Data for the first four years, 1969-1972, were combined into a single year, 1972.

TABLE 18. EXPENDITURES FOR POLICY DEVELOPMENT, UNITED NATIONS POPULATION FUND, 1969-1991
(Percentage)

Item	*1969-1974*	*1975-1984*	*1985-1991*
Policy formulation	69	38	15
Policy evaluation	4	9	10
Policy implementation	27	53	75
Total	100	100	100

"fixed" and "renewable" resources and for additional space which must be bought at the expense of other species; and secondly, through slower growth in output of wastes and pollutants of all kinds. Slower population growth will buy time in which the battle for sustainability can be won.

In this, the last decade of the twentieth century, UNFPA has put in place a set of policies that will contribute to the broad objective of sustainable development. These policies concentrate, of course, on population issues, but are firmly anchored in an integrated vision of development.

The Amsterdam Declaration, adopted in 1989 provides a useful summary of the UNFPA objectives and programme priorities:

Goals and objectives

National population goals and objectives for the coming decade and beyond should include:

(*a*) A reduction in the average number of children born per woman commensurate with achieving, as a minimum, the medium-variant population projections of the United Nations;

(*b*) A major reduction in the proportion of women and men who are not currently using reliable methods of family planning, but who want to postpone, delay or limit child-bearing;

(*c*) A substantial reduction in very early marriage and in teenage pregnancy;

(*d*) An increase in contraceptive prevalence in developing countries so as to reach at least 56 per cent of women of reproductive age by the year 2000 in view of the considerable unmet needs in family planning, thereby expanding the currently estimated 326 million user-couples to 535 million user- couples;

(*e*) A reduction of the 1980 rate of infant mortality to rates of, at most, 50 per 1,000 live births by the year 2000 in all countries and major subgroups within countries;

(*f*) A reduction in maternal mortality from all causes, including illegal abortion, by at least 50 per cent by the year 2000, particularly in regions where the figure currently exceeds 100 per 100,000 births;

(*g*) An increase in the average life expectancy at birth to 62 years or more for men and women in high-mortality countries by the end of the century;

(*h*) A better geographical distribution of the population within national territories in balance with the proper use of resources.

Programme priorities

Programme priorities include:

(*a*) The effects of education on demographic behaviour and the critical importance for development of increasing female literacy and achieving universal enrolment of girls in primary school by the year 2000;

(*b*) The need to raise the social and economic value of female children in the family, community and national development;

(*c*) The need to increase women's participation in decision-making and management of population policies and programmes and special programmes for the economic development of women, with the aim of achieving equality of representation;

(*d*) The need to improve coverage and quality of MCH/FP programmes, wherever possible, within the context of primary health care and, where circumstances make it necessary, through other approaches;

(*e*) The health benefits of birth-spacing and breast-feeding to mothers and infants, such as: the importance of spacing births two or more years apart, the avoidance of pregnancy too early or too late in a woman's reproductive period and the encouragement of breast-feeding for nutritional and family planning reasons;

(*f*) The value of IEC activities in developmental work in general and in population programmes in particular and the need to direct information activities to both women and men;

(*g*) The impact of rural development and investment on regional employment opportunities for both sexes and, by implication, on the magnitude of rural-urban migration and the needs of slum-dwellers;

(*h*) The need to train adequate numbers of staff, including programme managers, so as to enable them to become self-sufficient in carrying out expanded population programmes;

(*i*) The close relationship between activities dealing with sexually transmitted diseases, including AIDS, and maternal and child health, family planning, and population education and information;

(*j*) The need to recognize that some problems that seriously affect developed countries are also beginning to affect the developing world, particularly in regard to international migration and to the ageing of populations in countries with low fertility.

F. Financial and material resources to the year 2000

The goals set out in the Amsterdam Declaration were also reflected in an address to the United Nations in December 1991 by Robert McNamara, who outlined the need to increase support for family planning and human development assistance. He argued that if global population stabilization is to occur during the twenty-first century it is essential that the proportions of couples in developing countries using contraception rise during the 1990s from the initial level of about 50 per cent to slightly over 64 per cent by the year 2000. To reach this goal, concrete steps are proposed, including the establishment of targets and plans by each Government, the marshalling of external financing by the world community and the overall monitoring of the world programme by UNFPA. It was estimated that such an enhanced programme for the year 2000 would cost about $8 billion in public funds (in constant 1990 dollars).[2] About $4.5 billion of this would come from the Governments themselves. Additional foreign assistance would need to rise from the $800 million level of 1990 to about $3.5 billion for the year 2000 (McNamara, 1992,). The $8 billion total estimate is acknowledged to be at best a rough approximation because of various assumptions which must be made, particularly about changes in costs over time. However, it rests on the firm foundation of short-term population projections and synthesizes the results of independent estimates from a variety of donor organizations.

The increased assistance needed from the international community is small in relation to money committed to official development assistance and should easily be within the reach of industrialized countries and multilateral financial institutions. However, this request must compete with demands for assistance from other programmes and so may not be easy to achieve. The chances of success are increased if decision makers are convinced that the request is supported by sound information and that chances for reaching the goals are reasonably good.

In Asia and Latin America, remarkable reductions in fertility are observed for many countries. In each region, a small group of countries has yet to achieve significant increases in contraceptive prevalence but the appearance of a large group with verifiable moderate to high levels of contraceptive use shows that this is an attainable objective. In short, the overall contraceptive prevalence and total fertility targets put forward in the McNamara address are attainable within the suggested time-frame, given sufficient resources. The time constraints are imposed by the dynamics of the United Nations medium-variant projections, which have been adopted as explicit policy goals.

UNFPA estimates indicate that in 2000, over 70 per cent of the direct family planning commodity expenditures will be made in Asia to meet the needs of the large population of that region. Approximately 5-6 per cent of family planning assistance will be required in the Arab States-Mediterranean area, 10-11 per cent in Latin America and the Caribbean and the balance in sub-Saharan Africa.

These estimates for input to family planning services are only for some of the components of effective family planning programmes. They do not take into account other categories of expenditure necessary in actual population programmes. The model used in these various exercises (Target-Cost) is not designed to estimate these other expenditure sectors. The regional distributions of support required for all of the other components of family planning programmes are likely to be quite different, reflecting the different programme histories and infrastructure requirements. Thus, the estimates give only a partial picture of total programme costs.

Evidence from the DHS programme is unambiguous about whether the problem is one of demand generation or resource mobilization. Almost universally, pent-up demand for contraceptive services already exists. Mauldin (1991) estimates the contraceptive prevalence rates needed in the year 2000 to attain the medium-variant growth targets. His results are consistent with the other estimates reviewed above. For example, an overall increase in prevalence of 9 percentage points in sub-Saharan Africa would be required to meet the projected fertility levels. Estimates of unmet need for family planning indicate that demand exceeds supply (Westoff and Ochoa, 1991). Unmet demand is estimated at over 20 per cent of fertile women in all nine DHS programmes in sub-Saharan countries cited by Westoff and Ochoa. Corresponding figures for other regions are given in table 19. If only unmet need for limiting births are used (rather than including unmet need for spacing as well), the figures are still reassuring (see table 20). Survey data indicate that a current unmet demand of sufficient magnitude so that the targets of the Amsterdam Declaration could be reached with expanded programmes. It is the challenge to Governments and to the international donor community to mobilize the funds, the human resources, the institutional capacity and the political will to do so.

Table 19. CONTRACEPTIVE PREVALENCE AND UNMET NEED FOR FAMILY PLANNING TO LIMIT AND/OR SPACE BIRTHS, BY REGION

Region	*Percentage point increase*	*Unmet need range (percentage)*
Northern Africa and Middle-East . . .	13	20-25
East Asia	5	11-16
Latin America and the Caribbean . . .	8	16-36

Table 20. CONTRACEPTIVE PREVALENCE AND UNMET NEED FOR FAMILY PLANNING TO LIMIT BIRTHS, BY REGION

Region	*Percentage point increase*	*Unmet need range (percentage)*
Sub-Saharan Africa	9	6-16
Northern AFrica and Middle East . .	13	10-15
South Asia.	12	na
East Asia	5	5-6
Latin America and the Caribbean . . .	8	8-26

NOTES

[1] The countries included in the regional divisions used in this chapter do not in all cases conform to those included in the geographical regions established by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

[2] In 1989, UNFPA estimated that the financial resources required for the year 2000 would be $9 billion (current dollars).

REFERENCES

Futures Group (1991). *Target-cost: A model for Projecting the Family Planning Service Requirements and Costs to Achieve Demographic Goals.* Glastonbury, Connecticut.

Mauldin, W. Parker (1991). Contraceptive use in the year 2000. Paper presented at the Demographic and Health Surveys World Conference, Washington D.C., 5-7 August 1991.

McNamara, Robert S. (1991). *A Global Population Policy to Advance Human Development in the 21st Century.* Rafael M. Salas Memorial Lecture, New York, 10 December 1991. New York: United Nations Population Fund.

Rao, S. L. N. (1990). The United Nations Population Fund and support for national population policies. In *International Transmission of Population Policy Experience.* Proceedings of the Expert Group Meeting, New York City, 27-30 June 1988. Sales No. E.91.XIII.10.

Ross, John A., and others (1988). *Family Planning and Child Survival: 100 Developing Countries.* New York: Columbia University, Center for Population and Family Health.

Sadik, Nafis, ed. (1984). *Population: The UNFPA Experience.* New York: United Nations Fund for Population Activities.

_________ (1991). *Population Policies and Programmes: Lessons Learned from Two Decades of Experience.* New York: New York University Press.

Sendek, Robert, and Yvette Bayoumy (1991). *The Population Council Databank System.* New York: The Population Council.

United Nations (1975). *Report of the United Nations World Population Conference, Bucharest, 19-30 August 1974.* Sales No. E.75.XIII.3.

_________ (1984). *Report of the International Conference on Population, 1984, Mexico City, 6-14 August 1984.* Sales No. E.84.XIII.3.

_________ (1990). *Results of the Sixth Population Inquiry among Governments.* Population Policy Papers, No. 31. ST/ESA/SER.R/104.

United Nations Population Fund (1991). *Population, Resources and the Environment: The Critical Challenges.* New York.

_________ (1991). *Report of February 1991 Meeting on Women, Population and Development.* New York.

_________ (1992a). Guidelines for the Programme Review and Strategy Development (PRSD) exercise. New York.

_________ (1992b). *The State of World Population, 1992: A World in Balance.* New York.

_________ (n.d.). Incorporating women into population and development: knowing why and knowing how. New York.

_________ Westoff, Charles F., and Luis Hernando Ochoa (1991). *Unmet Need and the Demand for Family Planning.* Demographic and Health Surveys, Comparative Studies, No. 5. Columbia, Maryland: Institute for Resource Development/Macro International, Inc.

X. POPULATION PROGRAMMES: ASSESSMENT OF NEEDS

*Chris J. Allison**

The past decade has seen a considerable consolidation of knowledge and experience in the design and implementation of population activities in developing countries. The UNFPA review and assessment exercise is one example, among several, which has usefully documented the basic features of a national population programme.

Some important changes in direction are now emerging:

(*a*) Increasing emphasis is being placed on the processes for broad population programme strategy development, as a precursor to the formulation of detailed project activities;

(*b*) There is a resurgence of interest in reassessing the several rationales that can be advanced for addressing population as a development activity. Several factors lie behind this: there is a growing emphasis on individual rights, welfare and needs; measures to improve the role and status of women are commanding increasing attention; environmental concerns have come more to the fore; the progress and prospects for economic and social development have not been as positive as had been hoped; and there are increasing pressures to ensure that the limited resources available for social services are well spent. One consequence is that a reappraisal of what constitutes population policy is underway;

(*c*) Attention is being accorded, with some developing countries in the lead, to the institutional framework in which population policies are formulated and implemented;

This paper derives from the work of one bilateral donor, the United Kingdom Overseas Development Administration (ODA) in adapting to, and seeking to play a role in, these developments. It maps out ideas developed by the author in his position as population adviser for ODA, as a contribution to the expert dialogue on population policies and programmes, in preparation for the International Conference on Population and Development to be held in 1994.

The paper addresses: (*a*) national population principles and objectives; (*b*) the population dimension of national development policy; (*c*) national population programmes; (*d*) the rationale, opportunities and needs for external donor support; and (*e*) processes for population programme needs assessment.

A. Principles and objectives

The following principles and objectives establish the rationale for addressing population as a key development issue

(*a*) Men and women should be able to choose whether and when to have children and should have access to the means (family planning information and services, and other means of fertility regulation where legal) to act on their choices;

(*b*) Governments will wish to have information on, to take account of and potentially to seek to influence population dynamics (growth rates, population structure changes, migration) as key factors in shaping overall socio-economic development;

(*c*) Reducing fertility from the high levels currently found in many developing countries will make a significant contribution to improving the health of women and children.

These principles span the concerns of both Governments and individuals. Moreover, absolute values and standards cannot readily be prescribed. Governments, groups and individuals will wish to attribute varying importance to each principle in accordance with the

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prevailing culture and religion, and the current level of socio-economic development.

The degree to which the population principles are espoused by Governments, different groups and individuals may count as one indicator (among many) of development progress. Reproductive choice, demographic transition and improvements in women's health will reflect the path being taken by Governments and the gains achieved towards the enhancement of individuals' welfare, entitlements and prospects.

Topics for programme needs assessment

As concerns principles and objectives, therefore, a population programme needs assessment will review and document the status of and trends in reproductive choice, demographic transition and women's health.

B. The population dimension of national development policy

There is an inevitable and important implicit population dimension to national and local development policy formulation. Governments may choose to identify population as an explicit factor in policy-making and implementation.

The population dimension is most important in relation to policies on: (*a*) provision of social services (health, education, family planning); (*b*) environment; (*c*) development planning and resource allocation; (*d*) poverty alleviation; (*e*) labour force and human resource development (youth employment, family dependency upon child labour) (*f*) social security, including welfare "safety nets" for the elderly; and (g) the status of women.

The population element in some of these areas is not yet well understood nor articulated. Current knowledge is limited on the causal relationship(s) between population and the environmental pressures, especially at the community, household and individual levels. The nature and degree of the adjustments that can be made in resource allocation and programme planning to accommodate population variables are not fully worked out. The population dimensions of labour, social security and poverty alleviation policies are most often acknowledged only for the part they play in determining current and projected investment/expenditure needs (e.g., the implications of population growth for the creation of new jobs). The reverse relationships are not well recognized, except perhaps as constraints which inhibit development.

In contrast, the population dimension of social service provision is well established. A strong body of knowledge exists on family planning programmes. There are clearly defined policies and strategies which can be pursued to achieve a worthwhile impact, and which represent an effective use of the resource input needed. This body of experience covers a wide range of countries, diverse cultures and religions, as well as development programmes at different stages of evolution. Some new policy directions can also be clearly stated: there is a growing appreciation of the need to set the strengthening of family planning in the context of broader health system development. More attention is being focused on women's health—especially, but not exclusively, reproductive health.

An essential feature of effective action to address population is a wide-ranging policy debate and dialogue. Central and local government, non-governmental organizations, the private sector and community leaders, along with other key groups, all have a role to play in influencing public attitudes, nationally and locally. Women's views and needs should be a major factor in shaping the policy debate and its outcome.

Given the inevitable sensitivities associated with population, attempts to establish a broad national consensus will entail risks and may be difficult. Different groups attach importance to population for varying reasons. The arguments that influence some may alienate others. Reproductive choice itself may be contentious, given the emphasis it implies on the entitlements of individuals, especially women. The reproductive and contraceptive needs of the unmarried, teenagers and widows may be problematic in some cultures. Abortion will always be a difficult subject. None the less, it will be a means of fertility regulation (either legally or illegally) in the majority of societies, either to cope with contraceptive failure or because of a lack of adequate family planning services. National concerns to lower population growth for economic or environmental reasons may be deemed to run counter to the rights of some persons.

Where universal agreement should be readily attainable is on the health benefits of planned

parenthood to women and children. The lifetime risks of dying from childbirth-associated causes are as high as 1 in 20 for women in many developing countries, compared with 1 in 10,000 in Northern Europe, and constitute one of the more marked social disparities between developed and developing countries. Infant and child mortality are also influenced by the mother's age and parity and by birth intervals.

The population debate may culminate in the adoption of a formal population policy and the establishment of demographic targets. While helpful, these are not prerequisites of an effective population programme, at least not at the initial stages of programme development. Demographic targets are also primarily interpreted as reflecting progress towards demographic transition; parallel measures for reproductive choice and women's health are required to present the full picture.

A more important outcome of the policy debate is to achieve an agreed sharing of responsibilities for population activities. A pluralistic approach is vital, with a wide range of participants, both inside and outside Government, having a role to play. Population programmes are less effective when one group (e.g., the medical profession) is either loaded with excessive responsibilities or has an overly dominant voice.

Population issues, policy and activities will span a number of ministries and, frequently, institutions outside the Government. One body may be charged with overall responsibility for population; this body may be either a department within the Government or an outside institution with a commission on behalf of the Government. Its essential function would include standard-setting and the overseeing of population activities. A broader role in programme implementation or execution may be inappropriate. The coordinating body will require appropriate access to those involved with national public expenditure allocation.

Labour, equal opportunity, inheritance, marriage and other related legislation will establish the legal context for population policies and activities.

Topics for programme needs assessments

In regard to the population dimension of a national development policy, a population programme needs assessment will thus address:

(*a*) The explicit population dimensions of national development policy;

(*b*) Family planning policy as a basic element of essential social service provision;

(*c*) The nature of the population debate: the range and relative importance of different issues; and the groups involved as a cross-section of society;

(*d*) The "ownership" of population in Government;

(*e*) Population goals;

(*f*) National development policy where the population element is implicit or undervalued.

C. Population programmes

A population programme establishes the agreed framework and strategies to implement the national population policy or to enact the population dimension of other sectoral policies.

Countries will map out a national population programme in accordance with national priorities. Many will employ only a subset of the range of feasible population activities. In part this may reflect a narrow view of population principles and objectives, possibly for religious and cultural reasons. In addition, the programme will be determined by the availability of resources, financial and human, to implement a broad-based set of activities, many of which will be inevitably complex.

The core element of the population programme will be the provision of family planning services. They are fundamental to the population principles set out above, representing the best and safest means of enabling men and women to adapt their fertility behaviour. Without recourse to family planning, women, in particular, suffer substantial "costs", through unwanted pregnancies and, frequently, through abortion (either legal or illegal). Any medical risks associated with contraceptive use are significantly lower than the health risks involved in pregnancy and childbirth. Effective family planning programmes are affordable; their costs are substantially lower than the extra expenditures on health and education that would be

incurred if family planning were not available. Access to good family planning is a key factor in enabling women to exert more control over their lives.

Family planning programmes

Different groups (young adults, couples wishing to space their children, those who have completed their families) have diverse needs for contraception. Effective and successful family planning programmes recognize this diversity and employ a range of approaches to provide information and services.

Ready access to family planning can be achieved through: (*a*) integrating family planning into clinic-based MCH services (this is typically the core approach); (*b*) community-based activities, including the use of domiciliary family planning workers; and (*c*) the retail sector (for non-prescriptive contraceptives), using social marketing, where appropriate, to ensure that prices shall be kept within the bounds of what people can afford.

The quality of services is important. What is required is a wide choice of contraceptive methods, good information on which method choice can be based, responsive counselling, and effective follow-up and ongoing care for family planning acceptors. A high-quality service is also determined by the range of associated health care on offer. Women's health merits increased attention. Reproductive and sexual health problems are frequently associated with family planning needs or may derive from the same social and cultural roots. More work is required to refine and prioritize approaches for delivering women's health care across a range of settings.

Family planning programmes also have an important gender dimension. They must be responsive to women's (and men's) needs as clients and also pursue personnel policies that reflect the preponderance of female staff involved, especially in the actual provision of services.

Effective family planning programmes require sound supervision and management, depend upon robust information and logistics systems, have a strong planning capacity, can benefit from applied research to inform programme design and can be monitored through periodic demographic and health surveys and population censuses.

Cost analysis and cost effectiveness studies will help ensure that limited financial and other resources shall be used well and that the merits of alternative approaches are clear. Robust financial accountability is essential.

Other activities

Beyond family planning, population activities fall into two main categories. The first reflects the need for population data to inform the population debate and dialogue, and for policy formulation and development planning. These information requirements will evolve over time as the understanding of population issues deepens. Effective dissemination of data is vital and will involve a range of infomation channels, including population education in schools.

Both qualitative and quantitative data are needed to establish an adequate population knowledge base. For the latter data, demographic, migration, labour force and other household surveys are key sources. Population research and data analysis draw on a range of disciplines, including demography, economics, sociology and anthropology.

The final category of activities is the hardest to define and prescribe. This category concerns efforts that might be undertaken in sectors other than social service provision and that would contribute directly or indirectly to achieving national or individual population objectives. Other sectors (e.g., education, health, labour, natural resources) and key cross-sectoral issues (such as women in development, environment, child welfare, urbanization) are influenced by and influence population factors. Some efforts in these programme areas can be considered as population activities. There is no consensus on whether such an approach makes sense. If such activities are included with the population programme they will compete for the limited resource allocation strategy. Will institutional inconsistencies arise from having, say, female education classified as an activity of women in development, population and education? How are institutional responsibilities shared in such circumstances?

Topics for programme needs assessment

With respect to the elements of a population programme, assessments of programme needs should therefore address:

(*a*) The range and mix of population activities required to achieve the national population objectives and to fulfil development policies;

(*b*) Family planning strategies as the foundation for population programme. Attention will be given to:

(i) Access to family planning services for different groups;
(ii) Quality of services, especially method choice;
(iii) The way in which family planning services combine with associated health care, including improved women's health services;
(iv) The institutional capacity for effective service provision: management, supervision, logistics, information systems;
(v) Strategic planning capabilities;
(vi) The use of applied research;
(vii) Programme monitoring;
(viii) Gender issues;
(ix) Cost analysis and cost effectiveness;
(x) The respective roles of non-governmental organizations and the public and private sectors;
(xi) Training capabilities, to upgrade and maintain professional, technical and institutional expertise;

(*c*) Population data needs, for policy debate and formulation, and for planning.

D. RATIONALE, OPPORTUNITY AND NEED FOR DONOR ASSISTANCE

Most, if not all, donors espouse the principles on which population activities in developing countries are founded, albeit with varying degrees of emphasis. United Kingdom development assistance is directed to alleviating poverty and to improving the future prospects of people and countries; for men and women to make such reproductive choices when to have children, and how many is a fundamental dimension of these efforts.

Population activities and, in particular, family planning programmes can justify the investment entailed. This holds true for all countries, whatever the level of economic and social development.

Donors can participate in, and help to carry forward, the policy debate and dialogue on population, as a part of overall development dialogue.

For the United Kingdom, the immediate priority is to make a contribution to strengthening family planning programmes in developing countries in order to respond to the substantial current unmet need for contraception. Such assistance would improve access to family planning, raise service quality, promote institutional development, strengthen programme planning and consolidate family planning policy as part of the overall health and population policy framework.

The input items to be funded through external assistance would include: (*a*) technical assistance, using local and international expertise; (*b*) training, in-country and overseas, including third-country training; (*c*) supplies and equipment, including contraceptives; (*d*) construction to renovate the existing health infrastructure; (*e*) local costs, including recurrent costs, such as salaries.

The funding of recurrent costs can be justified by the immediate benefits (e.g., women having access to better family planning services) which will accrue over the lifetime of the donor support. Nevertheless, there are also important sustainability concerns, both institutional and financial. Most donors would wish to assess the longer term implications of any investment, including ongoing viability after the phasing-out of donor involvement.

Population assistance will need to fit within the context of wider development policies and strategies, which may include: (*a*) public expenditure rationalization, as part of structural adjustment; (*b*) civil service reform; (*c*) health system restructuring; (*d*) decentralization.

Topics for programme needs assessment

As concerns donor assistance, a population programme needs assessments will review:

(*a*) The availability of external assistance for population concerns;

(*b*) The comparative advantages of drawing on donor support: the donor contribution to the policy dialogue; the provision of technical expertise and training; funding for recurrent costs;

(*c*) Conditions for the (more) effective use of the available donor support: a harmonized (across donors) action in pursuing key programme strategies; donor collaboration to safeguard essential input, including contraceptive supplies.

E. Processes for population programme needs assessment

Few countries, developing or developed, have established a national population plan that formally consolidates the full range of population dimensions of development policy and the steps required or undertaken to act upon them.

Most countries (and donors) have drawn on a range of processes to review population activities and to serve as a basis for assessing future population programme needs. However, there remains no acknowledged "best practice" for population programme needs assessment which all countries (and donors) would espouse.

For donors, one model is the UNFPA programme review and strategy development process. To date, this exercise has functioned more as a basis for establishing the forthcoming programme of UNFPA country support, rather than serving the interests of a wider group of potential donors, including bilateral donors, such as ODA. If it is to fulfil this latter purpose, the UNFPA process will need to highlight more explicitly the key progamme strategies to be pursued in the short and medium terms. This effort includes ensuring an appropriate prioritization of population activities, in the light of the available resources. In the poorest countries, it may require a more robust assessment of where to draw the boundaries of the population programme. Meeting the unmet need for family planning should always be the first priority. The programme review and strategic development process, in common with other approaches to needs and assessment, has also perhaps paid inadequate attention to institutional analyses, assessing the framework in which policies are formulated and programmes are implemented at central and local government levels. Such institutional practices are typically particularly complex for cross-sectoral issues, such as population.

Programme needs assessment requires specific skills. Although technical expertise is essential, solid experience in population strategy development and institutional analysis is an equally important attribute. Policy analysis skills may also have been somewhat neglected (or difficult to find).

A needs assessment will involve collating and distilling data of varying types from a range of sources, this task would include the use of popular participation processes, to allow the "voice" of individuals, especially women, to be heard effectively.

ODA, along with the majority of donors, fully recognizes the virtues of effective donor coordination. In practice, experience in achieving this coordination at the country level has been mixed. A consolidated approach to population needs assessment would serve to promote and contribute towards better collaboration. Agreement among donors on key programme strategies and issues, and the prioritization of resources to address them, would help as an important first stage to ensure that external assistance input shall be used to maximum effect. In only a few countries has this goal been achieved.

Population programme needs assessment has been at its weakest in addressing the population dimension of sectors outside of primary social service provision. More robust approaches are needed to explore what is sensible and appropriate. The primary focus should be on summarizing reviews of such sectoral policies and activities already in train, or planned, and, in the light of these, establishing recommendations for enhancing or modifying specific activities, such as measures to improve female literacy. However, attempting to justify these efforts by categorizing them with a "population label" or specifying them as elements within the national population programme will not generally be a favourable option. In most cases, the institutional complexities involved will outweigh the potential benefits. A parallel argument applies with respect to attempts to integrate an explicit population component into another sector.

Topics for programme needs assessment

In regard to the process to be used for a population programme needs assessment, a framework of activities which can be consolidated into a national population plan should be established. There is a need also to further refine the processes already employed, including the programme review and strategic development approach used by UNFPA; particular attention should be paid to the ongoing broad strategy development and (re) prioritization of activities as the programme evolves. A range of skills should be used with strategy development and institutional analysis expertise being of prime importance.

F. Conclusions and recommendations

Considerable experience has been built up over the past decade in the design and implementation of population activities. Family planning programmes in particular can be formulated with much increased confidence, to achieve worthwhile impact and effectiveness.

None the less, on some key aspects of population programme development there remain disparate views and considerable uncertainties concerning:

(*a*) Determining which activities should be featured in a national population programme along with family planning provision and population information education measures as core components; and which activities deserve to be, and would benefit from being, counted as population programme elements;

(*b*) Deciding on the appropriate prioritization between population activities, in the light of resource constraints;

(*c*) Selecting the approaches to be pursued to establish a more coherent population dimension of labour, social security and environmental policies and their implementation.

As discussed above, a population programme needs assessment should cover: (*a*) the principles and objectives adopted for addressing population as a development issue (reproductive choice, demographic transition, women's health); (*b*) the population dimension of national development policies; (*c*) population programme elements; and (*d*) for developing countries, the scope for and potential contribution of external donor assistance.

Further refinement in the process used for population programme needs assessment should be sought through: (*a*) a more precise articulation of broad programme strategies (which issues must be tackled if the programme is to achieve its short- and medium-term goals); and (*b*) more attention being paid to institutional analysis—the respective roles and capacity of (the different) institutions with responsibility for policy formulation and dialogue, regulation and standard-setting, programme planning, programme management, service delivery, programme monitoring and evaluation, research and training.

Action research is needed to establish and demonstrate the effectiveness of new approaches. This effort concerns, in particular, women's health measures.

More robust donor collaboration is needed if population programme needs assessments are to realize their full potential in establishing a framework for the effective planning of external support for population activities.

XI. POPULATION PROGRAMMES: THE CASE OF RWANDA

*Nyirasafari Gaudence Habimana**

A. Background

Rwanda is a land-locked country of 26,338 square kilometres of which 17,758 are usable for growing crops and raising cattle. This creates demographic pressure problems owing to high density (290 per square kilometres) and rapid population growth (over 3 per cent per annum).

Having no outlet to the sea, its economy is based on agriculture, in which more than 90 per cent of the active population are employed. Owing to population pressure, the area of cultivable land per family becomes smaller and smaller and the soil poorer due to erosion and overexploitation. This situation contributes to making the country's food self-sufficiency impossible and creates its nutritional problems.

The Rwandese population and its evolution can be characterized simply but precisely: high fertility; high population growth; heavy population density; and a high proportion of juveniles (49 per cent under age 15). The growth rate is accelerating and pressures on the land and other resources are becoming increasingly acute.

The population problem has long existed and solutions have been sought since the beginning of the twentieth century. Thus, far from being a recent concern, striking an evolutionary balance between the population and the resources, in particular, has always been a concern of Rwandese authorities. In matters of population, the main guidelines followed for the past 10 years hinge on the target of food self-sufficiency and declining fertility.

The National Population Office (Office national de la population, ONAPO) which established by Decree Law 03/81 on 16 January 1981, has enabled the Government to implement a population programme, based on studies of the phenomena relevant to the demography of Rwanda, in order to promote public awareness of the problems caused by rapid population growth and to introduce family planning services.

The social and economic situation in Rwanda is such that emergency steps must be taken to solve the population problem, in particular, by integrating the strategies for solving it within the general framework of social, economic and cultural development. For almost two years, Rwanda has made available a population action plan which specifies the various people involved, the key areas for intervention and the targets to be reached. This action plan, which forms part of the population policy, was adopted by the highest authorities in Rwanda. Its adoption has become a very important and irreversible step towards implementing the national population policy.

This action plan is set forth in a document entitled "Rwanda's population problem and the framework for its solution". The document shows that the population problems are multidimensional and relevant to all sectors of national development, especially health, education, schooling, employment, agriculture, and town and country planning. It also indicates the persons that have been involved in these various fields. The plan is important because it determines the role of and the specific activities assigned to each person involved. It therefore follows the principle laid down at Bucharest in 1974 that to solve population problems effectively, there must first be a social and economic transformation, and that a population policy can succeed to some degree if it is part of socio-economic development.

History of the population problem in Rwanda

The Rwandese population rose from 1 million in the early twentieth century to 2 million towards 1950 and to 7 million in 1988; it will exceed 10 million in 2000 if its growth rate is maintained. The progressive growth of the Rwandese population is shown below:

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(a) *1940* : 1,913,000;
(b) *1950* : 2,087,000;
(c) *1955* : 2,420,000;
(d) *1960* : 2,752,000;
(e) *1965* : 3,174,000;
(f) *1970* : 3,735,000;
(g) *1975* : 4,417,000;
(h) *1978* : 4,831,527;[1]
(i) *1980* : 5,254,000
(j) *1985* : 6,300,000
(k) *1991* : 7,155,391.[2]

The problems created by this population growth were noted by the first Europeans to arrive in Rwanda. They quickly discovered that the rapid growth rate of the Rwandese population was leading to land shortage and land impoverishment. It was apparent that the situation would result in shrinking yields and hence in a population-to-production imbalance. Due to provision of medical care, the death rate declined considerably.

To meet the population's needs the colonial authorities introduced high-yeild crops. Soil protection under the anti-erosion campaign and the application of manure were also widely extended. Emigration to neighbouring countries was also encouraged. Thus, the first steps towards population programmes in Rwanda were taken early in the colonial era.

After independence was attained in 1962, the efforts continued and new programmes were carried out in search of more relevant solutions to the population problem. Farming communities were thus organized in certain regions of the country in order to relieve the overpopulated zones and in particular to develop new land for increasing agricultural output. Nevertheless, this policy was no more than a palliative, because the family communities in turn became overpopulated and the rise in production was not sufficient to provide surpluses.

Therefore, in 1974, the authorities established the Advisory Scientific Council for Sociodemographic Problems, to study all population growth problems and submit suitable solutions. The Council has made important proposals and recommendations concerning population policies and programmes, *inter alia*, for carrying out a population census (which was held in 1978) and for launching the MCH/FP project.

Seeking to promote a much more dynamic population policy to serve as a structure for identified solutions, the Council proposed a measure that was soon adopted and implemented by the Government, which established ONAPO in 1981.

B. Objectives and achievements of ONAPO

The mandate of ONAPO was to study all problems arising from excessive population growth and to propose suitable solutions to the Government. The objectives of ONAPO are listed below:

(*a*) To study all the points relating to population growth and the impact on socio-economic development;

(*b*) To make all levels of the population aware of the demographic problems in Rwanda through a programme of information, training and education, while respecting the human person, liberty and the moral and religious convictions of couples;

(*c*) To monitor the proper application of family planning methods;

(*d*) To study the process of merging family planning services with the public-health services and to propose the best methods for this merger to the health officers;

(*e*) To propose solutions conducive to creating a balance between production and population growth;

(*f*) To participate in formulating school curricula at all levels on population matters;

(*g*) To engage in any other activity relating directly or indirectly to its objective.

In order to consolidate the basic components of the population programme which it has been called upon to establish, promote and implement, ONAPO has taken steps over the past 11 years to provide the necessary instruments and conditions so as firmly to guarantee implementation of this programme.

Ever since its establishment, ONAPO has directed its activities along five lines: promotion of awareness; training of personnel; encouragment of family planning

services and their integration into the country's health units; socio-demographic research; and participation in formulating educational curricula. After 11 years of existence, the balance sheet of achievements proves to be positive.

Activities carried out by ONAPO

Promoting awareness

The effort to make the Rwandese population aware of the country's sociodemographic problems has mobilized most of the financial, material and human resources of ONAPO over the past 11 years, not only because this activity had to cover the entire country and to reach all levels of the population but because the progress of other programmes was considered to depend upon its success. Currently, more than 85 per cent of the population are believed to be aware of the sociodemographic problems, according to the assessments of the Ministry of the Plan and ONAPO (projects GTZ/ONAPO and IEC/FNUAP/ONAPO).

Use of a person-to-person communication strategy, based on the *umukangurambaga* or voluntary go-between, has been important in accelerating this programme for promoting awareness. These *abakangurambaga* were selected by the population at the *cellule* (rural and urban) level. They were chosen in couples (i.e., one man and one woman). Currently, there are 17,536 operational *abakangurambaga*.

Training of personnel

At the beginning, ONAPO had 50 officers (at various training levels), which is an insufficient enrolment for carrying out its assignment. From the outset it therefore had to deal zealously not only with recruitment but with training. The work of family planning, which had to be introduced when ONAPO was established, required specially trained personnel. More than 30,000 persons have now been trained in the various fields.

Promotion of family planning services and their integration into public-health units

In collaboration with the Ministry of Health and in accordance with its function of studying the process of integrating family planning services into the health services and proposing to the health officers the best methods for the integration), ONAPO has progressively carried out a series of activities for promoting both family planning and merging the services concerned with the public-health units. The main activities carried out by ONAPO in this field are: (*a*) training public health personnel in family planning; (*b*) supplying the hospitals, centres and health clinics with contraceptives, on the one hand, and with necessary materials and utilities for distribution to the family planning services, on the other hand; and (*c*) constructing and/or rebuilding the centres so that they can accommodate the family planning services. More than 81 per cent of the medical units currently render family planning services, as compared with 2 per cent at the beginning of the programme in 1991.

Socio-demographic research

As concerns socio-demographic research, ONAPO has made several studies, some of which are intended to provide better knowledge of the demographic phenomena so as to facilitate continuous adjustment of the activities considered. Other activities, such as fact-finding, were intended to ascertain what the population thinks and believes about the matter of fertility. Operational research has also been undertaken to promote and provide better family planning services.

The improved knowledge of the Rwandese socio-demographic phenomenon resulting from fact-finding, studies and research has led, in particular, to the formulation of a specific and effective population policy.

Participation in preparation of educational curricula

ONAPO has actively participated in formulating programmes incorporating the population variable at all educational levels. It is in this scenario that the course on family life is becoming widespread at all educational levels, whereas previously sexuality and the related courses were almost entirely taboo.

C. Current population situation in Rwanda

The statistical data given below were taken from the unanalysed results of the 1991 census and from the demographic projections based on the 1978 census and on the subsequent demographic and fertility studies:

According to the population census of August 1991, the population situation was as described below:

(*a*) Population as at 30 August 1991: 7,155,391;
(*b*) Density per square kilometre: 273;
(*c*) Useful density per square kilometre: 403;
(*d*) Number of households in 1991: 1,508,774
(*e*) Growth rate, 1978-1991: 3.1 per cent per annum.

The demographic projections as of 1 January 1991 or data from the 1978 census are:

(*a*) Age structure: 0-14 years, 3,506,142 (49.0 per cent); 15-59 years, 3,427,432 (47.9 per cent); 60 years or over, 221,817 (3.1 per cent);

(*b*) Birth rate, 53 per 1,000;
(*c*) Death rate, 17 per 1,000;
(*d*) Urban population, 9 per cent;
(*e*) Population in 2000, 10 million.

In 1900, there were approximately 1 million Rwandese. If the probable figure in the year 2000 reaches 10 million, the population will have multiplied by 10 in 100 years. The rate of over 3 per cent per annum doubles the population in 20 years; and if this rate is maintained, there would be 14.5 million Rwandese in the year 2010.

These figures show that the Rwandese population, growing at a high rate, has reached a stage of population explosion. Population growth, higher than that of the economy and of the available resources, wipes out the country's development efforts and those directed to improving the well-being of the people. The deterioration of this balance becomes apparent, especially in terms of undernutrition in some regions and/or in certain segments of the population. According to the socio-demographic projections, only if intensive and coordinated efforts are made in all sectors of development will there be some hope for a certain balance beyond the year 2000. That is why a firmer intersectoral population policy is being formulated. This action is justified because over time the scale of the sociodemographic problem has increased in spite of the measures taken to counter it.

D. Bases and objectives of the Rwandese population policy

Excessive population growth upsets the population's food situation, ruins the environment, has deleterious effects on health, education and social tranquillity, and undermines socio-economic development efforts. In Rwanda, the goal of the population policy is to slow population growth by acting mainly on fertility in order to lower it through family planning. Other ways are being considered in order to create a favourable environment for this family planning programme that would make possible a change in reproductive behaviour more favourable for development and controlled reproduction.

State intervention in this field has become a necessary priority because the State is responsible for national development and for the population's well-being. The population policy follows the line of the objective set by the authorities, namely, to achieve food self-sufficiency. The population policy contributes to the food balance by slowing population growth. It is therefore one of the basic components of development. Furthermore, this policy follows the international recommendations of the United Nations, other international bodies and the Kilimanjaro Programme of Action.

The population policy, in addition to following the recommendations of the Conference at Arusha in 1984 and contributing to the recovery effort undertaken on the continental scales, also follows the line long adopted in an overpopulated country. Henceforth, the population policy in Rwanda will work towards lowering the population growth by acting on the main component of this growth, fertility, which was previously considered untouchable.

This policy is intended to create an environment conducive to a change in attitude and behaviour. It therefore consists of a demographic policy designed to produce direct effects on the components of demographic growth and of the other elements that have an indirect influence intended to create an environment propitious for reducing fertility in order to develop behavioural patterns through a change of attitude.

These elements concern the increase of production, public-health matters, land development; education, training and schooling; employment and the advancement of Rwandese women.

Objectives of the population policy

From a political point of view, the population policy of Rwanda is intended:

(*a*) To make the population more aware of socio-demographic problems by information, training and education in family well-being;

(*b*) To spread the use of all contraceptive methods allowed by the component authorities, in all the public-health units throughout the country;

(*c*) To improve the population's health statistics and to contribute to reducing the general death rate and infant mortality in particular;

(*d*) To promote the advancement of Rwandese women as participants in national development;

(*e*) To promote the development of the population policy by training personnel and knowledge of socio-demographic phenomena by suitable studies;

(*f*) To seek better population distribution through internal migration and emigration;

(*g*) To promote the development of attitudes and well-being of the population by increasing production through land development, a better level of education and an employment policy.

Demographically speaking, the objectives of the population policy are:

(*a*) To reduce population growth to 3.6 per cent in 1990 and 2.0 per cent in 2000, by applying family planning methods, so as to lower the number of births per woman from 6.5 in 1990 to 4.0 in 2000;

(*b*) To have reached 12 per cent of contraceptive prevalence rates by the end of 1990 and 15 per cent by the end of 1991 and to reach 48.4 per cent in 2000;

(*c*) To reduce mortality so that the expectation of life at birth rises from 49 years in 1985 to 53.5 years in 2000.

Elements of the population policy

The purpose of the demographic policy is to act directly on the demographic variables, and indirectly on the other policies. In order to launch these different policies, activities in various fields must be carried out by various ministerial departments, non-governmental organizations, prefectural services, districts etc. The joint efforts of these groups will thus promote a more favourable environment.

The demographic policy

It should be remembered that the first element of the population policy of Rwanda is the demographic policy, which is intended to act directly on the demographic variables. It consists of the following six parts: family planning; reduction of infant mortality; promotion of awareness in family well-being; socio-demographic research; migration; and training. Each of these components has specific activities.

Activities for family planning

The objective of the family planning policy is to achieve a population growth rate of 2 per cent per annum by the year 2000. This implies a very strong and rapid negative growth of general fertility, a necessity for achieving the population and production balance in time.

Family planning must meet the demands not only of the "household" or "couples" but also of all individuals, women and men, regardless of their number of children or their motivation. The action plan specifies that development of this family planning policy requires:

(*a*) Strong support of family planning from all of the country's politico-administrative and religious authorities through official speeches and declarations at all levels, expressing firm support as often as possible;

(*b*) A precise definition of family planning regulations; Ministerial Directive No. 779 of 3 March 1988 must be distributed as widely as possible and must be supplemented by other directives;

(*c*) Promotion and reinforcement of the delivery of the family planning services of MINISANTE by merging these services with the maternal and child welfare services. This implies that these services must be spread throughout all the public-health units;

(*d*) Relevant legislative measures to accompany the family planning policy and to promote much wider use of contraceptive methods;

(*e*) Improvement of the quality of family planning services by means of intensified training and commitment of personnel, better organization, supervision and guidance, better acceptance by family planning users, better follow-up by these users, choice of all available family planning methods, more comprehensive information on all the effects of these methods;

(*f*) Community-based distribution of certain methods (condoms, spermicides, restocking of pills etc.).

Activities for reducing infant mortality

The activities that are intended to reduce infant mortality are needed for parents' acceptance of family planning and for implementing a well-supported and effective population programme. The proposed activities supplement the health protection measures and the strategies so far initiated in the health sector. This policy is based on maternal and child welfare. It must also integrate family planning into the programme and enable it to expand.

The policy for reducing infant mortality requires:

(*a*) Training in health for women, consisting of a programme of education in health, nutrition, medical care and family planning enabling non-pregnant women to be in the best possible physical condition prior to pregnancy;

(*b*) More frequent surveillance of pregnancies, through the development of clinics and their supply of equipment and pharmaceuticals, and the distribution of vitamin supplements and trace elements, in order to avoid premature delivery and low birth weights, which are risk factors. Health education for women, retraining of traditional birth attendants and training or retraining of health personnel also fall into this category;

(*c*) Promotion of breast-feeding in order to discourage the current tendency to shorten the time, depending upon the mother's health and nutritional education;

(*d*) Research on better nutritional status for infants, to reinforce resistance to infections and to lower the mortality and morbidity rates, through vaccination and parasite removal, better mothering roles (oral rehydration treatment, in particular) and the provision of vitamins and oligo-elements when needed.

Activities to promote awareness of family well-being

The improvement of family well-being produces a change in behaviour. This improvement is enhanced by information and communication, especially by the basic voluntary leaders (*umukangurambaga*), and by better integration of the population variable into the other sectors, especially by the educational sector and the various development programmes.

The success of this policy needs:

(*a*) Firm support of the politico-administrative and religious authorities, upon which success depends; and it must be manifested in the form of specific legislative action concerning family planning regulations and the liberalization of contraception. Political measures must express firm support of the ONAPO programme in official demonstrations and tours of politicians, by more detailed posters in public places, by organizing demonstrations and by political slogans on family planning;

(*b*) Activities at the national, prefectural and community levels requiring the presence of these authorities at the meetings for promoting family planning awareness; the example of representatives of these authorities on family planning; the organization of educational meetings for parents in the community office or in CCDFP for the young people;

(*c*) More consistent collaboration with the basic voluntary leaders (*abakangurambaga*) and a strong basic group of the population;

(*d*) Promotion of awareness at all meetings with the local population;

(*e*) Greater participation of associations and other non-governmental institutions supporting the population by guiding it in family planning, by creating structures responsible for the family well-being in their midst and through the training of family and population planning officers;

(*f*) Information through CESTRAR on the relationship between planned procreation and work;

(*g*) Promotion of the awareness of urban people and of standard and specialized subunits by means of visits, lectures, leaders etc.;

(*h*) Collaboration with the religious authorities in order to increase their activities in promoting awareness of the problems of excessive population growth and in increasing family planning;

(*i*) Integration of population activities in the various existing development structures or socio-educational institutions, especially CCDFP, the education system, the health system, the rural development projects and agricultural extension work, and the non-governmental organizations;

(*j*) Use of the mass media to disseminate messages, slogans, promotion of awareness, especially radio, audio-visual, newspapers and publicity.

Socio-demographic research

The measures and activities referred to in the demographic policy and in the population policy, as well as the follow-up to these policies, make it necessary to have reliable information and data at all times in all the fields where these policies apply. This will make it possible to grasp the facts better and, if necessary, to redirect the population programme.

This research policy is intended:

(*a*) To collect and analyse socio-demographic data from various sources, especially family planning statistics. A compilation of the surveys will be made from the general population census of August 1991, followed by a second passage (in August 1992) from a specimen of a study of adult mortality, migration and urbanization, and by a third passage (in August 1993) for adult, infant and juvenile mortality, health and nutrition, migration and urbanization, and fertility and contraception. Other surveys, such as the Demographic and Health Survey (1992) and prevalence surveys, will be organized;

(*b*) To use the civil registration system data, the operation of which has to be improved;

(*c*) To carry out a programme of operational and clinical research for developing the basic data on health for propagation in Rwanda and to improve the coverage and delivery of maternal and child welfare and family planning services;

(*d*) To make projections of population and demo-economic interrelationships in order to prepare models and formulate new proposals for the population policy.

Migration policy activities

The migration activities are intended to improve population distribution over the territory of Rwanda and to promote emigration abroad in order to relieve the heavy demographic pressure.

The objectives of this policy are:

(*a*) For international migration, to pursue contacts with all countries likely to accept Rwandese and to encourage free movement of persons;

(*b*) For internal migration, to direct population movements mainly towards urban areas or rural development centres.

Training activities

All the services affected by the introduction of the population policy must have skilled and versatile personnel to help in carrying out the heavy tasks of completing and following up a population programme. Arrangements are therefore made for staff units to undertake the following duties:

(a) Maternal and child welfare and family planning (medical and paramedical staff and mother and child welfare assistants) for family planning services;

(b) Information, education and communication for motivating the population;

(c) Research in the fields of demography, information science, agro-economy, management, population development, sociology, health and statistics;

(d) Budget administration and accounting, personnel administration for the officers of medical units and family planning services;

(e) Personnel administration;

(f) Retraining seminars for teachers and school curricula officers.

After covering the various parts of the demographic policy, the first component of the population policy, there are six other policy components, each of which has its own set of activities to be carried out.

Other components of the population policy

Activities to increase production

The activities for increasing production allow families more freedom of movement, change attitudes and behaviour and create an environment that promotes strong adherence to family planning. A large number of measures are established in the context of economic recovery. Some of them are established in the context of the population policy.

The solutions for increasing production have to be based on a change in the economic, social and even attitudinal structures of the rural areas so as to adapt them to modern life, in particular:

(a) Reorganization of crops under land reform, regrouping of settlements, introduction of modern, more intensive crop methods using fertilizers, pesticides and selected seeds and combined agriculture and cattle-rearing;

(b) Swamp upgrading, afforestation, soil protection and conservation against erosion;

(c) Regionalization of crops in order to raise output and facilitate marketing;

(d) Promotion of secondary and tertiary sectors, especially by rural development centres and secondary towns.

Activities concerning public health

The activities under the public-health policy are intended to promote widespread improvement of health, to reduce mortality and to guarantee better physical well-being. Better fitness of the population as a whole and of families in particular contributes to reducing the number of births per woman, because it makes survival more likely.

This policy must contribute to reducing mortality and requires: (a) equipment for the most important clinics, a medical staff unit and more establishments; (b) upgrading of the eight primary health-care components; (c) study of the main causes of mortality and morbidity; (d) more extensive schooling, better investment for solving socio-economic problems over the long term and reducing mortality; and (e) improved nutrition for the Rwandese population.

Land development activities

The aim of land development is, on the one hand, to change the organizational structures of settlements so as to rationalize cropping, to increase output and to improve population distribution and, on the other hand, to establish a reception facility in rural and urban areas for directing the exodus from agriculture and providing non-agricultural jobs.

As the land development concept is new, the structure has still to be defined with a view to implementing this policy, and a more comprehensive study should be made. Thought on the subject should be based on:

(a) A study of the land development to be implemented;

(b) Defining an urban order of priority consisting of five levels—capital, prefecture, subprefecture, rural development centres at the district level and rallying centres at the sector level—with a name at each level

for the towns concerned (or for the latter two levels, names for the rural development centres);

(*c*) The role that each level must play, the activities that it is hoped will be established therein and the infrastructures to be developed;

(*d*) Decentralization of development activities so as to avoid the "monocephalism" of Kigali;

(*e*) The training necessary for developing non-agricultural jobs in this urban order of priority;

(*f*) Establishment of a structure and training personnel in land development.

Training, education and schooling activities

The training, education and schooling activities to be developed under this policy are intended to raise the general level of instruction so as to promote better understanding of demographic problems, a change of behaviour and wider knowledge of family planning methods and their use. This policy is based on: (*a*) increased schooling for young people, offering them better understanding of the socio-economic and demographic phenomena; and (*b*) possible training in the non-agricultural sector, enabling young people to have a higher income and another view of society, especially as concerns demography.

Employment policy activities

Employment is a source of income and therefore improves family well-being, but it requires training. It engenders new types of behaviour when it is situated outside the traditional milieu. Employment in Rwanda is concentrated in the primary sector (93 per cent); the secondary and tertiary sectors occupy, respectively, only 2.7 and 4.3 per cent. Employment outside traditional agriculture has to be developed as an indirect factor for promoting family planning methods;

The employment policy in Rwanda:

(*a*) Is based on a better quality of employment, by raising the rate of general schooling, upgrading vocational training and making a special effort for women;

(*b*) Is directed to raising income, which leads to better well-being, changes the socio-economic structures of society and changes individual behaviour;

(*c*) Is designed to make it possible to develop rural zones, to slow the massive exodus to large cities and to steer economic activity towards an urban structure and the rural development centres defined by land development;

(*d*) Is intended to develop rural zones by a different upgrading of the land, applying more suitable techniques, organizing the farmers for marketing their produce, setting prices and obtaining agricultural credit.

Activities for advancement of women

Reducing fertility, applying family planning methods, increasing output, educating children and health care are all matters relevant to women, who are very important participants in socio-economic development. The activities for the advancement of women are intended to improve the psycho-socio-economic situation of women which prevents them from being in charge of their own destiny, especially in the matter of procreation.

This policy for the advancement of Rwandese women:

(*a*) Calls for more intensive schooling and a higher level of education to enable them to better understand the problems, to have access to paid employment, to be more open-minded, to marry, to make more intensive use of family planning methods, to take better charge of themselves and to promote reduced fertility;

(*b*) Involves making the legislation in force more egalitarian as between men and women, so as to give them access to the benefits of development (the right to inherit, taking decisions, non-discriminatory employment practices, provisions to encourage their economic initiatives, access to responsible posts etc.);

(*c*) Promotes better family well-being through better knowledge of health care, nutritional education, improvement of household income, fewer children;

(*d*) Requires guidance of women's activities in their training, their jobs, organization of work with a view to greater availability;

(*e*) Enables the girls and women showing more potential to know and understand the family planning methods and to use them, and to promote the reduction of fertility. Women that are better trained in hygiene and health care will also facilitate a decline in general and infant mortality, which is another factor in reducing fertility.

E. INTEGRATION OF THE POPULATION POLICY VARIABLE INTO DEVELOPMENT PLANNING

Population policy, as described above in its multisectoral aspects, cannot succeed unless it is integrated into national development planning. This is all the more striking as the planning process now in operation is based on participating planning, that is, the planning which includes only the needs and potentialities of the population at the grass-roots level.

ONAPO, which has to coordinate implementation of the national population policy, has since its adoption undertaken a process of support to those in charge of the various planning stages. It is mainly using the expedient of information, training and motivation that ONAPO gradually leads the different services working for the population to integrate the population variable into their planning. An encouraging operation is being carried out with the districts that are recognized as the basis of the country's development.

The institutional reform in Rwanda now grants more political and administrative autonomy to the prefecture and districts. These levels, which constitute most of the supervisory services of the population at the national level, therefore have an important role to play in the implementation and success of the national population policy because they are closer to the population concerned with this policy. With regard to the general activities formulated in the demographic policy and supplementary policies, those which have to be established by the districts are discussed below:

Activities in demographic matters at the district level

As concerns demographic matters at the district level, activities should be undertaken with regard to:

(*a*) *Family planning.* For family planning to be accessible to the entire population, it is necessary:

(i) to promote more intensively and, in all possible ways, awareness of the problem of rapid population growth;

(ii) to fit the family planning programme better into the political and social plans;

(iii) to apply measures for encouraging and supplementing this programme;

(iv) to promote the opening of secondary family planning posts in the existing structures (to improve access to the services);

(*b*) *Reduction of infant mortality.* Activities to reduce infant mortality will promote and encourage maternal and child welfare programmes, vaccination of young children, prenatal and post-natal consultations, hygiene, feeding, birth-spacing and prolonged breastfeeding;

(*c*) *Promotion of awareness of family well-being.* These activities are intended to support *abakangumbaga* by the presence of district, sector and *cellule* authorities at meetings for promoting awareness of family planning and responsible parenthood (district and religious denominations) in the district development centre, and for continuing training in the clinics, in the educational system, in parents' committes and during the population's national week;

(*d*) *Sociodemographic research.* The activities in this area are:

(i) to encourage better collection of the clinic's statistics and other district statistics in all fields;

(ii) to prepare a statistical district case-study each year;

(iii) to make the population aware of the requirements to be entered in the civil register and to remove elements that handicap such entry (e.g., taxes).

(iv) to specify meeting places for the population at the district level and the methods for organizing those meetings;

(*c*) *Migration.* The activities with regard to the migration policy are:

(i) to encourage local migrations to the development centres; and

(ii) to inform the population about distant migration possibilities.

(*d*) *Training for the population programme.* Duties with regard to training are:

(i) to ensure that the personnel shall have a good understanding of the population policy and the activities that must be developed at district level in the context of district planning; and

(ii) to help the district clinics to formulate their requirements with regard to family planning service.

Other elements of the population policy

Other elements of the population policy include activities with regard to:

(*a*) *Increase of production.* In this regard, the policy is:

(i) to organize discussions on increasing population and food self-sufficiency; and

(ii) to encourage development of the craft industry in rural development centres.

(*b*) *Public-health policy.* The policy with regard to these activities is:

(i) to establish district dispensaries; and

(ii) to encourage and promote awareness of programmes concerning maternal and child welfare, vaccinations, prenatal and post-natal consultations, hygiene education and better nutritional education;

(*c*) *Land development.* These activities are:

(i) to collaborate in the multidisciplinary study on land development;

(ii) to specify the population's meeting-places and infrastructural needs;

(*d*) *Training, education and creation of awareness.* As concerns this area, the policy is:

(i) to promote literacy programmes;

(ii) to encourage parents to make their children attend school;

(iii) to encourage the construction of schools; and

(iv) to consider activities for children out of school.

(*e*) *Employment.* In addition to upward agricultural mobility (see activities under the policy for increasing production, the districts are expected:

(i) to shift employment from the agricultural sector to rural development centres;

(ii) to develop the schooling of children and strengthen the vocational training centres for young people and adults;

(iii) to help the crafts industry;

(iv) to promote district infrastructures; and

(v) to canvas to encourage setting up economic enterprises in the district;

(*f*) *Advancement of women.* Under this policy, it is necessary:

(i) to promote schooling for girls so as to heighten their parents' awareness;

(ii) to assist women by encouraging them to become literate, to marry later, to have a job outside

the home (crafts, trade, paid employment etc.), to use family planning methods and to hold frequent meetings for upgrading health, better hygiene and child care;

(iii) to encourage integration of women and the organization of women's groups at the district level; and

(iv) to educate young women for family life.

F. CONCLUSION

The demographic situation in Rwanda is at the root of all the problems which impoverish the population: shortage of land; famine; and insufficient education, health care, clothes and jobs.

This reality imposes itself upon all the authorities and population of Rwanda, each in its own place, and calls for a response to be made as quickly as possible to the need to increase production and control demographic growth. The surge in the Rwandese population, not concurrent with the speed of resources, has always preoccupied the Rwandese authorities, who consider that the balance of population and resources is a principal basis for national development.

In the course of various development plans, the population element has held the attention of the authorities. In June 1990, the Government adopted a national population policy corresponding to the magnitude of the sociodemographic problems.

The demographic policy, the population policy and the action plan adopted constitute a whole, the various sections of which are interdependent. The population policy is proposed in a way to serve as a framework for implementing various programmes identified as being of priority in the usual operational structures of the various national departments and services.

This strategy of integration in the existing structures has several advantages. On the one hand, it takes account of the limited means of Rwanda by not necessarily multiplying substantially more material and human resources than in the past for implementing different programmes. On the other hand, integration avoids over subordinating implementation of the policy to this mobilization.

More than supplementary resources, it is adherence to policy that this strategy demands. It is essential that the efforts of everyone be combined in implementing this policy.

This proposed population policy stresses the fact that the desired solution to the Rwandese demographic problem cannot be legitimately found by adding specific measures spontaneously adopted whenever this or that catastrophe arises. On thc contrary, it advocates operating by taking a coherent comprehensive approach towards a lasting balance between population and resources.

Merging the population variable into economic, social and cultural development plans is expected to be more and more effective, more particularly in the fourth development plan and in the district development plans in the course of formulation, where greater interest appears in adopting sectoral strategies and policies likely to have an effect both on the slowing of demographic growth and on socio-economic development.

Population growth of 2 per cent in the year 2000 is the last objective to be achieved. Achieving this objective requires very strong political support and deeply committed accompanying measures for ensuring an optimum political, administrative and social framework for the population and family planning programme.

The policy offering contraception services, a vast programme of information, education and communication directed in particular to the grass-roots, must be promoted in order to acquire massive adherence of the population to family planning. Likewise, the promotion of schooling for women, the integration of women into sectors of modern secondary and tertiary activity and, more generally, every measure for the advancement of women are all elements conducive to achieving the set objectives.

Some main recommendations emerge from these findings:

(*a*) Strong political support at all levels and unflagging awareness of the population constitute extremely important factors for the success of this population policy; and

(*b*) The success of this population policy must depend upon a change of attitude on the part of the population.

Population policy is a particularly important aspect in the country's socio-economic development dynamics. Hence, there is a pressing need to merge the population component into every process of development planning.

NOTES

[1] Results of general population census of 15 August 1978.

[2] Provisional results of population census of 15 August 1991.

XII. POPULATION PROGRAMMES: NATIONAL CASE-STUDY OF INDONESIA

*Haryono Suyono**

Indonesia has experienced relatively high rates of population growth over the past two centuries. Population in 1905 was 37 million. Crop failures, epidemics and war slowed population growth rates during the first half of the twentieth century, but these rates have since averaged somewhat at over 2 per cent per annum. At 182 million, Indonesia today is the fourth most populous country, after China, India and the United States of America. But, by the year 2050, however, according to the United States Bureau of the Census, Indonesia might drop to seventh place, after India, China, Nigeria, Pakistan, the former USSR and Brazil.

This gradual slowing of the Indonesian population growth rate is the direct result of the concentrated, steadfast and visionary approach the Indonesian Government has taken towards population control. Since 1970, when President Hoeharto initiated the Indonesian Family Planning Program: (*a*) the fertility rate has fallen by over 46 per cent; and (*b*) the population growth rate has been reduced from a potentially insupportable level of over 2.3 per cent in the mid-1960s to 1.97 per cent in the mid-1980s—making Indonesia one of the middle-income developing countries with the lowest population growth rates. This record will be even more impressive if Indonesia achieves its planned growth rate of 1.6 per cent by 1995.

The basic justification for family planning activities in general and for the activities of the National Family Planning Coordinating Board of Indonesia (BKKBN), in particular, does not derive from the Government, let alone of BKKBN. Rather, there is a much broader set of policies which are established at the highest level of the Government. Every five years, the National Consultative Body or the Peoples' Assembly, the supreme legislative body in Indonesia, meets to determine the policies and national guidelines which the President, his cabinet and all government officials at all levels must follow. From this body, the lower level implementors receive their instructions. Thus, the policies implemented are determined by the highest representation of the Indonesian people.

The 21-year-old family planning programme attributes its succesful performance to information, education and motivational campaigns; institutional development, the wide availability of contraceptives and village-level health care. The programme enjoys active broad-based support at every level, from local community leaders to the highest level of the Government, the President of Indonesia. Islamic scholars, social organizations and, eventually, individual imams, gave major support and guidance to the programme. Christian and Hindu organizations have also played an important role in the populations where these religious persuasions prevail. The Ministry of Information has been an integral partner from the outset, using modern methods of mass communication to make family planning a concept and its technical details common knowledge. Talk of family planning was actively removed from the realm of private unspoken behaviour and placed squarely in the public domain, a point of community conversation and concern.

The Education Ministry modified curricula to emphasize the benefits and desirability of small families, beginning even from primary school. Adult literacy classes included more explicit information on family planning services as well. Armed forces provided convenient services and strong motivation to all its members. The Home Ministry began to monitor local birth rates and the rise in family planning users, asking civil leaders to encourage and support family planning.

Two decades ago, when the people of Indonesia, through the General Consultative Body, first instructed the Government to develop a family planning programme, the resulting programme was very different from the programme today. During the early years, the programme concentrated its efforts on informing, educating and motivating people in the community with regard to the benefits of planning

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one's own family. This effort was supported by provision of services in health clinics, particularly in areas with high population density, on the islands of Java and Bali. Although these two islands represent only 7 per cent of the total land area of Indonesia, at that time they contained two thirds of the national population.

When the Indonesian family planning activities were just beginning, during the late 1960s and early 1970s, some of the Indonesian family planning workers visited a number of other countries to learn from their family planning programmes. They observed and discussed the successes and failures of other programmes. although nothing was ever adopted precisely as it was seen, there was much adaptation: good ideas were taken and modified to fit the Indonesian cultural context. Many of these initial decisions were good; others were not and they were evaluated and revised. The Board has never been satisfied; it continuously tries to improve the programme to meet the community needs.

Although the basic philosophy has remained constant, there have been frequent changes in various programme elements, strategies, personnel responsibilities, procedures, forms etc. Sometimes these changes have been major; sometimes minor. The Board has tried to be very flexible. It believes that the fact that its workers are constantly looking for innovations and ways of improving is, in itself, a reason for success.

For example, over the past few years, a very basic transition in the programme has been initiated. For the past 20 years, the engine for family planning has been the Indonesian Government, specifically BKKBN. In this current phase—the second phase of programme development—it is hoped to transfer the initiative and programme implementation to the people themselves. This is a major undertaking, but one believed to be essential if family planning is to be sustained in the future.

The goal is clear; what is not clear is exactly how to achieve it. The approach is to try many approaches and then to accept those which work and discard those which do not.

Many observers conclude that community participation is a major reason for the programme succes in Indonesia. It was learned that satisfied acceptors in the community enjoyed gathering as a club to discuss their experience, their commitment and their expectations.

There are approximately 200,000 sub-villages in Indonesia, with an average population of about 900. In each sub-village, at least one out of every 20 villagers does some unpaid volunteer work each month to promote family planning. In some areas, however, for a small stipend some community members are willing to receive and distribute the monthly resupply of contraceptives to each participating household. This plan has rapidly evolved into a fully voluntary, unpaid network of supply holders throughout Java and Bali where indigenous community organizations grasped the opportunity to provide a useful and desired community service and established community-based family planning clubs, at no cost to BKKBN.

Every village has more than one type of volunteer. There are volunteer village programme managers, four different kinds of *posyandu* (integrated health-service post) cadres (one to register clients, one to weigh babies, one to mark individual growth charts and one to provide education to fellow villagers on nutrition, oral rehydration, immunization and family planning).

There are also completely different types of family planning volunteers: the policeman who directs traffic around the crowds at the *posyandu;*; the religious leader who is occasionally called upon to motivate a prospective acceptor; and the youth group leader who tries to convince his fellow teenagers of the benefits of postponing marriage. All of these people are family planning volunteers: some work only a few hours a month; others work almost full time. Some need substantial skills to perform their roles; others do very simple tasks. But there is a role for everyone. This is the basis of community participation.

In addition to these routine activities, activities are organized for specific purposes. One example is an event called a "safari", which is a mass effort to stimulate a community gathering to listen to information on family planning and development. Another type of special activity is the "beyond family planning" projects which focus on income generation, preschool child education, improved nutrition, teenage higher education etc. Each of these activities exists on a fairly large scale, although not in every village.

These events really do occur, and they occur very frequently. Most of them involve volunteers who initiate, plan, implement or evaluate some aspect of the family planning programme. In most instances, these activities occur without the presence of a paid family planning worker, or with the paid worker participating in a subordinate role.

Another interesting aspect of the Indonesian system of village-level community participation is its management, which involves four parallel management structures: (*a*) the village head, with his development council, sub-village heads and neighbourhood leaders; (*b*) the Family Welfare Movement, with its cadres for various programme initiatives including family planning; (*c*) the village family planning motivator, with her assistants and other cadres, and (*d*) BKKBN, which has only one employee at this level, the family planning fieldworker, who usually covers not just one village but several.

All four of these structures work together, and usually work together very well. Of course, one important requirement for success is a high level of cooperation among these various personnel. Each of the four management structures has its own reporting channels, with each complementing the other. It is a complex, loose and dynamic system, but it works.

One way to better understand the Indonesian family planning programme is to try to identify who really "owns" the programme. The programme has been successful because the bureaucrats in BKKBN do not own it. The family planning programme belongs to the people, not to BKKBN. Great efforts are made to relinquish authority and responsibility to village officials and community leaders. The programme provides assistance so that they may exercise their authority with competence, but the Government continually emphasizes that it is their programme, not BKKBN effort, and the Board staff work very hard to show respect for the people's efforts.

Another important aspect of the programme which surprises many visitors is the active involvement and knowledge of family planning by personnel from other government agencies. Officials from the Ministry of Information know the contraceptive prevalence of their respective areas, and local police chiefs know what kind of contraceptives are available through the programme. The Indonesian family planning programme is built upon the belief that family planning is everyone's business—not just a BKKBN effortand that everyone, therefore, should understand why it is important.

Although emphasis is placed on community responsibility, this does not in any way reduce the importance of the BKKBN fieldworkers, the lowest level paid workers in the system. They began in 1972 as family planning motivators—first in clinics, then from house to house. They are now responsible for managing the programme at the village level and organizing the important network of non-formal leaders and village volunteers.

Another reason for the success of Indonesian family planning programme is that all motivation is based on a single, simple concept: the promotion of the small, happy, and prosperous family norm. This concept has been part of the programme since 1974. The village-level volunteers know it well, not simply as a slogan but as an important goal for the welfare of their individual families, as well as their neighbours. They also understand the importance of the interrelationship among the three parts of this phrase, a family that is small, happy and prosperous.

The corollary to this approach is that the volunteers do not emphasize contraceptive methods. In the village, contraceptive methods can be better explained by medical personnel who are more capable of presenting this technical information. The volunteers' primary responsibility is to facilitate the acceptance of family planning and the small, happy and prosperous family norm by relating them to the sociological and economic situation of their particular area in a way that is easily understood and accepted by their neighbours.

Lastly, the Indonesian family planning programme is essentially an educational programme. This may seem strange, since family planning obviously cannot be effective without providing contraceptive services. Of course, contraceptives are an important part of the programme, but the Indonesian programme is much more than that. The strategy is to get our people to think about the future, the long-term future; to plan their families rather than merely to accept family planning. There is a great difference between these two ideas.

Long-term planning of the family is stressed repeatedly by the volunteers. It is further strengthened by the reward system for long-term acceptors. Certificates are presented every two years by the President himself to representative long-term family planning acceptors. Hybrid coconut seedlings are also provided to these acceptors, as well as scholarships for their children, and other activities are organized which benefit both the families and their communities. BKKBN never provides rewards for the act of accepting a particular contraceptive method. The major objectives of the reward system are to encourage people to think about the long-term benefits of a small family and to reinforce the motivation provided by the volunteers.

The moral views behind these approaches were that people themselves are eventually expected to accept family planning with full awareness, high and rational knowledge, and self-conviction, and by their own will. Although the first 10 years were used to inform people and expand programme coverage, the Indonesian family planning acceptors consist mainly of couples of relatively high ages with more than three to four children on average. The programme experienced only less than 17 per cent fertility decline since the 1970s. Institutions developed at the grass-roots level reached only the levels of districts and villages.

During the second 10 years, programmes were expanded with better segmentation of target couples. Acceptance of family planning began at very early ages. Village contraceptive distribution channels were expanded to sub-villages and smaller groups of Family Welfare Movements at the grass-roots level. Mobile family planning services have gone beyond routine duties and have reached remote areas and isolated territories. The total fertility rate dropped by more than 46 per cent compared with their 1970 level. The age-specific fertility rate has declined by more than 75 per cent, compared with its level in the 1970s. Furthermore, in early 1991, five provinces, Yogyakarta, Jakarta, East Java, Bali and North Sulawesi—reached an early era of replacement level with TFR of 2.0-2.3.

To further improve the sustainability of the national programme, private sector contraceptive supplies are becoming available at discounted prices through a social marketing programme called the Blue Circle, Golden Circle or KB Mandiri, the self-reliant family planning programmes. The gradual transfer of responsibility for family planning from the Government to the people will focus at first on improved services provided through the private sector. Convenient high-quality personalized family planning services and counselling with the widest possible mix of modern options are self-financing. The cost-recovery scheme makes the Indonesian family planning programme yet more multisectoral and community-based. In the beginning, KB Mandiri was confined to major cities where adequate economic capacity existed. The number of acceptors currently paying for their own contraceptive supplies has increased rapidly. Although in 1987, commercially purchased contraceptives accounted for less than 5 per cent of the total used, by early 1991, that share had risen to 22 per cent. Responding to the current development, the Government has expanded the programme to all Indonesian cities and villages ready to take on their initiative to become self-sufficient.

Concern for women's welfare is continuously expanding. One strategy strongly emphasized in the current plan is the Safe Motherhood Initiative. Adequately spaced pregnancies are important to overall maternal welfare, but in addition, perinatal maternal health risks constitute a major health problem. This new effort will focus on increasing the number and improving the capacity of village-based training midwives to provide better and more convenient services to mothers and children in the rural areas. Every year, the Government trains and deploys from 7,000 to 10,000 new midwives to the villages, and refreshes training for doctors, midwives and family planning fieldworkers. New recruiting, for family planning fieldworkers was also directed to high level of qualifications and elaborated training requirement. This strategy offers a wider range of integrated family planning and health services to mothers near their home and will improve both maternal and child survival through the application of antenatal, delivery and post-natal infant care.

The results of these initial improvement have been amazing. According to the National Prevalence Survey in 1987, among those who did not accept family planning, about 26.3 per cent were afraid of contraceptives and their side-effects. According to the new National Health and Demographic Survey in 1991, among those not accepting family planning, only about 9.7 per cent were afraid of contraceptives and their

side-effects. Most of those that did not accept family planning were young couples expecting their first child.

Most recent in the population scene in Indonesia is the passing by Parliament of the Law on Population and the Development of Prosperous Families. This event is paramount as it provides programme managers at all levels and, most importantly, the general population, with all legal requisites for the endeavours towards the prosperity of all families. This law is, naturally very comprehensive, embracing such aspects as: (*a*) the philosophical underpinnings of prosperous families; (*b*) the legal rights and duties of all concerned, the population/individuals and the Government; (*c*) the quality of the population; (*d*) population size; (*e*) the quality of families; (*f*) family planning; (*g*) community participation; and (*h*) the promotion of such efforts to achieve the goals of prosperous families.

This law on Population and the Development of Prosperous Families is indeed the culmination of all efforts over the past 20 years. It also constitutes a sound basis for the population programme in the twenty-first century.

In conclusion, there have been very consistent efforts to which the moral choices of the Indonesian family planning programme were directed. The goal is that people themselves are encouraged eventually to manage their own family planning and health programmes, leading to the development of a prosperous family.

Family planning in Indonesia, which is targeted to develop and institutionalize a small, happy and prosperous family norm, still has a long way to go. But the achievement thus far has built a strong foundation to continue its movement at a favourable rate. Any assistance to further strengthen local and village institutions and quality of care is of the utmost importance.

The Indonesian experience with family planning is that miracles have not been accomplished. Those concerned have only worked hard, with love and respect for the people, and have thereby overcome difficulties. It is hoped that after the deliberations, this Meeting will be able to consider the Indonesian family planning movement from a different perspective and help to promote a strong and well-managed family planning programme.

Part Four

MOBILIZATION OF RESOURCES

XIII. MOBILIZATION OF RESOURCES: PUBLIC, PRIVATE AND NON-GOVERNMENTAL

Charlotte Gardiner[*]

The UNFPA report on the state of the world population (UNFPA, 1990b) describes the profound changes that have occurred in the field of family planning worldwide over the past 20 years.

First, the concept of population and family planning has gained wide acceptability and increasing political support. In 1978, only 45 Governments considered their population growth rates too high; by 1988, this number had increased to 67 and accounted for over 85 per cent of the developing world.

Secondly, government backing for population programmes and activities has increased: in 1976, 97 Governments were providing direct support; in 1988, 125 Governments did so. In addition, the number of Governments limiting access to family planning declined from 15 in 1976 to 7 in 1988.

Thirdly, global population targets have been adopted and summarized in the Amsterdam Declaration (see UNFPA, 1990a). These targets include: reduction in fertility levels; reduction in early marriage and teenage pregnancy; raised contraceptive prevalence levels reduction in maternal as well as infant mortality levels; and increased female literacy levels and strengthening of the role and status of women.

Fourthly, development goals are looking beyond economic indices to aspects of the quality of life and indicators of sustainability. Occurring simultaneously with these positive changes, however, economic recession, rising debt burdens and misplaced priorities have limited and in many countries, reduced, social sector spending.

In the context of this scenario, the Government faces the challenge of mobilizing human, material and financial resources to meet the goals of sustainable development.

This paper attempts to review the evolving strategies being adopted in a number of countries to meet the challenge; and from this review, to infer a sense of direction for population policies and programmes in the journey to the year 2025 and beyond.

A. User charges

In the 1980s, many developing countries adopted stabilization and structural adjustment policies, defined as "a set of economic policies put in place to restore the economy to a sustainable growth path". The stabilization phase involves the institution of actions to reduce major imbalances in the economy (deficits, and, it therefore includes devaluation) and to liberalize prices (i.e., remove price controls). The second phase constitutes the adjustment phase during which sectoral issues, such as civil service reform and reduction in public-sector spending, begin to be addressed .

During the stabilization phase, the prices of imported goods increase with devaluation and price liberalization, resulting in an automatic shortage of expendable supplies.

One of the immediate responses to this situation has been the institution of user charges; the rationale being that this process will elicit essential expenditures only and limit indiscriminate spending. In other words, user charges would promote greater cost efficiency in the use of diminished resources; however, user charges also represent a new source of revenue.

User charges have been introduced in the health and/or education sector in countries in Africa, Asia and Latin America over the past 10 years. They have, of course, been in existence in Canada, Europe and the United States of America for very much longer.

It has been reported that mission facilities in sub-Saharan Africa can recoup between 30 per cent and 50

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per cent of operating costs through user charges (Vogel, 1988).

At Madras, India, Voluntary Health Services, a non-governmental organization, recovered 57 per cent of its operating costs from user fees (Ford Foundation, 1990). For the user, charges may constitute about 8 per cent of total household expenditures. It is difficult to judge how affordable that proportion is from the available evidence, but Voluntary Health Services is reported to have achieved that level of recuperation even though 70 per cent of its patients were treated either free of charge, or at subsidized rates.

In Ghana, the experience since user charges were introduced shows that attendance at health facilities does indeed drop: attendance had not reverted to pre-user charge levels four years after their introduction (Waddington and Enyimayew, 1989). Furthermore, in Sierra Leone, the most common reason for clients not seeking care was found to be monetary (see table 21).

Similarly, according to the Ministry of Education in Ghana, primary school drop-out rates appear to be increasing: from 27 per cent (boys) and 36 per cent (girls) in 1989 to 36 per cent (boys) and 46 per cent (girls) in 1990. This increase has been attributed to the introduction of user charges for textbooks and school supplies.

On the other hand, Benin, Guinea and Sierra Leone have shown increases in attendance at health-service facilities when the quality of service was improved simultaneously with the introduction of user fees (Parker and Knippenberg, 1991), and controls, such as screening prior to service or some down payment at the time of service, were instituted. However, their administrative costs may make the schemes prohibitively high, thereby fostering inequity in access to services (Asian Development Bank, 1987).

Experience in Thailand using a low-price insurance scheme shows that a multi-purpose fund has a better chance of success than a single-purpose fund for the following reasons:

(*a*) Because the income is derived from a number of sources, it is more dependable;

(*b*) Profits are higher and capital growth more rapid;

(*c*) The less financially viable aspects of the package (for example, nutrition and sanitation) can be subsidized by the more viable; and

(*d*) It is able to attract better management skills

Thus, it would appear that user charges could constitute a significant barrier to social services and attainment of global population goals unless they are accompanied by an increase in family-income levels and/or establishment of a mechanism for subsidizng the poor and an increase in the quality of care.

B. Cost-recovery

From the concept of user charges the strategy of cost recovery has evolved. Therefore, cost-recovery schemes, like user charges, both promote cost efficiency and generate income.

The Bamako Initiative represents a variant of cost recovery with the goal of increasing the resources available for primary health care by directing the income generated through the sale of drugs into primary health-care interventions.

As depicted in table 21, a review of cost-recovery programmes in eight countries in Africa (a number of them based on the Bamako Initiative concept) shows that cost-recovery programmes have the potential to cover the local (non-salary, non-capital) operating costs of health services.

The viability of cost-recovery schemes obviously will carry the same constraints as user charges.

C. Cost-sharing

The experiences of countries throughout the world have shown that communities are willing to share the costs of national development with Governments in addition to paying for their recurrent costs. In Ghana, for example, rural and now urban communities are encouraged to build clinics, schools, day-care centres, staff accommodation and public latrines using their own building materials, labour and time—and they do so. The Government pays the salaries of technical personnel, provides equipment and essential supplies.

TABLE 21. REASONS FOR NOT SEEKING MEDICAL TREATMENT, SIERRA LEONE, 1990
(Percentage)

Main reason	Dry season		Rainy season	
	Number	*Percentage*	*Number*	*Percentage*
Thought not serious or recovered soon	32	11.9	58	26.7
Too far or transport unavailable	7	2.6	9	4.1
Not enough money	146	54.3	82	37.8
Dislikes dispenser or nurse	6	2.2	6	2.8
Thought drugs unavailable	6	2.2	3	1.4
Medical treatment considered ineffective for problem	14	5.2	20	9.2
Knew a self-treatment	40	14.9	27	12.4
Other, unknown, or missing	18	6.7	12	6.6
Total	269	100.0	217	100.0

Source: David Parker and Rudolf Knippenberg, *Community Cost-sharing and Participation: A Review of the Issues*, Bamako Initiative Technical Report Series, No. 9 (New York, United Nations Children's Fund, 1991), figure 6.

TABLE 22. COST-RECOVERY THROUGH COMMUNITY COST-SHARING, SELECTED COUNTRIES IN AFRICA, 1988-1990
(United States dollars)

Country	*Population centre, C (1)*	*Total cost per centre (2)*	*Government salary per centre (3)*	*Other operating costs per centre, A (4)*	*Drug costs per centre, B (5)*	*Revenue per centre, C (6)*	*Recovery of non-salary cost (C/A+B) (percentage) (7)*
Benin	8 000	7 600	4 500	1 800	1 300	4 400	142
Guinea	18 000	9 500	4 800	2 100	2 600	4 900	104
Guinea-Bissau	7 800	4 700	2 000	1 000	1 700	1 500	56
Mali	144 000	80 000	45 000	5 200	29 800	42 000	120
Rwanda	..	39 000	25 000	6 500	7 500	15 000	107
Senegal	9 000	10 000	5 500	2 250	2 250	5 000	111
Uganda	..	35 000	25 000	5 000	5 000	6 500	65
Zaire	5 500	1 520	820	150	550	1 500	214

Source: David Parker and Rudolf Knippenberg, *Community Cost-sharing and Participation: A Review of the Issues*, Bamako Initiative Technical Report Series, No. 9 (New York, United Nations Children's Fund, 1991), figure 10.

National traditional birth attendant programmes are in fact a cost-sharing initiative with the Government (albeit through donor assistance) investing in training and supervision and the community paying for service (often in kind) and supplies. The main problem is to ensure and promote equitable distribution of appropriate facilities and quality service within the context of this partnership.

In Ghana, one strategy has been for Government (from donor contributions) to support community-initiated clinics that are located in geographical areas of known health need. Similarly, in Ghana, the traditional birth attendants selected for training for the programme are located within catchment areas of health facilities to ensure the support of a referral system and supervision.

D. Involvement of the private sector and non-governmental organizations

Private sector

In a variant on the cost-recovery strategy, sections of the community that can afford to pay the full price for their services are encouraged to do so, thereby permitting government funding to be directed to the medium segments of the community.

Experience with attempting to work hand in hand with the private sector in Ghana in health-service delivery shows that the crucial factor for successful cooperation lies in resolving the innate differences, outlined below:

(*a*) *Orientation.* The public sector thinks large-scale conformist and bureaucratic; the private sector thinks small scale and individualist;

(*b*) *Management.* Public sector planning and implementation are top-down, hierarchical, concerned with equity and sensitive to political considerations; private sector planning is localized and independent;

(*c*) *Motivation.* The public sector is biased towards humanitarian goals; the public sector is biased towards individual gain.

To coordinate the activities of these two sectors requires a degree of mutual understanding that has to be developed by building consensus around key issues, adopting a common policy (goals, objectives and strategies) and establishing coordinating mechanisms that recognize and highlight source contributions.

The private sector, by meeting the needs of the more affluent in society (who are often the opinion leaders) helps establish the credibility of the health sector. Private sector midwives and medical practitioners in Ghana have contributed in no small way to community recognition of the health benefits of family planning. Private sector involvement therefore serves as a strategy to mobilize human, material and financial resources in support of sustainable development policies.

Non-governmental organizations

Working with non-governmental organizations presents much the same issues as the private sector in that orientation, management and motivation are different and need to be accommodated for effective collaboration to occur.

As the role and status of women are increasingly recognized as being crucial to the national development process, women's organizations become an important means of harnessing the efforts of women to move out of their marginalized position.

Major efforts are being made with such organizations such as CEDPA, to empower women to play their rightful role in national development. As management processes move into the community with decentralization, it is clear that women's organizations have a crucial role to play in improving the quality of life.

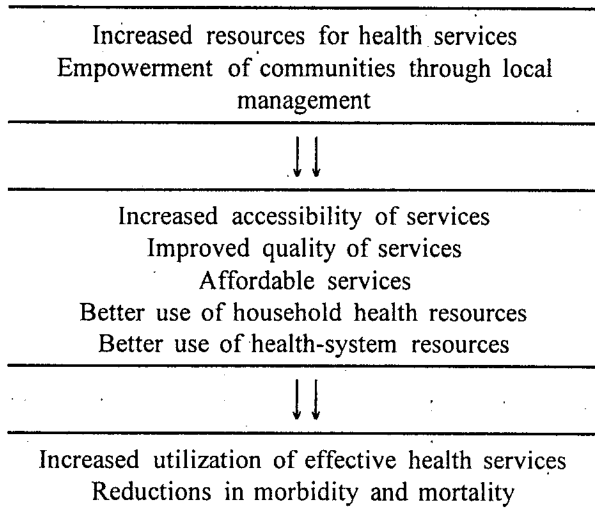
It can be seen that the strategies described above have evolved in response to the need to mobilize domestic resources to implement population policies that are intended to improve the quality of life. These strategies have common objectives, which are summarized in figure VIII.

E. Improvement of management systems

The introduction of user charges, cost-recovery and cost-sharing schemes, the active involvement of the private sector and non-governmental organization and

the improvement of the quality of health services all necessitate adequate management support systems if their potential gains are to be realized.

Figure VIII. The community cost-sharing strategy



Key management interventions

Key management interventions that have been identified to date fall into three categories:

(*a*) *Policy-level advocacy.* These interventions are: (i) maintenance of national budgetary commitments for health; (ii) decentralization of health management to district level and below; (iii) legal provision for community control of resources generated locally; and (iv) enhancement of the role of women in decision-making at the local level;

(*b*) *Management support.* Interventions in this category include: (i) information systems linking the community, health facility and district levels; (ii) strengthening of the management capacity of health workers and community groups; and (iii) development of tools for health-service management and accounting at local levels;

(*c*) *Operations research.* These interventions consist of research on: (i) means of identifying those that are unable to pay for services; (ii) strengths and weaknesses of cost-sharing mechanisms in different socio-economic settings; (iii) the role of financial factors in the choice of health-service provider; and (iv) health-service costs, expenditures and revenues.

Accountability to the community is probably the single most important requirement for success in cost-recovery and cost-sharing systems. Centralized systems tend to obscure accountability if funds and contributions are moved out of the community or facility.

By keeping revenues generated from cost-recovery and cost-sharing schemes at the local level (as, for example in Benin and Guinea), improvements in the quality of care can be instituted along with their introduction and utilization levels thereby optimized.

Accountability can therefore be monitored by the revenue collected as well as by the improvement in the quality care. For instance, in Ghana, funds obtained through the sale of contraceptives are used to pay transportation costs involved in outreach work, collection of supplies and supervision, all of which are measures required to maintain the quality of family planning service delivery.

Not surprisingly, therefore, "accountability" and "decentralization" are becoming key words for many government leaders in developing countries as they grapple with the need for increased domestic resources.

Monitoring of population status and services is probably the next most important need if coordination between the multiple partners in population is to be effective.

Health-systems managers are responding to this need by developing and instituting health information systems that are community-based (as in Benin, Ethiopia, Mali, Nigeria and the United Republic of Tanzania), that allow for self-analysis and self-monitoring (as in Ghana) and that are reported for decision-making at district and regional or provincial levels and for policy-making at the central level.

As the number of players in population is afforded greater recognition in the interests of increased mobilization of domestic resources, the role of the government sectors is challenged. In addition to implementation, the role of the government sector needs to expand to include coordination and supervisory functions. In some instances it may even be wise to divest the sector

ministry of its implementation role altogether, as is the case with some State-owned enterprises.

To meet the need for better coordination and supervision, the public sector needs to develop appropriate management skills at all levels.

As the international community is well aware, requests for assistance to support the conduct of management training have increased. For instance, Ghana requested support from the World Bank, the United States Agency for International Development (USAID), UNFPA, UNICEF and WHO for the five-year period 1986-1990. With donor support, management training has been carried out for—out of the 110 district health management teams of Ghana. The formulation of training manuals for subdistrict level management training is currently under way.

F. Mobilization of public sector resources

In the first phase of structural adjustment programmes, the Government's allocations to the social sector will fall. There appears to be no way to avoid it.

In Ghana, it became apparent that a critical number of vertical programmes would either have to be integrated or a number of them would have to be dropped, with resultant worsening of the health status of Ghanaians.

The result was increase in intrasectoral and intersectoral cooperation and coordination especially in MCH/FP-service delivery. All service providers were trained in information, education and communication for family planning, for instance, thereby increasing the number of active motivators in the absence of an absolute increase in health personnel.

At the same time, all service providers in peripheral health facilities were trained and encouraged to dispense non-prescriptive contraceptives, in other words, to integrate family planning into their service delivery protocols. In addition, the goal was established to train a minimum of two existing service providers at each service delivery point in contraceptive technology and to institute daily family planning services. The result was an increase in manpower for family planning service delivery at no cost to the recurrent budget. Similarly, all service providers were included in campaigns for the Extended Programme on Immunization.

In the second phase of the structural adjustment programme, sectoral issues become the focus of intervention. Where stabilization has succeeded, increased government revenue (from experts, taxes and improved banking systems) becomes available to invest in the sector that implements the population policies and programmes necessary to achieve sustainable development and to improve the quality of life.

Indeed, in Ghana, approved government allocations to the health sector in general and to MCH/FP programmes in particular have increased steadily since the inception of the second phase of the structural adjustment programme in 1986. The allocations of MCH/FP programmes have been:

(*a*) For 1987/88, 326.1 million cedis (₵);
(*b*) For 1988/89, ₵805.3 million;
(*c*) For 1989/90, ₵847.5 million;
(*d*) For 1990/91, ₵1,029.1 million.

Policy-level advocacy will have to be employed in order to prevent resource mobilization through user charges, cost recovery and cost-sharing being seen as alternatives to budgetary allocation instead of the complements they are.

In order to ensure that population issues shall be continuously addressed, it is necessary to incorporate demographic variables into the national development process. These variables should be gender-specific to allow for documentation of women's contribution to national development.

Two recent international initiatives are likely to prove instrumental in this regard. The first is the World Summit on Children held in 1991 as the first step to implementing the Convention on the Rights of the Child. The second is the International Forum on Health: A Conditionality for Development, also held in 1991. Both these initiatives have sparked national implementation plans. A third international event was the United Nations Conference on Environment and Development held at Rio de Janeiro in 1992.

What is apparent is that government allocations in most developing countries will not be able to meet the

total needs identified and addressed by these plans. Many, if not all, the innovations for mobilizing domestic resources introduced over the past 10 years or so will continue to be needed for several years to come.

G. Lessons learned

The lessons learned with regard to mobilization of resources are listed below:

(*a*) User charges, cost recovery and community cost-sharing are viable approaches to mobilizing domestic resources.

(*b*) These approaches need to be supported by specific actions by the Government in order to institutionalize them;

(*c*) Working with the private sector and with non-governmental organizations requires an appropriate institutional framework that avoids government bureaucracy;

(*d*) Decreased emphasis on verticalization and increased emphasis on integration optimizes the use of scarce resources.

(*e*) Demographic variables that are gender-specific need to be incorporated in the development planning process to ensure continuing direct government support for population policies and programmes.

References

Asian Development Bank (1987). *Health Care Financing: Regional Seminar on Health Care financing, 27 July - 3 August 1987, Manila Philippines.* Report by Asian Development Bank staff and others.

Ford Foundation (1990). *The Costs of Financing of Health Care: Experiences in the Voluntary Sector;* Case Study No. __: Voluntary Health Services: Madras. New Delhi.

Parker, David, and Rudolf Knippenberg (1991). *Community Cost-sharing and Participation: A Review of the Issues.* Bamako Initiative Technical Report Series, No. 9. New York: United Nations Children's Fund.

United Nations Population Fund (1990a). *Report of the International Forum on Population in the Twenty-First Century, Amsterdam, The Netherlands, 6-9 November 1989.* New York.

_________ (1990b). *State of the World Population, 1989.* New York.

Vogel, Ronald J. (1988). *Cost Recovery in the Health Care Sector: Selected Country Studies in West Africa.* Technical Paper No. 82. Washington, D.C.: The World Bank.

Waddington, C. J., and K. A. enyimayew (1989). A price to pay: the impact of user charges in Ashanti-Akim District, Ghana.

XIV. MOBILIZATION OF RESOURCES: THE SPECIAL PROBLEMS OF THE LEAST DEVELOPED COUNTRIES

Simeen Mahmud[*]

Public commitment to a population policy and the need to reduce the rate of population increase through national population control programmes have been consistently and strongly articulated in all the countries of Southern Asia, which includes of some of the least developed countries in the world, such as Bangladesh. Increasingly, demographic concerns have featured in their development plans, to the extent that national Governments commonly accord the highest priority to reducing the birth rate and halting the growth rate of the population in order that development efforts may produce a tangible impact on peoples' lives. A wide variety of measures, including family planning media campaigns, contraceptive service delivery, multisectoral programmes and sterilization camps, reflecting different overtones of motivation, persuasion and coercion, are being pursued by these national programmes.

However, in spite of an assured commitment to population control at the higest levels, efforts to evolve self-sustaining programmes to reduce fertility levels have not been noteworthy. One of the major hindrances to the formulation of long-run financially sustainable and economically viable national family planning programmes is believed to be the relative availability of external resources in comparison to domestic resources to support existing population control efforts. In so far as Bangladesh is concerned, the population programme has continued to be basically donor-funded and donor-dependent. Although the gradual reduction of aid dependency in matters of commodity and technical support has featured somewhat half-heartedly in plan documents, these statements bear no credibility in terms of actual intentions and actions. The flow of external resources has meant that any attempts, however feeble, at the generation of local initiatives and local resource mobilization efforts for formulating, implementing and financing population programmes indigenously have been made irrelevant.

A. Donor-dependence of population programmes

In Bangladesh, the overall outlay to the population sector in successive five-year plans has been on the increase in both absolute and relative terms, reflecting official commitment to population control. In absolute terms, plan allocation has increased 18-fold in 14 years between 1976 and 1990, and in relative terms from 2 to 4 per cent of the total plan outlay over the same period. Within this allocation, the proportion of foreign aid increased from 46 per cent in 1975-1980 to over 66 per cent since the 1980s began, and to 70 per cent during 1985-1990, the third plan period. Thus, both total plan outlay and the reliance upon donor assistance have been steadily on the rise. In this respect, Bangladesh is not unique.

In view of this trend, the question of programme sustainability and economic viability is understandably quite pertinent. Linked to this question is, of course, the question of mobilizing resources and capability increasingly to finance larger proportions of the recurrent expenditures in this sector. Within the context of global reductions in external funds availability, the crucial and special problem of resource mobilization for the implementation of a pragmatic population policy in a least developed country, such as Bangladesh, consists of initiating and sustaining capability to self-finance programmes in the population sector indigenously, at the local level and from within the community.

The price of donor dependence has been considerable, especially in terms of donor dominance with regard to the structure of existing programmes. First, technology transfer has been the mainstay of these programmes. Admittedly, in the initial years of family planning programmes, this situation was unavoidable, and perhaps even necessary, but the extent of donor dominance has gone so far that today imported modern

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contraceptives have come to be accepted by Governments as the only means of birth control, even as something that is inherently desirable, like immunization, that has no social costs and whose actual financial costs do not feature in the calculations. The notions of appropriate technology and innovative alternative delivery mechanisms, so prevalent in other fields of development, for example, oral rehydration salts in child survival or high-yielding rice varieties in food production, remain conspicuously absent and unexplored.

Secondly, the adopted structure of the programme, which was primarily responsible for first attracting donor funds, consists of a centralized, top-down bureaucracy for essentially transferring contraceptive technology—the dominant model of administrative organization for family planning programmes throughout the developing world. Demeny aptly describes its salient features as follows: "execessive centralization, unwieldly bureaucracies, bias for costly and sophisticated technology, failure to utilize price and market mechanisms, mistrust of local initiatives and organizational ability ...", achieved typically "with the active encouragement and assistance of international agencies" (Demeny, 1975, p. 317).

All of these features of national programmes depend crucially upon the provision of an unrealistic incentive scheme and a non-viable subsidy system which are locally unsustainable. The economic viability of subsidies based on donor funding is further undermined by changing donor perspectives and rationales. In addition, these organizational features are openly exploited by local vested interests, and are perpetuated in spite of poor performance and the Government's inability to bear even the recurring costs. Thus, in order to be able to meet the recurring and maintenance costs of the "small army of workers" and "paraphernalia of things", Governments continue to rely upon donor good will and to concede to donor sensibilities. It is now increasingly recognized that the existing model, dependent as it is upon a high degree of expensive technology and an even higher degree of organizational support from outside, is non-viable in the long run and cannot be sustained in the impoverished settings of the least developed countries.

B. The problem of resource mobilization

Within this context, the special problem of resource mobilization for the population sector in the least developed countries is not so much one of attracting external resources but rather one of generating internal resources. The identification of internal resource mobilization as the strategy for programme viability is rationalized on the grounds of both the need to reduce donor dependence and donor dominance, and the need to develop locally self-sustaining and relevant goals and investment priorities. The recognized need is not only for greater national roles in comparison to donor roles but also for a greater role for the community and the local government compared with the role of the centre. This need calls for the devolution of policy and investment decision-making from the donors to the national Governments and from the centre to the local bodies. In other words, the complete restructuring of the existing line of authority, with decisions descending from the centre and performance reports ascending from the field, is needed if population and demographic concerns are to become part of the local-level decision-making process.

The significant components of this process of decentralization and its role in generating internal resources for financial programmes in the population sector may be conceptualized as outlined below:

(*a*) The first step in the process is the delineation of the crucial responsibility of internalizing the negative externalities of existing reproductive behaviour within the communities themselves in such a way that fertility reduction will emerge as a collective demographic goal and efforts to achieve it will also be accepted as the community's responsibility. Thus, initiatives are to be directed to develop, evolve or identify viable community organizations at the local level, which can assume this responsibility by compelling couples to take into consideration the fact that individual fertility decisions and outcomes have significant implications for the viability of the entire community;

(*b*) The second step is the gearing-up of efforts to identify and establish effective administrative and

institutional capabilities at the local level to cope with a broad range of developmental matters that affect their interests as a community. This "cooperative solution" is contingent upon "collective concern with population growth to emerge as an integral and inseparable component of the key developmental tasks: increased production, better health, better education of the young, better utilization of labor, better housing, and improved environment" (Demeny, 1975, p. 367). Essentially, this step would involve the sharing of decision-making power between the centre and local bodies, both within the Government and outside, in order to evolve locally appropriate demographic goals commensurate with development goals and targets set in other sectors. It would further mean the formulation and implementation of locally relevant programmes to achieve those goals with a vastly reduced cost per birth averted in terms of reductions in motivational, supervisory and follow-up field activities;

(*c*) Thirdly, it is essential that local-level institutions have a solid and independent financial base of their own in order to ensure local government autonomy in programme formulation and investment allocations. The generation of resources at the local level is commonly composed of revenue collections through taxes, fees, rates etc. from within the respective geographical jurisdictions, as well as allocations of external funds from the centre. The very purpose of the devolution of decision-making authority and project implementation responsibility is defeated if financial authority is not simultaneously transferred from the centre. Again, financial autonomy is linked to the actual realized income of the local government and the share of the centre's contribution to it. In fact, it is the own-financial base of local bodies that would largely determine its development ability in all sectors including population, since the share of the centre may be erratic or even declining. The significant advantages of local-level investment decision-making lies in its potential for equitably generating, mobilizing and utilizing local resources.

C. Constraints to local resource mobilization

Although internal resource mobilization, attained ideally through a decentralization of decision-making and financial authority, has been highlighted as the strategy for long-term viability of national population sector programmes, the potential barriers are formidable.

First, the transfer of financial authority to the local bodies does not come easily. The centre may have a tendency to retain many of the instruments for controlling local government finances, for example, through limits on tax rates or approval of budgets. Not only is there reluctance in shifting financial authority, but central allocations to local bodies are liable to decline over time with increases in expenditures in other sectors, particularly defense and infrastructure construction. In Bangladesh, for example, the share of total national development allocation to the local governments has registered a steady decline from 12.9 per cent in 1984-1985 to 2.6 per cent in 1990-1991 (Mondal, 1991). The upshot of this trend is that there is even greater urgency for increasing the own-revenue base of local bodies in order to enable them to finance local development activities independently.

The lack of effective administrative machinery and sufficient tax effort at the local level poses a serious constraint on local resource mobilization. The own-revenue base of local bodies tends to be very limited and inflexible for a number of reasons, including the limited number of revenue sources, inadequate revenue administration establishment and a weak law-enforcing mechanism for revenue collection. Also, some lucrative local taxes accrue to the centre although they are collected locally, such as the Land Development Tax in Bangladesh, thus further constricting the own-revenue base. The narrow tax base further suffers from varying degrees of uncertainty. For instance, taxes on trades and professions, fees for fairs, licenses and permits, and profits from investments etc. are vulnerable to external factors and are therefore unreliable, causing large fluctuations from year to year in the amount of collected revenue.

A third constraint to local resource mobilization for development activities has been the all-pervading apathy and unwillingness at the community level to pay taxes. Although this is largely due to resentment as a result of alleged discrimination in the rates and the lack of conspicuous benefit from tax payment, part of it is also due to the absence of peer and community pressure and to the overall absence of social and legal disincentives for non-payment of taxes. There is an absence in fact, of viable intermediate-level community

organizations which could assume the responsibility for negotiating and enforcing collective behaviour through informal interaction.

Historically, although community organizations have existed in the social set-up of most of the least developed countries, many of these bodies are rapidly eroding with modernization, and those which have withstood erosion are often unrecognized and ignored at the more formal levels of governance. Often, too, the newly formed administrative entities have bypassed and undermined the authority and credibility of more traditional but locally relevant institutions at the community level, without being able to take on their community mobilization responsibilities. Thus, for example, Union Parishads have existed in Bangladesh since the last part of the eighteenth century. With the formation of the Upazila Parishad in 1982 (consisting of 8-12 of the previous Unions), most of the mandates of the Union Parishad, particularly the revenue collection mandate, were greatly reduced and many were transferred. As a result, the local people, including elected representatives, were dissociated from local development efforts (Mondal, 1991).

Lastly, the potential for local resource generation is largely undermined by the lack of commitment on the part of the public representatives to mobilize community efforts at resource generation. These representatives are more interested in securing large grants from the centre for visible infrastructure projects (roads, bridges, buildings etc), food-for-work schemes and the distribution of relief, that is, activities that foster their images and offer opportunities for the distribution of favours. In most cases,the accountability of elected leadership is absent, and their credibility among the community is questionable. As a result, local leadership is frequently unable to explicate and act upon group interest to mobilize community efforts in local development programmes and in the generation of local revenues. Moreover, the lack of commitment of the public representatives offers a blank cheque to local vested interests, which waste no time in exploiting the ineffective decentralized administrative machinery for their own purposes. Local élites and the powerful consolidate their positions by supporting these public representatives, so that they are virtually out of reach of the law-enforcing agents and the revenue collection agents.

D. Strategies for local-resource mobilization

Notwithstanding these formidable barriers to effective devolution, local government autonomy encouraged from above by a supportive centre, which fosters and guides local development initiatives along the lines of self-reliance and sustainability, carries the greatest potential as the viable mechanism for local resource mobilization. In this regard, a number of specific strategies for adoption by local governments may be recommended:

(*a*) *Strengthen the revenue administration and tax collection efforts of local bodies in order to minimize shortfalls in budgeted internal revenues.* The rationale for strengthening local revenue collection efforts would have to be based on both efficiency and equity considerations. Revenue administration and law-enforcing agencies would have to be made more effective by instituting a pragmatic and transparent incentive and penalty system through which non-performance and irregularities would be discouraged and penalized, and sincerity and efficiency would be openly encouraged and rewarded. In addition, the structure of existing taxes would have to be rationalized and made more equitable by relating the benefits of taxes to the payment of taxes. For example, the users of infrastructure facilities, such as ferries, markets and roads, would be more willing to pay tolls and fees, perhaps even at an increased rate, if these physical facilities were improved and properly maintained. Ideally, these efforts would have to find credibility within the community in order to be effective. Community participation and credibility would depend upon the identification or evolution of appropriate community organizations and leadership, which would assume the responsibility for mobilizing community support for these efforts and for generating community pressure to bear upon individual behaviour with regard to tax payment;

(*b*) *Expand the revenue base by ensuring better utilization of existing resources and searching for additional sources of revenue.* If existing resources are reinvested in providing better quality social and economic infrastructure and services, the demand for these facilities would expand. Consequently, an increase in revenue collection would result due to the

higher use of these facilities. For example, better roads may lead to increased collection of road taxes due to increased traffic; the taxpayer's willingness to pay taxes may increase when tangible benefits are realized in terms of better schools and hospitals, and so on. The criteria for selection of new tax sources would have to be a base broad enough to yield a sufficiently large revenue amount and stable enough to provide a continuity of revenue overtime. It is desirable that new taxes be put into effect without too large an investment in new administrative machinery. Also, due emphasis should be placed on the economics of imposing a new tax in terms of allocative efficiency and additional conspicuous benefit accruing to the taxpayer;

(*c*) *Ensure more efficient utilization of grants and allocations from the centre in order to generate savings by reducing costs.* A major area for cost-saving in the population sector would be a more rational utilization of manpower and physical infrastructure. This would imply a greater financial autonomy from the centre in terms of deregulation of fiscal and other controls, balanced by the provision of guidelines to local governments on project formulation and investment allocation. Such guidelines are needed, at least at first, because the tendency of local governments often is to undertake too many schemes with limited funds. Furthermore, there may be a propensity to make investment allocations regardless of sectoral priorities; and there may be a need for coordination with other national programmes. There is also need for active encouragement from the centre with regard to local resource generation initiatives, particularly for the efficient utilization of the tax collection and the law-enforcing agencies;

(*d*) *Initiate cost-sharing between beneficiaries and the local government with a view to cost recovery of selected development programmes.* Particularly in the context of service delivery, such as the delivery of contraceptives, cost-sharing is not a new concept. As far as service delivery programmes in the population sector are concerned, the rationale for cost-sharing is provided by the fact that with increases in the contraceptive prevalence rates in most of the least developed countries, there are acceptors who are willing to pay for a better quality service, such as door-to-door sales which offer more privacy, save time and reduce women's dependence upon others for procuring contraceptives. However, reliance upon market mechanisms must be approached cautiously and the implementation of pricing interventions, even in subsidized forms, must be carefully designed and monitored so that the poor, who cannot afford to buy services, do have a safety net. One precondition for cost-recovery interventions would have to be that the sales proceeds should be utilized to improve the quality of programmes at the local level. In Bangladesh, since the Socal Marketing Company began selling selected brands of oral pills and condoms in the country at subsidized prices, sales have been continuously rising, indicating that a proportion of users, even in the rural areas, are contributing towards the cost of such contraceptives.

REFERENCES

Bangladesh (1991). Population Policy. Report prepared by the Task Force on Population Policy constituted by the Planning Ministry of the Government of Bangladesh. Dhaka.

Demeny, Paul (1975). Observations on population policy and population program in Bangladesh. *Population and Development Review* (New York), vol. 1, No. 2 (December), pp. 307-321.

Mondal, A. H. (1991). Decentalization in Bangladesh: a review of human development initiative. Background paper prepared for the 1992 United Nations Development Programme report on human development initiative: Bangladesh. Dhaka. Mimeographed.

XV. MULTILATERAL POPULATION ASSISTANCE

*Steven W. Sinding** *and Anna S. Quandt**

A. OVERVIEW

The population field faces a major dilemma in this last decade of the twentieth century. The very success of population programmes has engendered a growing resources scarcity that threatens to place a severe damper on the momentum of these programmes just as they are reaching maximum effectiveness. The present discussion covers the considerable success that has been achieved, the current resource situation and the role of the multilateral donors in the challenge that lies ahead.

The demographic revolution in the developing world is a success story that is not widely understood outside the professional population community. The success can be seen in the following statistics: women in the developing world now average 3.9 children and more than 50 per cent of couples are using some form of contraception. This is a remarkable change from the six-child family and 8 per cent prevalence of contraceptive use that existed in 1965.

But this success story lacks a final chapter. However the goal is formulated—whether it is providing access to family planning services to all women in the developing world so that they may choose the number and spacing of their births or assuring increases in contraceptive prevalence to permit world population growth to achieve the United Nations medium-variant projection—the task in resource mobilization is large indeed. This is not a time in history when resources can be wasted. For this reason, this paper addresses primarily the role to be played by two of the major funders of population activities in the developing countries—the United Nations Population Fund and the World Bank.

As preparations are under way for the International Conference on Population and Development in 1994, it is instructive and, frankly, encouraging to reflect on changes since the first such conference was held at Bucharest in 1974. A dramatic shift in the distribution of resources available for population programmes has occurred in recent years. Although the intellectual, technical and organizational resources available in and to developing countries have increased, financial resources have levelled off and, in relation to the demand for them, actually diminished.

Intellectual resources

Bucharest was the site of a debate over whether family planning programmes could be effective in reducing population growth rates. Today, there are few who doubt the effectiveness of organized family planning programmes both to meet the vital needs of reproductive-age couples and significantly to reduce birth rates (Lapham and Mauldin, 1985; Bongaarts, Mauldin and Phillips, 1990).

In 1984, according to the *World Development Report* (World Bank, 1984), family planning programmes were considered the most cost-effective development approach to reducing high rates of population growth. further, a great deal more is known today than in 1974 about "what works" and what does not. There is better understanding of the importance of government commitment, management, appropriate technology, quality of service, private-sector approaches and promotional activities—all essential features of successful family planning programmes.

Organizational/professional activities

In 1974, UNFPA was five years old. Until that date, the World Bank had initiated only six loans in the health, population and nutrition field, totalling $62.7 million. In those years, there was still reluctance by some Governments, particularly outside Asia, to address family planning directly, and as a

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result, some large proportion of the funds spent on population was on activities only indirectly related to either family planning or fertility reduction efforts.

In 1974, a minority of the developing countries—again outside Asia—had made a commitment to reducing rapid population growth or to providing safe, affordable and effective family planning services to any but a minority of couples.

Today, there is a considerably changed policy environment and vastly improved organizational capacity, both in developing countries and within donor and multilateral organizations. However, although UNPFA currently has many population and family planning professionals to carry out the task ahead, the World Bank still lacks sufficient numbers of technical staff to increase substantially its programme level and impact. Both agencies have the capability, not yet fully realized, of drawing on a wealth of professional expertise in bilateral donor agencies, non-governmental organizations and professional contractors.

Financial resources

In 1974, it was widely agreed that the financial resources generated primarily by bilateral donors but increasingly supplemented by UNFPA and the World Bank, were sufficient to meet the demands from developing country Governments and family planning organizations. Indeed, absorptive capacity often was a more important constraint than the availability of funding. This situation persisted until the late 1970s. From roughly 1980 onward, however, the demands for population assistance began to outstrip the supply of population assistance funds. This issue is discussed in detail below, in the context of future financial requirements.

Since 1974, it has been learned that success in family planning programmes requires sustained donor commitment over a number of years. A recent evaluation by the World Bank Operations Evaluation Department (World Bank, 1991a) emphasized that success in family planning usually builds on slow and patient work. For example, the first signs of success in the family planning programme in Kenya, as measured by increases in contraceptive prevalence and a drop in the total fertility rate, followed 20 years of donor activities whose intermediate impacts were difficult to detect. Much the same thing occurred in Bangladesh, where it also took well over 10 years for real programme impact to manifest itself.

The challenge for the population donor agencies is to assure that the commitment of resources is sustained until the final chapter of the success story is complete. In this endeavour, the multilateral organizations must be key players.

UNFPA and the World Bank are large bureaucratic organizations. They can be urged to remain flexible and innovative in their programmatic efforts but, at a minimum, they must be required to incorporate within their operating procedures the best practice or state of the art concerning family planning assistance.

The multilateral funding organizations are owned not by donors but by their members, including, of course, developing countries. As commitment to population policies and demand for population assistance has spread among Governments of developing countries, these bodies find themselves in the 1990s with a strong mandate to move into leadership on policy dialogue. They should do so with more vigour and imagination—and in the case of the Bank, with more commitment by their top management—than heretofore.

As demand for family planning financial assistance grows, while the major bilateral donors need to maintain high levels of support, the multilateral organizations, including the World Bank and the regional development banks, will need to assume a larger share of funding. Related to this and as financial resources level off and demand increases, it is incumbent on the multilateral organizations seriously to examine the issue of cost efficiency and to assure that their funds are being used to maximum advantage. This means, among other things, increasing coordination with other donors and non-governmental organizations, not only at the country level (where it is now often quite good) but more particularly at the headquarters level. It means ensuring that donor practices and procedures shall be designed to encourage efficient operations.

Some suggestions as to ways in which the leading multilateral organizations can address this dimension of the challenge of the 1990s are given below.

B. Current financial resources

Total population assistance funds available

Financial resources for international population assistance come from four main sources: developed country donors (channelled through bilateral programmes, the International Development Association (IDA) and the regional development banks, non-governmental organizations and UNFPA); income from United Nations trust accounts and other (non-UNFPA) United Nations budgets; private individuals and foundations; and the World Bank. In 1990, the total transfers from these sources amounted to $801.8 million in grants, excluding the World Bank, and $169.3 million in new loan commitments from the Bank in grants (UNFPA, 1992), for a total of $971.1 million. The transfers in grants ($801.8 million) may be broken down:

(*a*) Developed country donors (bilaterally and through UNFPA and non-governmental organizations: $667.9 million;

(*b*) Other United Nations bodies and trust funds: $85.9 million;

(*c*) Private sources: $48.0 million.

The largest source of funds is developed country donors through both bilateral programmes and UNFPA. The principal donors include 17 of the 18 countries that make up the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) and the (former) Soviet Union.

The United States of America is the largest single donor, providing $281 million in 1990. Japan is the next largest donor with commitments of $64 million. Together 10 major donors account for 96 per cent of all commitments from developed countries—the United States, Japan, Norway, Germany, Canada, Sweden, the United Kingdom of Great Britain and Northern Ireland, the Netherlands, Finland and Denmark.

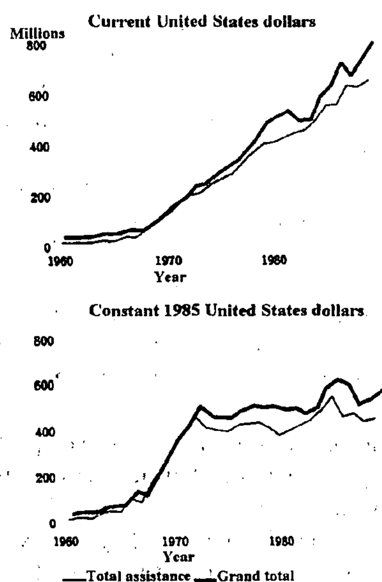
Over the past 40 years, the international donors, excluding the World Bank, have mobilized a total of $8.8 billion in population assistance. Since 1960, the amounts have risen rapidly in terms of current dollars, from $2 million in 1960 to $802 million in 1990. During the 1960s, the average rate of growth was about 45 per cent per annum. Over the past decade the total has grown at about 7 per cent per annum.

After the figures are adjusted for inflation, however, the picture changes. There was a rapid growth in population assistance between 1960 and 1967, when the annual growth rate was 37 per cent, although the numbers were small. From 1967 to 1972, assistance levels grew at 31 per cent per annum. Between 1972 and 1990, the growth levelled off, averaging 1 per cent per annum. Using constant 1985 dollars, the 1990 total for population assistance is only $549 million, not almost $802 as million mentioned above (see figure IX).

Donors vary in terms of the proportion of the official development assistance they allocate to population programmes, but in all cases it is quite small. Overall, population funding averaged 1.22 per cent of official assistance over the 1980s. Only Norway (at 4.16 per cent) has met the UNFPA goal of allocating 4 per cent of official assistance to population. Finland (2.53 per cent), the United States (2.47 per cent) and Sweden (2.12 per cent) allocate over 2 per cent. A number of other countries, including Japan (.7 per cent), devote less than 1 per cent of official development assistance to population.

The channels through which these donor commitments are directed vary considerably from country to country. Some Governments rely heavily upon UNFPA as a channel of funds, as is discussed below. Other donor Governments prefer to programme population funds directly to developing countries through their own bilateral aid agencies, or they prefer to channel population assistance through non-governmental organizations specializing in population activities. Countries that channel a substantial proportion of their funds directly included the United States (48 per cent), Canada (41 per cent), Germany (33 per cent), Norway (23 per cent) and the United Kingdom (17 per cent). Countries that rely heavily on non-governmental organizations are: France (81 per cent), the United States (52 per cent), the United Kingdom (42 per cent) and Sweden (36 per cent).

Figure IX. Total population assistance, 1960-1989



NOTE: Total assistance excluding the World Bank; grand total including the World Bank.

Multilateral funds: UNFPA

In 1990, about one third of all donor assistance earmarked for population activities was committed through the United Nations, primarily through UNFPA. This proportion represents a decline from 40 per cent in 1980. By and large, countries that commit smaller amounts of funds prefer to channel all these funds through the United Nations (Austria, Belgium, Italy and the former USSR provided all their funds through the United Nations; and Switzerland channelled 94 per cent and the Netherlands 89 per cent of population assistance through the United Nations). The major donors to UNFPA in 1990 were: Japan, $40,830,000; the Netherlands, $30 million; Norway, $29.2 million; Germany, $27.3 million; Sweden, $22.8 million; Finland, $20.7 million; Canada, $14.3 million; the United Kingdom, $15 million; and Denmark, $15.6 million.

The UNFPA budget has increased steadily in current dollars over the past decade (see table 23). The UNFPA total general resources amounted to $128.7 million in 1980 and rose to $220.7 million in 1991. Based on results of a pledging conference in November 1991 and on recent increases announced by the United Kingdom, the resources available for 1992 are estimated at $230 million (UNFPA, 1992b).

Multilateral funds: the World Bank and regional banks

The World Bank has become a major provider of funds for population assistance. Funds provided by the Bank are not strictly comparable to those provided bilaterally, through United Nations agencies or non-governmental organizations.

The World Bank has two lending windows: the International Bank for Reconstruction and Development (IBRD) provides loans at market or near market rates; IDA provides credits that are highly concessional and are provided only to lower income countries. IBRD funds are raised in international capital markets, so that contributions of member Governments are only a fraction of the loan funds generated. IDA funds come from "replenishments" by donor Governments and from the net income of the World Bank.

Donor contributions to IBRD and IDA are not earmarked for specific activities, such as population. The major World Bank shareholder is the United States, with 17.89 per cent of shares in 1991, followed by Japan with 8.13 per cent, Germany with 6.28 per cent, France and the United Kingdom with 6.02 per cent each, Italy with 3.88 per cent, India with 3.32 per cent and Canada with 3.11 per cent (World Bank, 1991b).

The World Bank has been active in population assistance for over two decades. The Population Projects Department was established and the first World Bank population loan for $2 million was made to Jamaica in 1970. In 1979, the Population Projects Department became the Population, Health and Nutrition Department as the Bank began to lend for health. Between 1970 and 1979, the Bank made 22 loans in population, health and nutrition for a total of $366.4 million dollars.

Lending in population, health and nutrition increased significantly from 1980 to 1990. During this decade 74 loans were made for a total of $2,877.1 million. Of the 74 loans, 30 (representing $1,416.8 million) were IBRD loans, 44 were IDA credits and 3 combined the two sources.

Although only a portion of population, health and nutrition loans support population activities, lending

TABLE 23. TOTAL BUDGET OF THE UNITED NATIONS POPULATION FUND. 1990-1992
(Millions of United States dollars)

Year	*Total general resources*	*Expenditures*
1980	128.7	147.5
1981	125.5	136.4
1982	130.8	123.7
1983	134.7	122.6
1984	138.5	137.2
1985	142.9	148.9
1986	140	132.1
1987	156.1	140.5
1988	178	167.2
1989	185.2	203.6
1990	212.3	221.3
1991	220.7	..
1992	230	..

Source: United Nations Population Fund.

for population *per se* has also increased dramatically. By the early 1990s, World Bank lending in population exceeded $200 million per annum, although the annual fluctuations are considerable. None the less, the overall trend in World Bank lending has clearly beenupward in recent years and the Bank management has pledged continued growth in population-sector lending. The World Bank reports its population lending for the period 1986-1993 to be:

(*a*) For 1986, $139 million;
(*b*) For 1987, $14.7 million;
(*c*) For 1988, $82.2 million;
(*d*) For 1989, $125.4 million;
(*e*) For 1990, $169.3 million;
(*f*) For 1991, $351 million;
(*g*) For 1992, $180 million expected;
(*h*) For 1993, $205 million expected.

Increases in population lending from the World Bank are particularly encouraging because they represent in some sense a potential new source of funding when donor contributions through bilaterals, the United Nations and non-governmental organizations have levelled off. So far the regional development banks have not been major actors in population assistance. However, the potential exists in these banks to provide additional resources in countries where considerable institutional capability already exists. Not surprisingly, the Asian Development Bank (ADB) is the most advanced of the regional banks in terms of population policies and programmes. ABD recognizes "health and population" as a sector, and in the past few years, it has added health-sector loans to Malaysia and Pakistan to the portfolio of loans in this sector it has made since the 1980s. ADB has also provided technical assistance grants in health and population to a number of States in the region. The ADB Technical Assistance Fund is a particularly useful and flexible source of grant-financing.

The president of the African Development Bank (AfDB) has publicly advocated population policies and programmes for member countries and the AfDB is in the process of developing a policy and strategy for population lending which could begin quite soon. The AfDB role could be particularly important in policy development because of its strong standing in the region.

Recipients of multilateral funds

United Nations Population Fund

UNFPA works in a large number of countries and is the only donor in a number of small countries. As a matter of policy, UNFPA has chosen to emphasize assistance to 56 priority countries[1], and 74 per cent of UNFPA expenditures was directed to those countries in 1990.

Historically, the largest share of UNFPA funds has been directed to Asia[2], where family planning programmes were relatively more mature and consequently better able to utilize large grants. More recently, UNFPA has played a growing role in Africa. In the early 1980s UNFPA funds were particularly important in Africa and were larger than contributions from either bilateral donors or non-governmental organizations. At a time when Governments in Africa were just beginning to grapple with population issues and were first beginning to formulate policies, UNFPA was perceived as a more neutral and perhaps more trusted source for population funding than other donor agencies. In 1989 and 1990, UNFPA began to respond The 1990 UNFPA budget allocated between $126,000

and $460,000 each to Albania, Bulgaria, Hungary, Poland, Romania and Yugoslavia. Currently, of the total amount of $210,891,339 over 64 per cent of UNFPA resources are divided between Asia and Africa, and about 22 per cent are allocated to the Arab States and Europe, and to Latin America and the Caribbean:

(*a*) Africa: $65,578,712;
(*b*) Arab States and Europe: $24,087,011;
(*c*) Asia and the Pacific: $71,345,615;
(*d*) Latin America and the Caribbean: $23,088,872;
(*e*) Interregional: $26,791,129.

World Bank

The World Bank tends to fund comparatively large projects in a much more limited number of countries. Between 1980 and 1990, 22 countries received free-standing population loans or loans containing a population component.[3] Altogether, 31 countries have received such loans. The majority of funds for population have been directed to borrowing countries in Asia. In the past few years, however, the amount of lending to Africa for population activities has increased substantially. World Bank population lending for the period 1986-1991 is given below by region:

(*a*) Africa: $218.9 million;
(*b*) Asia: $478.4 million;
(*c*) Europe, Middle East and North Africa: $51.8 million;
(*d*) Latin America and the Caribbean: $22.1 million.

Potential increases in funds for population assistance

In order to increase the total population assistance available through UNFPA, bilaterals and non-governmental organizations, donor Governments are being urged to increase their contributions from an average of 1.2-4 per cent of official development assistance, or by 18 per cent per annum. At a high-level meeting of DAC (of OECD) in 1989, the Committee members agreed to help developing countries establish, fund and implement effective population strategies and programmes as a matter of priority. The DAC Chairman's report in 1991 states that adoption of a target of 4 per cent of official development assistance for population activities would tangibly demonstrate the commitment of DAC members of the policy statement of the high-level meeting in 1989.

Increases in funding for population from the World Bank are influenced by three groups: the Board of Directors; Bank management; and borrowing countries. The recent increases in Bank lending for population have been a response to all three groups, but particularly the latter two. For purposes of comparison, a lending level of $160 million for population by the World Bank would represent 2.5 per cent of all IDA lending in 1991 or 0.7 per cent of all Bank lending for that year.

The target of 4 per cent of official development assistance directed towards population activities should be achievable. If in addition to that amount 4 per cent of concessional financing available from IDA were directed to population activities, a significant step would have been taken in bridging the funding gap created by the levelling-off of donor funding and the increasing demands for assistance.

C. FUTURE DEMAND FOR FINANCIAL ASSISTANCE

As was noted earlier, during the 1980s the demand for population assistance increasingly outpaced the resources made available by donors. In making future projections of funds needed, it is useful to look qualitatively at some of the components of increased demand, aside from the relatively straightforward demographic component.

A major reason for greater demand has been the Government's increasing commitment to strengthen family planning and related programmes, such as MCH. By 1985, 70 Governments, representing 95 per cent of the population of the developing world, had adopted policies that either explicitly called for fertility reduction or offered family planning services as part of a broader spectrum of public-health services. As programme efforts became stronger, family planning organizations became more effective in using financial resources. The number of countries with "moderately strong" or "strong" programmes increased from 23 to 42, while the "weak" and "very weak" decreased from 65 to 46 during the 1980s (Mauldin and Ross, 1991).

A second reason for rising demand is the pace of development itself—resulting in rising incomes, improved literacy rates, declining infant mortality and improved status of women. Coupled with purposeful IEC efforts with regard to family planning, a greater awareness of the concepts (and benefits) of spacing and limiting births was translated into increased demand for family planning services. According to estimates derived from the DHS programme, as of 1991 there were 300 million women in the developing countries who said they wanted no more children or who wished to space the next birth. Bongaarts, Mauldin and Phillips (1990) estimate that 21 per cent of current fertility is unwanted. If, hypothetically, all unwanted fertility could be eliminated, 1.5 billion fewer births would occur than are expected between now and the year 2050.

As donors and multilateral agencies plan their responses to the increased demand for financial assistance to population programmes, it will be important for them to think strategically at the country level. Countries with strong programme effort and high demand for family planning services will be able to absorb larger amounts of funding. They are in a position to use effectively the typically large loans provided by the World Bank. At the same time, some of these countries may be reaching a point where rising incomes will make it possible for more of the cost of services to be assumed by users and more of the programme effort to be provided by the private sector. In such instances, some share of the Government's programme costs could be covered by IBRD loans as opposed to softer IDA credits and, of course, directly by clients themselves. Several countries in Asia and Latin America are currently well advanced along such a path.

Countries with weak programme effort and/or less fully articulated demand for services will require a different strategy. Programmes without sufficient capacity, for example, can be overwhelmed by large loans and may need a series of small institutional development grants, coupled with relatively more intensive technical assistance of the type usually provided by UNFPA and bilateral agencies. Nevertheless, appears to be increasingly likely that demand in these countries (many of them in sub-Saharan Africa) will expand rapidly in the 1990s and that donors, including multilaterals, will need to make resource plans accordingly.

In recent years, a number of authors have estimated the future cost of family planning (Bulatao, 1985; Gillespie and others, 1989; Janowitz, Bratt and Fried, 1990; Population Crisis Committee, 1990; UNFPA, 1992a). Although the analyses vary somewhat, depending upon assumptions concerning the mix of contraceptive methods and other factors, the methodology and conclusions are roughly similar. They are based on cost data from current family planning programmes and typically use between $16 and $20 as the cost of providing contraceptive services to one couple per annum (including attendant counselling and IEC).

Following the analysis recently published by UNPFA (1992a), about $4 billion is currently being spent on family planning services in developing countries. Survey data indicate that in all developing countries, about 51 per cent of married women of reproductive age are using contraception.[4] By the year 2000, if the current momentum can be sustained and family planning coverage can be increased, one would expect to see a contraceptive prevalence rate of 57 per cent—the prevalence rate that would correspond with the global growth rate used in the United Nations medium-variant population projection. (Whereas the increase in prevalence from 51 to 57 per cent may appear to be a modest goal for a decade of achievement, the fact that the number of couples of reproductive age will grow extremely rapidly in these 10 years, from 381 million to 567 million, adds stark realism to the dimensions of the task ahead.) To achieve this expanded coverage and provide this vastly increased quantity of services, by most estimates overall resources would have roughly to double to $9 billion or $10 billion by the end of this decade.

These numbers are sobering. Although it is true that a number of countries will be increasingly able to take on a greater share of the costs without donor assistance, it should also be acknowledged that many of the countries that are just beginning to develop policies and programmes are among the poorest in the developing world. For them, the cost of commodities alone would be beyond their financial means. No matter what basis one chooses to estimate future funding requirements, it appears that large increases in donor financing and substantial increases in the amounts budgeted by the countries themselves will be required.

The multilateral agencies can approach this financial resource gap in two ways: by assuming an increasing share of the burden of providing family planning assistance in all developing countries, and in the case of the World Bank, by increasing lending for population to the countries that are best able and willing to borrow for this purpose.

At the same time, however, donors will have to allocate their funds in an increasingly cost-effective manner, applying more rigorous financial and programmatic standards than they have in the past. This also implies a greater responsibility on the part of the multilateral organizations and the developing countries themselves to coordinate with bilateral donors, non-governmental organizations and the private sector to ensure that funds shall be strategically spent and shall not be duplicative.

D. ORGANIZATIONAL RESOURCES: UNFPA

United Nations Population Fund

The establishment of UNFPA in the late 1960s represented a milestone in a growing consensus among donors about the seriousness of the population problem and the need to work together to assist developing countries with population policies and programmes. Yet, its foundation occurred in the context of a lack of consensus about commitment to family planning programmes. UNFPA is properly neutral concerning the policies and approaches that sovereign States take to population problems.

The allocation of funds in the early years reflected the diversity of views in the developing countries and included a heavy emphasis on data collection, analysis of the impact of rapid population growth on social and economic development and support for MCH programmes. Today, by way of contrast, the largest portion of UNFPA funds (45.8 per cent of 1990 allocations) is spent on family planning services. Among the nine categories of UNFPA assistance, the five main areas of concentration are:

(*a*) Family planning services, including training, management, logistics, provision of contraceptives, and research on new contraceptive methods, 45.8 per cent;

(*b*) Population education and information, 17.6 per cent;

(*c*) Basic data collection, 10.5 per cent;

(*d*) Population dynamics, 10.1 per cent;

(*e*) Population policy, 8.3 per cent.

UNFPA has been very successful in building networks among agencies, non-governmental organizations and government ministries whose support is necessary to achieve successful programmes. The slow years of consensus-building are paying off. As sensitivities have changed, UNFPA is in a better position now than 20 years ago to strengthen its strategic approach and to make organizational changes that will improve the efficiency of its worldwide efforts. The suggestions that follow from this overall statement are generally consistent with General Assembly resolution 44/211 of 22 December 1989.

Donor coordination

UNFPA is the only multilateral organization (except IPPF) whose sole mandate and focus is population. As such, UNFPA is currently in a position to take a more assertive role in donor coordination, both globally and locally. UNFPA has a worldwide network of trained population professionals. As is argued below, the strength of the field representatives clearly could be enhanced to enable UNFPA to play a stronger role in local-level donor coordination.

Implementation

The efficiency of UNFPA in the deployment of resources to activities directly affecting fertility limitation or reproductive health is to some degree compromised by the larger United Nations system within which it operates. UNFPA has been expected to implement nearly half of its projects through the United Nations and its specialized agencies. Currently, half of UNFPA funds are allocated in this way, with 20 per cent executed by the United Nations and its regional commissions, 13.4 per cent by WHO, 6.8 per cent by the ILO, 6.8 per cent by UNESCO, 0.9 per cent by UNICEF and 0.6 per cent by the United Nations Development Programme (UNDP). Although

their track records vary significantly, these agencies are often not in the best position to carry out population projects effectively. Typically, they lack professional staff capability in population and family planning, except for those professional positions funded directly by UNFPA.

One of the problems in evaluating the efficiency of these organizations is the lack of "transparency" with respect to budgets, overhead and accounting procedures. Thus, contributors to UNFPA need to be given the clearest possible information on accounting procedures and true overhead rates, which currently are too often opaque. Two solutions seem appropriate:

(*a*) UNFPA could fund more projects directly and could act more frequently as its own executing agency. Currently, UNFPA executes only 10 per cent of the projects it funds. This percentage should probably sharply increase. Another 28.6 per cent of projects are directly executed by recipient Governments. This percentage should also increase; and

(*b*) Many other projects should be subject to international procurement (with United Nations specialized agencies eligible to bid), and implementing entities should be selected competitively on the basis of the technical quality of proposals and price. This would make available to UNFPA the great expertise and capabilities of international and local non-governmental organizations and professional health and family planning organizations, including many in the developing countries and in the international private sector.

Resource deployment and project size

The UNFPA project development process results in the "atomization" of resources into many small projects. It is arguable that it is difficult to achieve measurable effects with so many very small, dispersed projects. In 1990, UNFPA was funding 3,790 projects. With a budget of $212 million, the mean project size was about $50,000. UNFPA lacks the staff to manage so many separate activities and would almost certainly do better to concentrate in a more strategic way on fewer projects that would be likely to have greater impact and to resist the temptation to fund such a large a number of requests.

Field delegation

Because of its size, UNFPA has the capacity to place technically qualified field staff worldwide. In 1990, the organization had field offices in 52 countries. If the regional advisor positions funded by UNFPA through other United Nations agencies are included, the network of field representatives under UNFPA authority is even larger. UNFPA finances about 70 regional advisers through the ILO, FAO, UNESCO and WHO. In the past few years, there has been real progress in the process of decentralization, with increased delegation to the field. This is a welcome initiative and should be continued. UNFPA field representatives, however, still have inadequate budgetary authority. Without such authority their ability to direct an effective programme of population assistance is unduly constrained. With more field representatives and more delegation of budget authority, to these representatives, UNFPA would not only enhance the effectiveness of its own resources but would be able to play a more active country-level coordinating role on behalf of the Government and other donors.

The World Bank

To date, the World Bank has not played a global leadership role in population and family planning assistance. Since 1970, however, and increasingly during the 1980s, World Bank population assistance has been substantial, especially in selected countries. The population activities of the Bank fall into four principal categories: policy dialogue; research and policy analysis; population sector analysis; and lending for population projects.

The constraints under which the Bank has been operating have been recognized by both internal and external reviewers (Simmons and Maru, 1988; World Bank, 1991b). The Bank typically lends for large projects which ultimately promise large economic returns. The Bank has often found it difficult to finance the relatively small investment needs and recurrent costs, such as those for contraceptives and salaries, which are principal requirements of population programmes.

Additionally, the Bank has had difficulty working outside the public sector and has been unable to

provide assistance to efforts of non-governmental organizations in the population field. Therefore, the Bank has been unable to fund a number of highly innovative approaches including successful "social marketing" programmes. The reliance upon appraisal, preparation and supervision missions from Washington, D.C., precluding ongoing hands-on management, flexibility and access to valuable local intelligence made possible by a field presence, is another frequently mentioned constraint on World Bank population and family planning operations.

Lastly, countries often have not wished to borrow for population projects, even at concessional IDA rates (which ultimately amount to about 85 per cent grant) because of a reluctance to borrow for social sector programmes.

A major constraint operating 20 years ago has been removed. At that time population was considered a sensitive topic, and the Bank was constrained by its owners from taking an aggressive role in population promotion. Furthermore, the Bank was seen as making "hard" investments, primarily in infrastructure. This situation has changed. The Bank is being urged by its Board to move more and more into human resource development areas, including population, health, poverty reduction and education. Political sensitivities have diminished.

The growing demand for funds for family planning services and the increasing relative scarcity of grant funds has removed a second traditional constraint on Bank lending—the disinclination on the part of the developing countries to borrow for population.

As a result, despite considerable annual fluctuations, the financial resources for population being made available through the World Bank are growing significantly. As this trend continues, it is highly desirable that the Bank move to lift its own organizational constraints so that its projects could achieve the types of effects that are now known to be possible.

Policy and research

The World Bank has enormous capability in research and policy analysis, and it is in this area that the greatest improvement can be seen over a 20-year period. For example, *World Development Report, 1984* is widely acknowledged to be a major contribution to the population field. The challenge to the World Bank is to ensure that the results of its own research and policy analysis shall be increasingly incorporated into policy dialogue at the country level and into its lending portfolio.

Policy dialogue

The Bank is exceptionally well-placed among donors to assist in policy dialogue. Government commitment, both in terms of public statements and in allocation of administrative and financial resources, is a key component of family planning programme success. Over the years the Bank has played a role in encouraging commitment in many countries, such as Bangladesh, Kenya, Mexico, Nigeria, Rwanda and Zimbabwe. But its role could be even more instrumental.

The organizational structure of the World Bank is fortuitously compatible with current trends in knowledge and understanding of the complex relationship between population growth and economic development. Programme strategies are the responsibility of Country Departments within the Bank. In the large number of countries where population is an important development issue, population should be treated as a key component of country economic work. The Country Department can deal with economic analysis of population growth and with the policy consequences at the country level where the subject can be analysed outside the more global arena in which much controversy exists about the population and development relationship.

The Bank could also be more involved in policy dialogue concerning the microeconomic consequences of high population growth. A strong case can be made in many of its member countries about the benefits of reduced population growth at the family level, especially with respect to health, particularly maternal and child health, and poverty reduction. Research on family-level impacts of the demographic revolution in Thailand, for example, has shown that both spacing and limiting births have enabled couples to increase educational attainment for their children and to increase household wealth (Knodel, Havanon and Sittitrai, 1989). Other family-level benefits could also be emphasized in addition to benefits to the mother and children already born, such as their nutritional and

educational status and alternative opportunities for women.

Although population activities are organizationally difficult for the Bank, policy analysis and dialogue are areas where much can be accomplished by an exertion of will. With little extra expenditure, the Bank could greatly advance government understanding, and hence commitment, to population policies and could contribute to the success of population and family planning programmes.

Family planning practice

International organizations and an increasing number of developing countries have by now acquired enormous experience with what works in family planning and what does not. A vast literature documents the collective experience. Much of that experience and knowledge resides outside the multilateral organizations—with non-governmental organizations, such as IPPF and the Population Council; with bilateral agencies, such USAID and SIDA; and with universities and private professional organizations. The World Bank is preparing a major best practice paper which will summarize this experience. Some of the most critical lessons of the past 20 years focus on population "software." The quality of family planning services provided is crucial. Ensuring quality of care requires careful training of administrators, supervisors and fieldworkers to respond to clients' needs and perceptions. The most successful programmes in the longer term are those which emphasize comprehensive counselling on contraceptive methods and which assure informed choice among a reasonably broad range of methods in a completely non-coercive atmosphere.

Over the past 20 years, Bank lending in population has moved progressively from the financing of infrastructure to such forms of programme software as training, transport, management information systems and contraceptive supply. The 1991 report of the Operations Evaluation Department (World Bank, 1991a) credits this shift in resources to project successes in Bangladesh, Indonesia and Kenya. This trend in the use of scarce project funds could certainly be accelerated. It would be desirable for the Bank to find ways of incorporating best family planning practice even more fully into project design, supervision and monitoring in the years immediately ahead.

Strategy, implementation and monitoring

In the population field, the work of the World Bank in policy and research is well respected. Its policy dialogue, although not consistent, is appreciated. But outsiders have often questioned the quality and effectiveness of project lending in population. The following suggestions address how the Bank can strengthen loan quality in the population field.

First, in collaboration with borrowers, the World Bank should consider setting specific objectives at the project and programme impact level. Appropriate impact-level objectives might include the number of new acceptors of family planning services, contraceptive prevalence, fertility change, increases in the availability of contraceptive services and reductions in morbidity and mortality of infants and young children. Without such objectives, accurate monitoring and evaluation of performance of loans are virtually impossible.

Secondly, the Bank should seriously consider deploying specialized staff to resident missions. The experience of other donors suggests a strong relationship between the intensity of in-country management effort and the effectiveness of projects. The Operations Evaluation Department review of the World Bank population work in a number of countries concludes that the Bank could have been more effective had specialized resident staff assisted in project implementation. The success of this approach was recognized in projects in Bangladesh and Kenya. The long-term benefits would be great in comparison to the cost.

Resource mobilization

Despite the relatively large financial resources available to the Bank, there are constraints with respect to their efficient use. (As mentioned above, the Bank has difficulty managing the small, well-placed grants so essential to institution-building. A recently appointed Bank task force on technical assistance may open new possibilities if its recommendation of an institutional development fund within the Bank is approved.) Also, as mentioned earlier, poor countries have been very reluctant to borrow even at IDA rates to finance population activities. It is clear that the World Bank loans are most appropriate and well utilized in countries that already have strong

government commitment and well-established family planning programmes. Most of these programmes are in Asia. Because of their greater capacity, these same programmes are receiving the bulk of scarce grant funds as well. This is an excellent opportunity for the Bank to exert its leadership in donor coordination. If mature programmes could move to Bank financing, sometimes under IBRD terms, then other donor grant funds could be freed for allocation to emerging and pre-emerging programmes, such as those in Africa. Bank leadership in donor coordination could stimulate increased flows in population assistance as donors participate in a coordinated strategy for the effective use of their resources.

NOTES

[1] This UNFPA designated list of priority countries includes:

(*a*) *Africa*: Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire and Zambia;

(*b*) *Arab States and Europe*: Egypt, Morocco, Somalia, Sudan and Yemen;

(*c*) *Asia*: Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka and Viet Nam.

(*d*) *Latin America and the Caribbean*: Bolivia, Haiti and Honduras.

[2] The countries included in the regional divisions used in this chapter do not in all cases conform to those included in the geographical regions established by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

[3] The World Bank list of coutnries receiving free-standing population loans or loans with population components during the period 1980-1990 is given below:

(*a*) *Africa*: Burundi, Comoros, Guinea, Guinea-Bissau, Kenya, Lesotho, Malawi, Nigeria, Sierra Leone and United Republic of Tanzania;

(*b*) *Asia*: Bangladesh. India, Indonesia, Republic of Korea and Sri Lanka;

(*c*) *Europe, Middle East and North Africa*: Morocco, Pakistan, Tunisia and Yemen.

(*d*) *Latin America and the Caribbean*: Brazil, Haiti and Jamaica.

[4] This figure includes all methods. If only modern methods are included, the figure is 41 per cent.

REFERENCES

Bongaarts, John, W. Parker Mauldin and James F. Phillips (1990). The demographic impact of family planning programs. *Studies in Family Planning* (New York), vol. 21, No. 5 (November/December), pp. 299-310.

Bulatao, Rodolfo A. (1985). *Expenditures on Population Programs in Developing Regions: Current Levels and Future Requirements.* World Bank Staff Working Papers, No. 679. Washington, D.C.

Gillespie, Duff G., and others (1989). Financing the delivery of contraceptives: the challenge of the next twenty years. In *Demographic and Programmatic Consequences of New Contraceptives*, Sheldon J. Segal, Amy O. Tsui and Susan M. Rogers, eds. New York: Plenum Press.

Janowitz, Barbara S., John H. Bratt and Daniel B. Fried (1990). *Investing in the Future: A Report on the Cost of Family Planning in the Year 2000.* Research Triangle Park, North Carolina: Family Health International.

Knodel, John, Napaporn Havanon and Werasit Sittitrai (1989). Family size and the education of children in the context of rapid fertility decline. *Population and Development Review* (New York), vol. 16, No. 1 (March), pp. 31-62.

Lapham, Robert, and W. Parker Mauldin (1985). Contraceptive prevalence: the influence of organized family planning programs. *Studies in Family Planning* (New York), vol. 16, No. 3 (May/June), pp. 117-137.

Mauldin, W. Parker, and John A. Ross (1991). Family planning programs: efforts and results, 1982-89. *Studies in Family Planning* (New York), vol. 22, No. 6 (November/December), pp. 350-361.

Population Crisis Committee (1990). 1990 Report on progress toward population stabilization. Washington, D.C.

Simmons, George B., and Rushikesh Maru (1988). *The World Bank's Population Lending and Sector Review.* Policy Planning and Research Working Paper, No. 94. Washington, D.C.: The World Bank.

Sinding, Steven W. (1991). *Strengthening the Bank's Population Work in the Nineties.* Policy Research and External Affairs Working Paper, No. 802. Washington, D.C.: The World Bank.

United Nations Population Fund (1990). *UNFPA 1990 Report.* New York.

_________ (1992a). *Global Population Assistance Report, 1982-1990.* New York.

_________ (1992b). International population assistance: past performance and future needs. New York.

_________ (1992c). News from UNFPA, 11 February 1992. A press release. New York.

World Bank (1984). *World Development Report, 1984.* New York: Oxford University Press.

_________ (1991a). *Population and the World Bank: A Review of Activities and Impacts from Eight Case Studies.* Operations Evaluation Department, Report No. 10021. Washington, D.C.

_________ (1991b) *The World Bank Annual Report, 1991.* Washington, D.C.

XVI. BILATERAL POPULATION ASSISTANCE

*Judith Harrington**

The International Forum on Population held at Amsterdam in 1989 (UNFPA, 1990) called for a doubling of support to the population sector by the year 2000. This call was endorsed by a United Nations General Assembly resolution in 1989 and by the heads of agencies at a meeting of the Development Assistance Committee of OECD in June 1990; and associated implications for operational policies of aid agencies were adopted by the High-level Meeting of DAC in December 1990. Despite these formal endorsements, which called for increased resources without specifying magnitude, there is no guarantee that needs in the population sector will be met, and there is much cause for concern.

Since the time of those endorsements, the funding environment has changed. AIDS continues to present ever-growing needs, while Eastern Europe and the environment represent new competing needs. Although these needs may not be in direct crude competition with population, the fact remains that, in the end, resources to meet them must all come from the same source. In addition, the economic situation of the donor countries themselves has not improved. It is not a foregone conclusion that funding for population activities will increase in the required levels.

Theoretically, there is ample room for increasing funding levels for population. Donor support to population spending variew widely, from less than 1 per cent of total official development assistance to over 4 per cent (table 24). In 1990, half of the major donor group spent less than 1 per cent of total official development assistance; and only one, Norway, spent more than 3 per cent. Regardless of how donors want to channel their support, the majority of donors could well increase their share of funding. The way in which they might go about doing it, however, has a number of practical constraints. Multilateral and non-governmental organization channels have historically been the major channels for donors other than the United States. Practically, however, in order to double the level of resources to the population sector, and in particular to meet an increasingly complex need situation, the bilateral channel will need to be accessed to a greater extent. In 1990, only 11 of the 18 major donors used bilateral channels for population assistance, and the proportion varied considerably by donor, with only five donors putting more than 20 per cent of their total population assistance through the bilateral channel (see table 24).

One might ask why it is necessary to increase support through the bilateral channel. Why not rely upon increases through the channels of multilateral and non-governmental organizations to achieve the needed increase in resources? The problem is that contributions through these channels are usually set within an envelope for overall assistance to the channel itself, placing a practical ceiling on increases that is difficult to raise. To increase the population share of total multilateral assistance, for example, would mean decreasing assistance to other programmes and agencies. Bilateral assistance, on the other hand, not only remains the largest envelope of donor assistance, but it is easier to compete with other sectors for money than it is to take money away from international organizations. It must be a major conduit for the needed increase.

A. Bilateral assistance in the 1980s

Historically, the United States has given the largest amount of population assistance, overall and bilaterally. Between 1982 and 1990, its predominance as a funding source fell slightly, even as it withdrew funding from UNFPA and IPPF, and its total funding level grew. In 1982, it provided 56.4 per cent of all population funding through all channels, and 78.3 per cent of all bilateral funds (table 25). By 1990, the percentage through all channels had dropped to 42.1

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TABLE 24. MAJOR DONOR COMMITMENTS FOR POPULATION ASSISTANCE, 1990

Donor countries	*Total assistance*		*Bilateral assistance*	
	Millions of United States dollars	*Percentage of official development assistance*	*Millions of United States dollars*	*As percentage of total*
Australia	4.1	0.4	1.2	28.0
Austria	0.2	0.06	—	—
Belgium	2.5	0.28	—	—
Canada	43.0	1.74	17.9	41.0
Denmark	21.4	1.83	—	—
Finland	21.4	2.53	—	—
France	8.6	0.09	0.6	6.0
Germany	47.5	0.75	16.2	33.0
Italy	1.7	0.05	—	—
Japan	64.0	0.71	8.3	12.0
Netherlands	34.6	1.34	0.3	—
New Zealand	0.4	0.45	—	2.0
Norway	50.3	4.16	11.9	23.0
Sweden	42.7	2.12	3.3	7.0
Switzerland	6.4	0.85	0.3	5.0
USSR (former)	0.6	0.03	—	—
United Kingdom	37.3	1.41	6.4	17.0
United States of America	280.9	2.47	136.1	48.0
Other donors	667.9	1.18[a]	202.4	30.0

Source: United Nations Population Fund, *Global Assistance Report, 1982-1990* (New York, 1992), tables A.2 and A.3, and figure A.2.

[a] Mean.

per cent, and even the percentage of bilateral funding had dropped marginally to 67.2 per cent. Of total United States funding for population, however, the percentage through the bilateral channel increased substantially between 1982 and 1989, rising from 38.0 to 63.1 per cent and then falling back to 48.5 per cent in 1990.

For the donor group as a whole, bilateral population assistance showed some signs of increasing, growing between 1982 and 1990 at a faster rate than assistance through all channels. By 1990, bilateral assistance levels of all donors together had grown 97.8 per cent, while overall assistance to the sector grew by 78.3 per cent. The overall funding levels of the United States grew by 33.1 per cent while bilateral funding levels grew by 69.7 per cent. Donors other than the United States, while supporting the sector at much lower levels, nevertheless increased their support at a higher rate. Among other donors, support through all channels grew by 136.8 per cent while bilateral support increased by 199.1 per cent. Among these donors, however, the bilateral channel still represented only 17.2 per cent of total commitments in 1992.

Bilateral commitments in general showed considerable fluctuation over the 1980s (table 26), with some donors reducing funding through those channels and with generally relatively low levels of support. Only Canada, Germany and Norway had more than $10 million per annum in bilateral support, and only Japan and the United Kingdom had between $5 million and $10 million. Still, table 26 shows that the overall trend in bilateral funding levels over the seven-year period was towards a doubling of assistance levels, even without the contributions of the United States.

B. Profile of bilateral donor support

Table 27 provides a profile of bilateral activity by recipient country. It was compiled from the *1989/90 Inventory of Population Projects in Developing Countries* (UNFPA, 1991), focusing on those projects reported by donors as bilateral assistance and including, if available, information on the mechanism of delivery or the executing agency. Major and minor donor involvement is indicated in table 27 by upper-case letters for executing agencies when the support exceeded $1 million and by lower-case letters when it was less. This financial information is only financial information is only indicative: it is presented in the inventory in different currencies and covers different time-frames. It is only presented to give a very crude idea of the profile of activity. The notes to table 27 provide more detail on the information summarized in the table.

The profile shows several key characteristics of bilateral population assistance. First, no donor has the delivery capacity of the United States with its private voluntary organizations, institutions and private sector companies that have benefited from up to 25 years of USAID contracts in the sector and the associated acquired corporate memory and lessons learned. Donors other than the United States have used a variety of means to deliver their bilateral assistance: (*a*) multilateral-bilateral arrangements, in which bilateral funds are channeled through United Nations bodies for specific projects in specific countries; (*b*) international non-governmental organizations, including IPPF and its local family planning association affiliates, as well as others such as the International Statistical Institute (ISI); (*c*) regional institutions such as (CELADE) in the Economic Commission for Latin America and the Caribbean (ECLAC), the International Centre for Diarrhoeal Disease Research, (ICDDR,B), in Bangladesh and the University of the West Indies; (*d*) local non-governmental organizations; (*e*) national non-governmental organizations, such as the Danish Red Cross or the World University Service (Canada); the World Bank or the Asian Development Bank; and (*f*) unspecified means, probably those projects delivered in a more usual bilateral manner, but for which no information was provided.

The summary of implementing mechanisms presented in table 28 indicates that of all the various ways donors have used to deliver bilateral assistance, the World Bank would seem to be the predominant way in which larger sums of money are put into play, in contrast to the multilateral/bilateral mechanism, which is more often used for projects or activities under $1 million. The unspecified examples are a mixture of both larger and smaller activities, as are those of national (donor) non-governmental organizations. Some donors have made use of regional and international institutions to move larger amounts of money. What is clear is that donors other than the United States have had to be creative about finding ways to use bilateral money in non-traditional ways.

TABLE 25. TRENDS IN MAJOR DONOR COMMITMENTS FOR POPULATION ASSISTANCE, 1982-1990

(Millions of current United States dollars)

Donor countries	1982	1983	1984	1985	1986	1987	1988	1989	1990	Growth rate [a] (percentage)
A. Population commitments through all channels										
All donors	374.5	377.0	410.7	468.84	483.7	542.3	543.2	568.2	667.9	78.3
United States of America	211.1	214.8	242.4	288.2	237.5	267.2	237.3	247.4	280.9	33.1
Other donors	163.4	162.2	168.3	180.6	246.2	275.1	305.9	320.8	387.0	136.8
United States percentage of total commitments	56.4	57.0	59.0	61.5	49.1	49.3	43.7	43.5	42.1	-
B. Bilateral commitments										
All donors	102.4	97.0	133.8	161.6	144.6	197.2	186.1	213.6	202.5	97.8
United States of America	80.2	79.5	106.4	133.7	102.1	146.9	132.9	156.0	136.1	69.7
Other donors	22.2	17.5	27.4	27.9	42.5	50.3	53.2	57.6	66.4	199.1
United States percentage of bilateral commitments	78.3	82.0	79.5	82.7	70.6	74.5	71.4	73.0	67.2	-
C. Relative importance of bilateral channels: percentage bilateral of total commitments										
United States of America of America	38.0	37.0	43.9	46.4	43.0	55.0	56.0	63.1	48.5	-
Other donors	13.6	10.8	16.3	15.4	17.3	18.0	17.4	18.0	17.2	-

Source: United Nations Population Fund, *Global Population Assistance Report, 1982-1990* (New York, 1992), pp. 29-33, figure A.2.

[a] Growth rate = (1990-1982)/1982.

TABLE 26. MAJOR DONOR BILATERAL COMMITMENTS FOR POPULATION ASSISTANCE, 1982-1990

(Millions of current United States dollars)

Country	1982	1983	1984	1985	1986	1987	1988	1989	1990
Australia	3.1	1.6	3.1	2.2	1.3	1.1	1.0	0.2	1.2
Austria	—	—	—	—	0.1	0.1	—	—	—
Belgium	—	—	—	—	—	—	—	—	—
Canada	4.8	1.2	3.1	5.9	8.8	12.1	18.2	16.6	17.9
Denmark	—	—	—	—	—	—	—	0.7	—
Finland	0.1	0.1	3.9	2.2	—	—	0.1	0.4	—
France	—	—	—	—	—	—	—	—	0.6
Germany	—	—	1.8	2.5	0.1	6.1	11.1	13.0	16.2
Italy	—	—	—	—	—	—	—	—	—
Japan	2.7	3.1	3.0	3.5	4.1	5.2	5.5	4.9	8.3
Netherlands	—	—	—	—	8.6	5.2	0.8	2.5	0.3
New Zealand	—	—	—	—	—	—	—	0.1	—
Norway	4.0	3.3	7.1	6.1	17.8	18.7	10.4	14.7	11.9
Sweden	2.2	1.3	0.7	0.7	0.1	0.2	1.4	1.5	3.3
Switzerland	—	—	—	—	—	—	0.3	0.2	0.3
USSR (former)	—	—	—	—	—	—	—	—	—
United Kingdom	5.3	6.9	4.7	4.8	1.6	1.6	4.4	2.8	6.4
United States of America	80.2	79.5	106.4	133.7	102.1	146.9	132.9	156.0	136.1
Total	102.4	97.0	133.8	161.6	144.6	197.2	186.1	213.6	202.5

Source: United Nations Population Fund, *Global Population Assistance Report, 1982-1990* (New York, 1992), pp. 29-33, figure A.2.

Even if all the unspecified cases covered in table 27 represented traditionally delivered bilateral assistance, the major part of bilateral donor activity other than that of the United States has been delivered through non-traditional mechanisms.

What is clear from table 27, however, is that as of 1989/90, other than that of the United States, bilateral donor activity was intensive in only a few countries. Just a handful had many bilateral donors: Bangladesh, 10; Kenya, 9; the United Republic of Tanzania and Zimbabwe, 5 each; while four others had 4 donors and eight had 3 donors. Twenty-one countries had only two donors, and 22 others had single donors acting bilaterally in the sector, giving a total of 59 countries receiving bilateral assistance, certainly a much smaller total than the number of developing countries in need of assistance in the sector. Furthermore, if only those activities over $1 million are counted, donor presence is reduced considerably in most instances, except in Bangladesh, Kenya and Zimbabwe.

This donor profile becomes critical in the light of United States assistance noted above and recently proposed changes to that assistance. The Priority Country Strategy[1] would focus bilateral population funding on 17 countries (16 of which are designated in the last column of table 27), while phasing down and or eliminating the others, at least in terms of bilateral assistance. the list could change over time and some flexibility would be maintained through centrally funded assistance that could continue to some extent in non-BIG countries. However, the policy will have considerable impact on the need and resource scenario. According to the profile shown in the 1989/90 inventory, the top three country for multi-donor activity are also designated as for the Priority Country Strategy. Among the next 12 with at least three donors, seven are also designated for the Strategy. Among the 21 countries with two donors, only three may be designated for the Priority Country Strategy, and nine others of that group had only minor involvement with other donors. Among the 22 countries with single bilateral donors, the United States was the predominant donor; only five had support from donors other than the United States and only three of the group may be designated for the Strategy. It is clear that need and resource profiles will be heavily affected by the

TABLE 27. BILATERAL, DONOR ASSISTANCE PROFILE, BY RECIPIENT COUNTRY, IMPLEMENTING MECHANISM AND POTENTIAL COUNTRY STRATEGY DESIGNATION, 1989/90

Recipient country	*Australia*	*Belgium*	*Canada*	*Denmark*	*Finland*	*Germany*	*Italy*	*Japan*	*Netherlands*	*Norway*	*Sweden*	*United Kingdom*	*United States of America*	*Potential Priority Country Strategy designation*
						A. Ten donors								
Bangladesh	WB MB RI NN	MB	WB	NN	IO	WB	— mb mb	—	WB	WB nn	—	WB	NC	X
						B. Nine donors								
Kenya	—	—	MB	U	U WB	mb?	—	u	—	MB	mb	u?	NC	X
						C. Five donors								
United Republic of Tanzania	—	—	—	—	—	U	—	—	mb	mb	—	u	NC	x
Zimbabwe	—	—	—	—	—	WB	—	—	U	WB	—	WB?	NC	—
						D. Four donors								
Ethiopia	—	—	u	—	—	—	mb	—	—	mb	—	nn?	—	X
Nepal	—	—	—	—	—	—	—	u	mb mb mb	MB mb	—	—	NC	—
Pakistan	—	—	MB NN LN	—	—	—	—	—	mb mb	—	—	WB MB ADB?	NC	X
Rwanda	—	mb	mb	—	—	LN	—	—	—	—	—	—	NC	—
						E. Three donors								
Burkina Faso	—	—	—	—	—	U	—	—	mb	—	—	—	NC	—
Egypt	—	—	—	—	—	U	—	u	—	—	—	—	NC	X
India	—	—	—	—	—	—	—	—	u	—	nn	NC	X	

Table 27 (*continued*)

Recipient country	Australia	Belgium	Canada	Denmark	Finland	Germany	Italy	Japan	Netherlands	Norway	Sweden	United Kingdom	United States of America	Potential Priority Country Strategy designation
Indonesia	—	—	—	—	—	u	—	—	U u u u	—	—	—	NC	X
Peru	—	—	—	—	—	—	—	u	—	mb	—	—	NC	X
Philippines	ln	—	—	—	—	—	—	—	mb	—	—	—	NC	X
Sri Lanka	—	—	—	—	—	—	—	u	—	—	adb?	—	NC?	X
Yemen	—	—	—	—	—	—	—	—	u	WB	—	—	NC	—
F. Two donors														
Bolivia	—	—	—	—	—	—	—	—	—	MB	—	—	nc?	—
Botswana	—	—	—	—	—	—	—	—	—	WB	—	—	NC	—
China	U	—	—	—	io	—	—	—	—	—	—	—	—	—
Costa Rica	—	—	—	—	—	—	—	—	io	—	—	—	NC	—
Gambia	—	—	—	—	—	—	WB	—	—	—	—	wb	—	—
Ghana	—	—	—	—	—	—	—	—	—	—	—	wb	NC	—
Guatemala	—	—	—	—	—	—	—	—	ln	—	—	—	NC	—
Guinea-Bissau	—	—	—	—	—	—	—	—	u	—	—	—	nc?	—
Jamaica	—	—	—	—	—	RI	—	—	—	—	—	—	NC	—
Malawi	—	—	—	—	—	—	—	—	—	—	—	u	NC	—
Mali	—	—	—	—	—	I	—	—	—	—	—	—	NC	—
Mexico	—	—	nn	—	—	—	—	—	—	—	—	nn?	—	X
Nicaragua	—	—	—	—	mb	—	—	—	—	MB	—	—	—	—
Nigeria	—	—	—	—	—	—	—	—	MB	—	—	—	NC	X
Senegal	—	i?	—	—	—	—	—	—	—	—	—	—	NC	—
Swaziland	—	—	—	—	—	—	—	—	—	—	—	nn?	NC	—
Thailand	—	—	U	—	—	—	—	—	i	—	—	—	—	—
Uganda	—	—	—	—	—	U	—	—	—	—	—	—	NC	—
Viet Nam	mb	—	—	—	—	—	—	—	mb	—	—	—	—	—
Zaire	—	—	—	—	—	NN	—	—	—	—	—	—	NC	X
Zambia	—	—	—	—	—	U	—	—	—	—	—	—	nc?	—

Table 27 (*continued*)

Recipient country	Australia	Belgium	Canada	Denmark	Finland	Germany	Italy	Japan	Netherlands	Norway	Sweden	United Kingdom	United States of America	Potential Priority Country Strategy designation
						G. One donor								
Burundi	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Cameroon	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Cape Verde	—	—	—	—	—	—	—	—	mb	—	—	—	—	—
Côte d'Ivoire	—	—	—	—	—	—	—	—	—	—	—	—	nc?	—
Central African Republic	—	—	—	—	—	—	—	—	—	—	—	—	nc?	—
Chad	—	—	—	—	—	—	—	—	—	—	—	—	nc	—
Colombia	—	—	—	—	—	—	—	u	—	—	—	—	—	X
Cuba	—	—	—	—	—	—	—	—	mb	—	—	—	—	—
Dominican Republic	—	—	—	—	—	—	—	—	—	—	—	—	ln	—
Ecuador	—	—	—	—	—	—	—	—	—	—	—	—	U	—
El Salvador	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Haiti	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Honduras	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Lesotho	—	—	—	—	—	—	—	—	—	—	—	nn?	—	—
Madagascar	—		—	—	—	—	—	—	—	—	—	—	NC	—
Malaysia	—	—	—	—	—	—	—	—	—	—	—	—	nc?	—
Morocco	—	—	—	—	—	—	—	—	—	—	—	—	nc?	X
Niger	—	—	—	—	—	—	—	—	—	—	—	—	NC	—
Saudi Arabia	—	—	—	—	—	—	—	—	—	—	—	—	nc?	—
Sierra Leone	—	—	—	—	—	—	—	—	—	—	—	nn?	—	—
Togo	—	—	—	—	—	u?	—	—	—	—	—	—	—	—
Turkey	—	—	—	—	—	—	—	U	—	—	—	—	—	X

Source and notes follow.

Source: United Nations Population Fund, *Inventory of Population Projects in Developing Countries Around the World, 1989/90* (United Nations publication, Sales No. E.90.III.H.1).

Notes: Upper-case letters indicate support greater than $1 million; and lower-case letters, less than $1 million. A question mark (?) denotes an unclear funding level.

ADB = Asian Development Bank; I/i = interregional; IO/io= international non-governmental organization; LN/ln = local non-governmental organization; MB/mb = multilateral-bilateral; NC/nc = national contractor; NN/nn = national non-governmental organization; RI/ri = regional institution; U/u = unspecified, no information given; UNDTCD = United Nations Department of Technical Cooperation for Development; WB = World Bank.

The bilateral assistance donor profile by country, in United States dollars unless otherwise indicated, is given below by number of donors (for abbreviations, see preceding note).

A. Ten donors

Bangladesh: *Australia*: WB, A$110,000; *Belgium*: MB, $1.8 million; *Canada*: WB, $41.4 million; MB-UNFPA, $12.7 million; RI-ICDDRB, $6.9 million; Canadian NN-ICDDRB, $4.8 million; MB-UNDTCD, $2.1 million; *Denmark*: NN-Danish Red Cross, $1,070,000; *Finland*: IO-IPPF/BFPA, $1.1 million; *Germany*: WB, DM 116.7 million; *Netherlands*: WB, f. 13,020,000; mb-UNFPA, $390,451; mb, $300,000; *Norway*: WB, $32 million; *United Kingdom*: WB, $11+ million; nn, $150,000 each; *United States of America*: NC, $176 million.

B. Nine donors

Kenya: *Canada*: MB-UNFPA, $3,750,000; *Denmark*: U, $2.4 million; *Finland*: U, $1.8 million; *Germany*: WB, DM 8.8 million; mb-UNFPA, funding level unclear; *Japan*: u, $974,043; *Norway*: MB-WB, $7.7 million; *Sweden*: mb, $440,000; *United Kingdom*: u, through census, funding level unclear; *United States of America*: NC, $97+ million.

C. Five donors

United Republic of Tanzania: *Germany*: U, $9.8 million; *Netherlands*: mb, $220,000; *Norway*: mb, $139,950; *United Kingdom*: u, through census, $260,883; *United States of America*: NC, $20+ million;

Zimbabwe: *Germany*: WB, $2.6 million; *Netherlands*: U, $1.5 million; *Norway*: WB, $11.5 million; *United Kingdom*: WB, unclear funding level; *United States of America*: NC, $15.7 million.

D. Four donors

Ethiopia: *Canada*: u, $370,000; *Italy*: mb, $317,804; *Norway*: mb, $382,052; *United Kingdom*: nn, funding level unclear;

Nepal: *Japan*: u, $564,214; *Netherlands*: mb, $442,000, $100,000 and $138,000; *Norway*: MB, $4.6 million; mb, $678,977; *United States of America*: NC, $20 million;

Pakistan: *Canada*: MB-UNDTCD, $2 million; NN, $18.6 million; LN, $1.9 million; *Netherlands*: mb, $250,000 and $200,000; *United Kingdom*: WB, $7.3 million; MB, $4 million; ADB, funding level unclear; *United States of America*: NC, $130+ million;

Rwanda: *Belgium*: mb, $140,000; *Canada*: mb, $225,000; *Germany*: LN-ONAPO, $3.5 million; *United States of America*: NC, $9 million.

E. Three donors

Burkina Faso: *Germany*: U, DM 29.1 million; *Netherlands*: mb, $136,654; *United States of America*: NC, $2.7 million;

Egypt: *Germany*: U, DM 1,030,000; commodity assistance, DM 5 million; *Japan*: u, $408,176; *United States of America*: NC, $35+ million;

India: *Norway*:, U, $44+ million since 1971; *United Kingdom*: nn, $204,394; *United States of America*: NC, $77+ million;

Indonesia: *Germany*: u, $600,000; *Netherlands*: U, $3,360,000 and $1,800,000; u, $560,500, $33,360, $30,680 and $33,040; *United States of America*: NC, $29+ million;

Peru: *Japan*: u, $187,196; *Norway*: mb, $280,000; *United States of America*: NC, $20+ million;

Philippines: *Australia*: ln, $63,750; *Netherlands*: mb, $25,000; *United States of America*: NC, $53 million;

Sri Lanka: *Japan*: u, $826,095; *Sweden*: ADB, funding level unclear; *United States of America*: NC-IPSC, funding level unclear;

Yemen: *Netherlands*: u, $201,780; *Norway*: WB, $1 million; *United States of America*: nc-IPSC, funding level unclear;

F. Two donors

Bolivia: *Norway*: MB, $1.4 million; *United States of America*: nc, unspecified;

Botswana: *Norway*: WB, $7.2 million; u, $6,470,000 since 1973 at $500,000 per annum; *United States of America*: NC, $5 million;

China: *Australia*: U, $2.1 million; *Finland*: io-ISI, $114,000;

Costa Rica: *Netherlands*: io-IPPF, $35,400; *United States of America*: NC, $8.5 million;

Gambia: *Italy*: WB, $9.6 million; *United Kingdom*: wb, $900,000;

Ghana: *United Kingdom*: wb, population review mission; *United States of America*: NC, $37 million;

Guatemala: *Netherlands*: ln, $142,780; *United States of America*: NC, $32+ million;

Guinea-Bissau: *Netherlands*: u, commodities, $38,350; *United States of America*: nc-IPSC, funding level unclear;

Jamaica: *Germany*: RI-University of West Indies, DM 11.8 million; *United States of America*: NC, $10 million;

Malawi: *United Kingdom*: u, $588,500; *United States of America*: NC, $8.2 million;

Mali: *Germany*: I, DM 5.7 million; *United States of America*: NC, $18 million;

Mexico: *Canada*: nn, $136,000; *United Kingdom*: nn, funding level unclear;

Nicaragua: *Finland*: mb, $530,273; *Norway*: MB, $3.6 million;
Nigeria: *Netherlands*: MB, $2.4 million; *United States of America*: NC-IPSC, $67 million;
Senegal: *Belgium*: i, funding level unclear; *United States of America*: NC-IPSC, $20 million;
Swaziland: *United Kingdom*: nn, funding level unclear; *United States of America*: NC-IPSC, $2.4 million;
Thailand: *Canada*: U, integrated rural development project, $3 million; *Netherlands*: i, f. 750,000;
Uganda: *Germany*: U, DM 5.5 million; *United States of America*: NC, $10 million;
Viet Nam: *Australia*: mb, $400,000; *Netherlands*: mb, $136,500;
Zaire: *Germany*: NN, DM 17.5 million; *United States of America*: NC, $10 million;
Zambia: *Germany*: U, DM 5.2 million; *United States of America*: nc, funding level unclear;

G. One donor

Burundi: *United States of America*: NC-Pathfinder-IPSC, $4.5 million;
Cameroon: *United States of America*: NC, $6 million;
Cape Verde: *Netherlands*: mb, $96,061;
Central African Republic: *United States of America*: nc-IPSC, funding level unclear;
Chad: *United States of America*: nc-IPSC, WB/SDA;
Colombia: *Japan*: u, $330,161;
Côte d'Ivoire: *United States of America*: nc-IPSC, funding level unclear;
Cuba: *Netherlands*: mb, $263,500;
Dominican Republic: *United States of America*: ln, $250,000;
Ecuador: *United States of America*: U, $1.8 million;
El Salvador: *United States of America*: NC-IPSC, $11,250,000;
Haiti: *United States of America*: NC, $15,350,000;
Honduras: *United States of America*: NC-IPSC, $19 million;
Lesotho: *United Kingdom*: nn, funding level unclear;
Madagascar: *United States of America*: NC, $6 million;
Malaysia: *United States of America*: nc-IPSC, funding level unclear;
Morocco: *United States of America*: nc-IPSC, funding level unclear;
Niger: *United States of America*: NC, $11 million;
Saudi Arabia: *United States of America*: nc-IPSC, funding level unclear;
Sierra Leone: *United Kingdom*: nn, funding level unclear;
Togo: *Germany*: u, maternal and child health, funding level unclear;
Turkey: *Japan*: U, equipment, $1,070,000.

The regional funding activities were as follows:

Africa: *Canada*, MB; *Norway*, MB, RI; *United States of America*;
Asia: *Australia*, RI; *Netherlands*, MB; *United States of America*;
Latin America: *Canada*, RI; *Italy*, MB; *United Kingdom*, NN; *United States of America*.

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proposed changes, with other donors also active mainly in the countries potentially designated for the Priority Country Strategy. It is hoped that the Strategy will be phased in gradually and in close consultation with other population sector actors, because all sources for population assistance, in particular UNFPA and IPPF and its affiliates, will experience considerable stress in adjusting to the new scenario of needs that will appear as the United States implements the policy. As they do adjust, new demands and opportunities for bilateral donors will emerge.

C. Increasing bilateral population assistance

To maintain current levels of contraceptive prevalence in an expanding population of potential parents, it has been estimated that donor funding levels will have to double by the year 2000. To meet this basic needs scenario, against the background of a changing United States assistance profile, donors will have to expand their activities in the sector considerably, through all channels, but expansion of their bilateral activities will also be critical. Three donors have already committed themselves publicly to increased population support—Germany, the Netherlands and the United Kingdom. The Netherlands has stated that most of the increase will be through UNFPA, while the other two have stated that all channels of assistance will be used. The extent to which other donors might increase their bilateral assistance depends upon many factors: those concerning the larger domestic and aid environment; as well as those relating to the population sector specifically.

The context of bilateral aid

Each aid agency has its own constraints and opportunities imposed by its structure and mode of operations. Some bilateral programmes work on country-specific budgets that are legislated, others have sectoral budgets or sectoral budgets in addition to country or geographical budgets. Each agency has to manipulate its own structure to increase funding for any given set of activities. To do so requires strong support at the

top political and managerial levels and the means to do so at the working level.

The search for increased bilateral assistance takes place against the realization within aid agencies of the effects of increasing globalization, an often discussed crisis in development assistance and the search for new official development assistance paradigms. Agencies are actively seeking ways to change their delivery systems to cope with the realities they face from central government agencies: reduced administrative budgets; freezes or cut-backs in staff resources; tight funding situations, budget threats or even cut-backs, demands for increased and/or clearer accountability; and increased contracting out of activities and responsibilities that were formerly performed by agency staff. In many agencies, while the vocabulary differs, there is a move away from projects to larger programmes, a move away from hands-on project implementation to programme management and to an increased analytical and policy role and a search for increased policy leverage with recipient countries.

For bilateral donors, there are a number of constraints to more bilateral activity in the population sector. But they are constraints rather than barriers; they can be addressed. First, there is the lack of clearly identifiable executing agencies, as reflected in the current donor profile in table 27. Donors usually provide bilateral assistance in areas of their own national expertise, using their private sector or national institutions. Developed countries have little expertise *per se* in the population area, save those associated with demography, data collection and some areas of policy, prinicipally relating to immigration. Developed countries do not have national population programmes and, even less, family planning programmes. The expertise for the latter type of programme has been developed in the developing countries, and also predominantly in the United States, due to the stimulation and development of executing capacity by the USAID population programme.

The fact that USAID has had substantial centrally funded population means, a reserve of money independent of channels of delivery, has allowed it to let contracts on major subsectors that have, over the years, deepened the experience of USAID contractors and allowed them to develop and attract experienced personnel from countries throughout the world, not least the talent from developing countries. Donors could well consider similar earmarking mechanisms to increase bilateral population assistance and to develop executing capacity. The United States has built up its own capacity over the past 25 years, a considerable head start on other donors. However, it is not too late for other donors to begin to develop their own capacity. The need for assistance in the population sector will, in all likelihood, persist for the next 20 years.

Donors that have been increasingly using local expertise in other sectors could also find assistance from local expertise in delivering their population assistance and in some countries could use it to enrich traditional bilateral executing mechanisms, including the private sector. Even more benefit could be obtained by increasing the use of family planning expertise from some developing countries in other developing countries. The use of third country nationals has begun in other sectors, and given the distribution of family planning expertise in the world, the population sector would appear to be an ideal candidate for this type of technical assistance.

Secondly, population projects and programmes are staff-intensive in terms of planning and monitoring, the antithesis of current drives to "do more with less". They require a level of staff knowledge and expertise that is not present to a large degree in most agencies. An aid agency can provide technical backstopping and policy advice to a multilateral desk handling UNFPA or IPPF or other international non-governmental organizations with fairly restricted staff resources. However, full bilateral programming requires much more staff time. First, for many aid programme officers, population is still a question mark. Many myths abound, even within the aid community itself. Some think funds have been poured into family planning programmes with no effect. Some see the figures on population growth as unreliable and a smokescreen diverting attention from real development needs; and some still see population, and especially family planning, as something the Americans do, not us, a neocolonialist approach that has little to do with development. Building a bilateral programme in population means that a large number of bilateral officers and their managers have to be re-educated, often on a regular basis given the rotational status of bilateral staff, and supported in their work by sufficient population staff to help them through the complex area that is the population sector. Several donors, including

TABLE 28. SUMMARY OF IMPLEMENTING MECHANISMS

(United States dollars)

Recipient country	Australia	Belgium	Canada	Denmark	Finland	Germany	Italy	Japan	Netherlands	Norway	Sweden	United Kingdom	United States of America	Total
A. Commitments over $1 million														
World Bank	1	—	1	—	—	3	1	—	1	4	—	3	—	14
Multilateral-bilateral	—	1	3	—	—	—	—	—	—	4	—	1	—	9
Regional institution	—	—	1	—	—	1	—	—	—	—	—	—	—	2
National NGO	—	—	2	1	—	1	—	—	—	—	—	—	—	4
Local NGO	—	—	1	—	—	1	—	—	—	—	—	—	—	2
National contractor	—	—	—	—	—	—	—	—	—	—	—	—	33	33
International NGO	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Interregional	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Asian Development Bank	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Unspecified	1	—	1	1	1	5	—	1	2	1	—	—	1	14
B. Commitments under $1 million														
World Bank	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Multilateral-bilateral	1	1	1	—	1	1	1	—	13	4	1	—	—	24
Regional institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—
National NGO	—	—	1	—	—	—	—	—	—	—	—	7	—	8
Local NGO	1	—	—	—	—	—	—	—	1	—	—	—	1	3
National contractor	—	—	—	—	—	—	—	—	—	—	—	—	10	10
International NGO	—	—	—	—	1	—	—	—	1	—	—	—	—	2
Interregional	—	1	—	—	—	—	—	—	1	—	—	—	—	2
Asian Development Bank	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Unspecified	—	—	1	—	—	2	—	6	5	1	—	3	—	18

Note: NGO = non-governmental organization.

Germany and the United Kingdom, as well as the World Bank, have already begun such training programmes. In 1990, DAC called for the strengthening of the in-house population capacity of donors. This call needs to be reissued and pursued and acted upon.

Thirdly, there is the very real fact, from a bilateral officer's point of view, that the sector is "hot" and a potential public embarrassment. Population is one of those areas that was seen as a good candidate for multilateral channels because it was so sensitive. It is one thing to give money to an international organization to do family planning; it is another to give bilateral support. Officers have to be given clear guidelines on what their agencies are willing to fund directly and, by definition, what the political level is willing to defend publicly. Developing the needed policy and guidelines and putting them into action requires staff resources and time. In 1994 the International Conference on Population and Development will provide many donor countries with the further impetus required to develop needed policy.

As aid agencies seek new ways to organize the delivery of bilateral assistance in general, it will be neccessary to put a special focus on population assistance, or it will be overlooked and underserved, because it does not fit the usual bilateral mold. It would seem to be uniquely time-consuming and staff-intensive, and it lacks clearly identifiable executing agencies. However, because donors have now acquired some experience with delivering it through non-traditional bilateral mechanisms, there is much to be gained by comparing lessons learned among bilateral agencies. There is even more to be learned by investigating some of the delivery mechanisms that have been used recently to deliver bilateral assistance in other sectors. For example, the use of field and programme support offices, contracting with non-governmental organizations and use of local expertise are all areas that might facilitate increased bilateral delivery of population assistance. Several donors are searching for new partnerships for specialized delivery, and population sector support would be an important client for such development. The role of the European Community in international cooperation and, in particular, in the possible untying of assistance within the Community and discussions about encouraging world-class delivery agents who can compete for both European Community and United Nations contracts also provide opportunities to foster greater bilateral activity in the population sector. It is crucial that the needs of the sector are not forgotten in these various discussions. In this regard, DAC could provide a forum to discuss developments in aid delivery and their applicability to population programming.

Past experience with bilateral programming

One of the key factors in continued increases in bilateral population assistance will be the quality of donor experience to date. The multilteral-bilateral experience of donors will be crucial, given the experience of donors to date with this mechanism and a high probability that the Priority Country Strategy of the United States may well put more multilateral projects onto the market seeking funding outside the regular UNFPA programme. The UNFPA programme review and strategy development exercise provides donors with a coherent programming context into which they can fit their bilateral assistance. However, bilateral projects are usually not only administratively demanding to set up and process but require, usually by legislation, more rigorous financial reporting and clearer accountabilities than is the case with financing from multilateral and non-governmental organizations. Multilateral-bilateral projects can have difficulties with these monitoring and reporting requirements, compounded in the case of UNFPA by having projects executed by other United Nations agencies, with all reporting difficulties consequently increased by the doubling of bureacratic layers. In addition, there is a growing concern in some quarters that multilateral-bilateral funding violates the neutrality that is the hallmark of multilateral assistance.

Perhaps the one key experience for donors will be the Bangladesh Donor Consortium for the Fourth Health and Population Project, which now involves most of the major donors. The Bangladesh case is unique. It is the largest population programme outside of China and the largest project in which the World Bank is involved, and it has a long history of donor involvement and coordination which has resulted in the evolution of the consortium approach over the first three phases of the national programme. During the period reflected in table 27, 10 donors were involved with the World Bank in various parallel and co-financing arrangements in a formal donor consortium to maximize the benefits of donor coordination. This arrangement has evolved further in the Fourth Health and Population Project slated to begin in late 1992, for which the Bank and 11 donors undertook a joint

project appraisal and preparation exercise. Project funding will be through a co-financing mechanism with the World Bank, and the latter's development cooperation agreement cross-references co-financier agreements with the Government of Bangladesh and incorporates key donor concerns as part of the conditions of effectiveness for the World Bank loan. The Bank has a local technical office with six technical and professional staff to assist in monitoring and backstopping the project. The donors will monitor the entire project jointly with the Bank through normal World Bank technical and supervision missions which take place at six-month intervals. Each donor will also monitor the specific components it funds. A special project finance cell within the Government of Bangladesh will report on the financial and substantive progress of the project and the Bank will in turn report to donors, simplifying the reporting requirements of the Government (a well-known constraint and burden for Governments dealing with multiple donors).

The degree of success of the donor consortium process will be critical for future donor activity in other countries. Association with the World Bank has much to offer bilateral donors: it allows them to provide larger amounts of funding; it provides the necessary bilateral financial reporting, an organized forum to negotiate policy and implementation concerns; and it furnishes the increased policy leverage of the larger consortium. However, the level of World Bank involvement in the donor consortium in Bangladesh goes beyond the normal Bank role. In fact, the programme in Bangladesh demands intense involvement from both the Bank and the donors. The Bank will have to walk a fine line between its traditional type of bank-financing activity and the executing/implementation activities and responsibilities with which donors are more familiar. The World Bank has a critical role not only in fostering the success of donor consortium but in encouraging more bilateral donor involvement in the sector in other recipient countries. It is hoped that management at the Bank will see the importance of its role in Bangladesh and give its staff the support and resources necessary to carry out a role that is more intensive than the more traditional Bank involvement.

Other influences

Outside of aid agencies themselves, there will be further interest in and pressure to reduce population growth rates in developing countries as increasing attention is drawn to the root causes of international and, in particular, irregular migration. Aid agencies are very likely to come under domestic pressure to begin or to increase support to population activities. This could be a difficult situation for some agencies. Support for programmes to reduce the demographic pressures of the South on the increasingly closed borders of the North could understandably be met with derision and hostility by recipient Governments, particularly if a particular donor has never been active in the sector. It should be less difficult for donors who have been active, and particularly if they have been providing support to the breadth of population subsectors, visibly seeking to increase the quality of family planning services and embracing a broad human resource development approach to family planning that builds towards reproductive health.

Broadening and deepening the cross-sectoral links between population and the environment and women in development could also assist in increasing bilateral activity in the population sector. The links with the environment and with women in development are not widely understood either within or outside aid agencies and their communities. Although these sectors are often linked with population concerns in documents and policy statements, at the working level there is little eagerness to support population activities to achieve or contribute to the environment or to women in development goals. Few development officers know much about the health effects of family planning and even fewer are aware of the terribly high levels of maternal mortality that discount any investment made in women in development. This lack of awareness could be remedied by cooperation between sector staff and cross-sectoral training programmes, as well as by greater public education in this area by both aid agencies and international organizations. There are still myths to dispel, and more emphasis needs to be given to the successes of family planning. It has been said that changes in the status of women are necessary for the success of family planning programmes, but it is

also necessary to make sure that people hear and understand that family planning is crucial to improving women's status, their control over their lives and even their chances of survival through the child-bearing years so that they can continue their contributions to their communities.

Although interrelationships between population and environment are complex and are not yet well understood, the situation is expected to improve over the next few years. It is important that the population sector broadens its relationships with other sectors, as well as its base of political support for continued and increasing funding. The sector has been too much off on its own and almost in bred; it has not reached out and made the critical links with other interests and groups. In this regard recent initiatives by the Rockefeller Foundation and others to establish an international commission on population that would draw in new interests to support and lobby for population activities constitute a specially welcome development.

D. Conclusion and recommendations

The field of population has come a long way in the past 25 years. Most countries now have population policies and are implementing population programmes. For the first time, demand for family planning services threatens to outstrip resources, the donor community must now do its share more fully. It is becoming increasingly evident that population growth affects the entire world, whether through its environmental effects or through its effects on migration. All developed countries have a responsibility to assist with population sector programmes. It is necessary to grow from a small but dedicated population sector into a more mainstream development activity. Part of this move involves continuing diversifying beyond having one donor giving most of the resources and taking most of the responsibility for shaping programmes into a fuller market of bilateral donors, multilateral organizations and non-governmental organizations, each with different strengths and approaches to offer recipient countries.

With a view to increasing bilateral population assistance, donors should consider these points:

(*a*) Donors should reaffirm their political will at least to double their support for population activities through all channels and to provide their agency staff with adequate means to carry out increased bilateral programming, by, *inter alia*, establishing population education programmes for development officers and their managers, and increasing in-house technical staff resources in the population sector;

(*b*) DAC of OECD should organize a special working group of senior managers and sector staff in donor agencies to examine the lessons learned to date in bilateral delivery of population programmes and to consider how recent developments in aid delivery, including, among others, the use of local expertise, could be used to facilitate increased bilateral delivery of population assistance; and

(*c*) Donors that do give substantial support to population activities should lobby their colleagues that do less in order to encourage them to give their fair share.

Note

[1] Formerly called Bigger Impact Globally (BIG).

References

Germany (1991). *Concept for the Promotion of Population Policy and Family Planning*. Bonn: Federal Ministry for Economic Cooperation.

Hewett, Adrian (1991). 1992 and its effect on European aid. In *Contemporary Issues in European Development Aid*, Mohammed H. Malek, ed. Aldershot, United Kingdom: Gower Publishing Company.

Netherlands (1991). *A World of Difference: A New Framework for Development Cooperation in the 1990's*. The Hague, Netherlands: Ministry of Foreign Affairs, Development Cooperation Information Department.

Nortman, Dorothy L. (1988). External funding for population programs . *International Family Planning Perspectives* (New York), vol 14, No.1 (March), pp.2-8.

Schultz, Siegfrid (1991). Trends and issues of German aid policy. In *Contemporary Issues in European Development Aid*, Mohammed H. Malek, ed. Aldershot, United Kingdom: Gower Publishing Company.

United Kingdom, Overseas Development Administration (1991). *Children by Choice not Chance: Population as a Development Priority*. London.

United Nations Population Fund (1990). *Report of the International Forum on Population in the Twenty-first Century, Amsterdam, The Netherlands, 6-9 November 1989*. New York.

_________ (1991). *Inventory of Population Projects in Developing Countries Around the World, 1989/90*. Sales No. E.90.III.H.1. New York.
_________ (1992). *Global Population Assistance Report, 1982-1989*. New York.
United States of America, Agency for International Development (1992). BIG: a plan for achieving bigger impact globally. Draft. Washington, D.C.
_________, General Accounting Office (1988). *Foreign Aid Problems and Issues Affecting Economic Assistance*. Washington, D. C.
Wheeler, Joseph C. (1989). Statement. In *Report of the International Forum on Population in the Twenty-first Century, 6-9 November 1989*. New York: United Nations Population Fund.
Wiles, R. (1992). Partnership modalities and European development organizations. Draft report. Northfield, Minnesota: Carleton University.
Wolfson, Margaret (1983). *Profiles in Population Assistance: A Comparative Review of the Principal Donor Agencies*. A Development Centre Study. Paris: Organisation for Economic Co-operation and Development.

XVII. FUTURE POPULATION TRENDS AND POLICY RESPONSES

*Ansley J. Coale**

There are two categories of population policy. The first category comprises those aims and programmes implemented by Governments (and some non-governmental organizations) which are intended to modify population trends in a way to improve individual and national welfare: that is, policies directed to altering child-bearing, mortality and migration. The second category is the design and implementation of steps intended to produce better social and economic adaptations to future changes in population, especially those which can fairly clearly be foreseen for the next two or three decades. The current and prospective trends in population variables in the developing countries, some of their likely effects and some examples of policies in both of the categories mentioned above are discussed here.

A. PERSISTENCE OF HIGH FERTILITY IN SOME DEVELOPING COUNTRIES

In the United Nations estimates of world population prospects in Eastern Africa, Middle Africa and Southern Africa (excluding South Africa), fertility around 1990 was found to be little reduced from a decade or two earlier and the total fertility rate ranged from about 5.75 to about 7.0 children. Few or no reductions are reported also for some populations in Southern Asia (including Nepal and Pakistan) and in Western Asia. In most other developing countries that were recently characterized by sustained high fertility, a tangible decline has begun. There is general support in the international community for programmes that make it possible for all couples, even in the poorest developing countries, to have access to the knowledge and the means to achieve their desired family size and also to have access to information to help them make a rational choice.

About 35 years ago, Edgar M. Hoover and this author were completing a research project in which an effort was made to estimate the relative gains that would be made in two countries (India and Mexico) according to contrasting assumed trends in future fertility: either that fertility would continue at a high level, or that it would be cut in half in 25 years. The conclusion was that in both countries, income per equivalent adult consumer would be about 40 per cent higher after 30 years if fertility were reduced than if it were sustained. What was foreseen was not a catastrophe if fertility were to remain high but rather a clear relative advantage if the rate of child-bearing were reduced. In reviewing this work a generation later, it seems to this author that those calculations were approximately correct. In Mexico, during 20 years of rapid population growth with no decline in fertility, from 1950 to 1970, the population doubled but per capita income also almost doubled. Expectation of life at birth rose from about 48 to 61 years, and the number of children attending school was multiplied by nearly 3.6. The question is whether it is plausible that this rapid progress could have been much surpassed had fertility been reduced; in this author's opinion, the answer is yes. For example, despite the multiplication of school attendance by about 3.6 in 20 years, the number of children not in school was greater at the end of this period than it had been at the beginning. Had fertility declined, enrolment could have reached 100 per cent. Moreover, the children born during this 20-year period would have had less crowded housing, as well as better access to education and probably better health. The major difference would be in the prospects of the children born during these two decades. In 1975, one could look forward to a labour force in 1995 twice as large as in 1975; had fertility been reduced, the prospective increase in the labour force would be multiplication by only 1.6. Given the chronic problems of underemployment and unemployment, children born during a period of falling fertility would have substantially better prospects as adults.

The conclusion of this brief review of the earlier work is that the population of Mexico would have benefited had there been an effective limitation of births during those two decades. The prospects for

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children yet to be born in any country in which fertility remains very high would be much improved by the adoption of effective limitation of births.

It is also true that in Mexico, where fertility began its decline in the 1970s, there is continuing need for the second category of population policy: namely, steps to adjust to the increases in population, especially of the labour force and ultimately of the old-age population, built in by the sustained high fertility through the early 1970s.

B. Difficulties in design and implementation of policies to reduce fertility in countries with little previous reduction

Sustained high fertility is the result in part of cultural factors. The author recently made a study of the relationship between the prevailing age of entry into marriage and the date at which voluntary birth control begins to a tangible degree (Coale, forthcoming in *Demography*). Populations with a tradition of late entry into first marriage undertake the voluntary control of marital fertility earlier than populations with a tradition of early marriage. For example, the line that Hajnal described as delineating the areas with a Western European pattern of late marriage from the areas with an Eastern European pattern of somewhat earlier marriage (a line from St. Petersburg to Trieste) also serves to delineate provinces that began the voluntary control of marital fertility at an earlier date. Specifically, 81 per cent of the provinces to the west of Hajnal's line experienced a 10 per cent decline in marital fertility before 1910, while to the east of the line, the decline occurred after this date in 90 per cent of the provinces. In areas of very early marriage, which can be called the Asian and African pattern of marriage, declines in marital fertility did not begin before 1950, and in some areas of Southern Asia, Western Asia and sub-Saharan Africa, no decline is evident as late as 1990.

This relationship between areas in which age at marriage is traditionally early, medium or late, and the date of initiation of voluntary control of marital fertility are not the result of individual behaviour. Couples that marry late within a given population are not more likely to practise birth control. Rather, the cultural context in which marriage is traditionally late also provides a context in which young people are separated from their parental families before getting married and develop a degree of autonomy and even some freedom of choice about whom and when to marry. Typically, in Western Europe in the eighteenth and nineteenth centuries, young people spent a period employed in a household separate from their household of origin; and marriage did not traditionally occur until the couple had inherited property or the groom had a good job. In contrast, in the Asian and African pattern of entry into marriage in which mean age at first marriage is typically no more than 18 years, almost all marriages are arranged by the families and the prospective bride and groom have little part to play in the choice of spouse. In these societies, the position of women is traditionally very subordinate and a teenager goes from being dominated by her parental family to being dominated by her husband's family. The kind of autonomy that is conducive to freedom of choice, including the adoption of birth control (more to the woman's advantage than the man's), is absent in populations with arranged marriages. In present-day India, there is a considerable range of customs governing the entry into marriage, with late marriage a characteristic of states in the south and early marriage predominant in the north. The correlation among the states of India between an index of the extent of control of marital fertility and the mean age of first marriage is 0.87.

The areas listed above as still free of extensive birth control are all characterized by age at marriage of 18 years or under. In several Eastern Asian populations in which until recently arranged marriages and very early marriage were common (such as those in China, Taiwan Province of China and the Republic of Korea) the practice of contraception has risen to high levels and the total fertility rate has been reduced by more than 50 per cent. In each of these populations, the decline in marital fertility was preceded by an increase of two years or more in the mean age at first marriage.

C. Design of family planning programmes in populations with resistant cultures

Suppose one accepts the premise that the extension of the capacity to choose the number and spacing of children and the accessibility of information upon which to make sensible choices are basic human rights and a positive contribution to the welfare of children who grow up with fewer siblings and to the welfare of

the parents. A question to be addressed is how to expedite the effectiveness of a programme promoting these rights in a culture in which there are forces that impede the spread of effective birth control. An outstanding example of an extraordinarily effective effort in a context that did not seem promising is the family planning programme that was initiated in 1977 in the Matlab area of Bangladesh, where ICDDR,B has for many years made an effort to develop more effective treatment of cholera and other diarrhoeal diseases. This programme initiated careful collection of current data from the population in a number of villages, by frequent visits to every household by a trained health worker. Censuses were taken periodically; and every vital event, such as birth, death, or migration, was recorded. This feature provided perhaps the best continuing demographic data on an impoverished less developed area. By 1977, the ICDDR,B administration decided to initiate a MCH/FP programme in 70 of the villages within Matlab. The remainder of the villages served as a comparison area so that the impact of the programme could be assessed.

In the treatment areas of the Family Planning-Health Services Project, a comprehensive field structure was developed. Female village workers were recruited among literate young married women in households in the village in which they were to work. They were given six weeks of training in contraception, field-visit methods and reproductive physiology. In the first year of the project, the female village workers attended weekly meetings for training in the treatment of minor ailments, nutrition, tetanus toxoid injections, and other maternal and child health work. The administrative structure included female family planning visitors that were paramedical persons with 18 months of training and male senior health assistants, one of each of which was assigned to each district. A medical officer was also assigned to the project to supervise sterilization operations, to conduct medical rounds, and to train the paramedical staff. Before the initiation of this project, TFR in the treatment area was about equal to (or from 2 to 6 per cent lower than) the rate in the comparison area. In 1978 and 1979, after the project was initiated, TFR in the treatment area was about 28 per cent lower. In the intervention area in 1977, about 19 per cent of women aged 15-49 reported the practice of contraception; by 1984, this proportion was doubled to 38 per cent, while it was still only about 16 per cent in the comparison area. By 1990, the proportion practising contraception in the intervention area had risen to 58 per cent and was still only 28 per cent in the comparison area. Both the intervention and the comparison areas of Matlab are not substantially different in levels of education, income and occupational structure from rural Bangladesh as a whole. The population is extremely impoverished, the level of education is low and the prevalent culture is one in which women are highly subordinated in the tradition of purdah. The mean age at marriage was under 16 years when calculated from the 1974 census and had risen to a mere 18 years in the 1989 fertility survey. In other words, the socio-economic setting was one in which the so-called "demographic transition", or at least the fertility part of the demographic transition, would not be expected to occur. Thus, the success of the Matlab project in introducing widespread practice of effective contraception and a large reduction in fertility in the treatment area is especially striking. The Government of Bangladesh, with important and substantial outreach financial assistance, has introduced a nationwide intervention system that has profited directly from the Matlab experiment.

A significant feature of the Family Planning-Health Services Project is its sustained success in contrast to a family planning experiment that began in Matlab in 1975 and concentrated simply on the distribution of contraceptives to households . This initial project did succeed in increasing the practice of contraception—in the distribution area. The prevalence of contraceptive practice rose from about 1 per cent at the initiation of the project to nearly 18 per cent three months later, but it fell back to 12 per cent by the end of the second year. Prevalence declined apparently because of low continuation rates and little recruitment of new users after the first intensive round. The success of the more intensive programme derives from the continued frequent contacts with each family by the local worker, who can help clients to change methods, can reassure the contraceptive user about the non-serious nature of side effects etc. The provision of related maternal and child health support that begun with the 1977 programme is also a positive feature.

Several years after the Family Planning-Health Services Project was initiated in Matlab, the Bangladesh Planning Commission requested ICDDR,B to extend its activities to strengthen the government programme in other areas of the country. The result was collaboration in an extension project in which the experience and the philosophy of the Matlab

programme was used to build an outreach project in all of Bangladesh. It was not culturally nor administratively possible simply to duplicate the intensive programme within Matlab itself. What evolved instead was an adaptation of outreach employing people from each community. The administrative design took account of the structure of government activities within Bangladesh and also incorporated the idea of ongoing research into procedures and policies that are workable. In the years since this programme was initiated, TFR in Bangladesh has declined from about 7 to about 5, and the proportion of women using contraception (according to surveys) has risen from about 13 to about 31 per cent.

The substantial progress in reducing fertility and expanding the use of contraception in an impoverished, rural, conservative population in the absence of substantial improvements in economic well-being provides a model for programmes in other countries in which fertility remains high and the population is impoverished, not well-educated and mostly rural. To follow this model requires experimentation in seeking a feasible mechanism in the local administrative and cultural setting to create outreach to individual households involving trained local personnel, and to create the necessary network of administrators, clinical facilities and the like. The approach should involve experimentation and statistical feedback of progress. Such a strategy should be made part of the agenda of international efforts to assist the developing countries in making effective contraception available and enabling couples to have a free and informed choice in their child-bearing.

D. Policies and programmes for improved social and economic adaptation to foreseeable population trends

Population projections can provide quite useful material in foreseeing some of the population changes that are built into the current population structure and also to illustrate the types of population change that would result from different reasonable alternative changes in, for example, fertility and migration. For example, projections by standard methods show that in the United States, if fertility were held at exactly replacement level, the proportion aged 645 or over at the end of the twenty-first century would be more than 50 per cent greater than it was in 1980. If the replacement level of fertility were accompanied by a net immigration of 700,000 per annum, the population would be 37 per cent larger than without such migration, but the proportion over 65 would be little different—96 per cent as large as with no migration.

The low proportion aged 65 or over in 1980 (which is much higher than in earlier years) was the result of a long history of higher fertility in the United States. The large increase in the proportion of the aged is an inevitable consequence of the much lower fertility required to produce bare replacement of parents. Another feature of the rising proportion of the aged that is brought out by population projections is that a particularly sharp increase in the proportion over 65 will occur in the United States after the year 2010, because of the entry into the aged population of the much larger cohorts that appeared during the baby boom after the Second World War. These foreseeable changes in the age composition of the population, and the accompanying change in the age composition within the labour force, provide a challenge to reduce some of the negative consequences by suitable adjustments in, for example, the mandatory age at retirement, funding of Social Security programmes and the expansion of private pension schemes.

The need for policies to meet the foreseeable changes in population in the developing countries has not received much attention. There are many spokesmen who emphasis the need for reduced fertility in the developing countries because of pressure on resources and degradation of the environment. These concerns are certainly among the effects of continued high fertility that need to be borne in mind and are not likely to be important factors in individual decisions to accept family limitation and practise contraception. It is not often noted, however, that it is the economically active population that makes decisions about the use of land and whose activities have effects on the environment. The size and the growth of the adult population of a given area is not affected by family planning decisions until after 15 or 20 years. The significance of this fact in the developing countries can be appreciated by considering the population projections made by the World Bank in 1989, projections that assume a tangible decline in fertility even in areas of Southern Asia or Africa in which little change has yet been observed. In Eastern Africa and Western Africa, for example, the projections show an increase of the total population from 1990 to 2010 of about 80 per cent; this increase might be diminished by a more rapid

introduction of family planning. However, the population over age 15 will increase by 90 per cent during that period and the increase will not be tangibly affected by family planning programmes yet to be introduced or augmented. In Pakistan, the overall population is projected to increase by 79 per cent and the population over age 15 by 94 per cent.

Another example of the usefulness of demography in the formulation of policy is to note that by producing projections of population by age, demographers can forcefully show the need for measures to cope with the built-in increase of the adult population by a factor of nearly two in many countries in the next two or two and a half decades, an increase little affected by whatever measures of family planning are introduced. Plans for providing services and possibly employment in the urban areas of developing countries must allow for the large multiplying factor that will apply to the size of the adult population in the next decades. For example, such a large increase in the adult population in countries that are largely rural creates a formidable pressure on the urban populations because there is typically little utility in increased agricultural employment when the landholdings are already very small. Perhaps such policies as directing urbanization into the creation of smaller cities in the current rural areas would be advisable under these conditions. A greater increase in the adult population than in the total population is also implied for a country such as India, which has already achieved a substantial decline in fertility. Because of this decline and its perspective continuation, the projected increase in the total population of India from 1990 to 2010 is just 38 per cent, but the projected increase in population over age 15 is 78 per cent.

XVIII. INSTITUTIONAL LINKAGES AND POPULATION POLICY

Jason F. Finkle[*]

Since the mid-1960s, there have been two parallel developments in the field of population within the third world: first, country after country has experienced rapid population growth and has shown increasing awareness of the social and economic responsibilities that Governments face as a result of this demographic trend. Secondly, State after State has adopted family planning programmes intended to reduce fertility rates and facilitate the achievement of national development goals. Now, contrary to all indications three decades ago, the majority of countries in the developing world have made family planning an integral part of national policy (Chamie, 1990). In much of the world today, population policy and family planning are almost synonymous.[1]

Responsibility for family planning in most countries is vested in bureaucratic institutions, usually the Ministry of Health, or in newly created organizations intended to mobilize the energy and resources of various governmental and private agencies, to carry out the myriad tasks involved in family planning programmes. In the best of circumstances, the implementation of a successful family planning programme by the Government is a horrendous challenge. It necessitates the creation of a bureaucracy capable of influencing the fertility behaviour of couples in the face of a belief by many couples that children are God's gift. Of equal importance, a successful family planning programme requires leadership with the ability to instil a strong sense of purpose throughout the organization, as well as the ability to negotiate effectively with various external publics that are often critical to the programme. Ultimately, the leadership of a family planning programme must bring a strong commitment to the goals of the programme and must demonstrate a political talent for instilling such a commitment in others.

Certainly, commitment alone will not assure the success of a family planning programme; however, the absence of commitment will most likely spell its failure.

In this paper, it is argued that bureaucratic institutions, which are intended to implement national family planning programmes, may themselves constitute major barriers to programme effectiveness.

A. The salience of organizational culture

A major way in which an organization develops a profound commitment to its goals is through the socialization of new members. Through selection, training, supervision and many more subtle techniques, an organization socializes its new members to see problems and the outside world in a distinctive way that reflects the values of the organization. The socialization process may also have costs that are not as readily observed.

Professionals that have been initiated into the values and outlook of the organization may be relinquishing a broader and more scientific perspective. They may tend to confuse what is good for the organization with what is sound public policy.

To introduce a personal normative judgement, this author's years of association with family planners has led to the conclusion that they are as decent and public-spirited as any group he has ever encountered. These qualities are not necessarily those which provide an individual with an understanding of the complexities of development.

In the early 1970s, the present author spent a year at Geneva studying the WHO and its role in population. The medical doctors who led the organization and staffed its critical positions were assiduously protective of health systems in developing countries and regarded rapid population growth as a "social and economic issue" rather than a health issue falling within the purview of WHO. WHO saw family

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planning programmes as a threat to the health systems in those countries because family planning would utilize the personnel and facilities of the systems for a purpose that WHO did not consider to be truly a health issue. For many years, WHO resisted assuming responsibility for family planning and in its desire to protect ministries of health in developing countries, argued against burdening them with responsibilities for family planning.

The key point in this story is not to describe the slow transformation of WHO nor to indict the medical profession; rather, it demonstrates how an organization made up of well-trained and dedicated professionals developed an organizational culture that was focused primarily on curative medicine and did not recognize the importance of family planning to the health of mothers and children. WHO did not resist playing an active role in family planning because its doctors were not well-meaning. It resisted family planning programmes because it had an organizational culture that had been embedded in its members through medical school training and reinforced by the norms of the organization (Finkle and Crane, 1976).

The institutional loyalties of the professionals at WHO gave the organization an *esprit* and an *élan* that have served it well—while reducing its vision to the extent that it was many years before WHO saw the basic relationship between family planning and health. This statement is not intended to single out the medical profession as suffering from acute myopia. The same afflictions are very much in evidence at this author's university, as well as among those planning for the conference on the environment and development, held at Rio de Janeiro in 1992.[2]

B. Organizational research: the neglected stepchild of family planning

Family planning and fertility behaviour may be the most heavily researched field in all of social science. The reason for so much emphasis on family planning is not that the issues under study are more intellectually challenging than those in other areas of development. The answer is probably found in the consensus that has developed in the mid-1960s and thereafter, that the best method of reducing high fertility is through family planning programmes (McNicoll, 1990).

An even more important reason for the extraordinary emphasis on family planning research is the belief that high fertility and rapid population growth in the third world are inimical to socio-economic development. Although the validity of this belief is still subject to debate, mainly in academic circles, the dominant paradigm is that the road to economic growth, better health and education can best be achieved through smaller families and a slower rate of population growth.[3]

In the 1980s, a reassessment of population/economic development linkages was initiated. This coincided with a worldwide move towards free-market solutions in economic development thinking.[4] These revisionist views on the consequences of rapid population growth had their widest currency in the United States of America,where they had a major impact on population policy. This impact is significant, because the United States had been the international leader in population assistance since the mid-1960s. In part as a result of the questions raised by the revisionists, the United States no longer dominates the field of population assistance as it once did. None the less, current mainstream thinking among population students, or "orthodoxy" as one observer has commented, remains premised on the twin pillars that rapid population growth in the developing countries is a major problem and that it can be ameliorated through the provision of family planning (Hodgson, 1988).

As a consequence of the continued acceptance of the dominant paradigm that rapid population growth is a major obstacle to development, private foundations, bilateral donors and international agencies have encouraged family planning research and programmes. Numerous studies have been conducted on almost everything to do with fertility.[5] Major projects, such as the European country studies conducted at Princeton University, generated huge amounts of data, led to methodological advances and produced a spate of research on the processes and possible causes of fertility decline (Knodel and van de Walle, 1979; and Coale and Watkins, 1986).

The WFS programme, a cooperative international endeavour, has been singled out as the most extensive and expensive social science survey ever undertaken in any field (Cleland and Scott, 1986). Governments, agencies and foundations that supported WFS did not

give their support solely for the purpose of advancing social theory or science. Their ultimate goal was to find ways to reduce fertility, just as the massive DHS programme is intended, among other things, to benefit family planning policy.

Despite enormous support given to finding ways to limit fertility, there has been a neglect of research and the organizations that carry out family planning programmes. This is not to overlook the vast body of research falling under the rubric of operations research nor to diminish the contribution of those that have carefully studied the problems of family planning implementation.[6] The area of neglect has been the failure to ask some of the difficult and sensitive questions concerning relations between the family planning organization and other development ministries.

It is known that foreign aid can be beneficial to the family planning activities of a country. The question is in what circumstances foreign aid is counterproductive—whether it is when it exercises excessive influence and local leaders are closely monitored and guided by foreign experts. This author's own observations are that certain countries become favourite foreign-aid targets and are not always sensitive to the absorptive capacity of a country's family planning programme.

What is the effect on a family planning organization when it occupies a weak role in the competition for funds and support in its own country and the President of the country shows little inclination to give it national prominence? Rather than listing the deficiencies in research on family planning organizations, it is possible to extend this list of research omissions that are critical to a successful family planning programme.

Egypt, India and Pakistan were among the first countries to adopt family planning programmes in the early 1950s. This paper is not an effort to evaluate their effectiveness; the question here is simply why have they not done better. Invariably, experts and scholars from these countries begin with the ritualistic answer that continued high fertility is due to the fertility norms of the rural populations and poverty. Ironically, this author's discussions with experts in these countries find that they always come back to a discussion of the problems in the family planning organization itself and in the inability of the programme to effectively establish linkages to remote areas in the country, to diverse religious and linguistic groups, to local leaders, to women and to women's groups. After 40 years of the administration of family planning programmes, many judicious observers feel that a major problem faced by family planning programmes resides in the organization (Simmons, Ness and Simmons, 1983).

It is reasonable to ask why research on family planning organizations has been neglected in relation to other components of family planning and fertility, such as breast-feeding and operations research. The answer to this question is that research on the organization of family planning programmes is regarded as "too sensitive" by funding agencies and family planning organizations. A close and critical look at a family planning organization is an aperture into the anatomy of bureaucracy and may even expose some of the fundamental flaws of the governmental system.

A vivid illustration of this point is found in India where the negative publicity that accompanied the sterilization campaign under the Emergency in 1976 led the Indian Government to virtually cut off family planning research by non-Indian nationals (Gwatkin, 1979). Similarly, foreign criticism of certain alleged practices in the Chinese birth planning programme led China to halt research by foreign scholars on anything concerning the family planning programme. Criticisms by the United States Government of the Chinese family planning programme constitutes one of the major sources of disagreement between the two countries and has resulted in a deterioration of relations. Moreover, although UNFPA was not involved in the management of the family planning programme in China, the United States ceased to contribute to its support (Crane and Finkle, 1989). the examples of India and China may be extreme cases that are atypical; nevertheless, they do demonstrate very clearly the reasons that Governments are reluctant to allow research to be conducted on their family planning organizations while they tolerate and even welcome research and surveys of the demographic and health characteristics of their populations.

C. ADMINISTRATIVE OVERLOAD IN FAMILY PLANNING PROGRAMMES

Every family planning programme is faced with a problem of internal management, field and client relations, relations with other sectors of Government

and maintenance of the delicate political and diplomatic linkages with international and foreign agencies. Although it is possible to point out that all government agencies confront a similar array of problems and demands, family planning is different in that it attempts to provide a service that the would-be beneficiaries may not be demanding. The complexity and difficulty of a family planning programme justifies the assertion that qualitatively, family planning is not just another government programme.

This paper attempts to support this assertion by providing a brief overview of the responsibilities of the head of a family planning programme. Internally, the director must supervise and effectively communicate with subordinate staff members, who may range from physicians to nurse midwives to community-level workers. The director may not have to be personally involved in these various transactions but must be aware of them in order to function effectively. Moreover, the director must maintain contact with the Prime Minister or President in order to obtain the kind of political support and legitimacy support and legitimacy required by an effective programme. The director must maintain a working relationship with other ministries, particularly the health, finance and the home or interior ministry. In those countries where parliaments are important organs of the Government, there must be lines of communication with key members of the parliament. Of equal importance, the director of family planning may find it necessary to work closely with the industrial sector, the Chamber of Commerce and other economic élites that can be called upon to voice support for the programme and, in many cases, to conduct family planning activities in their factories and their rural equivalents. Inasmuch as family planning is of particular concern to religious groups, a wise programme director will consult with leading clerics throughout the country. This list is by no means complete, but it does underscore the broad range of responsibilities that are incumbent on a family planning programme.

Since family planning has been a favourite of foreign and international donors, the programme of necessity must have a unit responsible for external and donor relations. This is no modest task. On an earlier visit to Egypt, the author counted some 30 American organizations working with Egyptian counterpart agencies. It is important to keep the donors happy; but in keeping them happy, the domestic system becomes overburdened with a need to provide reports, field trips, detailed accounting of funds and materials received. Adding to this burden, foreign or international agencies do not formally coordinate their activities with each other, resulting in overlap, repetition, redundancy and "recipient fatigue".

Up to this point, the programme has been discussed as if it were a single entity located in the capital city. In reality, the apex of the family planning programme may nominally be in the capital city while its work is done in remote and rural areas throughout the country. As is known from scores of studies, there is likely to be a vast difference in the cultural and educational background of urban and rural populations. In essence, the upper echelons of a family planning programme are composed of sophisticated and well-educated professional men (and to a lesser extent women) who are responsible for programme design, strategy and tactics intended to reach mainly rural and less educated women.

The linkage between the centre and periphery of a family planning programme runs through a bureaucratic jigsaw puzzle that has many pieces of many shapes and defies control. To use the example of India again, under the Indian constitution, health is a state subject guided by 22 separate bureaucracies located in the various states of India. Needless to say, the central Government's support for family planning programme gives the centre a degree of influence over the states. However, one of the persistent dilemmas of Indian family planning is that some states fear that if they effectively limit their rate of population growth, they will lose political power *vis-à-vis* other states. This is compounded by ethnic and linguistic rivalries in India that may diminish the degree of commitment in family planning on the part of state officials. To overcome this resistance constitutes a major burden to an already overburdened family planning programme.

D. Recommendations

On the basis of this brief overview of institutional linkages and population policy, there are several recommendations that stand out:

First, at the risk of expressing his own academic bias, the author thinks a welcome mat should be set

out for responsible scholars and family planners to conduct research on family planning organizations. Honest inquiry would eventually have a benign effect on the organization and its programme, and free and open inquiry should be encouraged.

Secondly, it is recommended that more attention be given to programme leadership and to the political role of the director, who should not be viewed as a technical official but as a high-level executive who is expected to have the political skills necessary to survive in the rough and tumble world of politics, whether it be that of the family planning organization or of the equally difficult politics of working with other agencies and donors. These may be the significant institutional linkages that not only shape policies but determine their effectiveness.

Thirdly, there is a need to focus on the inter-organizational relations as a discrete area of inquiry in population policy research.

NOTES

[1] For a more elaborate definition of population policy, see the classic volume on the determinants and consequences of population trends (United Nations, 1953).

[2] For a superb study of this point, the author recommends "The moral basis of backward society" by Edward Banfield.

[3] For a major influential policy document advancing such a view, see World Bank (1984). An earlier and more significant contribution to this paradigm was the landmark study by Coale and Hoover (1958).

[4] For a good account of the factors underlying the course of this debate, see Demeny (1986).

[5] For an appreciation of the enormous amount of research conducted in demographic studies, as well as the standard accepted frame of research interests therein, see the two volumes edited by Bulatao and Lee (1983).

[6] See, in particular, the excellent study by Misra and others (1982). See also the subsequent studies on the ICDDR,B family planning project in Matlab, Bangladesh.

REFERENCES

Bulatao, Rodolfo A. and Ronald D. Lee, eds. (1983). *Determinants of Fertility in Developing Countries*. New York: Academic Press.

Chamie, Joseph (1990). Trends, variations and contradictions in national policies to influence fertility. Paper presented at the Conference on the Politics of Induced Fertility Change, Bellagio, Italy, February 1990.

Coale, Ansley J., and Edgar M. Hoover (1958). *Population Growth and Economic Development in Low-income Countries: a Case Study of India's Prospects*. Princeton, New Jersey: Princeton University Press.

_________, and Susan C. Watkins, eds. (1986). *The Decline of Fertility in Europe*. Princeton, New Jersey: Princeton University Press.

Cleland, John, and Chris Scott, eds., in collaboration with David Whitelegge (1986). *The World Fertility Survey: An Assessment of its Contribution*. Oxford, United Kingdom: Clarendon Press.

Crane, Barbara, and Jason L. Finkle (1989). The United States, China and the United Nations Population Fund: dynamics of U.S. policy making. *Population and Development Review* (New York), vol. 15, No. 1 (March), pp. 23-59.

Demeny, Paul (1986). Population and the invisible hand. *Demography* (Washington, D.C.), vol. 23, No. 4 (November), pp. 473-488.

Finkle, Jason F., and Barbara Crane (1976). The World Health Organization and the population issue: organization values and the United Nations. *Population and Development Review* (New York), vol. 2, No. 3-4 (September/December), pp. 367-393.

Gwatkin, Davidson R. (1979). Political will and family planning: the implications of India's emergency experience. *Population and Development Review* (New York), vol. 5, No. 1 (March), pp. 29-59.

Hodgson, Dennis (1988). Orthodoxy and revisionism in American demography. *Population and Development Review* (New York), vol. 14, No. 4 (December), pp. 541-569.

Knodel, John, and Etienne van de Walle (1979). Lessons from the past: policy implications of historical fertility studies. *Population and Development Review* (New York), vol. 5, No. 2 (June), pp. 217-245.

McNicoll, Geoffrey (1990). The International Union for the Scientific Study of Population and Policy Research. 1954-1987. In *International Transmission of Population Policy Experience*. Proceedings of the Expert Group Meeting, New York City, 27-30 June 1988. Sales No. E.91.XIII.10. New York: United Nations, pp. 74-83.

Misra, B. D., and others (1982). *Organizing for Change: A Systems Analysis of Family Planning in Rural India*. Michigan Papers on South and Southeast Asia, No. 1. Ann Arbor, Michigan: The University of Michigan, Center for South and Southeast Asian Studies.

Simmons, Ruth, Gayl D. Ness and George B. Simmons (1983). On the institutional analysis of population programmes. *Population and Development Review* (New York), vol. 9, No. 3 (September), pp. 457-497.

United Nations (1953). *The Determinants and Consequences of Population Trends: A Summary of Findings of Studies on the Relationships between Population Changes and Economic and Social Conditions*, vol. I. Population Studies, No. 50. Sales No. 1952.XIII.3.

World Bank (1984). *World Development Report, 1984*. New York: Oxford University Press.

XIX. SOCIO-ECONOMIC CHANGE AND POPULATION PROGRAMMES: BALANCING PRIORITIES

Riad Tabbarah[*]

There was a time during the 1950s and early 1960s when the dominant view on fertility policy was that:

(*a*) High population growth rates, particularly in developing countries, are invariably bad for development;

(*b*) Couples everywhere, when they did any rational planning of their families, wanted a relatively small number of children (in general, from two to four);

(*c*) Couples with few children were practising birth control and those with more did not know about modern birth control methods (or did not care to plan their family size);

(*d*) It followed, therefore, that in order to achieve the desirable end of reducing fertility in developing countries, the simplest and most effective way was to inform about modern birth control methods and to make relevant supplies and services available (i.e., to introduce family planning programmes).

When family planning programmes failed to reduce fertility, the reason most often advanced was that the effort was insufficient and more of the same was required.

Although there were always major exceptions to this line of reasoning, it was not until the late 1960s and early 1970s that the view on the importance of development as a determinant of fertility trends gathered momentum, particularly with the entrance into the field of a number of prominent economists. The alternative view was at first as dogmatic and simplistic as the one it intended to criticize and was echoed most eloquently at the World Population Conference at Bucharest in 1974 by the delegate who proclaimed that "development is the best contraceptive".

The debate that ensued (including the political controversy that raged at Bucharest in 1974 and at Mexico City 10 years later) concentrated naturally on whether development or family planning was the most effective means of reducing fertility. As fertility data poured in (from KAP studies, the WFS programme, individual surveys and historical demography), it became gradually clear that no simple answer to this question existed because the data showed that both positions could be defended, depending upon the survey or set of surveys being analysed or used for support.

Although extreme positions advocating the universal supremacy of one approach over the other still exist, the mainstream of demographic thinking currently accepts the proposition that both development and family planning programmes can have negative effects on fertility levels. While Knodel and van de Walle (1979), using a group of studies from the Princeton European Fertility Project that showed consistent results, concluded that the fertility transition, in these cases at least, began in spite of great differences in socio-economic and demographic conditions among them, presumably indicating the relative unimportance of the developmental factor, they did nevertheless assert that, over the long run, development changes did accompany the transition. Bongaarts, Mauldin and Phillips (1990) are more mainstream in this respect. Having devised composite measures of socio-economic development and of family planning programmme effort, their analysis of actual situations indicates that the greatest declines in fertility are found in countries that score high on both development and family planning efforts while there is little or no decline in countries that rank lowest in both categories (Bongaarts, Mauldin and Phillips, 1990). Furthermore,

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among countries with a high level of development, a change in programme effort from "very weak" to "strong" produced a greater estimated decline in fertility than among countries with a low level of development. They therefore concluded that socio-economic development and organized family planning programmes play a significant role in modifying reproductive behaviour.

Studies on the relative effects of development and family planning on fertility seem to stop at this point. Beyond it, knowledge becomes scanty and consensus difficult to find. Obviously, a number of questions remain to be answered before rational and effective policies may be formulated. When is development more effective than family planning and when is the opposite true? How can the two types of situations, that is, the groups of population falling in each category, be identified? What type or structure of development is the most effective in reducing fertility? Answers to these questions are also necessary for making further headway in the international consensus obtained within the framework of the World Population Plan of Action.

The purpose of this paper is to attempt to present answers, even if preliminary, to these questions. It is the opinion of the author that these answers cannot be effectively reached through associative research (empirical regression analysis) alone but require the prior development of a causal theoretical framework (Tabbarah, 1980; Hawthorn, 1981). The theoretical framework used here is that of "demographic development" which was originally developed by the author (Tabbarah, 1964, 1971, 1976 and 1978) are later elaborated by Easterlin and others (see, in particular, Easterlin, 1980; Easterlin, Pollak and Wachter, 1980; Easterlin and Crimmins, 1985). Because the model is well known, the description that follows is brief and perhaps somewhat oversimplified.

A. Demographic development

The model of demographic development describes the relationship between the desired number of children that couples want to see in their completed family, C_d and the maximum number that these couples can actually have given health and social conditions, C_n. In order to relate these two variables to their corresponding fertility concepts, namely, desired fertility, F_d and natural fertility, F_n, and from there to actual fertility, F, mortality of children between birth and age of maturity, say 20 years, *D20*, must be taken into account. Thus,

$$C_d = F_d\,(1 - D20), \text{ and} \qquad (1)$$
$$C_n = F_n\,(1 - D20).$$

The model then identifies, on the basis of empirical evidence, four stages of demographic development:

Stage one is where $C_d > C_n$, hence $F_d > F_n$, that is, where couples are unable to achieve their desired number of children because of low fecundity and high infant mortality (due to prevailing health conditions and social customs), on the one hand, and a high desire for children (due to socio-economic conditions), on the other. At this stage, $F = F_n$.

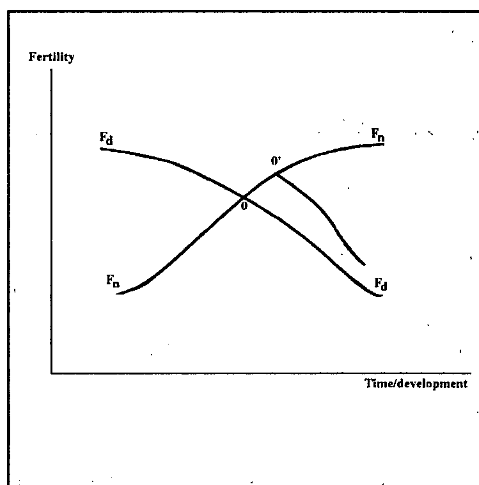
Stage two is where $C_d = C_n$, hence $F_d - F_n$, that is, where couples are just able to reach their desired number of children, usually because of both an increase in natural fertility and a decrease in infant mortality (the supply side) and a reduction in the desired number of children (the demand side). At this stage, $F = F_d = F_n$.

At stage three, $C_d < C_n$, hence $F_d < F_n$ because of continuing rise in fecundity and decline in desired number of children. During this stage, F is theoretically equal to F_d. In reality, however, couples may surpass their desired fertility because of lack of adequate knowledge of family planning and because of other factors such as the overestimation of the rapidly declining mortality (Easterlin attributes this gap—wrongly, this author believes—to the cost of fertility control; see Easterlin, 1980, pp. 9-10).

The fourth and last stage, is where the maximum number of children is much higher than the desired number and where knowledge of contraception is widespread and a tradition of birth control has been established, that is, where couples are usually able to achieve their exact desire for children. If one assumes perfect knowledge of, and accessibility to, contraception and/or other means of birth control by the couple, as well as perfect knowledge by the couple of mortality trends that will apply to their children, the path of fertility would be F_n 0 F_d with imperfect knowledge, it would be F_n 0 F_d. The difference between 0 F_d and 0 F_d represents excess fertility, that is, unwanted births because of imperfect knowledge

and unavailability of family planning and because of overestimation of declining mortality by the parents (see figure X).

Figure X. Fertility trends in demographic development



Three observations relating to this model may be made at this point. First, countries are not, in general, at only one stage of demographic development. Indeed, in most countries one may find population groups at practically all of the four stages. Although it is true, for example, that in most sub-Saharan African countries a large proportion of the population may be at the first stage of demographic development, there are urban élites that may already be at the fourth stage. Similarly, while in the more advanced countries of Eastern or Western Asia, a large proportion of the population may have reached the third or fourth stage of demographic development, a significant proportion may still live in rural areas where the first stage still prevails.

Secondly, it is clear that fertility at the first and second stages of demographic development is a biological phenomenon since it is governed by natural fertility while at the third and fourth stages it is a socio-economic phenomenon since it is determined by desired family size.

Lastly, it is clear that, in general, the decline in mortality is not only likely to precede the decline in fertility but is likely to be accompanied, at the early stages, by a rise in fertility. This rise in fertility has already been established in relation to a large number of populations (see, e.g., Habakkuk, 1953; Tabbarah, 1971 and 1988; and Cleland and Wilson, 1987). The intensity and duration of this rise will be negatively associated with the rapidity of the decline in the desired number of children and positively associated with the rise in natural fertility and, at the third stage of demographic development, also the availability of information and means of contraception. In other words, the intensity and duration of the rise in fertility will depend upon how rapidly improvements in health and social conditions are introduced in relation to the other aspects of development that reduce the desire for children while the rapidity of the decline that eventually takes place depends upon the effectiveness of family planning as well as the rapidity of the decline in desired number of children.[1]

If the foregoing statement is true, then it is clear that regression analysis relating demand for children (i.e., desired fertility) to any other variable, such as actual fertility or income, is likely to be misleading in terms of casual relationship. Demand for children may be decreasing at the first stage of demographic development while actual fertility is increasing because couples are unable to achieve their desired number of children. For the same reasons, a population that contains couples distributed over all stages of demographic development may show no significant correlation between actual fertility and factors affecting the demand for children (e.g., income) while a strong causal relationship between them exists. This is why it was stated above that associative research cannot give the proper answers to the basic questions relating to determinants of fertility and hence to the relative importance of family planning and socio-economic measures in reducing fertility.

B. Point at which family planning is effective

It is clear that if the model given above is essentially correct, the effectiveness of family planning in reducing fertility comes at the third stage of demographic development. Up to the second stage, where desired fertility is higher than natural fertility, the desire of couples is in finding ways and means of having more rather than fewer children and the task of family planning programmes, according to the provisions of the World Population Plan of Action, would be to attempt to reduce primary and secondary

sterility. For a population at the fourth stage of demographic development, where knowledge and practice of birth control are widespread and effective, the introduction of a family planning programme directed to reducing fertility is not likely to add considerably to existing knowledge and therefore would not achieve much in this respect.

At the third stage of demographic development, where a first generation in a population or population group reaches a situation of excess fertility, increasing numbers of couples become, for the first time, willing to limit their births and begin to seek whatever methods are available to achieve that end. Although historically (e.g., in Western Europe and Japan) couples ultimately achieved effective limitations of their fertility without governmental assistance, it is to be expected that a well-designed family planning policy at this stage should, as a rule, contribute significantly to the decline in fertility. In a country or population group where, for generations past, limitation of fertility was largely unwanted, methods of fertility control are not likely to be widely known or well understood nor is the political atmosphere encouraging. A rapid transition from the second to the third stages of demographic development will therefore find many couples wanting to limit their births but unable to do so efficiently, Governments as well as parents and elders being of little help in this regard. Consequently, the proportion of unwanted births will tend to rise significantly and policies within family planning, which are directed to eliminating these unwanted births, become increasingly appropriate.[2]

Effectiveness of family planning

Attempts to assess the impact of family planning programmes on fertility are being made at an increasing pace.[3] Although these assessments are made at the empirical level, it is perhaps more relevant for the present argument to see the theoretical side of this question and attempt to determine the maximum impact of a family planning programme on fertility in terms of the variables used in the model of demographic development (for a fuller discussion of this point, see Tabbarah, 1964). In this respect, it may be shown that the expected reduction in the crude birth rate resulting from the introduction of a family planning programme is:

$$E = \frac{g(1-u)}{g+v} \qquad (2)$$

and the maximum reduction in the crude birth rate from the introduction of that programme is:

$$Em = \frac{g}{g+v}, \qquad (3)$$

where g is the ratio of the number of couples that have already reached their desired number of children (potential users of birth control methods) to the number of those that have not (non-users); v is the ratio of the crude birth rate of the second group to that of the first; and u is the ratio of the birth rate of the potential users after the introduction of the new methods to their birth rate before the introduction of these methods.

Thus, if, at any given time, 10 per cent of couples have actually reached their desired number of children, then $g = 1/9$. Furthermore, if the birth rate of this group (caused actually by unwanted births) is as high as half that of the rest of the couples, then $v = 2$. In this case, $Em = 0.053$. In other words, in this situation, a crude birth rate of 45 per 1,000 will, as a result of a family planning programme that completely eliminates all unwanted births, fall to about 43 per 1,000.

The way in which a family planning programme directed to reducing fertility becomes of increasingly significant impact as the third stage of demographic development is reached is, therefore, related to two factors: (*a*) a rise in g reflecting the growing proportion of couples wanting to limit their fertility; and (*b*) a decline in v caused by the fact that the average age of this group tends to fall, thus raising their fecundity, while their knowledge of birth control methods remains limited. As a result, the value of Em will rise, indicating an increase in the potential impact of the family planning programme. The actual impact of the programme will depend, of course, upon the effectiveness of the new methods of fertility control introduced by the programme in relation to the effectiveness of methods that would otherwise be used, that is on the value of u in the first equation.[4]

C. THE DESIRE (DEMAND) FOR CHILDREN

It is clear that, according to the model of demographic development, although a family planning programme directed to reducing fertility may contribute significantly to such a reduction only at the third stage of demographic development, the decline in the desired number of children is a prerequisite of the long-run decline in fertility, working in the background in the first two stages and having a direct effect from the third stage on. It certainly bears repeating that this long-term relationship between the desired number of children and fertility is often not apparent in associative (regression) models since, in the first two stages, that is, for groups in the population that are at these stages, the decline in desired number of children is likely to be associated with rising fertility.

A good deal of the recent research on the socio-economic determinants of fertility is, indeed, empirical and associative, using multiple regression analysis. Since this is seldom done against a theoretical background, researchers keep adding variables to the list of independent variables in their equations and when a given addition contributes to the statistical explanation of the change in fertility levels in the specific circumstances being investigated, it is declared a determinant of fertility. As a result:

> "Numerous factors—social, economic, cultural, religious and demographic—have been proposed as determinants of fertility. These include education, mortality, industrialization, urbanization, income level and distribution, status of women, labor force structure, religious and ethnic affiliation, modernization, family structure, old-age security, and the costs and benefits of children." (Bongaarts, Mauldin and Phillips, 1990, p. 302).

On the other hand, since the explanatory power of a given variable varied from one situation to another, disagreement has been obtained on the significance of almost all the proposed determinant factors. Here again, the return to theory is essential for understanding the relative importance of factors in different circumstances.

Two basic approaches to the demand for children are found in recent literature on the economics of fertility: one approach assumes that children are similar to some existing economic good and applies the battery of existing tools of economic analysis to them. Becker (1960) assumes, for example, that children are similar to consumer durables; and he applies the relevant tools of economic demand analysis to them. Schultz, on the other hand, assumes the demand for children to be "in part a demand for a durable input that enters into many lifetime production and consumption possibilities" (1980, p. 278). He then applies the relevant tools of analysis to it.

The other approach to the demand for children, originally pioneered by Leibenstein (1957), maintains that "children are a peculiar commodily, unlike any other for which economic demand theory has been formulated. The tools developed in conjunction with demand theory, therefore, need to be adapted and supplemented for the analysis of the demand for children" (Tabbarah, 1980, p. 278; see also Leibenstein, 1974). For reasons elaborated in the references just mentioned, the latter approach is adopted here.

The demand for children (the desired number of children) is presumed to be determined by the psychological utility and disutility of children the cost of children, and the adequacy of permanent income, that is, income over conventional standards (for the latter concept, see Tabbarah, 1972).[5]

The utility derived from children is largely determined by such factors as the social prestige or religious fulfilment attendant on large families, the political advantage or security that children and large families can offer and the general support that society gives to traditional family roles. The disutility associated with rearing a child is largely determined by the conflict that generally exists between familial and extrafamilial interests and hence by the activities (such as reading, attending films or the theatre or travelling) that the couple would have to forgo with the creation of a child and the importance they attach to the undertaking of such activities. It seems evident that most of the factors contributing to the utility of children to parents are more powerful in pre-industrial and less developed societies than in industrial-urban settings. The process of development, furthermore, at least by increasing geographical mobility and promoting the nuclear type of family, appears to weaken most of the social advantages of large families. On the other hand, factors contributing to the disutility of child-rearing are much weaker in less developed settings. For example, where illiteracy predominates,

reading is obviously not a common activity. Films, theatre and other such activities outside the home are also not commonly available. In fact, in these conditions, the children and the family are usually the main focus of interest of the couple, and extrafamilial activities generally play a minor role in their lives. The process of development, therefore, by spreading education, bringing better communications and greater social and geographical mobility, increases the value of activities that conflict with family-building and raises the disutility of children.

With regard to the cost of the children, the change that occurs with development could be viewed in two parts—the change in the cost of a child and the change in the cost of children—both of course in relation to the income of the household. With regard to the cost of a child (see, e.g., Espenshade, 1973), it is clear that in many of the less developed areas, particularly in pre-industrial societies, a child may often be considered a net economic asset in that, over the lifetime of his/her parents, he/she may contribute more to the income of the household than his/her cost. In this situation, the cost constraint on the desired number of children will not be operative; in fact, the opposite may well be the case: until these "net wealth flows", to borrow Caldwell's expression, are reversed, there may be an economic inducement to have a large number of children (Caldwell, 1982).

After that point, however, one may reasonably argue that to the extent that the items of expenditure on the child in the household budget remain basically the same with development, the relationship between the cost of the child and household income should remain fairly constant over development time. Thus, as the income of the family rises, expenditure on all members, in terms of food, housing, clothing etc., is expected to rise more or less proportionately. This statement is not true, however, in relation to new items of household expenditure, principally education. Such new items tend to make the financial burden of the child higher, provided, of course, the cost of education is significant.

A much more powerful pressure on this economic dependency burden is presented by the rise in the cost of children. In many less developed societies, the child becomes financially independent of his household at an early age, say nine years. Given the relatively low fecundity and the high infant and child mortality in these societies, one may assume that a live birth surviving to maturity takes place not more than once every three years so that by the time the fourth child is born the first has become independent, by the time the fifth is born the second has become independent and so on which results in a situation where parents never have to bear the financial burden of supporting more than three children at the same time. The process of development, by extending the period of financial support, principally through the introduction of education of children in the household, and by reducing the natural interval between live births surviving to maturity, principally because of improvement in health, increases tremendously the cost of children in relation to income. Thus, in a developed country, if parents were to have, say, eight children spaced two years apart and to be supported to age 17 years, they would be, at a given moment in their life, supporting all eight children at the same time. Therefore, even when the cost of education is free, the relative cost of children increases immensely by the mere increase in the average schooling period and hence the average period of support.

The last determinant of fertility in this theoretical construct is the adequacy of income (Tabbarah, 1972) which is the ratio of income to conventional standards. Although an increase in income tends to increase the demand for children, it may be actually associated with a reduction in demand if it is accompanied with a more than proportionate increase in conventional standards. Research on the relationship between income adequacy and desired number of children is virtually non-existent. The one attempt the author has been able to locate contains empirical evidence that seems to indicate that within the communities investigated in the United States, a correlation existed between a couple's view of the adequacy of their income and their desired number of children (Freedman and Coombs, 1966). As is explained in this reference, incomes and conventional standards do not always move together over time, particularly in the short run and in certain circumstances of development. The increased exposure of a developing society to the conventional standards of developed countries tends to create an "international demonstration effect" that increases conventional standards more than income, thus reducing the adequacy of income and hence, the demand for children.

D. Policy implications

A number of policy implications may be derived from the foregoing analysis:

(*a*) For population groups at the early stages of development, where the desired number of children exceeds the maximum achievable number, a policy of fertility reduction is not likely to have immediate effects. A family planning programme will have little or no impact on fertility levels. All that may be done in these circumstances is to contain the rise in fecundity while reducing, through socio-economic measures, the desire for children. In this manner, the period of rising fertility and the onset of fertility decline (third stage) will be achieved in a shorter period and at a lower population growth rate, that is, with a smaller population explosion than would otherwise be the case;

(*b*) The effectiveness of family planning programmes in reducing fertility levels is significant mainly in populations that are at the third stage of demographic development. Family planning programmes applied universally to population groups at all stages of demographic development are likely to contain ineffective elements in so far as they relate to groups at the first and fourth stages. Identification of the groups at the third stage of demographic development and concentration on them will probably increase considerably the return per dollar in terms of fertility reduction;

(*c*) Reducing the demand for children, that is, the desired number of children, should be a major policy aim of any fertility reduction policy at all stages of demographic development. Socio-economic policies directed to reducing the demand for children fall into two categories: policies intended to affect the relationship between incomes, levels of living and conventional standards; and those intended to affect the utility and disutility of children. Incentives and disincentive schemes are examples of the former category and encouragement of the employment of women is an example of the latter;

(*d*) One socio-economic policy that appears to have considerable effect on fertility is that of promoting education, particularly among women and beyond a certain level (usually about six or seven years). The reason for this is that education operates in the required direction on most of the determinants of fertility. It decreases the utility of children through creating interests that compete with family requirements, it increases the cost of children directly and by extending the period of support and it raises the conventional standard of living by opening up the couple's horizons to better standards of life elsewhere and by making education part of these standards. A recent review of the evidence from a large number of surveys undertaken in the context of the WFS programme and other surveys shows that: (i) at the early stages of development, fertility may rise slightly with the first few years of education; (ii) in general, there is a strong negative relationship between fertility and education and this is a universal phenomenon; and (iii) the effect of education on fertility is more pronounced for females than for males (United Nations, 1987);

(*e*) The reduction in mortality of children reduces desired fertility in at least two ways. First, it makes it possible for couples to achieve their desired number of children in their completed family with fewer live births. On the other hand, by reducing the probability of death of children it reduces also the deviations around the mean. For parents who want to ensure having a certain number of children (or children of a given sex) in their completed family; this will reduce the number of live births (i.e., desired fertility) needed for this purpose. As long as desired fertility, $F = F_d$ is attainable, a reduction in fertility would in principle be obtained. It should be noted, however, that the effect on natural increase is likely to be minimal because the decline in fertility will be accompanied by a commensurate decline in mortality;

(*f*) It is obvious that any socio-economic fertility policy must utilize measures that are common to other economic and social policies and therefore runs the risk of making contradictory or competing demands. For example, promoting the education of women beyond a certain level makes specific demands on education that may compete with demands made on the system by other development objectives. Thus, although fertility policy may attempt to direct investments towards the education of women to a certain school level, economic manpower planning policies may want to emphasize technical and vocational education for specific skills, while still others may seek to establish universal primary and secondary education in fulfilment of constitutional obligations.

In this manner, each policy attempts to influence the structure of development towards its goals, leaving it to the decision-making processes to determine, through trade-offs arrived at rationally and explicitly or otherwise, the dynamic structure that will prevail. It is therefore essential that population policy-making be substantively integrated in overall policy-making and that an appropriate institutional arrangement be made to ensure this integration.

NOTES

[1] It should be clarified that the reasons for overshooting the point where $C_d = C_n$ will go beyond the availability of family planning knowledge and means to include such factors as overestimation of declining mortality by the parents and the parents' desire to ensure that they shall have a certain minimum number of children in general or of a given sex (e.g., a male child).

[2] It is sometimes argued that family planning programmes, by introducing the concept of family limitation, contribute independently to the reduction in desired number of children but this point is yet to be proven (see, for example, Carlsson, 1966, refuting the idea; and Freedman, 1979, advocating it).

[3] See, for example, Lapham and Mauldin, (1972, 1987); Freedman and Berelson (1976); Mauldin and Berelson (1978); Cutright (1983); Cutright and Kelly (1981). For further references, see United Nations (1989).

[4] The claim that family planning can spread through "diffusion" once an important group in society adopts it, does not seem to be based on hard evidence (see e.g., Carlsson, 1966; and Friedlander, Schellekens and Ben-Moshe, 1991).

[5] This relationship is basically that found in Leibenstein (1957) but differs in major respects from that found in Retherford (1985).

REFERENCES

Becker, Gary S. (1960). An economic analysis of fertility. In *Demographic and Economic Change in Developed Countries*, Universities-National Bureau Committee for Economic Research, ed. Princeton, New Jersey: Princeton University Press.

Bongaarts, John, and Odiele Frank (1988). Biological and behavioral determinants of exceptional fertility levels in Africa and West Asia. In *African Population Conference, Dakar*. Liege: International Union for the Scientific Study of Population.

_________, W. Parker Mauldin and James F. Phillips (1990). The demographic impact of family planning programs. *Studies in Family Planning* (New York), vol. 21, No. 6 (November/December), pp. 299-310.

Bulatao, Rodolfo, and Ronald D. Lee, eds. (1983). *Determinants of Fertility in Developing Countries*, 2 vols. New York: Academic Press.

Carlsson, Gosta (1966). The decline of fertility: innovation or adjustment process. *Population Studies* (London), vol. 20, No. 2 (November), pp. 147-174.

Cleland, John, and Christopher Wilson (1987). Demand theories of the fertility transition: an inconoclastic view. *Population Studies* (London), vol. 41, No. 1 (March), pp. 5-30.

Cutright, Phillips (1983). The ingredients of recent fertility decline in developing countries. *International Family Planning Perspectives* (New York), vol. 9, No. 4 (December), pp. 101-109.

_________, and W. R. Kelly (1981). The role of family planning programs on 1958 and 1977 fertility declines in less developed countries. *International Family Planning Perspectives* (New York), vol. 7, No. 4 (December), pp. 145-151.

Easterlin, Richard A. (1969). Towards a socioeconomic theory of fertility: a survey of recent research on economic factors in American fertility. In *Fertility and Family Planning: A World View*, S. J. Behrman, Leslie Corsa, Jr. and Ronald Freedman, eds. Ann Arbor, Michigan: University of Michigan Press.

_________ (1980). Fertility and development. *Population Bulletin of ECWA* (Beirut), No. 18 (June), pp. 5-40.

_________, and Eileen M. Crimmins (1985). *The Fertility Revolution: A Supply-Demand Analysis*. Chicago, Illinois: The University of Chicago Press.

_________, Robert A. Pollak and Michael L. Wachter (1980). Toward a more general economic model of fertility determination: endogenous preferences and natural fertility. In *Population and Economic Change in Developing Countries*, Richard A. Easterlin, ed. Chicago, Illinois: The University of Chicago Press.

Espenshade, Thomas J. (1973). Estimating the cost of children and some results from urban United States. Preliminary Papers, No. 4. Berkeley, California: University of California, International Population and Urban Research.

Freedman, Ronald (1979). Theories of fertility decline: a reappraisal. *Social Forces* (Chapel Hill, North Carolina), vol. 58, No. 1 (September), pp. 1-17.

_________, and Bernard Berelson (1976). The record of family planning programs. *Studies in Family Planning* (New York), vol. 7, No. 1 (January), pp. 1-40.

_________, and Lolagene Coombs (1966). Economic conditions in family growth decisions. *Population Studies* (London), vol. 20, No. 2 (November), pp. 197-222.

Friedlander, Dov, Jona Schellekens and Eliahu Ben-Moshe (1991). The transition from high to low marital fertility: cultural or socioeconomic determinants? *Economic Development and Cultural Change* (Chicago, Illinois), vol. 39, No. 2 (January), pp. 332-351.

Hawthorn, Geoffrey (1981). Book review of *Population and Economic Change in Developing Countries*, Richard A. Easterlin, ed. *Population and Development Review* (New York), vol. 7, No. 4 (December), pp. 702-703.

Habakkuk, H. J. (1953). English population in the eighteenth century. *Economic History Review* (Norwich, United Kingdom), vol. 6, No. 2 (December), pp. 117-133.

Knodel, John, and Etienne van de Walle (1979). Lessons from the past: policy implications of historical fertility studies. *Population and Development Review* (New York), vol. 5, No. 2 (June), pp. 217-245.

Lapham, Robert J., and W. Parker Mauldin (1972). National family planning programs: review and evaluation. *Studies in Family Planning* (New York), vol. 16, No. 3 (March), pp. 29-52.

_________ (1987). The effects of family planning on fertility: research findings. In *Organizing for Effective Family Planning Programs*, Robert J. Lapham and Georges B. Simmons, eds. Washingthon, D.C.: National Academy of Sciences.

Leibenstein, Harvey (1957). *Economic Backwardness and Economic Growth.* New York: John Wiley and Sons.

_________ (1974). An interpretation of the economic theory of fertility. *Journal of Economic Literature* (Nashville, Tennessee), vol. 12, No. 2 (June), pp. 457-479.

Mauldin, W. Parker (1989). The effectiveness of family planning programmes. *Population Bulletin of the United Nations* (New York), No. 27. Sales No. E.89.XIII.7, pp. 69-94.

_________ , and Bernard Berelson (1978). Conditions of fertility decline in developing countries, 1965-75. *Studies in Family Planning* (New York), vol. 9, No. 5 (May), pp. 89-148.

Retherford, R. D. (1985). A theory of marital fertility transition. *Population Studies* (London), vol. 39, No. 2 (July), pp. 249-268.

Schultz, T. Paul (1980). An economic interpretation of the decline in fertility in a rapidly developing country: consequences of development and family planning. In *Population and Economic Change in Developing Countries*, Richard A. Easterlin, ed. Chicago, Illinois and London: The University of Chicago Press.

Tabbarah, Riad B. (1964). Birth control and population policy. *Population Studies* (London), vol. 18, No. 2 (November), pp. 187-196.

_________ (1971). Toward a theory of demographic development. *Economic Development and Cultural Change* (Chicago), vol. 19, No. 2 (January), pp. 257-277.

_________ (1972). The adequacy of income: a social dimension in economic development. *The Journal of Development Studies* (London), vol. 8, No. 3 (April), pp.57-75.

_________ (1976). Population education as a component of development policy. *Studies in Family Planning* (New York), vol. 7, No. 7, pp. 197-201.

_________ (1978). Fertility behaviour in demographic development. In *The Population Framework: Data Collection, Demographic Analysis, Population and Development.* Beirut: Economic Commission for Western Asia.

_________ (1980). Comment. In *Population and Economic Change in Developing Countries*, Richard A. Easterlin, ed. Chicago and London: The University of Chicago Press.

_________ (1988). Challenges to Arab demography. Presidential address to the Arab Demographers Association First General Meeting. *Population Bulletin of ESCWA* (Baghdad), No. 33 (December).

United Nations (1987). *Fertility Behaviour in the Context of Development: Evidence from the World Fertility Survey.* Population Studies, No. 100. Sales No. E.86.XIII.5.

_________ (1989). *Levels and Trends of Contraceptive Use as Assessed in 1988.* Population Studies, No. 110. Sales No. E.89.XIII.4.

Part Five

DISCUSSION NOTES

XX. FORMULATION AND IMPLEMENTATION OF POPULATION POLICIES: LESSONS LEARNED FROM TECHNICAL COOPERATION

United Nations Secretariat[*]

During the past two decades, the Governments of many developing countries have recognized the importance of formulating and implementing comprehensive national population policies. Many countries, however, do not have effective national population policies, while others have formulated policies that are not broad-based, comprehensive, integrated, multisectoral and adaptable to their socio-economic needs. Furthermore, although some countries have officially enunciated a population policy, it is not strongly supported by policy makers, planners, government officials and/or the general public. Other policies have not succeeded because they are not backed by proper legislation, plans of action, institutional arrangements and effective programmes and projects.

This paper deals with some of the operational issues encountered by the former Population Branch of the former Department of Technical Cooperation for Development of the United Nations Secretariat, in cooperating with the Governments of developing countries in formulating and implementing population policies. It is hoped that this note will stimulate deliberations leading to specific recommendations for further strengthening and improvement of activities undertaken in the field of population policies and programmes.

A. OPERATIONAL ISSUES

For this discussion, some of these operational issues have been classified as: (*a*) policy framework; (*b*) operational framework; (*c*) legitimization and public support; (*d*) institutional framework; and (e) implementation. The analysis is based on many years of experience of the Population Branch in this area in all major areas of the developing world.

Policy framework

Most developing countries are currently interested in integrating population policies into broader development policies. They realize that a sector-specific approach promises only limited success and will often fall short of achieving overall national development goals. This is a welcome development since, in the area of technical cooperation, it is a United Nations mandate to encourage countries to pursue human development goals for the 1990s through a comprehensive population policy that takes into account the interrelationships between population, resources, environment and sustainable development. Such comprehensive population policies have been formulated in, among many others, El Salvador, Mexico, Tunisia and Yemen for the purpose of tackling demographic and health problems together with current social, economic and environmental issues. In those countries, under the planning ministries, all the related sectoral ministries have cooperated in developing integrated action plans to meet policy goals.

The development of an effective comprehensive national population policy requires, in the first place, accurate and reliable statistics. In many developing countries, there is still a paucity of adequate and reliable data, a corresponding lack of policy relevant research and analysis, and a shortage of well-trained professionals that can utilize available information to develop an appropriate national population policies. In this context, the experience of the Branch has been that although population census and civil registration data help identify broad areas that need attention, specific intercensal demographic surveys, demographic and health surveys, migration surveys and policy-relevant research are needed to define the dimensions of critical issues that can be corrected through policy measures.

Operational framework

Simply put, a policy is an instrument for identifying major goals, matched by a specific set of means to achieve them; in other words, a critical task in policy formulation is linking goals with means. An example

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in this respect is the population policy developed in Peru in the early 1970s, in which means were poorly specified and not linked with the goals. Thus, the population policy remained on paper. A well-designed set of means constitutes a programme of action.

After determining the development issues to be resolved and specifying goals, it is essential to translate these goals into programme targets that are realistic and attainable by the means to be adopted. For example, Indonesia, Senegal and Yemen have defined their objectives in clear-cut quantitative terms. It is also necessary to develop a comprehensive, implementable population strategy to achieve these goals.

Legitimization and public support

Policy formulation is not a simple one-way process; it is a process in which a national consensus on identified population problems is sought and the goals of the policy to counteract the problems are formulated. Therefore, the United Nations has encouraged and technically backstopped a continuous dialogue through conferences, meetings, seminars, workshops etc. among policy makers, planners, government officials, media communicators, academic circles and the general public in many developing countries, in all the regions.

An important first step in formulating population policy is to identify population problems and policy measures on the basis of population studies and policy research. Although it took countries, such as Bolivia and Yemen, many years to define their population policies, the policies that have recently been established by the Governments are based on a solid analysis of the most relevant issues, followed by presentation of population issues, proposed policies and a plan of action for public discussion at various meetings and seminars. This analysis made it possible to tailor population policies and programmes to fit socio-economic development needs and perceptions. It also enhanced public awareness of problems and policy options, and enabled various interest groups, government officials, professionals, opinion-makers, community leaders etc. to participate in the policy-making process and promote public acceptance of both policies and operational programmes. Such strategies were followed in, for example Botswana, Mexico and Yemen.

Institutional framework

As mentioned earlier, the number of countries currently engaged in developing comprehensive population policies has grown rapidly over the past decade. Also, Governments have increasingly recognized the need for establishing and/or strengthening institutions to formulate and coordinate population policies. In many developing countries, during the past two decades, such institutions have been set up to undertake four related but distinct functions: (*a*) population policy formulation; (*b*) overseeing and coordination of policy implementation; (*c*) integration of population into development; and (*d*) provision of analysis and research activities supportive of policy formulation. Such institutions have taken the form described below:

(*a*) *Population commission.* A national population commission or some other political body mandated to formulate a national population policy is a high-level political body, chaired by a senior member of the Cabinet (or related political institution), with membership drawn from line ministries, other governmental and non-governmental organizations etc. Such commissions have been established in many countries; a few of them are Burkina Faso, Cameroon, Jordan, Mexico, Nigeria, Rwanda, Senegal, the Syrian Arab Republic, Tunisia and Yemen.

(*b*) *Population secretariat.* Administratively, this organ serves as secretariat to the Population Commission. Basically, the role of the secretariat is to initiate, coordinate, oversee and assess population policies and programme implementation. Recently, some countries, among them Burkina Faso, Jordan and Yemen, have established such secretariats to provide political and administrative, as well as technical, support for the formulation and implementation of population policies;

(*c*) *Population planning unit.* Basically, the function of a population planning unit is technical and pertains to analysis and research in integration of population with development planning. The location of such a unit is critical to its role and effectiveness. For example, in most of the francophone countries of Africa, such as the Central African Republic, Mauritania, Senegal and Tunisia, the population planning unit is typically located in the Human Resources Directorate of the Ministry of Planning and

carries out activities connected with population policy formulation and implementation activities. However, such units in Egypt, Jordan and the Syrian Arab Republic, located in the Manpower Division of the Ministry of Labour and/or the Ministry of Planning, undertake studies and research on manpower demand and supply, employment and unemployment etc. In Morocco and Zimbabwe, the population unit is located in the Central Statistical Office (within the Ministry of Planning), where it is entrusted largely with the work of compiling and analysing population data and undertaking demographic research. Another model is provided by Nigeria and Rwanda, where such units located in the Health Ministry, are limited to family planning programmes. The experience of the Population Branch shows that a population unit should ideally be located within the Global Planning Unit of the Ministry of Planning, whose functions are most closely related to integration of population into development planning;

(*d*) *Demographic analysis and studies unit.* This entity is generally located in a national statistical office. Almost all the countries (the list is too long to include) that have conducted their population censuses with the technical assistance of the United Nations have established such a unit to evaluate and analyse demographic and socio-economic data from population censuses and demograhic surveys and to disseminate the basic demographic information required by sectoral ministries as well as the Ministry of Planning. In some countries, such as Ethiopia, Ghana, Morocco, the Sudan, the Syrian Arab Republic and Yemen, the unit also undertakes policy-oriented research supportive of policy formulation.

Experience has shown that population policy formulation and implementation, integration of population into development plans, and policy-oriented research and demographic analysis, while closely linked, should remain essentially independent functions, because each requires a distinct form of institutional structure, different types of professionals and a different set of objectives. It has been the United Nations role to ensure that while the linkages among these institutions are strengthened, their independent and distinct functions should be maintained and complementarity maximized to achieve highest efficiency in formulating and implementing comprehensive integrated multisectoral population policies.

Implementation

After a national population policy has been formulated, it is important to establish a technically and administratively sound secretariat to serve the Population Commission and, specifically, to translate that policy into operational programmes and to oversee, coordinate and monitor programme implementation. Such secretariats have been established in Burkina Faso, Jordan and Yemen to plan overall action programmes specifying, *inter alia*, programme targets, strategies and priorities; target groups in the population to be reached; the roles and responsibilities to be assumed by various sectors, and public and private organizations for programme implementation at central, regional and local levels; allocation and utilization of resources; and training needs for implementing all these above activities.

In short, a strong Population Commission secretariat with both administrative and technical capabilities and with basic responsibilities for overall planning, coordination, monitoring and evaluation, resource mobilization and allocation greatly facilitates population policy implementation in any country.

B. Concluding remarks

During the 1990s' formulation and implementation of population policies will become an important area of technical assistance. Each country will make its own decisions concerning policies, strategies, programmes and priorities to be established in the context of its individual, social, cultural, economic and political situation. Nevertheless, Governments will require assistance in strengthing and/or establishing appropriate institutional mechanisms, refining research capabilities and organizing meetings and seminars to discuss concepts, approaches and the development of more effective institutional arrangements for population policy formulation and implementation.

XXI. POPULATION POLICIES AND PROGRAMMES IN THE MEMBER STATES OF THE ECONOMIC COMMISSION FOR AFRICA

Economic Commission for Africa[*]

This brief paper outlines developments regarding population policies and programmes in the members States of the Economic Commission for Africa during the period immediately following the political independence (i.e., the 1960s), the 1970s and the 1980s. Over the three decades, attitudes of Governments towards the relevance of population factors in development planning shifted from a relatively *laissez-faire* position to one that expresses the need to ensure that economic and population growth rates shall be compatible.

Three phases can be discerned in creating this awareness. The first phase focused on the collection of the relevant data within the framework of the African Census Programme launched in 1971 with 22 countries participating; this task has largely been accomplished. Despite gaps, most countries in Africa currently have data that can be evaluated and used for the process of integrating population factors into development planning. The second phase focused on data analysis within the framework of the Regional Advisory Services on Demographic Analysis, initiated in 1969. Analysis remains the problem area as most countries have still to analyse the data collected. This phase, however, culminated in the adoption of the Kilimanjaro Programme of Action on Population at the Second African Population Conference held at Arusha, United Republic of Tanzania, in January 1984. The third phase is concerned with the implementation of the recommendations of the Kilimanjaro Programme.

A. THE POST-INDEPENDENCE PERIOD

At the dawn of political independence, there was considerable euphoria in socio-economic development planning among the newly independent States in Africa, given the logical desire to restructure the colonial economies; to reform domestic trade and distribution channels, to develop the modern sector, to establish local material processing industries and to institute training programmes with the goals of facilitating the Africanization of jobs, increasing health-care facilities and providing other related social infrastructures.

The preparation of coordinated plans, specifying objectives and projects that Governments intended to implement, as well as how they were to be financed, thus became an integral part of governmental activities in these States. The early plans, however, were often merely listings of sectoral projects without an examination of the effects of those projects on other sectors. Primary among the causal factors were insufficient number and/or lack of trained personnel, methodology and data.

At the time, information on population in all but a few countries in Africa was based on unreliable estimates; census-taking and research in demography were not as yet established practices. Much of the scanty data that were available on the population characteristics were obtained from "head counts" by colonial administrations. The use of available population information to make projections (the basis for planning) was hampered by uncertainty concerning the actual size of the base population, as well as by inaccuracies in the corresponding intercensal growth rates. The problem of estimating growth rates was more difficult where data for only one census was available. Where no census had been taken, estimates of both population size and the growth rate could be quite uncertain.

A total of about nine countries in Africa established national family planning programmes with varying objectives during the period: Tunisia (1964); Egypt, Morocco and Mauritius (1965); Kenya (1966); Zimbabwe (1968); and Benin, the Gambia and Ghana (1969).

B. THE 1970S

During the 1970s, the scope of socio-economic development planning was considerably expanded at

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the national level. In addition to the nine countries that had a national family planning programme, about 21 more initiated a programme during the 1970s: Nigeria, the Sudan and the United Republic of Tanzania (1970); Algeria, Botswana and Uganda (1971); Liberia and Zaire (1973); Lesotho and Zambia (1974); Seychelles, Swaziland and Togo (1975); the Congo, Guinea-Bissau and Senegal (1976); Mozambique and Somalia (1977); and Cape Verde, the Central African Republic and Sierra Leone (1978). Of the 30 countries, about 18 supported the programmes for health reasons and four (Egypt, Mauritius, Morocco and Tunisia) set specific targets in terms of fertility reduction.

All these programmes were handicapped by the general lack of infrastructure and personnel. Most of them were based in the Ministry of Health and cited in urban areas. There were also the high rates of illiteracy and infant mortality, the low status of women, the emphasis on fertility regulation and the lack of evaluation schemes. The prevailing practice was to regard the population variable as exogenous to the development process. This affected the nature of the demographic data included in the development plans.

It will be recalled that in 1972, WHO, in liason with the World Bank, UNFPA and UNDP established a special programme of research, development and training to promote, conduct and coordinate research in human reproduction. The overall goal was to promote measures to assure physical and social maturity before parenthood through the strengthening of research capability strategies in human reproduction. Twenty institutions in 15 countries (Benin, Cameroun, Egypt, Ethiopia, Kenya, Mozambique, Nigeria, Senegal, the Sudan, Tunisia, Uganda, Zambia and Zimbabwe in Africa, along with the Islamic Republic of Iran and Pakistan, collaborated with the programme.

The health services have their historical origins in colonial curative services which were geared mainly towards the administration of public health programmes. Following the revolution in biomedical sciences of the early 1950s, there was a proliferation of programmes for control of such diseases as malaria and tuberculosis. By the 1970s, the limitations of this curative approach became apparent; notions of integrated population and development produced the primary health care approach, which was readily adopted among health planners and policy makers.

At the Alma-Ata Conference in 1978, a number of countries in Africa considered poor health and high mortality to be their most serious population problem; enthusiasm for the community-based health-service model therefore evolved into a considerable international consensus, thus favouring the strategy of primary health care as the most appropriate means of reaching the goal of Health for All by the Year 2000. The principles of primary health care were adopted by Governments in Africa in the formulation of their health policies while little emphasis was given to curative medicines, with each country determining its own health system consistent with its political, social and economic realities.

Despite the apparent efforts to integrate population factors into development planning, the plans during the 1970s show that too much attention was paid to the size of the population as against other characteristics such as high fertility, declining mortality, high dependency ratio, low degree of urbanization and high total urban population. Only certain aspects such as urbanization, the labour force and the provision of educational and health facilities, were given attention. In some cases, no estimates and, in many cases, no detailed projections existed with regard to the total population and its segments of school-age population, labour force.

Nevertheless, a beginning was being made by these countries in terms of thinking about population. The issue of population and development was just evolving following the adoption in 1974 of the World Population Plan of Action which, *inter alia*, called on Governments to devise appropriate action programmes to operationalize the process. Moreover, the required methodology was yet to be developed and disseminated; equally lacking were the required number of trained personnel.

C. The period since the 1980s

By the 1980s, countries in Africa had become more aware of the relevance of population factors in development planning. As of 1988, about 42 Governments, that is, all the 30 (excluding Egypt) with a family planning programme in the 1970s, plus 12 others (Angola, Burkina Faso, Burundi, Cameroon,

Chad, Comoros, Côte d'Ivoire, Guinea, Madagascar, Malawi, Mauritania and the Niger) supported family planning programmes from the health rationale (integrated into maternal and child health); of these, 27 had established demographic targets.

In spite of political, natural and economic constraints, modest but steady progress has been made in reducing the regional infant mortality rate (e.g., the regional estimate has been reduced by 43 per cent) and the under-five mortality rate (by 54 per cent) over the past three decades. Coverage under the extended Programme on Immunization rose from 20 per cent in 1985 to 56 per cent in 1990. A review of average annual performance (1960-1989) against the year 2000 goal of at least 50 per cent reduction in the infant mortality rate indicates that over 65 per cent of the member States will need to achieve an average annual reduction of more than 5 per cent. At least five member States reported maternal mortality rates of over 1,000 per 100,000 live births; these are major challenges for the region.

The main factors accounting for these high infant, childhood and maternal death rates in the region are reported by WHO as the generally underpriviledged status of women, sociocultural factors and traditional practices that favour high fertility, poverty, poor nutrition of pregnant mothers, low rates of female literacy and low equitable access to good health care. Despite several declarations (e.g., various World Health Assembly and regional committee resolutions), health services in Africa still remain underfunded and poorly managed, while prenatal service coverage still remains inadequate, with several national programmes operating on an ad hoc basis outside any clear national policy basis. Proven strategies (e.g., the risk approach and use of trained traditional birth attendants are still found in scattered places while referral facilities remain generally incapable of rendering the basic functions. Concerning AIDS, the WHO projections indicate a total reversal of all the gains realized thus far in mortality reduction.

WHO had indicated in 1987 that 50 per cent of deaths in Africa were due to infectious and parasitic diseases, with the five most cited causes of death being complications of child-bearing, diarrhoea, malaria, measles and tuberculosis. Additionally, the underlying causes of the health and economic crisis in the major area include the lack of structural transformation and the pervasive low level of productivity aggravated by exogenous and endogenous factors, such as the great disparities in rural and urban development, as well as human, financial, infrastructural, political and natural calamities that are detrimental to development.

By 1987, about 12 countries had accelerated their vaccination programmes in the direction of reaching the goal of providing immunization for all by 1990. At the meeting of African Health Ministers at Bamako (1987), there was an agreement on developing a new method of funding and managing the provision of essential drugs for the area; they could be purchased in bulk at low costs by the Governments and sold at prices lower than local retail prices to finance the resupply of drugs and the creation of district health services. Additionally, in 1988, about 24 countries adopted quantitative targets to reduce mortality, morbidity and infant mortality rates.

Consequent upon all these developments, life expectancy at birth for the major area had risen from about 36 years in 1950 to 50 years in 1985 and is projected to reach 56 years by 2000. Even the latter still falls six years short of the target of 62 years adopted in the World Population Plan of Action (1974) and four years short of the revised goal of 60 years adopted at the International Conference on Population held at Mexico City in 1984. The principal constraint is to effect further reductions in infant, child and maternal mortality rates against the background of the emphasis on the needs of children through oral rehydration therapy and immunization strategies often outweighing the attention to the needs of mothers.

Towards this end, examples of intercountry activities to promote research (in the region) under the framework (noted earlier) include a course in research methodology (Cameroun, 1987), a meeting of political leaders with scientists to develop national research strategies (United Republic of Tanzania, 1988), consultation on priorities for research (Rwanda, 1991) and a workshop on male fertility research (Morocco, 1987). Country research activities in 1991 included a study of the role of community health workers in the delivery of family planning services (Benin); a study of sociocultural determinants of contraception (Cameroun); a survey of illegal abortion (five hospitals at Addis Ababa); a community-based investigation of the impact of integrated MCH/FP services on family planning use (Kenya); and research into simplified management of infertile couples (Tunisia).

These and other studies directly affect the development of population policies and the improvement of reproductive health and family planning services in the concerned countries. Specifically, the programme of research, development and training in human reproduction has generated knowledge in reproductive health, including fertility regulation; such knowledge should be useful to policy makers and health-care workers in improving the relevant services and solving national health and population problems. In addition, WHO also established maternal health and Safe Motherhood programmes to collaborate (with member States in combating the high maternal death rate. Over 70 studies to analyse the causes of maternal death and disability (e.g., in Cape Verde, Ethiopia, Guinea, Guinea-Bissau, Ghana, Malawi, Mozambique, Nigeria and the United Republic of Tanzania); and to evaluate various interventions for reducing maternal mortality (e.g., in Benin, the Gambia, Ghana, Nigeria and the United Republic of Tanzania) were supported by WHO between 1987 and 1991.

The programme also supported intercountry workshops on methods of maternal health research (e.g., Benin, Burkina Faso and Rwanda); the Information and Advocacy Unit to publish and distribute important books (e.g., on preventing maternal deaths in 1989, a global factbook in 1991 (the Safe Motherhood Newsletter); the development of practical guides for safe motherhood, a component of human resources to produce training materials for maternal health workers and countries seeking to improve maternal health and reduce maternal mortality.

Against this background, at its meeting at Lusaka in 1985, the WHO Regional Committee for Africa adopted the African Health Development Framework curently being adopted by all member States. This framework concentrates on improving health-service management through intensified training and operational research activities within the three regional priority programmes of water and sanitation, disease prevention and control, and MCH/FP and nutrition. It also lays emphasis on supporting countries to formulate more appropriate national MCH/FP policies and to develop national and district operational plans for maternal and infant mortality and morbidity reduction through more appropriate training and operational research for improved programme management.

The results of the Fifth United Nations Population Inquiry among Governments (1987) showed that a number of Governments in Africa viewed "irrational" distribution of their national populations rather than the rapid population growth rate as the demographic obstacle to development. At the time, not a single Government considered its pattern of population distribution satisfactory; 17 reported it as appropriate and about 12 considered that their spatial population patterns required major spatial restructuring. According to *World Population Monitoring, 1991* (United Nations, 1992), only 13 per cent of the countries considered their population distribution satisfactory; another 15 per cent desired minor changes.

The typology of internal movements within ECA member States has been grouped into rural-rural, urban-urban, rural-urban and urban-urban. This four-fold migration pattern constitutes four different population distribution problems in the area: a disproportionate size and growth rate of the capital cities; diminutive size and growth rate of the difference between total urban and capital city populations; the proportion of urban to total national population; and the configuration/density of the rural population within a national territory. By far, the first of these is the most visible population problem in the region; it underlines both the enclave nature of development and the prosperity/pauperization of large areas of the countryside. On the one hand, although rural-rural movements constitute the bulk of these flows, rural-urban migration, in terms of effects on development, is the most important. On the other hand, the urban-rural migration phenomenon has gained considerable prominence that calls for concerted action in terms of needed resources for rural development.

The point of concern with the apparent overdramatization (by member States) of their population maldistribution is that although the optimal spatial distribution is that which contributes most directly to the achievement of specific explicit (or implicit) development goals in a country, the empirical evidence appears to offer no general guidelines as to how particular population distribution patterns favour or inhibit development. Given the difficulty of specifying what in fact constitutes an optimal population distribution for a country, the population redistribution policies adopted by ECA member States have tended

to include those affecting international population redistribution (e.g., the Economic Community of West African States and the Customs and Economic Union of Central Africa); those which induce internal redistribution (e.g., land colonization, farm resettlement schemes, sedentarization of nomads and new farm development); those affecting spontaneous redistribution (e.g., restriction of cityward migration and rural development); and indirect policies (e.g., government investment programmes and administrative minimization of inter-ethnic tensions).

These policies have in general been ineffective in redistributing the population of member States largely because they are predicated on a relatively inadequate information base; they persist on economic structures that reflect a dependent situation *vis-a-vis* the international economic system; their contemporary development planning scenario overemphasizes GDP growth rather than the more fundamental socio-economic transformation based on the effective mobilization of the entire population and total resources within the national territory; and their weak policy formulation simultaneous with inefficient coordinating machinery. Besides, most of these policies are costly partial population distribution strategies with an insignificant impact on population distribution. By favouring urban consumers, most of the policies prompt rural-urban migration.

To deal with the indicated constraints to successful population distribution policies, it has been suggested that member States should establish and strengthen a network of small and medium-sized cities to offer a choice between metropolitan and rural life. They should give greater emphasis to regional development planning to ensure a more equitable distribution of employment opportunities in different regions of the country, should undertake significant reforms in the population development machinery (including a reorientation of planners and policy makers) and should pay greater attention to the organizational framework within which the various institutions and agencies involved in the development of the disadvantaged regions normally operate.

D. Conclusion

Overall, although about 15 countries in Northern Africa (Algeria, Egypt, Morocco and Tunisia), Western Africa (Ghana, Liberia, Mali, Nigeria and Senegal) and Eastern Africa (Ethiopia, Kenya, Mauritius, Rwanda, the United Republic of Tanzania and Zambia) currently have formulated explicit population policies, and about 18 and 12, respectively had established a Population Planning Unit and a National Population Commission to foster the implementation of these policies, high fertility and mortality levels still prevail in the various countries along with worsening degradation of the environment. Among the causal factors are the limited interest at the public-policy level to incorporate population in their deliberations because of political or ideological factors, as well as conceptual and empirical knowledge about the dynamic nature of the socio-economic demographic system in the member States.

Moreover, the policies are often formulated and implemented without an adequate understanding of the underlying socio-economic milieu, namely, the family or, more specifically, women. They should be based on an understanding of women's role within the family and within the larger framework of the society. Although the formulation of a population policy is a necessary condition for inducing a reduction in fertility levels and hence ensuring sustainable development, it is not a sufficient condition. The design of an effective action plan for implementing the policy measures is equally important, as are dynamic and committed leadership, local political support, interested private organizations and institutions, a receptive audience and availability of resources.

The interplay of these various factors in effecting fertility decline is exemplified in the cases of Egypt, Kenya, Morocco and Tunisia. In fact, fertility reduction has been achieved even without an explicit population policy. Botswana is a case in point. TFR is reported to have declined from 6.5 in 1984 to 5.0 in 1988. However, available information indicates a rather high prevailing knowledge of modern family planning methods (about 95 per cent) in the country. Whereas the population in Botswana is growing annually at about 3.4 per cent, the corresponding per capita GDP is growing at about 8.8 per cent.

Based on these and other experiences, the suggested socio-economic climate characteristics that would induce a decline in fertility rates in countries of Africa include: (*a*) a stable political environment and a strong political will; (*b*) establishment of demographic

targets; (*c*) implementation of legal measures, such as delaying age at marriage, legalizing abortion and sterilization and eliminating blood tests for oral contraceptives, to improve the status of women simultaneously with providing them with contraception; (*d*) establishment of strong MCH programmes; (*e*) ensurance of close collaboration between private and public sectors; (*f*) establishment of a strong institutional base for integrating population factors into development planning; (*g*) decentralization of health-care delivery systems (including family planning) for urban and rural areas simultaneously with expansion of the use of health personnel and alternative contraceptive distribution systems; (*h*) providision of adequate resources for population policy implementation; and (*i*) establishment of strong managerial capabilities in administration of the national family planning programme.

Coincidentally, with regard to the lack of effectiveness of population policies in Africa, the socio-economic situation in many States (since the 1980s) has been characterized by rapid population growth rates, uneven population distribution, rapid rate of urbanization, massive unemployment, a widening gap between the rich and the poor and consequent progressive pauperization of the population in spite of national programmes of social and economic development. In many States, these problems are further compounded by wars, drought and famine, as well as the resultant refugee population. These problems did not just emerge by the 1980s; they were recognized even before the onset of the crisis in the course of the 1970s. During the 1980s, they only gathered momentum but contributed to complicating the impact of the crisis.

Consequently, corresponding economic policies in most of the States were largely dominated by the need to adjust to serious balance-of-payments problems. In the context of rising global disorder and deepening industrial recession, the International Monetary Fund instituted the structural adjustment programmes which many of the States subsequently adopted. These programmes have had—and continue to have—considerable negative impact on the ability of countries in Africa to make satisfactory progress with population policy development as an integral part of their overall development planning strategy. The idea of integration of population factors into development planning will rise if there is an appropriate perspective development plan of 10-20 years duration. In most of the States, the most recent available plans are of five years duration, apparently consistent with the prevailing short-term adjustment requirements implicit in structural admustment programmes.

The key to effective integration of population into development planning in Africa then is for leaders to develop long-term development policies and programmes, to conserve the environment and slow population growth, in an integrated strategy. Population policies and programmes will not provide lasting solutions to poverty and environmental degradation. They are unlikely to deliver long-term improvements in the environment or prospects for self-reliance and sustainable development unless they are implemented simultaneously with measures to tackle these more ultimate causes.

It was against this background that the African Regional Population Programme suggested to the African Ministers of Planning and Economic Development at their sixteenth session at Tripoli (Libyan Arab Jamahiriya) in April 1990, five population priority areas for Governments in Africa during the 1990s and beyond. These areas call for: (*a*) implementing simultaneously socio-economic development and national population programmes; (*b*) undertaking studies directed to monitoring population dynamics in a drive to promote increased awareness with regard to the implications of population growth components; (*c*) taking steps to endogenize population factors within their development planning process; (d) collecting and analysing data relevant to population and development simultaneously with utilizing the resultant findings in the formulation and implementation of socio-economic development plans; and (e) establishing national focal points to foster the collation and dissemination of population information in the integration process.

REFERENCE

United Nations (1992). *World Population Monitoring, 1991: With Special Emphasis on Age Structure.* Population Studies, No. 126. Sales No. E.92.XIII.2.

XXII. POPULATION POLICY: A PERSPECTIVE FROM LATIN AMERICA AND THE CARIBBEAN

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Historically, the discussion about the criteria to design and apply population policies in Latin America and the Caribbean has been marked by a strong ideological confrontation, particularly on the subject of population growth and fertility control. To some extent this situation was the result of the fact that scientific knowledge had been unable to establish with certainty the convenience of modifying population growth in order to assist development efforts. Although this general question is still open to debate, there have been recent advances in the evaluation of the repercussion of demographic changes on the economy and in the systematization of the information collected in the Population Policy Data Bank maintained by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat,[1] which also provides data on governmental positions with regard to population problems, policies and the institutions responsible for their implementation and supervision.

The emphasis in the present document is on equity, taking into account different social groups, as well as current strategies of ECLAC, which involve productive transformations based on sustained competitiveness. These general ideas, together with the principles of decentralized action, constitute the basic framework used to establish the criteria for a population policy encompassing the fundamental demographic phenomena: mortality; fertility; and spatial distribution.

In connection with mortality and morbidity, the positions of the Governments of the major area ratify the efforts made in the respective countries to improve health conditions. The decline in infant and maternal mortality, the improvement in the population's nutrition and health and a longer expectation of life at birth are some of the accomplishments that are being achieved. These improvements, however, have not been uniform in time nor among countries, and a slowing has been detected in many of them during the crisis of the 1990s. There is still a long way to go in the matter of equity within the countries, because the lower income groups show substantially higher mortality rates, more undernutrition, more illnesses and a shorter life span. The recent changes in the epidemiological profiles associated with the improvements in health care and the ageing of the population lead to a growing concern for the health of adults and the elderly, in terms of the increasing presence of chronic and degenerative illness and deaths due to accidents and violence.

However, differential population growth and spatial distribution are the aspects that receive the greatest attention from the Governments of the area with respect to equity, decentralization and productive transformation. The success of these policies will require, first of all, overcoming the ideological controversy that has been an obstacle to political action in the sociodemographic field in varying degrees. Secondly, it will require proposing instruments and means of action to execute population policies that are consistent with development efforts and ensure fundamental human rights for all social groups. The presumed opposition between the requirements of the productive system and the rights and needs of individuals, which was the basis of that controversy in the matter of sociodemographic policies, currently seems barely justified. The empirical information provided by recent demographic surveys in several countries of the major area show that the mean number of children per woman is higher than that which women, on average, consider their "ideal" number. If couples were capable of accomplishing their aspirations for smaller families, this would be compatible with the position of many of these Governments, which do not desire a greater growth of their populations.

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A. ORIENTATIONS FOR POLICIES RELATED TO POPULATION GROWTH

Perceptions and aspirations

In trying to establish human reproduction as a fundamental right of couples, that should be exercised freely and in an informed way, the desire of these couples with regard to the number of children they want to have must be detected. Once this aspect has been clarified, some orientations for policy are proposed here to allow these aspirations to be made effective, noting that their demographic behaviour at the individual level can often be coherent with the needs of the productive system and with the perception that Governments have of the benefits or problems that a given rate of population growth may bring to society as a whole.

The data from the national reports of the DHS programme carried out during the 1980s, show that an important proportion of births in the countries of Latin America and the Caribbean were unwanted. For example, in the cases of Bolivia and Peru, one of every three births appeared as unwanted at the time of the survey. Furthermore, the lower socio-economic groups (operationalized as those with a lower educational level) and the residents in rural areas are those which, in general, show higher proportions of unwanted fertility. These data show that the Governments have pending tasks with respect not only to ensuring the rights of all couples to have the number of children they want but to remedying social inequality expressed in differential possibilities by social groups to exert their demographic rights. In a longer term perspective, it should also be taken into account that desired fertility tends to decrease to the extent that progress is made in the socio-economic and cultural level of the countries, which will in turn increase the demand for family planning services.

Two conclusions can be drawn so far for the Governments of the area. The first is that effectively to ure that couples shall have their desired number of children, they should be offered: (*a*) information concerning fertility control and the consequences of having a given number of children; (*b*) access to effective contraceptive methods; and (*c*) a horizon that allows them to visualize that if they make adequate efforts they can aspire to improve their well-being. This should contemplate real possibilities of entering the (formal) labour market, both for men and women, as well as the improvement of the labour capacity of parents and their children by means of adequate nutrition, health and education. Naturally, the third type of actions corresponds to general development efforts rather than to population policy *per se*, but it is stressed here because it conditions the success of the above-mentioned actions. The second conclusion refers to the forecasts that every Government has to make about the population size and composition it will have in the near future, which depends sensibly upon the expected changes in the number of children of the families. In many countries, the rate of population growth is decreasing and it will continue to do so to the extent that Governments are able to provide their citizens with the threefold type of support mentioned above.[2]

The next step is to inquire how consistent is the demographic behaviour desired by individual couples with the governmental views concerning population growth. According to data from the Population Policy Data Bank maintained by the Population Division, of the 31 countries in Latin America and the Caribbean that answered the questionnaire, 13 considered their population growth to be too high, while 15 considered it acceptable. Two other countries (Bolivia and Paraguay) considered that a larger population would be beneficial for the country but had not established policies to increase it. Uruguay is the only country that was clearly unsatisfied with the low population growth, and that had established its purpose to increase it.

Beyond these government declarations, it can be asked whether there are some objective factors at the macrosocietal level that can be used to evaluate the convenience of reducing demographic growth and their consistency with individual aspirations as to desired family size. Among the reasons presented in the past in favour of greater population volumes, mention was made of an internal market large enough to sustain the production of goods and services at an efficient scale. This factor appears to be less relevant today in view of the prospects for economic integration and the creation of common markets among countries of the region. An argument that is gradually gaining more importance is that related to population ageing, primarily a result of reduced fertility, given the burden that a high proportion of retired persons represents the social system in general and the provision of social security

in particular. Currently, most of the countries of the area are in a situation in which moderate reductions of fertility would yield lower global economic dependency. Nevertheless, countries with an aged population structure, such as Argentina, Cuba and Uruguay, and others with relatively low fertility and mortality will share these types of concern in the near future.

Actions and means

Given the importance assigned to fertility regulation as a right that society as a whole should help to implement, an action that the Governments should carry out regardless of their position on global population growth, is to ensure that all citizens shall have access to information and effective contraceptive methods in order to satisfy their aspirations with regard to number of children, with special attention to the poorer groups and the rural population, since the available data show that these groups have lesser possibilities of exerting this right. Other general actions will include the formulation of policies favouring a greater equality of women with respect to men both in their labour participation and their integration in public life in general. Mother and child health programmes, the objective of which is to preserve the life of mother and child, and the dissemination of basic knowledge on population processes, are along the same line of action. It is expected that these types of actions lead to a decline in fertility, but they are valid no matter what the Government's position is concerning population growth, since the imposition of a global demographic goal at the expense of these fundamental rights should be avoided, particularly when tehre are alternatives.

In the case of Governments that regard a larger population as beneficial (only 3 out of the 31 answering the survey) they may decide to offer economic and social incentives to increase the desired size of the families, such as those existing in some European countries although to date these mechanisms have not proved to be very effective. In some cases, in-migration (or stimulating non-emigration) policies might be convenient, especially in countries where a percentage of their population are living abroad; this alternative has the advantage of incorporating people mostly in the active ages. The Government of Paraguay is currently engaged in a policy to recover migrants living abroad, and there are some historical experiences in the area that might serve as a basis for the execution of successful actions in other countries.

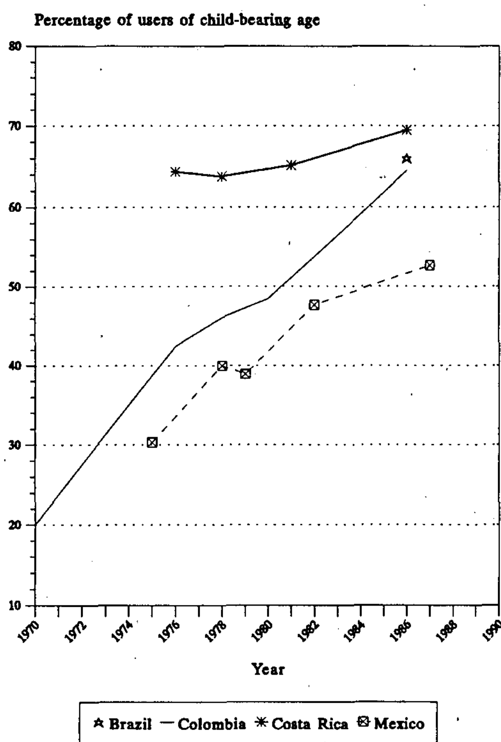
In the case of Governments that considered their population growth too high (13 out of the 31 countries consulted), the range of actions that can be implemented is broader. To the actions already mentioned, choice of those addressed to effectively motivate the couples to exert their right to decide their biological reproduction can be added. This motivation will translate to actual behaviour to the extent that social policies as a whole affect the aspirations for improvement of their socio-economic condition; if the couples do not visualize these possibilities on their social horizon, it will be very difficult for them to assume the costs of planning and carrying out a life project that includes, among other things, a number of children in harmony with these prospects. Since many of these social policies should be on the agenda of any Government concerned with development and equity, and recognizing that these policies will affect fertility, the question arises about the actual need to design and apply explicit population policies. The answer should be affirmative for several reasons.

One such action is related to the need to know and then adequately to attend to the demands for contraceptive methods to ensure the achievement of the desired family size, giving particular attention to those having less access to control methods (for evaluation of contraceptive use, see figure XI). As a follow-up to the detection of the unmet demand for birth regulation means, the Governments could contemplate, among other actions, a population policy with respect to the dissemination of information on the possibilities of achieving a desired family size, supported by sex education and responsible parenthood programmes. The identification of more specific target groups would contribute to a greater effectiveness of the proposed actions; teenagers might be one of these groups in view of the fact that their reproductive behaviour affects their life experience from an early age; and in many countries they are a distinct group deserving specific actions, even when global fertility levels are moderately low. More generally, the poor and rural populations constitute obvious priority groups.

Specification of objectives and institutional means

If the only justification for a population policy is to ensure the right to regulate births according to the couples' desires, the objectives and goals need only be formulated at the level of satisfaction of the demand for family planning services. This demand (latent or

Figure XI. Evolution of contraceptive use[a] in Brazil, Colombia, Costa Rica and Mexico, 1970-1990



[a] Including the pill, sterilization, intra-uterine device, condom and other methods.

effectively expressed) can be more or less broadly understood to include in addition to the provision of contraceptives, information and sex education, but does not involve, by itself, the establishment of specific objectives concerning the level or evolution of the demographic variables.

On the other hand, if a justification is added from the point of view of its impact on possibilities for sustainable development, then an evaluation is required of the repercussions of fertility change on these possibilities. The outcome of this process may or may not include the formulation of quantitative objectives, but the technical analysis of impacts would certainly contribute to delimit the magnitude of the effects, the constraints and the efforts required with regard to policy. Two key criteria that may be considered[3] are the impact of the variations in the demographic rates on per capita income and that on savings and current investment, that is, on the possibilities of future economic growth.

Concerning the first criterion, the evaluation consists in determining whether global economic dependency and, therefore, the per capita income of that population would be positively or adversely affected by a given reduction in fertility, and by how much. The magnitude and the direction of the impact depends upon the difference between the average age of the labour force and the average age of the population: in countries where economic production is concentrated in ages older than average, the positive effect of a fertility reduction will be greater. The second element of the global evaluation refers to the positive effect that a reduction of population growth tends to generate on savings available for productive investment; the repercussions in this connection are proportional to the rate of growth of the population and to the average productivity of the economy: the countries where high population growth is combined with technology of low-capital intensity are those which would benefit the most from fertility reduction.[4] A complete balance of the consequences of population policies would take into account the repercussions on public programmes covering the active range of ages; for example, policies resulting in lower fertility may be justified for a number of reasons, but may have side-effects, such as accelerating population ageing, which has negative consequences on the financing of pensions systems and publicly provided health care.

In order to carry out actions with regard to the design and application of a sociodemographic policy and, in particular, to ensure that both the objectives and the instruments or means to be used to accomplish them shall be adequate and legitimate, some type of institutional organization is required through which the Government is made responsible for these actions and ensures their effective execution. The countries that have already adopted population policies have defined different institutional organizations, which can, in general, be classified in three types: (*a*) small technical units at a high governmental level to guarantee that the demographic aspects have been included in development planning; (*b*) interministry councils entrusted with the development, supervision and in some cases, coordination of population policies; and (*c*) family planning coordination agencies which are in charge of

coordinating and assigning funds to family planning programmes and sometimes of running them.

A synthesis of general orientations for policies concerning population growth could be made as follows: given the demographic behaviour of a significant proportion of couples that have already chosen a reduced number of children, given the aspirations that are already present in a large proportion of couples to obtain adequate means to reduce their fertility and given that new couples are expected to adopt this behaviour, there is no doubt that a large proportion of couples will have a reduced family size. If this is not opposed to the requirements of economic and social development, nor to the perceptions that Governments have with regard to population growth, all interests point to the direction of reducing the demographic growth rate in the area.

B. Orientations for policies on population spatial distribution

Governmental views and individual rights

Concerning spatial distribution, there appears to be a certain disagreement between the negative perception of the Governments on the population concentration in some points of the national territories and the rights of persons to move freely and establish their residence in places they deem convenient. In effect, excluding some Caribbean countries with relatively small areas and populations, the Governments in Latin America and the Caribbean considered their current population distribution unsatisfactory, with concentration and growth of metropolitan areas being the problems most frequently mentioned. It is not clear, however, if this government position is really contradictory with the rights and aspirations of the citizens of those countries.

A right can be considered as such and be actually in force, when the exercise of this right is optative. If a citizen has to leave a place because he has neither income nor are there minimum services to meet his basic needs, he is actually not exerting any right; he is simply being expelled from his place of origin. For this right to be effective, as far as spatial displacements are concerned, the person must have a real option to leave or stay in his place (or region) of origin where he finds his cultural environment, his idiosyncrasy and the closest effective links that have contributed to his socialization. If the right of citizens is conceived in this manner, a possibility opens for a coincidence between their aspirations and the Governments' proposals with regard to the promotion of a spatial population deconcentration and the generation of a different distribution of population in the national territories. This means that if the Governments are interested in modifying the distribution of their populations, they will have to execute effective regional development plans contemplating decentralized decision-making and productive deconcentration.

Experience and lessons

The formulation of action plans related to the distribution of population in the territory is not new in Latin America. Over the past decades a number of measures have been promoted in an attempt to attenuate the migration of rural origin and urban destination and reduce the growth of large cities and stimulate those of an intermediate size in order to attain a fuller occupation of sparsely populated interior regions. Although these actions were not always conceived with the explicit objective of modifying the population distribution patterns, they did affect them. The granting of tax incentives or differential tariff exemptions, the utilization of special administrative regulations prohibiting or authorizing the execution of certain activities in given areas, the granting of direct and indirect subsidies, and the establishment of discriminatory prices are among the policy instruments that, by affecting the location of investments and services provided by public and private agencies, have influenced territorial differences in employment and the satisfaction of basic needs and, for the same reason, have acted as determining factors of population spatial displacements.

After a 30- or 40-year experience in regional development, urban and rural, these actions on population distribution have had a very partial success. Changes have apparently occurred in directions considered undesirable by the Governments, so that most of them still mention the growing concentration of the population as one of their main problems in the population field. Several lessons can be derived from this experience, one of them being related to the need to consider in an explicit manner the determining factors of the demographic dynamics in the national territories. This implies that before proceeding to the formulation of the objectives to be achieved, it is necessary to identify the dimensions and intervening variables in the population distribution process.

One of the first measures to be adopted by the Governments desiring to alter the distribution of their populations is to evaluate the effects that both natural growth and migration have on this population. The information available in most Latin American countries indicates, for example, that the increase of the urban population is mainly due to the contribution of its natural growth, while a smaller contribution is attributable to migration of rural origin. Something similar occurs in large cities; and in these cases, even the migratory component has mainly an urban origin. Therefore, it can be inferred that if the demographic concentration is to be affected, policies such as those mentioned in the section on population growth should be adopted. Once this is done, the road will be open to act, in stages or in parallel, with policies having an incidence on territorial movements. Also, when the rate of natural growth decreases, the role of migration as an agent of population distribution in space will increase. A second specification will consist in determining the weight of international and internal migration as a component of the population spatial distribution. It is important to distinguish both types of mobility, because the measures to be applied in each case will be different. Thus, international migration may be subject to special laws regulating the entry of persons to the country or to agreements signed between countries in order to establish actions in common. Internal migration is different because unless ethical principles are violated, which are normally a matter of the national constitutions, Governments cannot close the regional frontiers (within the countries), although they can act on the places where these migratory displacements are initiated in order to affect their occurrence and direction.

Policy options: problems and possibilities

Different policy options can be put into practice, and can be grouped in four sets: (*a*) retention of the population in their places of origin; (*b*) return of migrants from places where population concentration is considered to be excessive; (*c*) reorientation of migrants towards destinations different from the traditional ones; and (*d*) promotion of migration from given areas—those with a high concentration of population—to other places in the national territory. The first two are the proposals most frequently mentioned, although they entail problems that have to be solved before specifying the actual possibilities for political action. Both cases refer to places of origin, but if the conditions and potentials of these places to become points for the productive absorption of the population trying to migrate or of that trying to return are not taken into account, the prospects for success will be reduced considerably. Since many of these places of origin are rural areas, usually of little dynamism, these two proposals would involve something like a return to rural life which, given its economic, social and cultural characteristics, cannot be considered a valid deconcentration option, but as a form of population dispersion.

Concerning measures that have directly or indirectly affected population retention or the deviation of migratory currents to new rural areas, there have been some actions in Latin America in the recent past. Thus, for example, mention can be made of the integrated rural development projects, which have made an attempt to retain population in certain places of origin; however, these programmes have only had a relative success. In some experiences, the introduction of technological advances, directed to increasing productivity, have tended to generate a certain labour redundance; in other cases, the lack of qualified human resources has promoted the substitution of local manpower by that of a different origin. With regard to the occupation of internal frontiers, whether through colonization schemes or not, and with more or less public intervention, the results show a certain ambivalence. In fact, there has been a generalized increase in the population in areas that had not been inhabited until a few decades ago, but this process has not greatly affected the disacceleration of the trends of national territories to concentrate in reduced spaces. Moreover, the frontier occupation modalities have been so varied that it is difficult to draw general conclusions; on occasion, the intensity of immigration to these new areas has been high, but it has been compensated in the short run by equivalent intensities in emigration; in other instances, colonization without sufficient technical and financial backing has resulted in the reproduction of truly adverse living conditions or in the substitution of small producers by large companies that are not very intensive in the use of labour force.

The generation of spaces with adequate productive, social and cultural characteristics for the incorporation of the population is not an easy task. Favourable natural conditions with regard to the basic resource

potential will be required; effective intervention of different social actors will be needed; and, in addition, important resources should be made available, by way of public or private investments, in order to strengthen the advantages of these spaces as new development areas. These observations lead to the convenience of exploring the possibilities for reorienting the migratory flows and promoting migration to deliberately selected places, as a means to establish alternatives to the traditional "concentration" approaches. These measures do not preclude the use of the other two lines of action—retention and return—which will be in force whenever the place of origin coincides with some of the new development areas to be generated as described above. If there is no coincidence, it will be necessary to promote other measures, such as the supply of systematic and timely information so that the persons expelled or those potentially emigrating from certain places of origin move to the new socioeconomic and cultural spaces and not to the traditional concentration areas, such as the metropolis. Once these new spaces have been established or are being consolidated, the Governments may organize dissemination campaigns and even the provision of some type of incentives so that residents in high demographic concentration areas may move to these new destinations open to migration.

Viability of policy intervention

There are indications that policies like those mentioned above would be facilitated by the economic and social processes that have taken place in the larger cities of the area. Some data can illustrate these processes. The urban centres with 1 million or more inhabitants in Latin America as a whole increased from 7 in 1950 to 38 in 1990 and the population in these centres increased from 17 million to 132 million persons. The rate of growth in these large cities, however, has decelerated, so that between 1980 and 1990 their average annual rate of growth was lower than that for the urban population in general. The evolution of the same 38 cities that had reached 1 million or more inhabitants in 1990, shows that their growth rate fell from 47 per 1,000 between 1950 and 1970 to 30 per 1,000 between 1980 and 1990. Although these cities constitute a growing proportion of the total population, their relative incidence within the urban total has remained virtually the same and has sometimes even declined. Given the association established between the economic and the demographic aspects within a concentrating development model, it should be expected that after a severe crisis, this model would lessen its population concentrating effect. If this is so, as it appears to be occurring, the challenge that the Governments have to confront would be the search for new economic reactivation strategies that would not involve a rebirth of concentration. This type of perspective would also allow for the design of actions on the spatial distribution of population, such as those mentioned above. A concrete example of a population policy with specific objectives concerning territorial distribution is provided by CONAPO in Mexico, whose policies are directed to articulating spatial mobility with natural demographic growth goals. This type of initiative will be more feasible to the extent that the policies are integrated into more general policies, within the framework of decentralized decision-making, which does not mean a mere delegation of functions from the central Government but implies full ability to act at the local and regional levels with real community participation sustained by economic deconcentration.

NOTES

[1] Although this knowledge is still relatively insufficient, Governments today have definite positions on the central aspects of economic and social development that should serve as parameters for the criteria to be taken into account in the design and application of a population policy.

[2] In turn, consequences should be foreseen with regard to the lagged growth of the different age groups—for example, what the school population will be in from 5 to 10 years and what the working age population will be in from 20 to 40 years—because current actions concerning population will only have repercussions in several decades to come. Likewise, in the short run, the size and evolution of the groups of more advanced age is determined by the past demographic behaviour. Population policies are therefore a clear example of the need for anticipation, since the past demographic evolution imposes immediate requirements, while present actions have repercussions after extended periods of time.

[3] In addition to the analysis of requirements of sectoral services (e.g., education, health, social security) and the corresponding public allotments.

[4] Precise measurements of this type of effect can be made using well-known formulae in demographic-economic models.

XXIII. POPULATION POLICIES AND PROGRAMMES IN THE MEMBER STATES OF THE ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

Economic and Social Commission for Asia and the Pacific[*]

A. POPULATION POLICIES AND PROGRAMMES IN THE 1990S

With the realization that population is a vital component for socio-economic development, nearly all the countries in the ESCAP region have adopted comprehensive population policies. These policies encompass much broader areas than fertility and mortality and the growth rate of population. Debates and exchanges at international and regional conferences have led to a better understanding of other important issues, such as the implications of age structure for children, youth and the aged; spatial distribution, migration and the growth of large urban centres; the role and status of women; and the relationships between population, resources, environment and sustainable development.

Many countries have moved rapidly towards the achievement of the objectives of their population programme. For the large part, in Eastern Asia the demographic transition has been completed or is at an advanced stage. Rapid progress has also been made in South-eastern Asia in slowing population growth. In Southern Asia, in contrast, population growth has not been significantly reduced. In the small island countries and territories of the Pacific, modest declines in fertility have been achieved.

The situation for mortality is similarly diverse. Infant mortality rates and other important indicators of mortality follow the regional fertility patterns. For example, in Eastern Asian countries, the infant mortality rates are well below 50 per 1,000 live births, while in contrast most of the countries of Southern Asia have infant mortality rates much above 100. The South-eastern Asian countries are between the two extremes. The Pacific subregion has experienced similar contrasts in mortality. In the larger Melanesian countries of Papua New Guinea, Solomon Islands and Vanuatu, mortality remains relatively high. In the majority of the other Pacific states, especially in Polynesia, rates have fallen to satisfactorily low levels.

Family planning and quality of life

For the countries that have achieved their demographic goals, the emphasis of the family planning programmes is now shifting away from a concern related to population growth to the qualitative aspects of population development. It is encouraging to note that in a variety of ways, Governments of the ESCAP region are expressing their determination to improve the living and socio-economic conditions of the vulnerable and the underprivileged sectors of the population and are giving added recognition to planned parenthood as a way in which the quality of life can be improved. The existing and future population/family planning programmes will embrace wider concerns covering many more facets of social and family life, including maternal and child health, the youth, the elder and the less privileged.

Maternal and child health and family planning

In considering the quality of life, the issue of high-risk pregnancies must be addressed. Maternal mortality constitutes a serious health problem which deserves attention in family planning programmes. The limited mortality and morbidity statistics available indicate the seriousness of the problems among the least developed countries of the area. It is also important to note that the maternal mortality rates are generally highest in rural areas where there is little health care and most women give birth at home with little medical attention. Improved family planning services provide an effective way to prevent maternal mortality by reducing pregnancies in high-risk groups—women under age 18, or those above age 35 and those with at least four live births or with less than

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two years elapsing since the last birth. Available evidence suggests that in many developing countries about half of pregnancies occur in these high-risk categories.

Child deaths are even more common than maternal deaths, a disproportionate number of deaths in developing countries occurs among young children. Children under age 5 make up 14 per cent of the population in the developing countries of Asia and the Pacific but account for up to 80 per cent of all deaths each year. Death rates are especially high during the first year of life. Many infant and child deaths could be prevented if all women had access to family planning services and used contraception to space their births at least two years apart. An analysis of WFS data by Hobcraft, Mcdonald and Rutstein, (1983) shows that infants born less than 12 months after a preceding birth are three times more likely to die before age 5 than are infants born 24-27 months after the preceding birth. The analysis also found that the infants at highest risk of mortality are those born less than two years apart to teenage mothers. A recent report (United Nations, 1987) points out that in societies where infant mortality is high, policies promoting birth-spacing, including the encouragement of breast-feeding, play a critical role not only in reducing infant mortality but in increasing the predictability of family-building process.

Unfortunately, as that report notes, strategies to promote better spacing of pregnancies have been developed and implemented in only a few country programmes. Further, in some programmes, the contraceptive methods that are especially appropriate for spacing, such as the pill, injectables, implants and condoms, are not as readily available as the methods for limiting family size.

The underprivileged and poorly accessible and family planning

Also important are the working women who are often found in the industrial and service sectors and other groups difficult to reach who experience a relatively high level of unmet need in MCH/FP services.

Family planning programmes have been progressively more successful in reaching the younger and low-parity mothers. Still, in many countries, contraceptive use is low among married women aged 15-19 and even among those aged 20-24 years. Few young women use contraception between the time of marriage and their first pregnancy. In general, the percentage of married women aged 15-19 using contraception is about half as high as the percentage for all married women of reproductive age. For both married and unmarried young women, the risk of unwanted pregnancy is rising.

Although men play a major rôle in family planning, it is estimated that only approximately 8 per cent of the world's budget for contraceptives is spent on the development of male methods (IPPF, 1988). Regardless of which partner actually uses a family planning method, the man often has a major say in decisions on child-bearing and family planning. Yet he is often neglected by family planning programmes.

Population and the environment

Family planning and conservation of the environment are often considered compatible with development of local self-reliance through popular participation in improving the quality of life. When population is placed in harmony with environment in the larger framework of sustainable development, justification for an integrated approach to family planning emerges.

B. Changes in approaches in family planning programme development

Community participation

Family planning programmes in most of the countries are implemented by approaching individual target couples. A newer approach that would seek the achievement of fertility goals through the implementation of community-assisted family planning programmes was considered at the International Conference on Population held at Mexico City in 1984. The issue of community participation in development needs to be further discussed and strategies need to be developed.

Without a societal change in attitudes towards family size, widespread acceptance of family planning practice is not possible. This change in attitude must grow from the microstructure of society, that is, the local community in which the target population lives. Involvement at the local level is therefore essential.

Moreover, the demand for resources devoted to family planning will soon reach the point where Governments cannot meet it alone. There is a need for mobilization of resources at the local level and that is possible only when the local people are actively involved in the decision-making processes. Approaches that encourage self-reliance lessen the burden on family planning organizations. Family planning needs to be conceptualized in a context broader than simple birth control, to highlight its relevance to communal life; family planning services should be provided as part of an integrated package of health, education and welfare services.

Role of non-governmental organizations

Non-governmental organizations have long played a role in supporting family planning and in complementing government efforts. Gaps in government services remain, especially in remote rural areas and urban slums. Reaching these underserved populations may be difficult and non-governmental organizations with more flexible programmes may provide pragmatic solutions. Services provided by such organizations are often rated better than those provided by Governments. These organizations can help pioneering new approaches for family planning services. Better coordination and cooperation with them would help achieve the wider goals of sustainable development.

In addition, non-governmental organizations, such as family planning associations, have often focused on community organizations. There are various types of community organizations with relatively untapped potential which can be drawn into new programmes. Some non-governmental organizations have been successful in their pioneering efforts in community participation and in developing new and more effective programmes.

C. Programme implications and priorities

New programme initiatives are needed, and some of those raised in this paper might be relevant to selected country situations:

(*a*) Although the approach to individual couples will still play a vital role in family planning programmes, community participation should be simultaneously promoted. Programme planning development therefore needs to be decentralized;

(*b*) There is a need to provide information/motivation and services on safe, convenient and affordable contraceptive methods. There is also a need for improvement of quality of supplies and services, including a broadening of choice of methods for couples. Population/family life education should be introduced into all school curricula;

(*c*) Breast-feeding should be promoted vigorously along with family planning methods because it is important for infant health and contributes to child-spacing. Proper emphasis should be placed on the benefit of child-spacing, particularly among younger women. It is necessary to ensure that the more efficient birth-spacing methods shall be available at all service delivery points;

(*d*) The programme for young people needs to be strengthened to minimize the incidence of illegitimate and unwanted births with their attendant personal and social costs. Family planning services must accommodate the special sexual health needs of adolescents;

(*e*) New programme should be developed for young working women, particularly to reach them in their workplace. In factories, industrial plants and cooperatives, a variety of family planning activities should be developed, including lectures and group meeting, formation of women's clubs and provision of contraceptives;

(*f*) Outreach programmes should be extended to reach other relatively inaccessible groups. Better provision is needed to establish MCH/FP services for couples in minority communities, as well as for other vulnerable and underprivileged groups, such as populations in urban slums and remote rural areas. Greater efforts should be made to reach men by strengthening IEC activities and improving the male methods through more vigorous research;

(*g*) Awareness drives are needed to create better understanding of the complex interrelationships between population and development. Community participation may be the main vehicle. The focus of the activities in these areas should be on alleviation of

poverty and illiteracy, and improvement of health, sanitary conditions and environment;

(*h*) Non-governmental organizations have been responsive to the needs and services of adolescents and youths. They should continue to put pressure on Governments to recognize the problems of youth and adolescents and help in setting up appropriate programmes/services for them. Some of these organizations, such as family planning associations, have been very successful in reaching men. These experiences should be passed on to government agencies so that they, too, will be able to strengthen efforts to reach men.

Priority areas must be country-specific, depending upon the magnitude and nature of need, the available expertise and resources and the nature of the programme. Certain elements, however, cut across all situations, for example, the improvement of MCH services, the need for reaching working women, men and youths, birth-spacing and breast-feeding. Basic applied research on fertility and family planning are very important. In countries where emigration levels are high, studies should focus on the disruptive effects and benefits of population movement and implications for relevant family planning and health programmes.

Thus, comprehensive, broad-based population policies and programmes are urgently required. Although the reduction of the population growth rate will still retain its importance, the emphasis of programmes should now shift towards ultimately improving the qualitative aspects of life. Some key issues have been raised concerning women, youths, adolescents and underprivileged groups. Some guidelines for selecting priorities have also been suggested. Serious efforts will be needed to cope with the population issues in the 1990s and beyond and the integration of these issues with the international development. The process must begin now.

REFERENCES

Hobcraft, John, John W. McDonald and Shea Rutstein (1983). Child-spacing effects on infant and early child mortality. *Population Index* (Princeton, New Jersey), vol. 49, No. 4 (Winter), pp. 545-618.

International Planned Parenthood Federation (1988). *IPPF Medical Bulletin* (London), vol. 22, No. 4.

United Nations (1988). *World Population Trends and Policies: 1987 Monitoring Report; Special Topics: Fertility and Women's Life Cycle and Socio-economic Differentials in Mortality.* Population Studies, No. 103. Sales No. E.88.XIII.3.

_________, Economic and Social Commission for Asia and the Pacific (1985). Consideration of emerging issues and regional activities: adolescent fertility. Report submitted to the Committee on Population at its fourth session, August 1985. E/ESCAP/POP.4/13. Bangkok.

XXIV. POPULATION, HUMAN RESOURCES AND DEVELOPMENT PLANNING: PRIORITY ISSUES AND REQUIREMENTS

International Labour Organisation[*]

A. Background

The World Population Conference held at Bucharest in 1974 and the International Conference on Population at Mexico City in 1984 played major roles in heightening international awareness about the strong links between population factors and social and economic development, and helped establish the need for an integrated approach to population policies and socio-economic planning at the overall macrolevel as well as in areas of sectoral interest, such as education and training, employment, health, and urban and rural development. The arguments for broadening the concepts of population policy and population planning beyond the narrow defines of family planning are now well known not only to researchers and technical specialists on the subject but to national policy makers and planners. This knowledge is in large measure the result of activities undertaken by governmental bodies, research and training institutions and the international community within the framework of the World Population Plan of Action. There is, therefore, no need to repeat these arguments in this brief discussion note.

The focus of population, human resources and development planning programmes, such as those funded by UNFPA and executed by the ILO, has been largely the integration of population factors into socio-economic policy-making and planning at national and subnational levels. The UNFPA/ILO experience shows that two crucial conditions must be met if integrated population and development planning is to be achieved. First is the creation of a political climate in which population issues are considered to be central to public policy. A major step towards the achievement of this political commitment is the organization of activities intended to sensitize and to create awareness, targeted at all levels of opinion formation and decision-making, and ultimately reaching down to the general population. Moreover, for specific categories of decision makers (ministers and legislators, and middle- and top-level officials in key sectoral ministries, such as education, health, labour, industry and agriculture, and within the planning and finance ministries). These factors have to go beyond the creation of mere awareness about population and development interrelationships into the establishment of a reasonably good understanding of, and sensitivity to, the main demographic and related variables which interact with socio-economic processes and outcomes, the implications of these interactions at national, subnational and household or individual levels and the variety of policy instruments that can be brought to bear on particular variables. The second crucial condition for effecting integrated population and development planning is the creation of an adequate institutional and technical capacity. A major means for accomplishing this has been the establishment and/or strengthening of a unit charged with overseeing population, human resources and development activities. To be effective, this unit must have strong vertical and horizontal links with national and subnational planning structures (both sectoral and global) and must possess the ability to promote and coordinate population activities in government ministries and departments, local research and training centres, non-governmental organizations etc. This ability would in turn depend upon technical capacity, which hinges upon: the existence of an adequate number of competent personnel at the central population unit and within relevant sectoral ministries, the availability of basic demographic and socio-economic data as well as data relating to the functioning of the socio-economic and demographic systems, and access to analytical tools and planning methodologies that can be adapted to suit local conditions.[1] The extent to which these conditions are met in developing countries varies considerably among the less developing regions and is partially dependent upon the level of socio-economic development.

For example, most countries in sub-Saharan Africa have weak analytical and planning capacities and only

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recently have begun to recognize that demographic and related factors play a crucial role in the development process. Hence, active intervention policies may be required. Over the past decade or so, a great deal of effort has gone into the establishment of the minimum conditions for integrated planning in these countries. Sensitization and awareness-creating activities formed a major component of the UNFPA/ILO projects there, with the aim of building a national consensus for making public policy population-oriented. Sensitization activities are still needed in these countries, but as is discussed below, future needs in this area will be different and, in many respects, more sophisticated.

Recently established population planning units often constitute the focal point for population, human resources and development activities in such countries. They have played leading roles in the sensitization programme and in the development and implementation of comprehensive population policies. Indeed, they are mostly responsible for the increasing number of countries in the sub-Saharan region adopting population policies. Considerable effort has gone into equipping the national staff of population planning units and national research institutions effectively to undertake research, policy development, planning and coordination activities, through a variety of training programmes, including on-the-job training under full-time experts and consultants and the provision of methodological, administrative and logistical support. Some effort has also gone into assisting countries to assemble a minimum of information to form the basis of informed decision-making and effective planning. Sustained efforts are still needed to make these units function effectively.

In contrast to sub-Saharan African countries, many Asian and Latin American countries have relatively developed analytical and institutional capacities for planning as well as a tradition of intervention in the population field. These are countries where the conditions for effective integrated planning have been largely met. Their needs for technical assistance in these activities are more specialized: sectoral planning, migration and urbanization; incorporation of gender concerns into policy; specific policy advice on such issues as population and the environment; and technical aspects of modelling and the use of advanced software packages. They also need assistance for undertaking planning at subnational level.

Many countries in Northern Africa and Western Asia may be placed in between these two groups: relatively developed analytical and planning capacities exist but, as in the first category, population issues receive inadequate attention in public policy. Here, the initial requirement is to create favourable conditions for taking proper account of population factors in human resource development strategies and programmes, for example, through the establishment and strengthening of population units and through sensitization activities.

The ILO experience suggests a number of areas to which attention must be concentrated in the coming years. These areas can be divided into operational and substantive issues. The latter group is discussed first.

B. PRIORITY SUBSTANTIVE ISSUES AND NEW DIRECTIONS

Population policies

Comprehensive population policies facilitate the consideration of the various relationships between population factors and socio-economic development in a manner which minimizes policy contradictions and promotes internally consistent and harmonious development. As mentioned earlier, a number of countries in sub-Saharan Africa have adopted or are in the process of formulating national population policies. These countries require substantial assistance for the preparation and implementation of detailed and well-coordinated global and sectoral action plans. Their needs go well beyond technical advice in the formulation of policies and plans, for in order to make an informed choice between alternative instruments and strategies, planners and decision makers need to have an idea of the level of resources that can be made available for the development and implementation of specific measures and programmes, and for the setting-up of coordination, monitoring and evaluation mechanisms etc. A high degree of commitment to population policy implementation is called for on the part of Governments in Africa, along with a high level of funding from local and external sources for carrying out action plans. For obvious reasons, sub-Saharan Africa will remain the priority region for population planning. The population problems in Africa (especially rapid population growth, refugee and other migration issues, urbanization and spatial distribution)

and their complex interactions with such factors as poverty, unemployment, underemployment and environmental degradation, and the effective implementation of population policies, certainly deserve special attention at the International Conference on Population and Development to be held in 1994.

In other less developed regions, population and human resource development policies and activities have often been undetaken in the absence of a comprehensive framework. Although such an approach may have the advantage of focusing attention and scarce resources on very specific priorities, it may lead to the neglect of some otherwise important factors or may have unanticipated effects. Indeed, efforts have at times been limited to the pursuit of population-influencing strategies, particularly family planning, to the total neglect of the equally important population-responsive policies needed in such areas as health, education and employment.[2] A balance must be sought between specificity and comprehensiveness when formulating population policies.

Gender issues

The need to provide women with opportunities equal to those enjoyed by men in education, training and employment has long been on the agenda, but progress seems very slow. Other areas, such as equity in the distribution of resources (for productive purposes as well as for consumption, the latter even at the household level), have not received sufficient international action and often suffer from a lack of serious political commitment. Certainly, in recent years there has been a massive increase in the general understanding of women's issues *vis-à-vis* development processes and in the number of "women's projects", but bolder measures are few. What is needed is not so much the multiplication of projects directed specifically to women as mechanisms for the systematic examination of policies and development plans from the perspective of gender sensitivity and the identification and removal of discriminatory practices. This effort calls for increasing the awareness of women's concerns at all levels, building a national consensus that action must be taken and examining alternative instruments to bring about the desired changes. An important condition is that women have a voice, and play a central role, in decision-taking on major issues.

Employment and training

The relationships between demographic variables and adaptation strategies in the face of structural adjustment and the profound changes taking place in the world economy (globalization of markets etc.), particularly in relation to employment planning, training and in retraining schemes, are yet to be taken into account population, human resources and development activities in a systematic manner. This aspect is only part of the general need to give sufficient attention to employment considerations within these programmes.

Another area requiring priority attention is the role played by demographic factors in the rapid expansion of the informal sector. Research is needed here to provide support both for the search for solutions to current problems and for medium- and long-term planning.

Policies are also needed to cope with the implications of ongoing and impending changes in age structure for employment, particularly the issue of ageing and employment considered at the macrolevel as well as at the levels of enterprises and of the elderly workers themselves.

Education and health planning

Education and health planning remains an important area of population, human resources and development programmes. Issues of quality and quantity and of resource allocation are current, particularly within the context of structural adjustment programmes. The need to maintain education, health and other aspects of human resources development as priority areas even in the midst of large spending cuts must be emphasized. Also, policies and programmes directed to vulnerable population subgroups are needed. A major need is to develop new and specific methodologies for taking care of planning problems at the sectoral level and for simultaneously linking these sectoral planning techniques to global or economy-wide planning techniques. It would also be useful to discuss some of the implications of changes in the age structure for education and health. Similarly, child labour is an important issue which should be tackled from the viewpoint of its implications for education, health and human resources development (i.e., population quality

considerations) as well as for the adoption and observance of international labour standards.

Migration and population distribution[3]

International migration is rapidly becoming a potentially explosive issue, particularly in view of increasing demographic and economic pressures in poor countries and economic recession (or weak economic growth) in the richer ones. Although it may, in general, be quite difficult to incorporate international migration into the context of development planning, the treatment of international migration for employment from the perspectives of both sending and receiving countries would constitute a useful work item. Similarly, internal migration, particularly when it leads to the rapid growth of large cities, may have important implications for poverty, employment, provision of basic amenities and social services and the environment that require priority attention in development planning. Moreover, the integration of migration into socio-economic planning would be greatly enhanced if it were to be endogenized in population and labour force projection procedures and software.

Data requirements and research on population and development interrelationships

Although basic demographic data are becoming increasingly available in virtually all countries, empirical information on the interactions between population and socio-economic factors (at and across macrolevels, mesolevels and microlevels), which will permit informed choices between alternative policy options, remain scanty. Moreover, even the basic data at times are released too late to be of much use or are inadequately analysed for policy formulation purposes. This is particularly true of the recent round of censuses in a large number of developing countries. Population units and/or national data collection agencies need assistance in building up and analysing efficient but inexpensive integrated statistical databases covering the major population and socio-economic variables for purposes of planning, monitoring and evaluation. Another important area of need concerns data collection and research on population and development interrelationships at subnational levels. There is a a general lack of adequately disaggregated good data at subnational levels and a heavy dependence upon census and registration data, which are often insufficient for studying relationships. Data on migration are quite scanty, yet the impact of migratory flows on projections of local populations could be quite significant.

Other issues

In addition to the areas outlined above, many other items deserve a place on the population, human resources and development agenda in the coming years. One is rural development (or the lack of it) which, in addition to its obvious potentially positive effects on poverty, appears to play an important role in demographic processes, particularly migration, mortality and fertility. Of particular interest here is an examination of the possible ways through which rural development programmes could be used as instruments for attaining population goals. The enormous environmental implications of rapid population growth and the rapid growth of large cities in developing countries is another important subject for population, human resources and development planning and policy. However, many of the relevant issues would have been covered by the United Nations Expert Group on Population, Environment and Development, held at United Nations Headquarters in New York in January 1992.

C. OPERATIONAL ISSUES

Institution-building

Establishing national institutions for integrated population and development planning and helping them be administratively and technically self-reliant is, quite rightly, one of the major objectives of international technical assistance. Although some progress has been made, in many countries the population units continue to depend upon external assistance even after many years of nurturing. There is certainly a need to strengthen the administrative capacities of population units, particularly in the area of financial management, especially as there is movement towards increased national execution of technical cooperation projects. This effort will also free executing agencies to concentrate on the provision of technical support and policy advice. Governments should also be encouraged to provide sufficient resources to population, human resources and development programmes, particularly an adequate number of full-time professional staff on a continuing long-term basis. Issues include, in poor countries, the financial

implications of absorbing (previously) externally funded units fully into the public service, and, in all countries, recognizing population, human resources and development activities as requiring the full-time attention of the staff, as well as recognizing the complementarities which exist between structural adjustment strategies and those activities. Once planning structures are allowed to deteriorate (during periods of recession or structural adjustment) and lose their skilled and experienced staff, it is difficult to revive them. In many countries, there is also a need for measures directed to reducing the high rates of staff turnover.

Beyond these administrative considerations, efforts are needed to ensure the full integration of these units into macroeconomic and social planning structures at national and subnational levels and enable them to effectively coordinate their activities and generally play a catalytic role in population work. It helps, for instance, for the unit to be located, and accorded a high profile, in the planning ministry. Also very important is the issue of population, human resources and development, and decentralized planning. Subnational programmes have the advantage of facilitating awareness creation at the local level and the involvement of local communities and also have the scope for a more accurate prediction of the effects of policy interventions. Nevertheless, the ILO experience suggests that decentralized work in this area is extremely difficult unless the national planning machinery has itself been decentralized in terms of resources and activities and is fully integrated into local administrative structures. In many countries, there are also important political issues to be resolved, such as the distribution of resources between the centre and the regions, the power to set social and economic priorities, and even political autonomy.

Training of national cadres

Training constitutes a major instrument for strengthening national technical capacities. The most relevant and most effective type of training is perhaps that received within the country itself, including, in the case of externally financed programmes, on-the-job training provided by consultants and full-time experts. A major issue is often the availability of an adequate number of full-time national staff to whom the expert can transfer his/her knowledge and skills instead of acting as a mere substitute for national staff. Formal training at local and overseas institutions is then used for the acquisition of specific skills. Issues worth discussing include the development of training institutions, particularly those based in developing countries, and measures directed to the retention of trained staff, given the current high rates of attrition.

With respect to the specific areas of training, the greatest needs appear to be: (*a*) strengthening of the capacity to undertake focused multivariate analyses (as opposed to simple descriptive studies) to facilitate the identification and examination of alternative policy measures within an integrated policy and planning framework; (*b*) training in the operationalization of population, human resources and development policies, a particularly acute need in countries that recently adopted population policies or those expected to do so in the near future; (*c*) management of population and development programmes and projects, including techniques for monitoring and evaluating their implementation; and (*d*) training of sector planners in new techniques to handle sectoral planning which effectively link it to global/economy-wide planning.

Sensitization and awareness creation

Much has been achieved in the sensitization of decision makers and planners about basic demographic and economic interrelationships. Indeed, the profound change of position *vis-à-vis* the need for active population policies that occurred among Governments in a large number of countries between the 1974 and 1984 conferences partially reflect the success of awareness-creating activities. The increasing number of countries undertaking the formulation and implementation of national population policies is another indication of success. But this does not imply a reduction in requirements for functional awareness creation. Certainly, the majority of Governments in developing countries no longer need to be convinced about the need for population programmes. None the less, as indicated earlier, political commitment for effective population policies and programmes cannot be achieved without a high degree of understanding of, and sensitivity to, population issues at all levels of decision-making. This means, among other things, packaging and presenting the results of population, human resources and development policy research and analyses on a continuing basis and highlighting its policy and programme implications to planners and decision makers. It also means the development of

simple but effective tools for getting these messages across to a relatively sophisticated audience, including, perhaps, the use of microcomputer-based techniques. The successful implementation of these policies and programmes depends, *inter alia*, upon the clarity with which the general public perceives the issues and the extent to which it identifies with the choices made. Among other things, messages demonstrating the advantages of integrated planning and active population intervention will have to highlight implications and benefits at the household and individual levels. Messages specifically directed to particular population subgroups (e.g., employers and workers organizations, cooperatives and makers of public opinion such as religious and traditional leaders) also need to be developed. Whatever the level of socio-economic development or the stage reached by a country in terms of the demographic transition, sensitization of the general public is essential for population and development programmes. Sensitization is not a one-time exercise; it may have to be repeated from time to time with the changes in content and emphasis. For instance, in countries where the demographic transition is advanced or completed, awareness-creating activities are called for to promote the development of policies designed to anticipate and deal with the consequences of ageing, particularly with respect to employment, social security and health care, or those designed to deal with migration and environment issues etc.

Agency requirements

Agency requirements are mainly in the area of assembling and maintaining high-quality staff sensitive to the needs of developing countries, policy research in support of technical assistance programmes and development of training materials and analytical and planning methodologies and tools for equipping country population, human resources and development units.

NOTES

[1] Funding is, of course, another essential requirement, but it depends in part upon the effectiveness of sensitization activities at both national and international levels.

[2] Of course, prioritization is needed even within the framework of comprehensive policies. For instance, a comprehensive policy should not concentrate on population-responsive strategies if the rate of population growth is considered too high.

[3] Many of the issues relating to migration and population distribution are to be discussed at another expert group meeting; the discussion here should be limited to the integration of migration issues into population, human resources and development policies and plans.

XXV. INTEGRATION OF POPULATION FACTORS INTO AGRICULTURAL AND RURAL DEVELOPMENT POLICIES: FUTURE NEEDS

*Food and Agriculture Organization of the United Nations**

This discussion note examines the status of the integration of population into development policy-making with respect to agricultural and rural development and the issues that affect its progress negatively as well as positively.

This integration can be sought under three forms: (*a*) taking demographic variables into account in the elaboration of development policies; (*b*) formulating population policies with reference to specific development objectives and strategies; and (*c*) integrating the processes of development and population policy-making. The third form is obviously the most ambitious, both conceptually and from the organizational viewpoint. In practice, whatever has been achieved so far in integration has been in the first two forms. As far as sectoral development policies are concerned, the first form seems to be the most relevant. Turning to the subject of this note, however, the second form would be possible form indeed desirable (i.e., to conceive specific population policies directed to harmonizing rural population trends with rural development objectives). Thus, both of them are considered here.

A. AGRICULTURAL POLICY-MAKING AND POPULATION ISSUES

The integration of population into development policy-making potentially has to do with a series of analytical exercises undertaken with a perspective orientation, as a preparation for policy-making. This section examines the relevance of population concepts and outlines possible avenues for such integration in relation to five traditional areas of work, namely, sector studies, sector planning, regional development planning, policy studies and project analysis.[1]

Sector studies

A sector study assesses the state of the sector and its supply potential, projects future demand, analyses production factors in depth and examines interlinkages between activities within the agricultural sector and between agriculture and the rest of the economy. Its findings help decide on resource allocation, clarifying the consequences of policy alternatives.

Sector studies are crucial for the integration of population into development policy-making, firstly, because they are meant to orient subsequent plans and policies and therefore offer key opportunities to identify population-related issues in agricultural development as well as possible linkages between agricultural policies and population policies; secondly, because when long-term perspective studies are undertaken, they point to linkages that would otherwise not be apparent. Relevant issues at this level are:

(*a*) The dynamics of urban and rural population growth, with related changes in socio-economic population structures, which have distinct quantitative and qualitative impacts on food demand, hence on the setting of agricultural production targets;

(*b*) The dynamics of the sectoral (agricultural/non-agricultural) distribution of labour, which have important implications in terms of dependency and of productivity requirements, hence for technology and foreign-trade strategies; and

(*c*) On the demographic side, the socio-economic determinants of rural fertility, which may suggest a coordination of economic and population policies intended to foster a transition to peasant systems incorporating smaller family norms without going against the people's aspirations to well-being and security.

Analyses of the situation of the agricultural sector should consider trends in urbanization and rural-urban migration, and their causes. The main application of such an assessment is in food planning. Consumption patterns should be assessed on a disaggregated basis:

* Rome, Italy.

at the very minimum for urban and rural populations, and if possible for smaller groups with homogeneous diets. Food demand is usually projected using income-driven econometric models. At this stage, alternative population projections (in particular, variants differing by the pace of urbanization) should be tried in order to assess the sensitivity of food needs to different courses of demographic trends. It would be well to conduct those analyses in a sufficiently long-term perspective, in order to take heed of potential negative trends that might go otherwise undetected. An alternative concept, deserving methodological exploration, would be to project the size of population groups distinguished on the basis of diet structure.

The agricultural dependency viewpoint is the following. As the ratio of total population to the agricultural labour force typically increases over time, it is necessary to increase agricultural labour productivity at the same rate to maintain an unchanged self-sufficiency ratio at constant domestic demand. This in turn requires either an increase in land productivity (at constant cultivated area per worker) or an increase in cultivated area per worker (at constant land productivity). These trends are crucial for balancing policies on land use and technology.

In principle, a comprehensive study of the agricultural sector and of related aspects of population dynamics offers valid opportunities to coordinate policies in both areas. If urbanization is deemed too rapid, rural development policies (and first of all agricultural policies) should address the problems at the origin of migration flows. Agricultural planners also have their own views on desirable labour use in the agricultural sector: if, for instance, labour-saving is an objective, non-agricultural rural employment must be promoted or migration must be accepted. At any rate, these interactions and trade-offs are important for the entire orientation of subsequent plans and projects. With regard to fertility, specific agricultural policies may be indicated in the search for specific impacts on desired family size and child-bearing, for instance, through measures that affect the value of child labour through related variables (such as women's workload or land tenure).

Planning is usually carried out through a combination of two approaches: one that tentatively derives objectives from a quantitative analysis of people's needs, and one that does so on the basis of an analysis of resources and productive potential. More could probably be done by way of planning that specifically seeks to utilize human resources in an optimal manner—a very direct and useful way of pursuing the integration of population into development policy-making. Seen from a slightly different angle, if one of the functions of the sector level planning framework is to define priority areas for investment, surely investment in human resources should be considered in that context.

It should be added that sector studies are often applied to agricultural subsectors, such as crop production, livestock, fisheries or forestry. In so doing, one may have to focus on specific groups of population, such as nomadic herders, or fishing or forest communities. The demographic characteritics and dynamics of such groups then become a subject of prime interest.

Regional development planning

The implementation of sector plans frequently resorts to some amount of regional development planning. It is interesting to review the arguments for decentralized planning, which illustrate indirectly the importance of population variables:

(*a*) In agriculture more than in other sectors, because of agroclimatic considerations, development problems tend to be geographically specific. Population variables are relevant here: for instance, population densities and ethnic or social specificities are reflected in land-use patterns and economic organization;

(*b*) The complexity of economic relationships is largely determined by the planning scale itself, which goes along with population size: the larger the latter, the more numerous the problems that will have to be addressed at a high level of aggregation. If the analysis then overlooks too many of the significant variables, the policies proposed may be unrealistic; and

(*c*) Decentralized planning makes it easier to coordinate sectoral plans and makes it possible to subordinate those plans to objectives of spatial equilibrium. In this respect, taking the local population as the reference for needs and resources assessment supplies a natural consistency check. Decentralized planning thus provides a favourable

setting for solving an important planning problem, namely, that of ensuring compatibility between the strategies of government institutions and those of the rural society.

Regional planning tends to be multisectoral. As a consequence, it requires multidisciplinary analysis, where social demography should be an important element. It facilitates the setting of objectives based on an examination of the population's needs and strategies, possibly in consultation with local communities. In addition, the definition of public interventions and the assessment of their feasibility are better conducted at a level where policy makers will have greater opportunities than in national planning to detect practical constraints. As far as the integration of population into development policy-making is concerned, the following issues are generally relevant:

(*a*) Population distribution and its relations with the distribution of the production potential of land (possibly in terms of potential population-supporting capacities) and related implications for land use;

(*b*) Interregional and intraregional migration patterns and their implications for the labour demand/supply balance over time and across space;

(*c*) Settlement and resettlement problems; and

(*d*) Intersectoral linkages through family and community strategies which often combine various economic activities over space and time in order to maximize security; this aspect, for instance, heavily influences migration patterns. Plans for economic diversification should take into account household labour-use patterns, including labour migration and the labour force structures thus created. The impact of envisaged activities on the existing division of labour within households must be anticipated, lest serious imbalances or deterioration of the condition of certain categories of labour (women for instance) should occur.

In general terms, regional strategies concerning the utilization of production factors (labour and land use) and technology issues in agriculture should be studied in an integrated manner. The main trap to be avoided in this respect is land-use planning that is based solely on soil capabilities and market orientations, regardless of labour constraints, migration patterns and peasant economic strategies.

The integration of demographic objectives into regional rural or agricultural planning is bound to be limited in any case. Fertility policy essentially is a national affair, and differentiated policies in that area may be resented. The main relevant area is that of population distribution and migration policies, which should be fully integrated into agricultural and rural labour use and other policies. Settlement and resettlement planning, in particular, should explicitly consider the impact of such programmes on demographic behaviour, including induced migration, and on overall population distribution.

Policy analysis

The objective of policy analysis is to select means of public intervention that will facilitate the achievement of sectoral objectives. There does not appear to be a prominent place for population considerations in this context. However, some policy studies require appropriate knowledge on specific aspects of population dynamics and households' behaviour and therefore call for integration of some socio-demographic variables.

Manpower policies directed to ensuring an adequate supply of labour require information on labour force participation by sex and age, by sector, across space and over time. Input supply policies for small farmers must take into account the availability of family labour for input application. Price policies require adequate knowledge on farmers' reactions to price changes, given the structure of their needs and their access to markets. Food-security policies should consider how population change may affect security factors in the working of the food supply system: for instance, how migration, urbanization and intersectoral labour force transfers affect the degree of dependency of the total population *vis-á-vis*, a greater or smaller, more or less geographically dispersed population of producers. Agrarian policies must address issues linked to the effects of population growth (and possibly migration) on tenure and landownership patterns, including landlessness, and must be aware of the possible effects of agrarian reforms on demographic behaviour, including fertility. These issues will often be better examined on a small scale, that is, at the area project level.

Project analysis

Agricultural development projects are the actual instrument for financial and technical assistance to peasant populations. Some population-related issues of concern in this context are given below:

(*a*) Structural changes within the agricultural labour force in the project area and their implications for the organization of production and for project's technological options;

(*b*) Social and demographic heterogeneity of local populations, with differential labour and land-use strategies by social group and type of family; and

(*c*) The possible impacts of projects and programmes on population and labour force dynamics, including differential effects by social group or type of families.

Some treatment of population variables would thus be warranted at most stages of project preparation and implementation:

(*a*) In project identification, the analysis of demographic situations can efficiently help detect problem areas through such indicators as high out-migration rates, distorted (ageing, feminized etc.) labour force structures, high population/arable land ratios and so on;

(*b*) In feasibility studies, labour availability must be assessed with care, and a population projection should be made for the project period—or, better, for the life duration of the investment when applicable. That is often made difficult by the existence of migration flows, the most unstable factor of population change. But knowing and understanding the migration patterns are important also because of what these patterns reveal about family and community economic (and social) strategies. It is also necessary to anticipate the implications of the patterns (under appropriate hypotheses as to how the project will modify them);

(*c*) In project design, problems linked to social differentiation must be handled, meaning that the varying resources, needs and social and economic interests of various groups must be taken into account. Of course, the possible impacts of project operations on the social stratification process must be envisaged. Some projects require specific attention to purely demographic dimensions: those are all the projects that include components of land allocation to peasant households, including, of course, settlement/resettlement projects. In those cases, demographic factors must be integrated in project design, in order to allow for the future dynamics of families and landholdings; and

(*d*) It would be advisable to include household-level indicators of well-being in project-monitoring schemes, such as food consumption and nutritional status indicators, dependency indices and the like. That success requires a preliminary study of the local socio-economic system, to determine which are the relevant indicators.

B. INTEGRATION OF POPULATION INTO DEVELOPMENT POLICY-MAKING IN AGRICULTURE: SITUATION AND PROSPECTS

Status in agriculture

Agriculture is no better off than most other sectors with regard to the integration of population into development policy-making, despite what is sometimes described as the "importance of the human factor in agricultural economy". Attention to population variables usually does not go beyond labour use analysis. Plans, programmes and projects usually do not envisage the possible effects of population dynamics, let alone the impacts of their own actions on population trends. In brief, there still is ample room for broadening and enriching the methods of agricultural planning from this standpoint. The causes for this state of affairs are of three types (Marcoux, 1987).

First, the practical importance of the relations between population and economic variables is not always recognized in concerned government agencies. Population phenomena have seldom been perceived as "issues" by agricultural planners: a review of the population contents of development plans in the 1970s found that the pressure of population on food and agricultural systems was mentioned as a concern by only 10 out of 60 countries, including only 2 in sub-Saharan Africa (Stamper, 1987). In fact, many countries then argued that population growth could not be a problem for the agricultural supply/demand

balance, given the availability of land resources. From then on, population variables were disregarded at all stages of policy formulation. One factor of this lack of awareness certainly was the absence of population studies in the training curricula of planners. Another factor was the tendency to focus on national, aggregate production objectives at one end and on the preparation of area investment projects at the other end, thereby largely ignoring the impacts of decisions at the level of specific categories of population. Yet another was the usual lack of a real long-term perspective, where population and economy interactions would have become more visible.

Secondly, the lack of demographic data is often invoked to justify the neglect of population issues and variables in preparatory analyses and plan formulation. Thirdly, the lack of planning methods in which demographic variables would be formally integrated is frequently regretted; this includes the lack of adequate procedures for the monitoring and evaluation of the implementation of plans and programmes which could indicate what role population-related factors have played in the outcomes, as well as what impact those plans and programmes have had on population trends. These issues of data and methods are interlinked, since if sector planning or project formulation methods were to take population variables explicitly into account, the related data collection would become a matter of routine for the responsible institutions.

For instance, attention to demographic characteristics would be warranted by the fact that human labour is dominant in traditional agriculture; but traditional agriculture is a fuzzy object for planners, who thus often restrict themselves to dealing with sector aggregates and planning for the "modern" subsector, implying that traditional agriculture plans for itself and thus unfortunately missing potentially important or critical points, such as labour-force structures and their impact on production. This is an effect of faulty methods as much as of the apparent pure lack of information. It is also clear that most operational units of the sector are demographic units (families) and that the economic and demographic behavioural patterns of those units are inseparable components of one strategy: as a result, different economic modes of behaviour are found among different categories of families and economic events affect demographic behaviour. But this has not led yet to practices that investigate demographic patterns in target populations in order to detect constraints or to analyse relationships between family and social objectives, on the one hand, and to project objectives on the other.

Prospects in agricultural policy-making

As has been seen, the primary obstacle to the integration of population into development policy-making in the agricultural sector has been a lack of awareness of population-related issues. There is currently greater sensitivity to the general population/food issue in many countries, because it has become abundantly clear that labour does not automatically combine with existing land and other resources to maximize agricultural production. But this perception in aggregate terms alone is not conducive to particularly population-sensitive planning.

Under these conditions, promotion of the integration of population into development policy-making calls for the following strategies:

(*a*) On the one hand, make the most of existing opportunities, that is, propose tools that integrate population variables into routine planning exercises (such as the setting of national production targets and the preparation of investment projects). Of course, in those areas where more or less standardized formal methods are in use, quantitative tools for integrating population variables could be incorporated into those methods;

(*b*) On the other hand, stimulate methodological development in less common areas that have particular value in this perspective (such as regional planning or long-term studies). Admittedly this is the most difficult part. This effect can be pursued by undertaking model studies following procedures (i.e., sequences of analytical operations) that encompass the analysis of population-related aspects, being understood that such analyses can be conducted in a variety of manners including but not limited to formal techniques. Developing appropriate, easily accessible tools seems to have an important stimulating effect on planners for these to modify their working habits.

It is also well to note that the factors that have been identified as having negative effects for the progress of integration of population factors into the agricultural sector affect the various types of planning to different

degrees. In sector planning, the necessary data are generally available or can be satisfactorily estimated. The main problem rather lies with planning methods, which reflect the predominance of such concerns as production and capital accumulation and focus on macroeconomic aggregates rather than on basic needs. Existing methods could be adapted without serious difficulties so as to incorporate relevant demographic variables. There is no need, by the way, to formalize that integration rigidly, and the planners themselves could carry it out in a flexible manner from the moment they would feel the need for it. At the project level, planning does not necessarily reflect a clear realization of the relations between demographic and economic variables; that is mainly due to the inertia of well-established methods with a strong orientation towards the technical and financial aspects of planning. Yet, the potential importance of demographic variables is considerable at this level, as was shown earlier. In this respect, experience may be opening the planners' eyes, for instance, because of the harmful consequences of neglected population movements, such as migration flows, or the natural evolution of unbalanced populations. But special efforts are required to improve on methods and procedures and collect appropriate data.

In the end, regional planning appears to offer the best opportunities for the integration of population into development policy-making in the future. At the regional level, the views expressed (sometimes in a too rigid form) at the central level on population and economy relationships are not necessarily reflected in planning, provided that regional planners have sufficient autonomy *vis-à-vis*, the macroeconomic planning framework. Being closer to real situations, decentralized planning units are in a better position to assess those relationships, at least in qualitative terms, in the specific geographical context of concern to them. With regard to information requirements, unfortunately, decentralized planning often has to make do with less recent and less detailed data than national planning. The best way to tackle this problem—rather than trying to bring typical data-processing times at the central level down to more acceptable levels—may be to take advantage of the development of cheaper microcomputer-based data-processing capabilities to decentralize processing and analysis. However, defective data stocks have thus far led regional planners to use more informal, flexible methods, so that adaptations of those methods to accommodate new dimensions, such as population aspects, should not be hard to achieve. A large amount of partial, qualitative information on rural economies is in fact utilizable only at a decentralized level. In that context, even empirical endogenizations of demographic variables are sometimes possible.

It is encouraging to note that there is increasing demand for training in regional and decentralized planning, because it will offer opportunities to demonstrate the concrete value and feasibility of the integration of population into development policy-making. That will probably not be done through the development of new methodological "packages", but through research applied to the preparation of case-studies for training. Methods for such integration might best be developed by planners that are convinced of the relevance of such methods for their own mandate.

Through decentralization and people's participation, regional planning allows the strengthening of local institutions as well as a greater mobilization of local resources. In practice, the latter factor has always been a major justification for decentralization: thus, it was to provide the basis for "people's participation in the planning, formulation and implementation of development programmes relating to their regions or areas" that the World Conference on Agrarian Reform and Rural Development in 1979 urged Governments to "decentralize institutions of government decision-making, in particular, the planning machinery" (Marcoux, forthcoming). Population in this case is no longer so much a relevant variable as a relevant partner: this might be the ultimate form of integration.[2]

NOTES

[1] On the range of activities geared to planning in this sector, see Food and Agriculture Organization of the United Nations (1984).

[2] For details on several aspects of this matter, see Marcoux (forthcoming).

References

Food and Agriculture Organization of the United Nations (1094. *Agrarian Reform and Rural Development*. Rome.

_________ (1984). *Planning Agriculture*. Rome.

Marcoux, Alain (1987). *Population, Society and Agricultural Planning*. Rome: Food and Agriculture Organization of the United Nations.

_________ (forthcoming). Prospects and requisites for integration of population into agricultural and rural planning. In *Population and Development Planning*. Proceedings of an International Symposium, Riga, Latvian SSR, 4-8 December 1989. New York: United Nations.

Stamper, Maxwell B. (1977). *Population and Planning in Developing Nations: A Review of Sixty Development Plans for the 1970s*. New York: The Population Council.

XXVI. HEALTH POLICIES AND PROGRAMMES: ACCOMPLISHMENTS AND FUTURE DIRECTIONS OF THE SAFE MOTHERHOOD INITIATIVE

World Health Organization *

Every minute of every day a woman dies from complications related to pregnancy or childbirth. Of the 500,000 maternal deaths that occur each year, 99 per cent take place in the developing world. Countless more women suffer permanent damage to their health. Every time a woman in a developing country becomes pregnant, her risk of dying is up to 100 times higher than that of a woman in a developed country. A woman's death or poor health also has serious consequences for the health and well-being of her family, community and country.

The most common medical causes of maternal death are haemorrhage, pregnancy-related hypertension, infection, obstructed labour and unsafe abortion. However, the problem derives not only from inadequate health services but from the social, cultural and economic environment in which women live. Women die and suffer ill health because they are neglected as children, married as adolescents, poor and illiterate, underfed and overworked, subjected to harmful traditional practices, denied equal social, legal and economic status and excluded from decision-making, and because they are denied access to adequate family planning and maternal health services.

A. The Safe Motherhood Initiative

The Safe Motherhood Initiative, which was launched in 1987 out of concern at the enormous scope of this tragedy, is a global effort to reduce maternal mortality and morbidity by half by the year 2000. The fourfold strategy of the Initiative is:

(*a*) To enhance the quality and safety of girls' and women's lives through improved socio-economic and political status for women;

(*b*) To provide appropriate family planning services for all in order to avoid pregnancies that are unwanted, too many, too early, too close, or too late;

(*c*) To ensure the availability and accessibility of high quality, community-based prenatal and delivery care for all women;

(*d*) To ensure the provision of skilled obstetric care for high-risk and emergency cases.

Activity within the Initiative may take many forms. Advocacy and information efforts are intented to increase awareness of the dimensions of the problem and the need for action. Governments, non-governmental organizations, donors and the media participate in conferences to build commitment among decision makers so that appropriate programmes will be launched and maintained. Materials are produced and disseminated to provide background information, guidelines and examples of successful safe motherhood programmes. Research is undertaken: (*a*) to investigate the causes, magnitude and impact of maternal mortality and morbidity; (*b*) to study women's needs and perceptions; and (*c*) to assess the effectiveness, acceptability and costs of new or ongoing programmes and technologies. Health and family planning personnel are trained to strengthen their skills in service provision, programme planning and management and research.

At the national and community levels success depends upon addressing local needs and making the best use of available resources—human, financial, informational and material. This can be achieved through partnerships among Governments, private sector organizations, research institutions, professional associations, media, donors and individuals. It is vital to ensure family and community participation in the development and implementation of national policies and programmes and in the formulation of cost-effective, practical interventions.

The co-sponsors of the Initiative—the UNICEF, UNFPA, UNDP, WHO, the World Bank, IPPF and the Population Council—provide support to Governments

* Geneva, Switzerland.

and non-governmental organizations throughout the world that are taking action to reduce maternal mortality and morbidity. Partners in the Initiative include community organizations, women's groups, health and family planning associations, researchers, policy makers, donor and technical assistance agencies. Safe motherhood activities are also supported by concerned non-governmental organizations such as Family Care International, and by professional bodies, in particular, the International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives and the International Council of Nurses.

Safe motherhood policy decisions in international forums

The Safe Motherhood Initiative derives from the Call to Action at the International Conference on Safe Motherhood held at Nairobi in 1987, during which the findings of research studies, many of which were supported by WHO and funded by UNFPA, were presented for the first time. These studies, undertaken in a range of countries, became instrumental in drawing attention to the extent and nature of maternal mortality and the need for programmes to reduce it.

Within WHO, the commitment to maternal health dates from the inception of the Organization, and maternal and child health and family planning are key elements of primary health care. The WHO policy has been continually reinforced by a series of World Health Assembly resolutions (WHO, resolutions).

There has been regular reaffirmation of the need for action in international, regional and national fora. Resolutions and declarations in support of safe motherhood and of the goal of reducing maternal mortality by half by the year 2000 have been adopted in the governing bodies and assemblies of WHO, UNFPA and UNICEF. Maternal mortality, access to prenatal care and trained attendance at delivery are core indicators in the WHO monitoring of progress towards Health for All by the Year 2000. In 1991, WHO, UNICEF, UNDP and UNFPA issued a joint letter to staff for the purpose of further strengthening collaboration and emphasizing the complementary and mutually reinforcing roles in maternal and child health/family planning. In this context, the reduction by half of maternal mortality is a major goal for improving the health of women and children by the year 2000. Other goals include the need to pay special attention to the health and nutrition of the female child and pregnant or lactating women; the importance of access for all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many; and the need for access for all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies.

Commitment to the Safe Motherhood Initiative goals were reaffirmed in the Amsterdam Declaration at the International Forum on Population held in November 1989; in the Paris Declaration on Women, Children and AIDS, also in November 1989; in the Affirmation of Bangkok by the Child Survival Task Force in 1990; and in the Declaration and Plan of Action of the World Summit for Children in September 1990. Many regional and national meetings have been held in various regions in order to disseminate information and increase advocacy efforts.

Collaboration between partners and interested parties in the Initiative has been assured through regular meetings of the informal inter-agency group and the meetings of interested parties, the first three of which were organized by WHO. The most recent such Meeting of Partners for Safe Motherhood was organized by the World Bank at Washington, D.C. in March 1992 (Otsea, 1992). For the next meeting, responsibility will rotate to the Population Council.

B. ACHIEVEMENTS AND ACCOMPLISHMENTS

Advocacy

Considerable progress has been made since the Conference at Nairobi. There is general consensus on the need to make safe motherhood a priority issue in national and international programme planning and development. The dimensions of the problem are understood and many of the interventions needed to improve the situation are known. Governments, non-governmental organizations, donors and other interested parties in almost 90 countries have participated in national and regional safe motherhood workshops, many of which were organized by Family Care International. Printed and audiovisual materials have been produced both at the global and at the local level, in a variety of languages and directed to diverse audiences. This advocacy effort has been of crucial importance in persuading decision makers and those

responsible for setting financial priorities of the importance of safe motherhood and women's health for future development.

Many of the partners in the Safe Motherhood Initiative have published relevant materials. In 1990, UNICEF, UNESCO and WHO collaborated in a joint venture to produce the document "Facts of life", which promotes safe motherhood and family planning as two of the 10 key messages. WHO has produced the quarterly *Safe Motherhood Newsletter*, the books *Preventing Maternal Deaths* and *Maternal Mortality: A Global Factbook*, and a number of documents resulting from the deliberations of technical working groups (WHO, 1990 and 1991a). A kit of resource materials describing innovative programmes for planners and managers has been produced by Family Care International together with several videos, fact-sheets and conference reports. The Columbia University Prevention of Maternal Mortality Program produced "Safe motherhood programs: options and issues". The London School of Hygiene and Tropical Medicine and the Mother Care Project have also produced information materials.

Research

At the Conference at Nairobi, the Call to Action included the demand for additional studies to obtain better information on maternal mortality that is country-specific and locale-specific as well as ongoing operational research and evaluation to assess the effectiveness of programmes. WHO was given overall responsibility for the operational research component to be carried out alongside the epidemiological research initiated in 1984 with support from UNFPA. This juxtaposition of different types of research illustrates the logical progression from problem definition and the need for information on which to base effective action, to the evaluation of alternative approaches to providing the needed care. A total of 33 epidemiological studies have been completed or are in progress as are 37 operational research studies and four studies concerned with the adaptation of technologies.

As a result of the research programme, there are, for the first time, reasonably reliable data on maternal mortality in several countries or in remote areas (WHO, 1991b). Hospital-based research has thrown light on the avoidable factors present in many maternal deaths. Several studies have investigated the barriers to the effective utilization of services, whether physical, economic or sociocultural. Risk factors for the development of complications have been identified and have resulted in adaptation of preventive health-care services. A major multi-centre trial on the effectiveness of the partograph in the prevention of prolonged obstructed labour has been successfully completed. Moreover, research has not confined itself to maternal deaths but has also sought to identify the extent and causes of obstetric morbidities—a field which, being relatively new, requires considerable methodological input.

Human resources development

Training programmes for traditional birth attendants, community health workers, midwives, nurses and physicians are intended to help them offer family planning information planning information and services; provide prenatal and post-partum care, identify women at high risk of developing complications, provide referrals to the appropriate level of care, perform clean deliveries, and perform surgery or otherwise manage serious complications.

Professional organizations have taken a lead role in the development of human resources as well as in advocacy efforts for safe motherhood. The FIGO, through its pre-Congress Workshops has alerted medical professionals to the issue and has singled out delegation of responsibility and professional training in team approaches as the two major themes to which gynaecologists and obstetricians can contribute. The WHO/FIGO Task Force organized a workshop at the 13th World Congress of Gynecology and Obstetrics on women's perspectives and participation in reproductive health. It has also supported regular "focus" articles on maternal health and family planning in the *International Journal of Gynaecology and Obstetrics* and was a driving force behind the production of the three-volume FIGO *Manual of Human Reproduction.*

The International Confederation of Midwives has been involved in activities to increase appreciation of the crucial role of midwives in improving maternal health and has collaborated with other agencies in the organization of regional workshops. The International Council of Nurses has placed particular emphasis on the involvement of nurses in the health needs of mothers and children. It participated in the Meeting on

Safe Motherhood held at Bellagio, Italy, and in the Quadrennial Congress in the Republic of Korea, at which a special session examined the issue of safe motherhood. In 1988, International Nurses' Day focused on safe motherhood.

Programme development

At the national and community levels, activities have been broad in scope and wide-ranging in application. Much effort has been directed towards informaton, education and communications activities and research. There are ongoing efforts to improve the educational, nutritional, health, social, economic and legal status of girls and women and to provide family life education for children and adolescents. Family planning information and services need to be available, accessible and affordable. Action programmes to improve maternal health services at the community and first-referral levels have been undertaken. Activities also include interventions to reduce the incidence of unsafe abortion and to improve the management of abortion complications. There continues to be a need to find innovative ways of providing transport and communications to link women with maternal health care, especially during emergencies.

C. Future directions

Much has been achieved since the Conference at Nairobi, in increasing awareness, stimulating interest and catalysing activities. However, the target of reducing maternal mortality by half by the year 2000 cannot be attained without an acceleration and intensification of efforts to make motherhood safer and improve women's health. The Meeting of the Partnership for Safe Motherhood, which was convened at Washington, D.C. in March 1992 to review progress and assess future prospects, concluded that it was essential that additional resources be mobilized and that all partners reaffirm their commitment to the aims of the Initiative (Otsea, 1992). Specifically, redoubled efforts are needed to ensure that family planning information and services are available to all; to improve the health and nutrition of girls and women; to offer reproductive health education and services for adolescents; to provide acceptable, appropriate and affordable prenatal care; to provide community-based maternity care for all deliveries; to assure referral services for high-risk pregnancies and obstetric emergencies; to offer post-partum care to monitor the health of both mothers and infants; and to prevent and manage unsafe abortions.

The women of the developing world should not have to suffer alone and unaided the discomforts and dangers of pregnancy and childbirth. Bearing and nurturing future generations is a responsibility in which all sectors of society are implicated. The Safe Motherhood Initiative represents a common commitment to improving the health and well-being of women so that they can take their place as equal partners in the building of the future.

References

Otsea, Karen (1992). Safe motherhood: progress and prospects. In *The Safe Motherhood Initiative, 1987-1992.* Washington, D.C.: Family Care International.

World Health Organization (1990). Maternal health and safe motherhood programme progress report, 1987-1990. WHO/MCH/90.11. Geneva.

________ (1991a). Maternal health safe motherhood programme progress report, 1990-1991. MCH/MSM/PSC/91.1. Geneva.

________ (1991b). Maternal health and safe motherhood programme: summaries of research study findings for projects completed by October 1991. MCH/MS19/PSC/91.3. Geneva.

________ Resolutions. WHA38.22 on maturity before child-bearing and promotion of responsible parenthood (1985); resolution WHA40.27 on maternal health and safe motherhood (1987); WHA42.42 on woman's health (1989); WHA43.10 on women, children and AIDs (1990); and WHA44.42 on women, health and development (1991).

XXVII. ISSUES IN POPULATION EDUCATION: LESSONS LEARNED AND STRATEGIES FOR THE FUTURE

*United Nations Educational, Scientific and Cultural Organization**

A. OBJECTIVES, CONTENTS AND LIMITS OF POPULATION EDUCATION

Population education is essentially an educational response to the social, cultural and economic aspects of demographic problems. It is intended to heighten awareness and understanding of demographic processes—especially aspects linked to growth and fertility, structure by age and migration—and, by encouraging responsible behaviour, to contribute to an improvement of the quality of life of both individuals and society. This definition emphasizes three interdependent variables: knowledge of positive and negative aspects of the phenomena, orientation of this knowledge towards improving the quality of life; and taking into account individual and collective needs that do not necessarily concord, which implies respect of an equilibrium. In most countries, when national authorities turn to education to disseminate one or another family model in the name of collective interest, the general public consider this as an invasion of privacy and show some reluctance. It is and will always be a difficult task to bring about convergence between individual values and national objectives and to harmonize the State's duty to dispense education to all young people with the rights of parents.

The objectives, content and limits of population education vary from region to region and from country to country, but are inspired by a concern central to all population programmes, that of the mastery of the dynamics of demography and related problems and particularly, in many countries, improvement of the status of women. Thus, as long-term objectives, some countries seek to reduce the demographic growth rate (or to develop a birth control policy), others wish to control distribution of the population by slowing rural exodus or urbanization, and yet others propose to improve family health or decrease adolescent pregnancies etc. On the one hand, population education is expected to contribute to the success of these objectives; on the other, the very nature of these objectives both determines the contents of population education and attaches its relative importance.

The contents of population education also vary according to the audience— children, youth or adults, men or women, rural- or town-dwellers; and according to the level and type of education—non-formal education and literacy, basic education, technical and vocational education, higher and post-secondary education. Content can be limited to a presentation of demographic phenomena, population growth and evolution, migration and urbanization, and the study of links between population, resources, environment and development (macrolevel), or include the study of family structures, human reproductive processes and sex education, including the prevention of AIDS (microlevel). Many countries add content related to stereotypes in presenting women and the roles of both sexes and develop activities specifically directed to boys and men, attempting to change the traditional attitudes towards women and to encourage a redistribution of roles between the two sexes.

Limitations are the result of social and cultural factors and especially the conception that each community has the respective role of the State and the family or of society as concerns ethical or moral education and the choice of a lifestyle. Sex education is, in this regard, one of the most sensitive domains. For what is at stake is not only knowledge, or indeed an understanding of demographic processes, a knowledge base, but "learning to be", in other words, the acquisition of attitudes that always refer back to a value system (implicit or explicit) and even "learning to become", that is, the acquisition of behaviour and conduct that integrate knowledge and values. In contrast to traditional subjects, population education thus is directed essentially to forming behaviour and attitudes, some of which will only become manifest several years later.

* Paris.

Imparting information is simply not enough to produce a change of attitude and behaviour, nor is knowledge power. The "information, attitude, behaviour" model, which has dominated numerous educational programmes for health or for drug-abuse prevention, has often proved quite inoperative because it is far too simplistic. Each person tends to adapt his or her behaviour to social representation, in order to add words to the image the persons has of how others perceive him or her and the expectations of those the persons sees as influential or prestigious. The person's immediate circle—and especially family, teachers, friends, peer groups and the media—play an important role because of the representations provoked. Adolescents discuss sexuality in groups, when adults are absent. Furthermore, "alternative" educational strategies rely upon leaders chosen among the group of peers. In this respect, the importance and the value of behaviour reference models put forward by teachers should be stressed, as should their attitudes towards population questions and their own behaviour with regard to fertility. These factors constitute a non-negligible element in the success of population education. To the weight of social representation, among those factors which determine the choice of a given behaviour by an individual, are to be added the expected benefits the estimated exertion required to achieve a result.

The goal of population education is not the acquisition of theoretical knowledge; it is, by definition, oriented towards daily activities. It encourages a desire to control one's own destiny and to opt for something other than accepted tradition. The objectives of population education, therefore, call for teaching methods that are based on experience and that promote self-discovery, the analysis of value systems, problem-solving and decision-making. Thus, it is particularly difficult to know whether objectives have been achieved; in general, current methods of assessment only allow the measurement of cognitive performance.

Moreover, if it stands alone, educational action will not suffice to attain the objectives of a population programme and produce behavioural change. The most important factor in changing attitudes towards fertility, more important in all respects than population education, is the education of girls. However, population education can augment the effects of schooling. Similarly, population education can support a rural development programme but cannot slow rural exodus. To be efficient, education must be supported by other measures—in particular, health of mothers and children and family planning, but also the development of social, cultural and leisure activities for children and adolescents, such as cultural centres, youth clubs and sports. It must also be introduced into integrated development policies and "strategic planning", which touch upon the most diverse domains and which presume the mobilization of all political, economic and social resources in a country and the participation of many partners in each community. However, information and training are the starting-point for all activities in this domain.

B. Generalization of population education: overall considerations

Since its introduction into schoolteaching at the end of the 1960s, population education has developed rapidly within the framework of pilot projects which have elaborated contents, organized a new range of training activities distinct from the existing ones, called upon a variety of educational materials and sought to promote innovative methods, based, as mentioned above, on discovery teaching and centred around the active participation of pupils. The "expanded" vision of the role of education inevitably raises the question of the ways and means of establishing population education (as well as other types of education linked to the quality of life) as a regular element in its own right within school curricula. For if population education is to be generalized throughout the whole of an educational system, then it cannot have a separate status but must take into account all the characteristics of the system within which it is pursued. Given the limits imposed upon education by social and cultural traditions, these characteristics include the basic approach to teaching. It is knowledge-centred and thus based upon a restrictive curriculum or a pupil-centred approach based on the pupil's aptitudes, aspirations and behaviour; the learning climate and the teacher-pupil relationship; methods used (direct teaching or participatory education); the available media and resources, the level of training and availability of teachers; and, above all, the number of pupils per class (in many developing countries, there are more than 60 pupils per class, particularly in urban schools). Activities should also be adapted to the level and the age of the pupils, as well as to the existing educational structure (within the framework of school curricula, during extracurricular activities, or in non-formal programmes).

At the basic educational level: an integrated approach centred upon improvement of the quality of life

The importance of introducing population education and education for the quality of life during the first years at school cannot be too strongly stressed. These are the years when attitudes and future behaviour are formed, and school attendance figures are the highest. This educational effort, begun at the earliest age, should be pursued throughout school life. However, practical considerations, and especially the need to plan gradual introduction, lead each country to choose the level of schooling and the specific grade to begin.

In designing and elaborating curricula for primary school (6-12 years) and the lower secondary level (12-15 years), the inclusion of new content to meet basic learning needs can pose formidable problems. It seems difficult to add new subject-matter to curricula which are already overloaded. Therefore, it is now generally admitted that new contents linked to health, environment or population should not be added to curricula as a separate discipline or a specific subject of study, but should constitute a global dimension, centred around the improvement of the quality of life, which could thus act as an integrator. This dimension could result from a reorientation and articulation of the learning experiences and teaching activities of the existing disciplines. From the pupil's point of view, it will mean increased awareness "learning to be" and "learning to become", the constitutive elements of which cannot be dissociated. From a methodological standpoint, because the environmental problems confronting societies today are largely a result of human behaviour, there is constant interdependence and interaction between population, environment, resources and development. This is a holistic reality, the various aspects of which should simultaneously be understood from the point of view of demography, ecology, biology, medicine, psychology, sociology, geography and ethnography. However, the driving force of population education content in this domain must also be stressed. Health or nutrition education, where the dominant cognitive contents are easier to teach, and, to a certain extent, environmental education, remain outside the realm of personality development, whereas the essence of population education is teaching "to become" and helping each individual to control his or her own future.

An interdisciplinary approach should permit the inclusion of all the new contents by incorporating them in the appropriate place in existing disciplines and by ensuring that they shall be a backup for essential learning tools or of methods training. Although this solution may appear ideal, it is difficult to apply on a large scale. It implies a perfect understanding of the relationship between the new contents and the existing disciplines; this would lead to remodelling all the existing curricula and would be in contradiction with the basic teaching models where descriptive and analytical methods are preponderant. Such an innovation would be often too radical to be generalized in the short or even the medium term. However, the interdisciplinary approach remains promising and should continue to be applied as an innovative method in the framework of experimental pilot projects.

Another method, doubtless easier to pursue in the short term, will consist in presenting new contents in the form of thematic topical teaching modules without attempting a systematic progression on the occasion of events of interest in the daily life of the local environment, taking advantage of contextual circumstances, such as a wedding, a death or a local event, to link it with the teaching-learning process, to involve parents and to open up schools. However, consideration must be given to the timeliness and the possibility of defining a common core of minimum knowledge based on experience. This approach, which enters more readily into established teaching practice, especially in primary education, besides bridging to some extent the gap between school and environment, also offers a solution to the problem of integrating the entire range of new contents into one educational dynamic.

In this connection, priority should be given to efforts directed towards the preparation, production and dissemination of educational materials in forms most appropriate to the various local contexts. Such materials can be teachers' guides, teaching sheets and exercise books, posters, radio and, where applicable, television broadcasts for schools, and even simple reading primers written by national authors. Over and above these types of materials, which are more or less restricted, if there is to be generalization and such generalization is to be visible, genuine textbooks integrating various topics linked to civic life, population, environment and development must be produced. Experience has shown that there is no need for sophisticated, costly technologies and that simple means and

activities are just as effective. The production of materials should be accompanied by an effort to train teachers and educators on how to use the materials and how to develop such activities.

General, secondary, technical and vocational education: diversified approaches

If integration should be the rule during the first 10 years of schooling, more in-depth study of issues of population are certainly desirable for adolescents or young adults attending general secondary or technical and vocational schools and institutions. A particular effort should be made concerning the latter which tend to emphasize the utilitarian and economic aspects and diminish the importance of the humanistic and general dimensions of education. Secondary education is characterized by very strict scheduling in terms of hours and disciplines with teachers who are specialists in their field. The introduction of a population education dimension and especially familiarization with applied demography could be conceived in different ways: either within the framework of sequences established in liaison with existing disciplines, such as biology, geography, economy, history and social studies, which can provide anchor points, or within the more flexible framework of parallel or extracurricular activities (school clubs, inquiry classes, workshops); or yet again, by means of pupils' individual or group projects. Another possibility is the use of peer teaching, that is, using students especially trained to act a relay persons. Furthermore, there is no reason these approaches cannot be used simultaneously.

At the level of post-secondary, university and professional training: a general cultural dimension

In many industrialized countries, the study of population issues is covered with in various branches of higher education, demographic components being found more especially in social sciences, geography, history, economy and political sciences. Aspects of demography are also part of the regular training programmes of physicians, agronomists and environmental specialists. In these different branches, population issues can be introduced in the first or second cycles, either as a separate or as content integrated into a wider spectrum.

Consideration should be given to the timeliness of generalizing a population dimension as an element of scientific and social culture in all post-secondary training programmes, where future implementors are trained. Most professionals are, or will be, faced with population problems (fertility, migration, ageing). This is particularly true for development workers, foremen, social workers, the medical practitioners, but is also the case for the staff of local councils and administrations in contact with the general public and, of course, all teaching and training personnel. Appropriate content and modalities remain to be developed. It is not certain that teaching of demography as it stands today is adapted to the needs of professionals who do not intend to become demographers. For the issue is not the generalization of training in the theoretical aspects of demographic analysis, but rather the exposure to practical demography, linked to economics, sociology and development.

The introduction of a population dimension in general university teaching will also contribute to changing the image and the status of population education and facilitating its spread to other levels of teaching. The presence of new training programmes in population, fully justified at this level, in universities should, on the one hand, stimulate the creation of a body of specialists in teaching applied demography and, on the other, lead to more in-depth study of the theoretical foundations and research. To date, population education has often been introduced at the lower levels of the educational system, without sufficient support and backstopping of the university and in the absence of any adaptation of the results of demographic research into concepts that can be used by teachers. Generalization of the study of population issues in primary and secondary education requires the support of higher education, especially for strengthening its scientific base—as a result of ongoing research activities and of data collection and analysis undertaken in liaison with the Department of Planning, which would thus be reinforced—for the training and retraining of educational personnel and for the elaboration of the reference material that is vital for the preparation of good, scientifically valid training materials which could serve to bridge the gaps between researchers and teachers.

Out-of-school and non-formal education: facilitation of the action of local partners

As reiterated by the World Conference on Education for All at Jantien, adolescents and young adults, and particularly young girls and women who have not attended school, are a priority target population for

basic education. They are a group for which an awareness of population questions and family structure will respond to immediate needs. These learners are already at reproductive ages and they need sufficient information to enable them to control their own fertility and to make other decisions linked to the quality of their life, such as those relating to migration. The content of learning should address itself to encouraging behaviour that will permit the satisfaction of their immediate needs: delay of marriage, planned births; reduction of infant mortality rates. Many literacy programmes already include such elements; population issues should be systematically introduced in all out-of-school, non-formal literacy, post-literacy and adult education programmes, whether these are organized by national or local public institutions, non-governmental associations, especially youth movements and women's organizations, unions, religious communities or other local bodies.

In non-formal education, more than in the school system, population education will have to take into account local contexts, traditions and cultural, religious and ethnic specificities, as well as habits, behaviour and prejudices proper to each group. Learners come armed with a built-in system of values and social representations, and if positive change is to be induced, any action that runs counter to convention must be avoided. This means that approaches are usually not transferable, and activity that has been effective in a given context at a given time is sometimes difficult to apply in another cultural context or within another community. Different programmes should be foreseen for boys and girls. For this reason, contents and materials should, in most cases, be prepared for local use. Teachers should undergo training enabling them to adapt to varying situations. One task of the public authorities will be to facilitate such developments, by encouraging cooperation with local partners, by facilitating exchange of people, data and experiences and by mobilizing the media (rural press, radio and television) as an accompaniment to training activities.

C. EDUCATION FOR THE QUALITY OF LIFE, A LEVER FOR THE RENEWAL OF INSTRUCTION

Many countries are bringing into question the overall teaching-learning process. Criticism is mainly levelled at the objectives and social effectiveness of the educational system, on its capacity to participate in ongoing or desirable change and its ability to prepare pupils for life in tomorrow's world. The educational institution is censured for remaining aligned along the values and norms of a past era, giving preference to academic instruction and encyclopaedic learning and generally refusing to admit new forms and modalities of teaching and learning which are evolving outside the system in response to the increasingly varied needs of individuals and societies. Faced with these criticisms, all of which are more or less universal, reforms directed to improving the effectiveness of instruction are being undertaken, reforms in which the techniques of acquisition of knowledge often take precedence over content.

Education for the quality of life with its population and environmental dimensions is totally in keeping with this evolution. First, education for the quality of life is motivating and provokes activity. It involves questions that affect the pupil's experience and personal development and about which he or she already possesses a body of empirical knowledge and value judgements. Moreover, whatever the learning methods used, it incites active attitudes on the part of pupils, who feel directly concerned by the content proposed. Secondly, education for the quality of life facilitates the school's integration into the community because far from being theoretical, it concerns human and natural systems and is prompted and reinforced by the immediate surroundings of the school; it helps learners find their proper place in their community by making them into responsible individuals, who can discover the social importance of their own behaviour. This type of education stimulates pupils to apply their new knowledge and skills within their own family and local contexts. And, lastly, it is education for the future. Problems posed by the human and natural environment are not set and rigid: interaction between population, environment and resources are changing within time. School curricula cannot, therefore, remain cloistered within unyielding contents, defined for long periods of time. This type of education feeds on a reality which is in constant mutation and which must be understood in its dynamic complexity. It has no other choice but to prepare for change. Population education and environmental education could be compared to yeast or to a Trojan Horse dragged inside the educational battlements. They have their own dynamic which, little by little, should spread inside the educational activities. One should not, however, be over-optimistic. A quite formidable inertia is characteristic of the educational system. Each reform

requires time: six years is the minimum for a change in curricula and even longer is needed to bring teachers to modify the way in which they teach.

Two strategic priorities: teacher training and the production of instructional materials

The generalization of education for the quality of life requires political commitment and support, without which obstacles cannot be overcome and the choice of appropriate strategies sequenced in time. Without underestimating the importance of other factors, the implementation and integration of education for the quality of life into formal and non-formal education depends in the main upon training teachers and educators and the availability of instructional materials.

Training specialists is not the issue here—role of higher education has already been covered. What is at stake is raising the awareness of all educational personnel, whatever their level or functions, to these new issues and familiarizing them with population and environmental problems, as well as offering them the skills they need to monitor learning in these areas. Therefore, all regular pre-service and in-service training programmes should include some form of methodological and practical initiation oriented towards both the acquisition of knowledge and its practical application, with a view to improving the quality of life. This effort implies remodelling programmes of pre-service training institutes and in-service training centres so as to integrate this new dimension into the overall training process and not simply adding a few extradisciplinary, compartmentalized subjects related to demography, the environment, health or development. The training of teachers and educators should also include a strong vocational element, especially an introduction to active and participatory teaching methods, group dynamics and animation, as well as familiarization with instructional tools which are to be used in the classroom. Institutionalization will not only be achieved but this new dimension will be taken into account in the assessment and the certification of teachers.

Educational personnel can play an effective role only if the requisite instructional materials are available. Two categories of material must be prepared: on the one hand, textbooks, methodological guides and kits for use in training institutes, which will subsequently serve as a reference base for teachers; and, on the other, backup materials for actual teaching, such as teachers' guides, books for pupils and posters. This latter category is, generally speaking, specific to each community, while materials for teacher training can have a wider, regional or subregional stratum. In this respect, the pooling of a good number of teacher training materials already produced within the framework of national pilot projects for population and environmental education, the prevention of AIDS etc., is and will continue to be an excellent starting-point for regional and international cooperation.

D. TOWARDS CONVERGENCE OF NATIONAL AND INTERNATIONAL EFFORTS

The fact that the various elements of education for the quality of life tend to fall under the responsibility of different authorities and institutions at the national and international levels should lead to strengthened cooperation and convergence under the auspices of educational authorities, for their role is fundamental in all action to be undertaken at the level of general education and, in particular, teacher training and production of integrative instructional materials. The demographic aspects of population questions are often the responsibility of national planning departments and of UNFPA at the international level. In the absence of special departments, protection of the environment is dealt with by numerous national services and at the international level by the United Nations Environment Programme (UNEP). Questions related to health, nutrition and the fight against AIDS and drug abuse are the responsibility of national health authorities and of WHO, the World Food Programme and the United Nations Fund for Drug Abuse Control. Social and mother and child-welfare services, as well as UNICEF, also play an active part. The World Bank supports activities on environmental and population education, as do many bilateral agencies, such as SIDA and USAID. Many specialized non-governmental organizations equally take on a considerable role. Organizations of the teaching profession merit special mention, as they can offer much as concerns the renewal instruction. The much-needed cooperation between all intervening parties will be facilitated in each country if there is widespread delegation of responsibility to regional authorities which are better equipped to ensure that educational efforts shall be directed to the most relevant points for improvement of the quality of life in the communities concerned.

The role and responsibility of international organizations is to provide for exchange of national experiences, which represent a source of mutual enrichment, and to harmonize the different external contributions. The Amsterdam Declaration (1989) specifically requests the United Nations and its specialized agencies, including the World Bank and regional development banks, "to improve and expand co-ordination among the different agencies and organizations involved in population activities, so as to make the best use of limited resources in assisting the building of sustainable national programmes" (UNFPA, 1990, p. 11).

The regional meetings organized by the UNESCO Regional Offices, with the assistance of UNFPA, to prepare a world strategy and an action framework in the field of education in view of the International Conference on Population and Development to be held in 1994, fall within this design. These meetings should permit lessons to be learned from the experience acquired in each region, propose ways and means to obtain broader convergence between the different activities and bring to light strategic routes within educational systems to ensure the implementation both of the World Population Plan of Action and of the 1990 World Declaration on Education for All.

REFERENCES

United Nations Population Fund (1990. *Report of the International Forum on Population in the Twenty-first Century, Amsterdam, The Netherlands, 6-9 November 1989.* New York.

XXVIII. POLICIES SEEKING A REDUCTION OF HIGH FERTILITY: A CASE FOR THE DEMAND SIDE

*Paul Demeny**

It is a common claim in contemporary documents discussing national strategies concerning population change that policies directed to reducing high fertility comprise two components. One addresses "supply"—the means that enable individuals or individual couples to control their fertility (family planning programmes). The other component addresses "demand"—the promotion of economic and social development to ensure that demand for the services provided by family planning programmes shall bring fertility, and thus population growth, down to a socially desired average level. This standard dichotomy is in many ways unsatisfactory. For example, how family planning programmes are organized and how services are delivered have a significant influence on the capacity of these programmes to attract clients. Thus, supply influences demand. Conversely, the ability of even the most determined suppliers of contraceptives to sustain an effective family planning programme is a function of the level of demand: it is difficult, nay impossible, to maintain hamburger outlets in a resolutely vegetarian neighbourhood. Thus, supply—programme effort—is not an independent variable: it reflects, *inter alia*, demand. These reservations notwithstanding, even a cursory examination of the relevant evidence reveals that, in actual practice as distinct from rhetoric, these two pillars of fertility policy currently receive vastly unequal levels of attention and emphasis. Preoccupation with family planning programmes absorbs the lion's share of budgetary and physical resources allotted to population and also claims much of the analytic and research capacity at the disposal of decision makers in this area of public concern.

In the light of relevant facts and considerations, this imbalance between the presumed two pillars of fertility policy is highly anomalous. The aim of this note is to discuss some salient aspects of the anomaly and to outline suggestions for a remedy.

A. Reasons for anomalous imbalance between supply and demand approaches to reduction of fertility

Three considerations seem especially pertinent in approaching the question of reasons for the anomalous imbalance between the supply and demand approaches to the reduction of fertility.

Demographic history provides one emphatic answer. Well before the basic design features of contemporary family planning programmes had been worked out—in the 1950s and early 1960s—many populations experienced a radical decline of aggregate fertility. The demographic transition has occurred in societies at very different levels of economic development and with differing types of cultural traditions. Although the causal mechanisms that generated it are not fully understood, the process has exhibited a relentless spread across geographical boundaries and across social strata. It has also showed an unmistakable tendency to pick up speed at an accelerated rate. In the often cited prototypical cases—France and the United States of America—fertility transition, essentially as a nineteenth-century phenomenon, was slow and gradual. By the time it reached such a relatively backward (backward in terms of standard indices of economic and social development) European country as, for example, Bulgaria (where during the two decades between the First and Second World Wars birth rates were halved), it was often precipitous. Whether in the second half of the twentieth century such a pattern would have continued to spread, unaided, to what came to be called the "third world", is debatable. What the historical record does establish without doubt, however, is that transitions can occur in the absence of access to modern methods of birth control. Fertility had been reduced to below replacement levels in many populations, subnational and

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national, long before modern contraceptive technology was developed.

A classic formulation by Coale (1973) specifies three conditions for fertility transition: (*a*) fertility must be within the calculus of conscious choice; (*b*) reduced fertility must be viewed as advantageous; and (*c*) effective techniques of fertility control must be available. But these three ingredients are unequal in lexicographic rank and causal weight. In the absence of the second condition, the other two are irrelevant and inoperative, at least under conditions characterized by voluntary microlevel choice with respect to fertility decisions. And if the second condition holds, the other two are bound also to be satisfied in due course. It would be utterly condescending, indeed absurd, to propose that populations in developing countries, had they strongly wished to achieve low fertility, would have been incapable of acting upon their interest and, in seeking to do so, would have been unwilling or unable to adopt some variant of the same methods of fertility control that have proven effective, as measured on the aggregate level, in the West.

These comments in no way question the superiority of modern contraceptive methods over those that enabled populations to reduce their fertility in the past. Modern methods reduce the personal costs of fertility control and have the potential to speed the onset and the tempo of fertility decline. Once individuals view the reduction of fertility as advantageous, such efforts as organized programmes that help to make the new birth control technologies readily available can be plausibly justified both as enhancing individual welfare and as promoting the collective interest. But to insist that individual motivation is the driving force of the fertility transition is more than to add a quaint historical footnote to the contemporary policy debate. It establishes the special importance of the demand side of the equation. Policies directed to reducing fertility must not ignore the issue of motivation.

A second answer to the question posed above would point out that the importance of the demand side in fertility policy has indeed been widely recognized and has been enshrined both in analytic work and in numerous formal policy declarations. Development of the family planning policy paradigm during the 1950s and early 1960s was soon followed by articulation of the need to pay attention also to individual motivation to practise family planning. Probably the best-known landmarks in this intellectual process are the contributions of Davis (1967), Hardin (1968) and Berelson (1969). At the unofficial Tribune held in conjunction with the World Population Conference at Bucharest in 1974, the most memorable articulation of the need to ensure that fertility policy should stand on two legs was the address of John D. Rockefeller 3rd, who insisted that family planning alone was not adequate, (Rockefeller, 1974); and the official consensus at the political conference, reflected in the World Population Plan of Action (United Nations, 1975), was fully in line with that position. It stressed the importance of development as a condition for fertility decline and demanded that population policies be fully integrated into development policy. These themes were echoed and amplified in the closing documents of the International Conference on Population, held at Mexico City in 1984 (United Nations, 1984); and have been elaborated, endorsed and underlined in numerous international meetings, including preparatory meetings for the forthcoming 1994 International Conference on Population and Development (United Nations, 1991). Fertility policy practised as virtually synonymous with family planning programmes is clearly in sharp conflict with the dominant analytic understanding of the factors underlying fertility change, as well as with the sense of the policy directives in standing international declarations.

A third set of answers to the question posed above can draw on recurrent themes manifest in expert discussions concerning the potential effectiveness of family planning programmes. In that regard, the received policy positions (which, for practical purposes, consider family planning programmes and fertility policy to be coterminous) exhibit a remarkable blend of optimism and extreme caution. The central claim for the effectiveness, indeed the sufficiency, of family planning programmes in reducing fertility rests on the existence of a large "unmet demand" for the services offered. The concept of unmet demand, although seemingly borrowed from economics, is largely a creation of family planning research. Standard economic analysis pays scant attention to verbal expressions of intent: it considers focusing on one particular aspect of preference in abstraction of all the potentially conflicting simultaneous considerations that shape actual choices to be an unsatisfactory guide for predicting behaviour. Since family planning practice, as the historical record demonstrates, can be home-produced, its observed absence or low frequency

of occurrence in a population must be interpreted as at least a presumptive indication of weak "need" or demand.

To some extent such weakness can undoubtedly be counterbalanced by the provision of methods that are superior to the home-produced good. But what constitutes satisfactory provision, capable of capturing the cooperation of those with declared unmet needs? In its insistence on free availability of supplies and high quality of service, expert judgement in fact betrays strong scepticism about the strength of demand for family planning services in any situation characterized by high fertility. A recent authoritative summary, for example, calls for "aggressive marketing of what we all know constitute the characteristics of any successful family planning programme", and proceeds to enumerate these characteristics (Mahler, 1992, p. 5). They include "doorstep accessibility of quality services" and "multiple public, non-governmental and private delivery systems with broad choice of contraceptive methods". The list of characteristics continues with enumeration of input items that are plainly in scarce supply in public service delivery programmes anywhere in the world, and especially so in developing countries: "forceful IEC programmes; sound financing strategies; strong management with proper logistics; information systems and evaluation; a continuous process of strategic thinking, planning and management; and finally and decisively, volunteer and staff leadership for all these programme parameters" (Mahler, 1992, p. 5).

The literature on family planning programmes tends to claim a large share of the credit for whatever fertility declines did occur in developing countries following the introduction of Government-organized programmes. Conversely, when fertility decline is nil or falls short of what was expected, the programmes can argue, no doubt soundly, that the stipulated characteristics for effective programme performance have not been adequately satisfied. Thus, success in reducing fertility or lack of success can be equally construed as reflecting the state of the supply system and, therefore, as proof of the need for greater programme effort. Certainly, *ceteris paribus*, any increase in the size and improvement in the quality of family planning programmes would be helpful in lowering fertility when latent demand is present. But the desiderata listed above represent a tall order. They strongly suggest raising the question: are there complementary measures and policies that would elicit adequate effort and cooperation on the part of potential clients short of such programme features as individual counselling, doorstep availability of services and repeated follow-up visits? Advocacy of improved family planning programme performance is clearly consistent with the notion that fertility policies should pay attention not only to supply but also to demand.

B. Cause of the imbalance

For reasons embedded in the historical circumstances that characterized the early decades following the close of the Second World War, economic and social policies of Governments in most developing countries came to be perceived and organized as a series of sectorally defined programme-packaged tasks. The forces behind this process, which cannot be discussed here in any detail (see, however, Demeny, 1986 and 1988), reflected the logic of the then ascendant ideology of central planning and the consequent extension of direct government control, by professed intent if not necessarily in fact, over all economic and social domains deemed important from the point of view of development. The launching of large-scale international economic assistance programmes—an institutional innovation spawned by the cold war—greatly reinforced this conceptualization of the role of the Government in promoting development. Sectoral allocation of aid offered distinct advantages both to donors and recipients. When clearly linked to specific "problem" areas the need for aid could be more easily explained and justified for the benefit of the domestic constituencies of aid-giving countries. Earmarking of assistance for a narrowly specified set of tasks facilitated control over the use of funds, assured accountability and permitted direct lines of transfer for specialized services and products. Assistance that provided tangible material values, incorporated modern technology, satisfied clearly felt needs and directly eased day-to-day problems was readily welcomed by recipient Governments. Thus, encouraged by the availability of international assistance (however meagre when measured against the magnitude of needs) and defying the weakness of the domestic material and human resources base inherent in economic backwardness, public authorities of developing countries became active in many areas beyond those traditionally addressed by Governments at an early stage of economic development.

The resulting syndrome of a greatly overextended public sector was often detrimental to development. Performance of core government tasks critically important in promoting economic and social progress—articulating and achieving a just and stable apportionment of the rights and responsibilities of the citizens and their voluntary associations, safeguarding law and order, assuring a sound currency and an impartial judiciary, enforcing property rights and private contracts, and providing basic public health and educational services and physical infrastructure—suffered as a result of governmental overreach. Ventures to socialize industry, commerce and banking often amounted to outright economic disaster. Governments' announced claims to perform functions analogous to those of the social service sectors of the modern welfare state in affluent countries have often bordered on false advertising as resources, physical and administrative, in weak economies fell chronically short of what fulfilment of ambitious government plans and promises would have required.

The emergence of population activities as a sectorally conceived and organized programme has to be understood in the context of this general syndrome. In the fierce competition for limited resources, sectoral success naturally becomes defined in terms of tangible physical criteria such as the size of budgets, the numbers and qualifications of personnel employed, the facilities occupied and the extent of clientele served. In the population field, such competition thus favoured virtually exclusive emphasis on supply-oriented programmes, especially the delivery of family planning services. Attempts to apply similar programme-packaged strategies to affect the demand side by developing "incentive schemes" (for example, by providing rewards in cash or in kind to persons accepting family planning services) proved bureaucratically and politically inherently ill-conceived and hence, fortunately, short-lived. A fundamental shift in the incentive system underlying individual fertility behaviour does constitute the essential foundation of fertility transition. But such a shift depends upon the style and character of the overall development process: it lends itself poorly to manipulation by specific programmes and selective "targeted" interventions.

It is often claimed, however, that population programmes do recognize the importance of the demand side and seek to affect it by lending support to other sectors of development that are helpful in generating demand for family planning services. Health and education programmes are typically cited in this regard. Invariably, however, these activities are also conceived and carried out as social service programmes; therefore, in the use of budget, personnel, and physical facilities they are in direct competition with each other and with family planning programmes. Allocation of resources among them in fact reflects the relative effectiveness with which each sector separately is able to make the case for itself.

Such sectoral competition may be best illustrated with reference to the health sector. The case for free or subsidized provision of family planning services is far stronger than that for a vast variety of other private goods—not only such goods as shoes, shirts or wristwatches but also eyeglasses, filled cavities and cured fungal infections. This is because voluntary consumption of family planning services not only enhances the private welfare of the recipient but confers a benefit on third parties and, when aggregate population growth is rapid, also on society at large. Managing family planning programmes as an independent organizational entity, as is still done in a few countries, could in principle assure that such programmes shall enjoy preferential treatment, even if at obvious political costs. Yet the character of modern contraceptive technology makes family planning programmes a natural component of the general health service. Integration of the two components is highly desirable, but integration makes it exceedingly difficult, indeed unlikely, that quality standards for family planning service provision can be attained and maintained at levels that are much higher than those accorded health services at large. Thus, expansion of the size of family planning programmes and the upgrading of their quality that policy makers seek is likely to encounter persistent difficulties even under conditions of a favourable funding environment, including availability of international assistance.

C. How to remedy the imbalance

The foregoing discussion strongly suggests that renewed attention to the demand side—complementing and amplifying the effectiveness of supply efforts—would be highly desirable. But past inattention to this issue cannot be remedied simply by professed resolve to broaden the compass of the population policy debate. The reasons that underlie and explain neglect are structural; they are embedded in the existing institutional base that supports the one-

sided concept of fertility policy outlined above. The social technologies required by the needed twin approach to solving the problem of high fertility, one operating on supply, the other on demand, are fundamentally different. One approach requires the mobilization and deployment of a great amount of physical and human resources. The other approach may be characterized as constitutional and legal, as implicit rather than programmatic (Johansson, 1991). One delivers tangible services; the other seeks to influence the overall style of development policy and thus to affect the gravitational field that shapes the individual calculus of demographic choices. Combining these two approaches under unitary sectoral management makes no more sense than would uniting the United States Coast Guard and the Federal Reserve in a single organization on the ground that both affect the external economic relations of the country. Supply and demand approaches in the population field draw on different knowledge bases and types of analysis: their application calls for different institutional frames pursuing different kinds of policy solutions.

As currently organized, the population field is not geared up to exert a significant impact on development policy—an impact beyond its more or less successful efforts at securing a chunk of domestic and international development funds for its own sectoral claims. Those responsible for shaping population policies should make a conscious effort to understand why this is the case and should act upon such understanding. Past experience has adequately demonstrated that, save for the highest level, organizational togetherness between personnel charged with carrying out service-oriented programmes and personnel addressing demand-side concerns is counterproductive. In a unified organizational set-up, the much higher budgetary and human resources involved in the former task, and the consequent complexity of its management and sustenance, are bound to absorb a disproportionate share of the attention of managerial and intellectual leadership. To the leaders, the central task of population programmes, provision of family planning services, seems clear and difficult enough. Raising issues that might divert attention from the main thrust is, not unreasonably, seen as unhelpful. Arguments about elusive development and population linkages are seen as academic pastimes, no match for the apparent simplicity of hard-wired input-output sequences in family planning programmes: from funds to contraceptives to practising acceptors to lower birth rates. The case for the demand side might get more attention, especially from funding agencies, if it generated proposals that are programmatically of respectable weight. Achieving this end would require some functional equivalent of the tangible and "budgetable" paraphernalia of the family planning programme approach: from contraceptive development to storage facilities, from buildings and vehicles to cadres making home calls. But such expectations are misguided and must remain frustrated; in this regard the two approaches are not symmetrical.

The institutional problem just outlined is particularly detrimental to the conduct of research and analysis that would provide the basis for a productive broadening of the fertility policy debate. The core strategic issues in the family planning programme approach were settled decades ago. The remaining, if still difficult, issues are essentially technical and managerial. Therefore, the perceived knowledge needs are for operations research—producing workable suggestions for programmatic fine-tuning. In addition, there is the crucial and constant need for the shoring-up of public support for the programmes, securing an appropriate level of finance for them in the keen sectoral competition for scarce resources and warding off unfriendly or sceptical critics. These are logical and necessary functions found in any soundly institutionalized public programme area. But in such a set-up the research performed is bound to remain ancillary to the ruling strategic concept. The reward system that guides it makes it improbable that it will be open to, let alone generate, ideas and findings that may be perceived as distracting attention from the main charge or as competitive with the dominant policy paradigm that provides the rationale for the activities of the field as a whole. The remedy would call for separating the research and analytic activities by deliberate institutional design, corresponding to the recognition that there are two distinct approaches to policy. Continuing dialogue between policy analyses addressing the two approaches would, of course, be pursued and could often be helpful. A main goal, however, would be to break out from the parochial confines and intellectual insularity of population policy research as it is now defined and practised, so as to be energized by and exert influence on macroeconomic and macrosocial policy analysis and policy-making.

D. Issues to be addressed on the demand side

The remainder of this note briefly outlines some issues and practical suggestions that might command

priority in a demand-oriented approach to fertility policy.

Demand for family planning practice, whether home-produced or service-provided, is derived demand: it reflects the desire of couples to control their fertility, rather than the intrinsic attractiveness of family planning practice as such. Reducing the disutility of contraception can be helpful in this regard, but policies directed to deliberately increasing the level of demand for birth control should focus on the factors that motivate couples to prefer, on average, a smaller number over a larger number of children. This requires analysis and understanding of the relevant microlevel incentive structures. Although "development" at large eventually generates socio-economic changes that induce a desire for smaller families, the claim expressed in the slogan "development is the best contraceptive" is vacuous. Policy, qua population policy, must focus on the key elements that change the microlevel incentives that determine fertility behaviour.

The experience of past fertility transitions identifies the main components of the relevant incentive structure. Four are particularly important:

(*a*) The direct costs parents must incur in rearing and educating their children;

(*b*) The opportunity costs of children to parents, that is, the earnings a couple must forgo because of children;

(*c*) The contribution of children to family income through labour services; and

(*d*) The contribution of children to parents' economic security in old age, in comparison to alternative sources of security.

Fertility declines when shifts in these components make family limitation advantageous to couples. Patterns of development generate that effect when at least some, but especially when all, of the following conditions are fulfilled:

(*a*) Social expectations and formal institutional arrangements place on parents the major financial responsibility for rearing their own children, including the cost of education and health care;

(*b*) Women have access to income-earning opportunities in the labour market, including jobs not easily compatible with child-bearing and child-rearing;

(*c*) Social institutions make formal education (primary and early secondary) compulsory and effectively enforce school attendance;

(*d*) Child labour is made illegal; and

(*e*) Effective legal guarantees of property rights, legal enforcement of private contracts and the development of private and public insurance and pension schemes provide attractive and comparatively secure alternatives to children as a source of old-age security.

Social and institutional conditions that make such changes potent generators of fertility decline include the following: emphasis on personal economic contribution (rather than, for example, class status) as the primary factor determining earnings, thus providing an incentive for increased investment in human capital; opportunities for upward social mobility and toleration of downward social mobility; rising expectations with respect to material levels of living; and emphasis not only on the rights but on the social and economic responsibilities of the individual.

Formulation of effective policies that seek to create incentives favouring fertility decline does not naturally mesh with the inclination of contemporary development planners to conceptualize policy in terms of sectorally packaged development programmes. They call, instead, for a coherent constitutional-structural approach focusing on the establishment of an institutional framework characterized by stable and predictable rules governing social interaction in the economic domain. Under such an approach, social agreement on the right institutions and rules is the main object of policy-making. Rather than attempting to manipulate the outcomes directly, the approach implies acceptance of the outcomes of the resulting social interaction as right.

Social and economic reforms along these lines are admittedly far-reaching, although their general direction is in line with the structural reforms that low-income countries, frustrated by their highly unsatisfactory development performance, are currently espousing. But even short of a radical rethinking of the fundamental strategy of development, examination of

existing sectorally formulated programmes in the light of Governments' avowed macrodemographic objectives can provide useful guidance for policy adjustments serving demographic goals. Such an examination is likely to demonstrate a lack of coherence in the signals individual couples receive from existing policies with respect to demographic behaviour. Thus, for example, when the family planning programme encourages conformity with the small-family norm, that demand is likely to be undercut by existing institutional arrangements that "de-link" couples' fertility behaviour and the quality and quantity of educational and health services children will receive. Under typical arrangements prevailing in developing countries, whether an individual couple chooses to have two or four children has little effect either on the quality and quantity of the educational and health services to which children are entitled or on the contribution the couple is constrained to make (through direct or indirect taxes) towards the support of those services. Such lack of coherence in policy-imparted behavioural signals in part reflects genuine conflict between incompatible social objectives. To some extent, however, it is the result of the uncoordinated and sectorally formulated origin of most government policies and programmes under the dominant style of development.

Systematic and well-publicized periodic assessments of sectoral programmes from the point of view of demographic objectives could therefore be highly valuable in influencing policy. Such assessments should culminate in formal annual or biennial reports that cover the following critical areas, focusing within each on the impact of existing policies and programmes on family-level fertility incentives:

(*a*) Division of the direct costs of children's upbringing (including expenditures on health and education) among parents, the extended family, the local community and the country at large; social standards on care of children and the effectiveness of their enforcement;

(*b*) Women's legal and economic status and domestic child-care arrangements;

(*c*) Extent of enrolment in formal education, by age and sex and truancy control;

(*d*) Child labour laws and the effectiveness of their enforcement: use of child labour in the family economy;

(*e*) The impact of demographic behaviour on distribution of the tax burden;

(*f*) Old-age social security arrangements and their value compared with reliance on support by offspring;

(*g*) Articulation of social values and aspirations concerning population growth, standards of upbringing (especially with respect to children's health and education), women's status and parental obligations.

Numerous facets of social and economic policies pursued by developing countries that tend to undercut the effectiveness of social messages urging couples to conform to the small-family norm are routinely justified and defended on the grounds of distributional arguments. Specifically, it is asserted that such demographically counterproductive policies are necessary because they favour the poor: they redistribute income from the relatively affluent to the economically disadvantaged. To the extent that this claim is valid, it should command serious consideration in shaping economic and social policies. But closer examination of the actual redistributive effects of specific policies and programmes often shows that the claim is unsupported by facts; indeed, the redistribution is often in the opposite direction. Examination of the distributional effects of existing policies, especially in the domains of health and education, is therefore a crucial precondition for constructive discussion of any proposed change in social and economic policy.

REFERENCES

Berelson, Bernard (1969). Beyond family planning. *Science* (Washington, D.C.), vol. 163, No. 3867 (7 February), pp. 533-543.

Coale, Ansley J. (1973). The demographic transition reconsidered. In *International Population Conference, Liège, 1973*. vol. 1. Liège: International Union for the Scientific Study of Population.

Davis, Kingsley (1967). Population policy: will current programs succeed?. *Science* (Washington, D.C.), vol. 158, No. 3802 (November), pp. 730-739.

Demeny, Paul (1986). Population and the invisible hand. *Demography* (Washington, D.C.), vol. 23, No. 4 (November), pp. 473-487.

_________ (1988). Social science and population policy. *Population and Development Review* (New York), vol. 14, No. 3 (September), pp. 451-479.

Hardin, Garrett (1968). The tragedy of the commons. *Science* (Washington, D.C.), vol. 162, No. 3859 (13 December), pp. 1243-1248.

Johansson, S. Ryan (1991). 'Implicit' policy and fertility during development. *Population and Development Review* (New York), vol. 17, No. 3 (September), pp. 377-414.

Mahler, Halfdan (1992). Our next forty years. *People* (London), vol. 19, No. 1, pp. 3-6.

Rockefeller, John D. 3rd (1974). *Population Growth: The Role of the Developed World.* Lecture Series. Liège: International Union for the Scientific Study of Population.

United Nations (1975). *Report of the United Nations World Population Conference, 1974, Bucharest, 19-30 August 1974.* Sales No. E.75.XII.3.

_________ (1984). *Report of the International Conference on Population, 1984, Mexico City, 6-14 August 1984.* Sales No. E.84.XIII.8.

_________ (1991). Preparations for a 1994 international meeting on population: report of the Secretary-General. E/1991/5.

XXIX. POPULATION PROGRAMMES, MOBILIZATION OF RESOURCES AND NATIONAL CAPACITY-BUILDING

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More than 20 years ago, Robert S. McNamara, President of the World Bank, put in place a policy of support for the reduction of poverty and for slower population growth as key elements in a strategy for economic development in low-income countries. The World Bank staff produced a book for the World Population Conference held at Bucharest in 1974 that elaborated on the policy and strategy that had already encouraged initial Bank-lending assistance through IDA for population programmes (World Bank, 1974). The Bank devoted its *World Development Report, 1984* to the theme of population change and development; copies were distributed at the International Conference on Population held at Mexico City in 1984, and the work was subsequently translated into more than 10 languages and sold more copies than any other report in the series before or since. A. W. Clausen, President of the World Bank in 1984, pledged at the Conference to double the Bank lending to the population, health and nutrition sectors within five years; that pledge was more than fulfilled as lending averaged $36 million in the 1970s, $150 million in the early 1980s and $550 million during the period 1988-1991. Lending specifically for population programmes, which often has been included within population, health and nutrition or broader social sector operations, reached a new high of $350 million during the fiscal year 1990/91, which ended on 30 June 1991 (World Bank, 1992). These developments demonstrate that policy and strategy always developed in close coordination with the borrower countries and their Governments, have yielded an impressive increase in Bank resources that are intended to strengthen population programmes and the capacity to manage those programmes in each of the borrower countries.

Throughout this period of expansion, the Bank management and staff have been conscious of the need to adjust strategy and offer, where necessary, fresh statements of policy that guide operations (Sinding, 1991). This paper sets out briefly some current issues in what has been a continuous stream of consideration, review and reconsideration of the World Bank policy and strategy in the area of population. Its message is that there is neither prospect nor need for resolution of that debate simply because the process of development and the struggle against poverty require continual readjustment of strategy to cope with changing problems and to achieve changing goals. Some themes, such as the nature and significance of the consequences of various rates of population growth, come up repeatedly and appear unlikely ever to be resolved entirely, simply because of the continuous stream of new evidence and shifting debate about a wide range of development objectives. Other themes appear fresh on the scene, such as the focus on poverty or the recent concern about reproductive health and the quality of family planning services. The Bank management and staff continually review the issues and make mid-course adjustments in strategy within a framework of policy that has served well for two decades.

A. A HARDY PERENNIAL: CONSEQUENCES OF POPULATION GROWTH

When Bank assistance to population programmes began in the early 1970s, it was posited on the then-common view that rapid population growth has deleterious consequences for achievement of the objectives of economic development. The pessimism of Malthus had been complemented by the scientific work of Coale and Hoover and then exaggerated and caricatured in the simulation modelling of the Club of Rome project. A reaction came, particularly with the writings of Simon, suggesting that population growth poses no serious obstacles for development. A synthesis document from the United States National Academy of Sciences (1986) presented a more

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balanced view, showing that population growth exacerbates some problems that arise mostly in failures of economic policy and that continued emphasis on population and family planning programmes offered on a voluntary basis might help contribute to more rapid income growth, especially by permitting faster accumulation of human capital through better nutrition, health and education. This view, now current among economists and some other social scientists that work on population issues, is characterized as neorevisionist by Kelley (1988 and 1991).

There is considerable interest in improving on the agnosticism about population and development relationships among the neorevisionists. It seems fundamentally inconsistent with the intuitively appealing argument that very poor families in poor countries undermine the chances to invest in their children when four or more of them are born and must be fed, clothed and educated. The failure to find statistical significance in data-linking fertility, mortality and population growth to such macroeconomic variables as savings rates, poverty levels and GDP growth rates can probably be explained by the endogeneity and simultaneity of family decisions that compensate for and cope with the effects of family size, leaving an almost indistinguishable residue of disadvantage that cannot be characterized as the costs of high fertility.

At the macroeconomic level, there is an urgent need to reexamine the linkages between population growth and development variables. Studies under consideration would examine: dependency rate effects in fast-growing economies; how high fertility and demands on the school system affect the quality of schooling and children's skills; and links between rapid population growth and inequality in the past. Certain world regions, especially sub-Saharan Africa and Central and South Asia, offer cases of extreme poverty in which the consequences of population growth appear to be be especially detrimental to achievement of development objectives. The problems of local environments such as desertification, overgrazing and others identified in Cleaver and Schreiber (1992) merit consideration in assessing the negative effects of population growth. Recent data show the emergence of negative correlations between population and income growth rates in newly available cross-sectional data of the 1980s and early 1990s; these data need to be analysed to see whether differential fertility decline in recent years is at the root of emerging differentials in growth, productivity and relative development indicators. Certain dramatic cases, such as the Bangladesh flood plain, high-fertility zones in Central Asia and the deserts in Africa, require analytical treatment that could assist in the convergence of views about how large a role rapid population growth plays *in extremis* in explaining poverty. Analyses should address global environmental questions that are of common concern, such as aggregate global carrying capacity on the macroenvironmental level. Lastly, there is a need to revisit the question of negative externalities of high fertility, within the household to be sure but also in the context of the community, by reviewing past analyses of this question and putting together a more satisfactory summary of past thinking on the topic.

B. Emerging issues

Recent discussions indicate growing concern with the quality of family planning services and the need to shift attention from demographic concerns *per se* to reproductive health as the primary justification for population and family planning policies and services. The Safe Motherhood Initiative, the emphasis on micronutrients as a means of assuring maternal and child nutritional well-being, the WHO Human Reproduction Programme emphasizing a broadening range of family planning methods directed to improving service quality and across-the-board support for increased spending for female education and programmes that enhance women's productivity are all mechanisms through which the World Bank has sought to promote actions that directly and indirectly promote reproductive health. Population programmes thus fill a niche within a broader policy framework first identified in *World Development Report, 1980* as the seamless web of interactions that enhance the prospects for human development. The focus on poverty in *World Development Report, 1990* and on productivity improvements and prospects in *World Development Report, 1991* broaden the base of concern with human development into which population policy fits comfortably. Family planning is among the lower cost means at the disposal of families and Governments that can help reduce the social costs of poverty and ignorance. None the less, the traditional economist's

concern with the allocation of scarce resources to alternative uses had led to a continuing re-examination of how much to allocate to family planning.

Population resources for the future

So far at least, there has been no wavering of commitment to the gradual but impressive augmentation of resources to population assistance by the Bank, as well as by major bilateral donors and international organizations. *World Development Report, 1992*, which is yet to be published, will probably include a statement of support for increasing aggregate resources for population assistance to a level of about $8 billion by the end of the century, as was also suggested in a recent speech by Mr. McNamara (1992). The share of donor assistance in total population spending may have to rise beyond current levels in order to ensure that adequate programme resources shall reach the poor. These funds must, of course, be offered in a way that encourages local resource mobilization, especially through co-payments by families that can afford to pay for commodities and services. The funds must also be concentrated on poverty groups that are still frequently left out of both public and non-governmental organization population programmes; these subsidized efforts need to be extended to isolated rural areas. Lastly, all allocations of donor assistance must continue to meet the standard criterion that they return as much social benefit as other uses to which the resources could be put.

The impressive success of family planning programmes over the two decades since the Conference at Bucharest and the gradual extension of those programmes to the poorest groups in the poorest countries, even while raising the levels of quality and care in many of the developing countries, suggest that population assistance will continue to meet the test of value for money so that funds can be expanded to meet what are estimated to be unprecedented demands for family planning services in the future (Bulatao, 1992).

REFERENCES

Birdsall, Nancy (1989). Economic analyses of rapid population growth. *Research Observer* (Washington, D.C.), vol. 4, No. 1 (January), pp. 23-50.

Bulatao, Rodolfo A. (1992). Effective family planning programs. Washington D.C.: World Bank. Mimeographed.

Cleaver, Kevin, and Gotz Schreiber (1992). The population, agriculture and environment nexus in sub-Saharan Africa. Washington D.C.: World Bank, Africa region. Mimeographed.

Kelley, Allen C. (1988). Economic consequences of population change in the third world. *Journal of Economic Literature* (Nashville, Tennessee), vol. 26, No. 4 (December), pp. 1685-1728.

________ (1991). Revisionism revisited: an essay on the population debate in historical perspective. Raleigh, North Carolina: Duke University, Center for Demographic Studies. Mimeographed.

McNamara, Robert S. (1992). *A Global Population Policy to Advance Human Development in the 21st century*. Rafael M. Salas Memorial Lecture, 10 December 1991. New York: United Nations Population Fund.

Sinding, Steven W. (1991). *Strengthening the Bank's Population Work in the Nineties.* Policy Research and External Affairs Working Papers, No. 802. Washington D.C.: The World Bank.

United States of America, National Academy of Sciences (1986). *Population Growth and Economic Development Policy Questions*. Report of the Working Groiup on Population Growth and Economic Development. Washington D.C.: National Academy Press.

World Bank (1974). *Population Change and Economic Development*. Washington D.C.

________ (1992). Population, health and nutrition annual sector review. Washington, D.C. Mimeographed.

________ (various years). *World Development Report*. New York: Oxford University Press.

XXX. CHANGING ROLE OF POPULATION NON-GOVERNMENTAL ORGANIZATIONS IN THE CONTEXT OF INCREASED PUBLIC-FINANCED POPULATION PROGRAMMES

International Planned Parenthood Federation *

In this paper it is proposed to consider the special contribution that population non-governmental organizations can make in mobilizing resources for family planning at a time when Governments are recognizing the need to turn policies into programmes and are devoting a greater proportion of expenditure on health to the provision of family planning programmes.

Most Governments have now pledged support for population policies and the allocations made for family planning within health budgets notably increased during the 1970s and 1980s. Data published by Ross and others (1988) show multiple increases in per capita expenditure on family planning by Governments in countries as diverse as Ghana (an increase from $0.04 per capita in 1970 to $0.13 in 1977) and El Salvador (from $0.03 in 1969 to $1.25 in 1980). In many countries, this increase means that the national Government is providing a greater proportion of the finances to the national programmes. There is wide variance, however, in the proportion of national funding for the country programmes: while China and India, for example, pay 85 per cent of their programme costs, most Governments contribute very much less and with the ultimate goal of national self-reliance in mind—or, more importantly, national ownership of the family planning programme with all that that implies of community involvement—Governments must clearly try to contribute an increasing share of the financial cost.

A. International funding targets

The targets that have been set internationally by UNFPA and others for the funding of family planning programmes by the year 2000 touch comparatively lightly on national Governments; a goal of $9 billion overall is projected to ensure a contraceptive prevalence rate of 59 per cent in the year 2000; this sum includes $3.5 billion for government contributions, which is the same as the figure estimated for today (UNFPA, 1992). Presumably underlying this estimate is an awareness of the worsening situation faced in the early 1990s in many developing countries and a realistic appraisal of the circumstances in which those Governments are existing. It is clear that they will have difficulty in maintaining their current levels of funding, and the contribution of non-governmental organizations is likely to be crucial in this effort. Other projections of the expected cost are as high as $11 billion, including a desired increase of $1 billion or so for Governments of developing countries. It is virtually certain that such goals will not be met without the help of non-governmental organizations both in mobilizing resources and in providing programmes.

B. Capabilities of non-governmental organizations

The effectiveness of non-governmental organizations in the provision of services has been well-documented. In general, their smaller size means that they are more flexible, can respond more quickly to perceived needs and can provide a higher standard of service at lower cost. Their rapport with the local community is greater and the staff more dedicated. Those organizations which are voluntary groups benefit from a degree of volunteer expertise and effort which is immeasurable. It is also clear that national non-governmental organizations are able, through their own efforts, to draw upon international resources over and above those brought in by their Governments. They do so by providing attractive and cost-effective channels for assistance from international donors, whether governmental or other development agencies, and by linking with other local non-governmental organizations, they also encourage the integration of family planning into general development programmes intended to strengthen communities or to encourage agricultural growth.

* London, United Kingdom of Great Britain and Northern Ireland.

Mobilizing resources in-country

At the same time, with the ultimate goal of national ownership in mind, the part played by non-governmental organizations in mobilizing funds in-country from local sources is important—and less widely recognized. In 1990, those family planning associations which are members of IPPF and which receive grants from IPPF raised more than one third of their budgets within their own countries, largely through contraceptive sales, patient fees, in-country government support (whether national or municipal), fund-raising through such activities as social events and application to individuals) and membership fees. Of course, the proportion of income raised locally varies widely (see figure XII and note that this summary does not cover those family planning associations in Europe and elsewhere which are self-sufficient). Among the IPPF regions,[1] the East and South-east Asia and Oceania region (including such countries or areas as Hong Kong, Indonesia, Singapore and Thailand) raises the largest proportion of income from truly local sources (as opposed to project income raised locally from international sources such as USAID cooperating agencies). In 1990, these sources accounted for over 73 per cent of the income of family planning associations in the region. In sub-Saharan Africa the comparable figure was less than 13 per cent, most of it derived from local government support. There are also broad variations, from country to country within regions. In South Asia, the Family Planning Association of Sri Lanka raised 50 per cent of its own income in 1990, largely through its contraceptive social marketing programme; Bangladesh, by contrast, received 70 per cent of its income from IPPF. These differences are hardly surprising in view of the differing levels of income from country to country, as well as other social and cultural differences and the varying degree of access to business expertise.

Cost-recovery and proramme sustainability

At the same time, non-governmental organizations in general, and certainly family planning associations, are well aware that even in the context of a world recession per capita income may be growing and prosperity increasing within some countries, thus offering new opportunities for self-financing programmes. In October 1990, IPPF held a seminar on programme sustainability through cost recovery which attracted participants from several family planning associations hoping to take advantage of growing opportunities for increased self-reliance through cost recovery, as well as executive directors of associations and others with expertise to share. Among the areas explored were the possibility of charging fees for contraceptive services and for specialized medical services related to reproductive health, contraceptive sales and social marketing, sale of information materials and fee-charging for training programmes and other services to Governments. Links between non-governmental organizations and private employers were also discussed as possible actions, where contraceptive services could be offered in the workplace or as part of a health insurance plan.

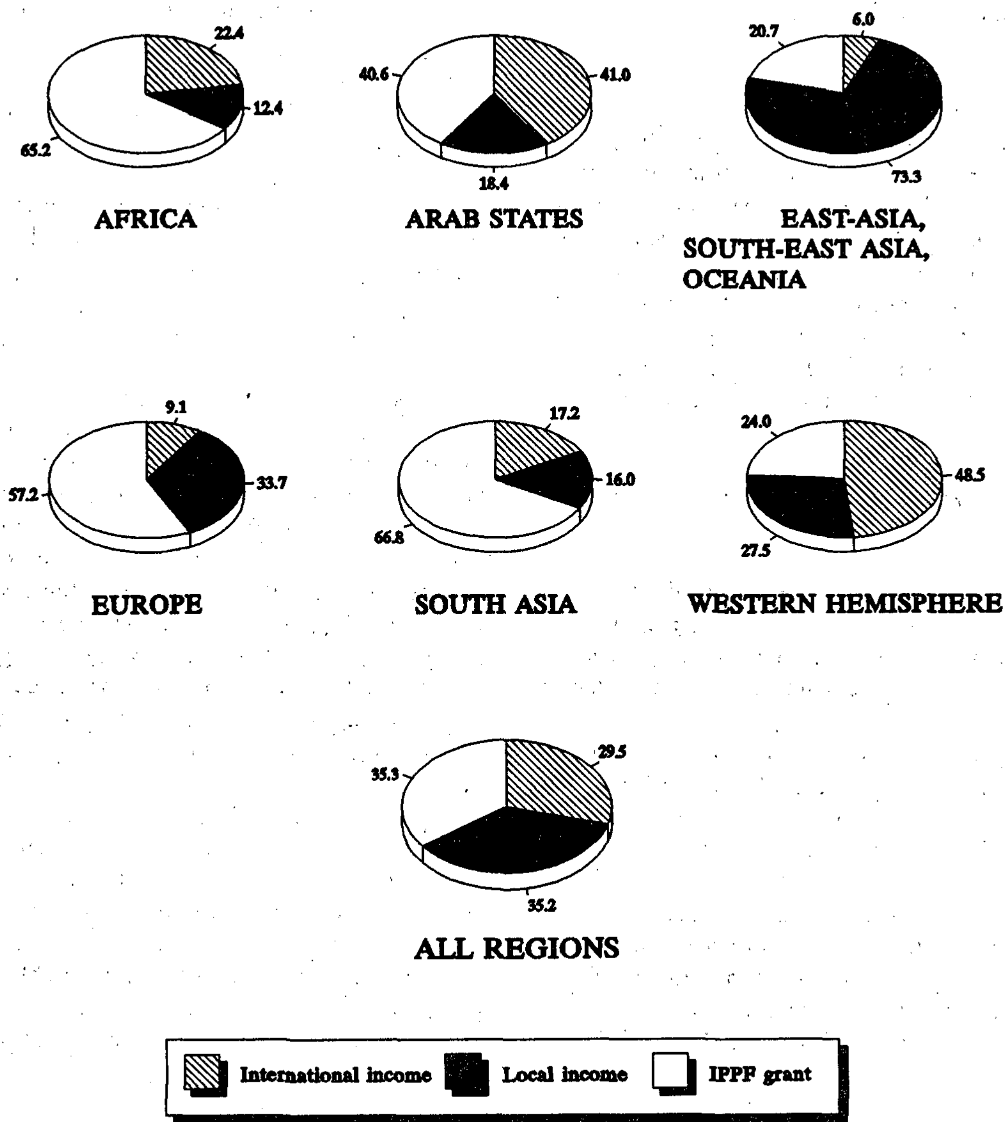
Experience of countries throughout the world presented at the workshop demonstrated the perceived willingness of clients to pay but the conclusions of the workshop have implications not simply for more independent financing but for the quality of care afforded to clients and increased community involvement. It is obvious that when fee-paying services are in competition with services offered gratis, costs will only be recouped if clients are offered the choice of method and the standard of care they require.

The financial constraints within which all government health programmes operate often result in a concentration upon a small number of those methods believed to be most cost-effective. Sterilization, for example, may be a preferred method for government programmes because it could be the most cost-effective in terms of the couple of years of protection provided, despite the initial expense. However, studies have shown that contraceptive prevalence increases as the range of methods increases; and, moreover, also sterilization may not be a preferred choice for younger women. Since the family planning programmes run by non-governmental organizations are generally smaller than those run by Governments, the degree of investment they need to provide a broad span of choice is much less and they are equally able to reach higher standards of care for their clients, giving a service that meets their needs and respects their wishes—and demonstrates to Governments the type of care that is possible. The result should be a general improvement in standards, led from the private sector.

The workshop participants discussed many of the possible dangers inherent in charging for services; most importantly, concern was expressed that the poor should not be excluded from services because of their inability to pay. It was clear flexibility was needed,

Figure XII. Sources of funding of family planning associations receiving grants from the International Planned Parenthood Federation, by region, 1990

(Percentage)



Source: Abstracted from International Planned Parenthood Federation, *Annual Report Supplement, 1990/91* (London).

and sensitivity to local circumstances, both in making a decision on whether to charge at a particular facility or in setting the level of fees. Among the possibilities discussed was that of cross-subsidy, where fees charged at a clinic in a comparatively affluent neighbourhood might be used to subsidize services in a poorer quarter or to a small, remote community where the cost of providing services might be much higher.

In addition, the need to concentrate on the ultimate goal of expansion of services was remembered. A participant warned that where a health facility was set up "in competition" to services already being offered, the overall number of clients might not increase, but the result would be a shift to the cheaper source of supply. In considering the cost factor it is obviously important to bear in mind that the objective is not to raise money for its own sake but to provide a better service and to increase the number of family planning users.

The non-governmental organization as advocate

The role that non-governmental organizations can play in advocacy and in providing information is of great importance. This role will vary, of course, according to the country circumstances. For instance:

(*a*) Non-governmental organizations may lobby their Governments for the removal of those constraints which limit the sale of contraceptives, such as import duties or legal restraints to the provision of services;

(*b*) In a country where there is mistrust of the prevailing Government, such an organization may be very much more credible in its promotion of the benefits of family planning since it can be perceived as acting with the interest of the people in mind;

(*c*) Equally in a country where some pressure to accept family planning is being exerted upon its people by the national Government, the non-governmental organization can act as a moderator, defending where necessary the human rights of the women and men involved;

(*d*) In addition, an information campaign run by a non-governmental may differ from the blanket campaigns of the Government in that it may be directed with more sensitivity and knowledge of the fears and doubts of the potential clients, whether they are women fearing infertility more than too many children or men anxious about their virility;

(*e*) In countries where organized political or religious opposition, whether to family planning in general or to certain programmes, may inhibit government action, the organization can be directly involved on the side of choice in a way which Governments may find it difficult to do by the nature of the constituencies it wishes to cultivate.

In sum, by its nature, the non-governmental organization is well placed to act with all the flexibility and targeted response of the guerrilla fighter.

C. Conclusion

In 1984, the International Conference on Population recommended that national non-governmental organizations should be invited to continue their pioneering work in opening up new paths and to respond quickly and flexibly for the further implementation of the World Population Plan of Action. Perhaps now, almost 10 years later, the question that should be asked is whether Governments and United Nations bodies alike are ready to give non-governmental organizations the acceptance and the space which will enable them to make that contribution—to the very best of their ability.

The fact is that financing, provision of services and advocacy for choice are three essential strands which must be woven together if the ultimate objective is to be achieved, whether that objective is seen as national self-reliance, national ownership or family planning services which are available and accessible to all. In the evolution of all these strands, the non-governmental organization has an essential part to play.

Note

[1] The countries included in the regional divisions used in this chapter do not in all cases conform to those included in the geographical regions established by the Population Division of the Department of Economic and Social Development of the United Nations Secretariat.

REFERENCES

Ross, John A., and others (1988). *Family Planning and Child Survival: 100 Developing Countries.* New York: Columbia University, Center for Population and Family Health.

United Nations Population Fund (1992). *State of the World Population, 1991.* New York.

XXXI. THE INTERNATIONAL UNION FOR THE SCIENTIFIC STUDY OF POPULATION AND POPULATION POLICIES

International Union for the Scientific Study of Population[*]

A. PAST EXPERIENCE IN THE FIELD OF POPULATION POLICIES

At the International Union for the Scientific Study of Population, population policies have been considered for quite a long time in a fairly precise and narrow sense, that is, as policies explicitly designed to influence fertility behaviour and the spatial distribution of population.

IUSSP is a relatively old organization: it was established in 1928 and was reorganized in 1947 after the Second World War. Its experience in the field of population policies may be considered to date from the mid-1960s. Indeed, at the World Population Conference held at Belgrade in 1965, the Committee on Comparative Analysis of Fertility and Family Planning Programmes was set up. Although this Committee was particularly active in designing a series of programmes for the study of fertility, including a sample questionnaire for fertility surveys (United Nations, 1969), which eventually led to the launching in 1972 of the World Fertility Survey programme, the Committee very early on also focused its attention on family planning, family planning programmes and their impacts, particularly on abortion. In 1971, it set up a subcommittee of specialists to review the field of family planning programmes; the resultant report (Chandrasekaran and Hermalin, 1975) was published with the financial assistance of OECD. The Committee also organized a seminar in Liège in 1977 on patterns of response to family planning programmes (see IUSSP, 1979b) as well as a second seminar, in cooperation with the East-West Population Institute of the East-West Center in Hawaii, on the measurement of preferences for number and sex of children (see Coombe, 1975). It also organized a workshop on abortion (see IUSSP, 1976). In 1980, it sponsored a seminar at Bogota on the use of surveys for the analysis of family planning programmes (Hermalin and Entwisle, 1982). For the 1981 IUSSP General Conference at Manila, a seminar was held at Genting Highlands, Malaysia, which focused on the World Fertility Survey family planning modules (see Ross and McNamara, 1984). On various occasions, this IUSSP Committee also participated in meetings organized by the United Nations which led to five major publications (United Nations, 1978, 1979, 1982, 1985, 1986). The most recent major IUSSP publication in the field of family planning is *Family Planning Programs and Fertility* (Phillips and Ross, 1992).

In the field of migration and spatial distribution of population, systematic efforts began in the late 1960s and early 1970s with the Committee on Urbanization and Population Redistribution. Previously, the Committee on Internal Migration had concentrated its attention on the methodology of the measurement of internal migration. However, the later Committee did not focus very systematically or explicitly on the policy aspects of urbanization. One had therefore to wait for the preliminary work carried out by the Working Group on International Migration and subsequently by the Committee on International Migration to see a concrete IUSSP approach to migration policies (see Kritz, Lim and Zlotnik, 1991).

However, population policy as such was tackled in a systematic fashion for the first time in 1974 by the convening of two advisory expert group meetings, one in New York and the other at Liège. Both meetings recommended to the IUSSP Council that a committee on population policies should be established but should be initiated with some caution. In 1975, the Council formed the Committee and placed it under the responsibility of the President of IUSSP, thereby recognizing both the sensitiveness of the topic and the importance given to it by the IUSSP Council.

[*] Massimo Livi-Bacci, President, International Union for the Scientific Study of Population, Liège, Belgium.

At its first meeting, held at Santiago, Chile, in October 1975, the Committee decided to concentrate on population policies in developing countries directed to reducing the rate of population growth or more specifically to lowering fertility. It developed a research programme model and attempted to test the validity of its hypotheses in a number of case-studies. The work of the Committee culminated in a large-scale seminar held at Colombo, Sri Lanka.[1]

That Committee was followed by two others. The first had a more specific mandate on the utilization of demographic knowledge in policy formulation and planning. As a legacy of the previous Committee, it organized a seminar on population policy in Egypt (see Kantner, 1984). The Committee subsequently organized two seminars at which a number of case-studies were discussed: the first held at Bombay in 1985 and concentrated on Southern, Eastern and South-eastern Asia (see Srikantan, 1985); the second was held at Lima, Peru, in 1986 and focused on Latin America (see Mundigo, 1986).

The most recent IUSSP Committee explicitly concerned with population policies was the Committee on Policy and Population. This Committee organized, in cooperation with the United Nations, the Expert Group Meeting on the International Transmission of Population Policy Experience, held in New York in 1988 (United Nations, 1990). A second seminar on population policy in sub-Saharan Africa took place at Kinshasa, Zaire, in 1989 (van de Walle, 1990; and IUSSP, 1991).

The Union has also dealt in a systematic fashion with population policies in its General Conferences at least since the beginning of the 1970s (Liège, 1973; Mexico City, 1977; Manila, 1981; Florence, 1985; New Delhi, 1989), as well as on the occasion of its regional and specialized conferences (Mexico City, 1970; Accra, 1971; Helsinki, 1978; Jyväskylä, 1987; Dakar, 1988; Paris, 1991; Veracruz, 1992).

Among all these conferences, three should be highlighted:

(*a*) *Latin American Population Conference, Mexico City, 1970.* In President Echeverria's inaugural speech, he quoted a famous saying "Governar es poblar". Because the Government of Mexico fully supported the Population Conference and its preparation, and because of the outcome of the Conference, President Echeverria decided Mexico should follow the well-known population policy coordinated by the Consejo Nacional de Poblacion (CONAPO) under the chairmanship of the Secretaria de Governacion, the second most important post in the Mexican administration;

(*b*) World Population Conference, Bucharest, Romania, 1974. IUSSP was one of the two non-governmental organizations requested to prepare a background document for the Conference (IUSSP, 1975). The Union also played an active role in the unofficial population Tribune, which attracted much attention from the media, and a series of lectures by distinguished speakers was organized, and the texts of these were published in English, French and Spanish and were widely distributed. It was at one of these lectures that John D. Rockefeller 3rd announced a very significant change of policy for the Population Council;

(*c*) *IUSSP General Conference, to be held at Montreal, Canada, August 1993*. At least 14 sessions will be devoted to population policies in various domains, such as family planning, population growth, migration, mega-cities, environment, refugees, minorities and women's status.

B. Current activities with particular policy relevance

IUSSP curently has no committee that is explicitly concerned with population policy. In various ways, however, the Union is probably more active than ever in the field. Recognizing that population policy is always part of a more global social and economic policy and that certain population policy measures may often conflict with other policy measures designed for different purposes, but which may have a considerable impact on human behaviour determining population growth rate and spatial distribution (see Sweden in the late 1980s and early 1990s), the IUSSP Council decided that several of the committees and working groups would be asked within their mandate to focus their attention on the policy implications of the topics they cover. These committees are: the Committee on Comparative Analysis and Fertility; the Committee on Health, Population and Family Planning; the Committee on Gender and Population; the Committee on Population and the Environment; the Committee on

Economic Demography; the Committee on South-North Migration and the Ad Hoc Working Group on AIDS. Examples for each of these committees are given below.

The seminar already organized by the Committee on Comparative Analysis of Fertility on the course of fertility transition in sub-Saharan Africa had many policy implications and a good deal of the attention at the seminar was focused on the growth rate differential, on what accounted for the differences in various parts of Africa, how the onset of fertility decline began and what could happen in other places. Two seminars that are being planned by the Committee are also highly relevant to policy concerns, as is shown by their subject-matter: (*a*) children as private or public goods; and (*b*) values and fertility: persistence and change.

The Committee on Health, Population and Family Planning has concentrated and continues to concentrate many of its activities on the problem of maternal and child health which, as is well known is a crucial element in the conditions for a decline of fertility.

The three seminars organized or being prepared by the Committee on Gender and Population have looked or will look into the effect of policies on women and how the role of women could modify policies: (*a*) the seminar on women, poverty and demographic change, held at Oaxaca, Mexico, in 1991; (*b*) that on gender on family change in industrialized countries, Rome, 1992; and (*c*) that on women's position and demographic change in sub-Saharan Africa to be held at Dakar, Senegal, in 1993.

As for the Committee on Population and the Environment, the activities planned by the Committee have obviously a strong bearing on policies directed to the special distribution of population: deforestation and population growth; desertification, drought and migration; and population and environment relationships in mega-cities, with particular emphasis on the situation in developing countries.

The same interest applies for the Committee on North-South Migration, which is planning to publish a volume on the consequences during the twenty-first century of policies currently pursued in the principal sending and receiving countries.

Lastly, the Ad Hoc Working Group on AIDS, which is concentrating its attention on developing countries not yet heavily affected by AIDS and on the relationship between sexual behaviour and networking and HIV transmission, also has direct policy implication and relevance.

These are only a few among many examples of the IUSSP activities that have been, and are, devoted to the very important question of population policy. However, the approach, as noted above, has been modified in the belief that population policies take place within a social, political and cultural environment which determines five main areas crucial for the design, implementation and success of population policies: (*a*) the status of women; (*b*) the level of literacy and the rate of school enrolment; (*c*) political systems, political will and harmonization of policies, population growth, religious belief; (*d*) sexual habits, sexual behaviour and sexual networking; and (*e*) relation between population and the environment.

C. Dissemination of findings

It is fair to admit that it is in the dissemination of its findings outside the community of population scientists that the action of IUSSP has so far been less efficient. However, a number of serious efforts have been undertaken and it is very likely that they will bear fruit in the coming years. The current situation is as follows: for each of its activities the Union publishes a report either in the *IUSSP Newsletter* or in the IUSSP Papers series. In addition and very frequently, it publishes a scientific volume either through the Oxford University Press or Ordina Editions; and, on a number of occasions, there have been publications in cooperation with the United Nations. IUSSP also publishes —and this is probably unique among international scientific non-governmental organizations in the field of social sciences—its conference proceedings on time for distribution at conference registration. These proceedings are also widely circulated to interested individuals and to libraries.

IUSSP has also another series, IUSSP Reprints, which are papers reprinted from the *Newsletter*; this series is designed to reach a wide audience outside the IUSSP membership. The Union is now launching two additional initiatives: a series of population books in English (to be published by Basil Blackwell) in French

(to be published by L'Harmattan, Paris) and possibly in Spanish. The first topics for these books are "the population of India", "the peopling of the Americas", "AIDS and societies", "gender and family change in industrialized countries", "demographic consequences of structural adjustment in Latin America" and "the population of Africa south of the Sahara". It is also envisaging a new series of short publications (12-256 pages) to be called "Policy and research papers". This series will be designed for use by decision makers in both the population policy and the research fields. Lastly, on the occasion of its large-scale conferences and at a number of its specialized seminars, the Union organizes press conferences and press briefings which have usually an important impact on the press of the countries where the events are held.

NOTE

[1] For reports on the work of the Committee, see Miró, Gonzalez and McCarthy (1982); Loza (1982); Alens, Correa and McCarthy (1982); and Lohlé-Tart and Sala-Diakanda (1983).

REFERENCES

Ahonsi, B. A. (1991). *Seminar on Anthropological Studies Relevant to the Sexual Transmission of HIV.* IUSSP Reprint Series, No. 18. Liege, Belgium: IUSSP.

Alens, Z., Alex. A., German Correa and James McCarthy (1982). *Social Science Research for Population Policy Design: Case Study of El Salvador.* IUSSP Papers, No. 23. Liège: International Union for the Scientific Study of Population.

Andorka, Rudolf, and Raul Urzua (1991). *The Utilization of Demographic Knowledge in Policy Formulation and Planning.* Liège: International Union for the Scientific Study of Population.

Cagiano de Azevedo, Raimondo (1987). *Population Aid and Development.* Liège: International Union for the Scientific Study of Population.

Cairns, Gail S., Nancy I. Heckel and Stephen L. Isaacs (1985). *Population Policy: A Manual for Policymakers and Planners.* Development Law and Policy Program. New York: Columbia University, Center for Population and Family Health.

Chandrasekaran, C., and Albert I. Hermalin (1975). *Measuring the Effect of Family Planning Programs on Fertility.* Dolhani, Belgium: Ordina Editions.

Concepción, Mercedes B. (1974). *A Demographer's View of the World Population Plan of Action.* Lecture Series on Population. Liège: International Union for the Scientific Study of Population.

Coombs, Lolagene C. (1975). *Are Cross-cultural Preference Comparisons Possible? A Measurement-theoretic Approach.* IUSSP Papers, No. 5, Liège: International Union for the Scientific Study of Population.

Federici, Nora, and Monica Fong (1985). *The Status of Women, Population and Development.* IUSSP Reprints Series, No. 7. Liège: International Union for the Scientific Study of Population.

Gérard, H. (1983). Types d'intervention d'une démographic. *Politiques de population: études et documents* (Louvain-la-Neuve, Belgium), No. 1, pp. 9-27.

Goldstein, Sidney, and David F. Sly (1977). *Patterns of Urbanization: Comparative Country Studies*, 2 vol. Liège: Ordina Editions.

Greenhalgh, Susan (1991). *Women in the Informal Enterprises: Empowerment or Exploitation?* Working Papers, No. 33. New York: The Population Council.

Hendry, Peter (1988). Food and Population: Beyond Five Billion. Population Bulletin, vol. 43, No. 2. Washington, D.C.: Population Reference Bureau.

Hermalin, Albert I., and Barbara Entwisle, eds. (1982). *The Role of Surveys in the Analysis of Family Planning Programs.* Liège: International Union for the Scientific Study of Population.

Höhn, Charlotte, and Rainer Mackensen, eds. (1982). *Determinants of Fertility Trends: Theories Re-examined.* Liège: Ordina Editions.

International Union for the Scientific Study of Population (n.d.). Eleven years of activity, 1965-1976: report prepared at the request of the Swedish International Development Authority (SIDA).

________ (1975). Research needed in the field of population. In *The Population Debate: Dimensions and Perspectives: Papers of the World Population Conference, Bucharest, 1974*, vol. 1. Population Studies, No. 57. Sales No. E/F/S.75.XIII.4. New York: United Nations.

________ (1976a). *Agrarian Change and Population Growth: An Interim Report.* IUSSP Papers, No. 6. Liège.

________ (1976b). *Recommendations for Comparative Abortion Statistics in Countries Where Induced Abortion is Legal.* IUSSP Papers, No. 7. Liège.

________ (1979a). *The Territorial Mobility of Population: Rethinking its Forms and Functions.* IUSSP Papers, No. 13. Liège.

________ (1979b). *Patterns of Response to Family Planning Programs.* IUSSP Papers, No. 14. Liège.

________ (1980). *Projecting Migration for Integrated Rural and Urban Development Planning.* IUSSP Papers, No. 16. Liège.

________ (1987). *A Contribution in Commemoration of the 40th Anniversary of the United Nations Population Commission.* IUSSP Reprints Series, No. 13. Liège, Belgium.

________ (1988). *Conference on Women's Position and Demographic Change in the Course of Development, Asker (Oslo), 1988.* Solicited papers. Liège.

________ (1991). *Population Policy in Sub-Saharan Africa: Drawing on International Experience/Exchanges d'experiences internationales en matière de politique de population en Afrique au sud du Sahara.* Papers presented at the seminar organized by the IUSSP Committee on Policy and Population, Kinshasa, Zaire, 27 February-2 March 1989/Communications presentées au seminaire organisé par la Commission des Politiques Démographiques de l'UIESP, à Kinshasa, Zaïre, 27 fevrier-2 mars 1989. Liège.

Kantner, J. F. (1984). *Seminar on Egypt Population Policy.* IUSSP Reprints Series, No. 6. Liège, Belgium: International Union for the Scientific Study of Population.

Khoo, Siew-Ean (1980). *The Prevalence and Demographic Analysis of Sterilization: A Report of the Workshop on Methodological*

Aspects of the Demographic Analysis of Sterilization. IUSSP Papers, No. 17. Liege: East-West Population Institute of the East-West Center and International Union for the Scientific Study of Population.

Kritz, Mary M., Lin Lean Lim and Hania Zlotnik (1992). *International Migration Systems: A Global Approach.* International Studies in Demography. Oxford, United Kingdom: Clarendon Press.

Labasse, Jean (1974). *Development and Population.* Lecture Series on Population. Liège, Belgium: International Union for the Scientific Study of Population.

Lee, Ronald (1983). *Economic Consequences of Population Size, Structure and Growth.* IUSSP Reprints Series, No. 2. Liège: International Union for the Scientific Study of Population.

_________ , W. Brian Arthur and Gerry Rodgers (1988). *Economics of Changing Age Distributions in Developed Countries.* International Studies in Demography. Oxford, United Kingdom: Clarendon Press.

_________ , and others, eds. (1988). *Population, Food, and Rural Development.* International Studies in Demography. Oxford, United Kingdom: Clarendon Press.

Lohlé-Tart, L., and M. Sala-Diakanda (1983). *Social Science Research for Population Policy Design: Case Study of Zaire.* IUSSP Papers, No. 24. Liège: International Union for the Scientific Study of Population.

Loza, Sarah F. (1982). *Social Science Research for Population Policy Design: Case Study of Egypt,* Carmen Miro, ed. IUSSP Papers, No. 22. Liège: International Union for the Scientific Study of Population.

Mauldin, W. Parker, and John A. Ross (1991). *Family Planning Programs: Efforts and Results, 1982-89.* Working Papers, No. 34. New York: The Population Council.

Mayumi Yasaki, L. (1990). *Conference on the Transition on Fertility in Latin America.* IUSSP Reprints Series, No. 18. Liège: International Union for the Scientific Study of Population.

McNicoll, Geoffrey (1989). *The IUSSP and Population Policy Research.* IUSSP Reprints Series, No. 15. Liège: International Union for the Scientific Study of Population.

Miró, Carmen A., Gerado Gonzalez and James McCarthy (1982). *Social Science Research for Population Policy Design.* IUSSP Papers, No. 21. Liège: International Union for the Scientific Study of Population.

Morrison, Peter A. (1983). *Population Movements: Their Forms and Functions in Urbanization and Development.* Liège: Ordina Editions.

Mundigo, Axel I. (1986). *Seminar on the Use of Demographic Knowledge for Population Policy Formulation in Latin America.* IUSSP Reprints Series, No. 10. Liège: International Union for the Scientific Study of Population.

Murray, G. (1984). *Report on the Latin American Conference on Population and Development.* IUSSP Papers, No. 27. Liège: International Union for the Scientific Study of Population.

Ohadike, P. O., M. D. Sala-Diakanda and Etienne van de Walle (1988). *The State of African Demography.* Liège: International Union for the Scientific Study of Population.

Phillips, James F., and John A. Ross, eds. (1992). *Family Planning Programmes and Fertility.* International Studies in Demography. Oxford, United Kingdom: Clarendon Press.

Ross, John A., and Regina McNamara, Robert (1984). *Survey Analysis for the Guidance of Family Planning Programs.* Liège: Ordina Editions.

Sadik, Nafis (1991). *Population Policies and Programmes: Lessons Learned from Two Decades of Experience.* New York and London: New York University Press.

Salehi-Isfahani, Djavad (1977). *Ester Boserup Revisited: Population Growth and Intensification in Iranian Agriculture.* IUSSP Papers, No. 10. Liège: International Union for the Scientific Study of Population.

Singer, Paul (1974). *Population Growth: The Role of the Developing World.* Lecture Series on Population, Liège: International Union for the Scientific Study of Population.

Srikantan, K. S. (1985). *Seminar on the Use of Demographic Knowledge for Policy Formation, Implementation and Evaluation: The Case of South, East and South-east Asia.* IUSSP Reprints Series, No. 9. Liège: International Union for the Scientific Study of Population.

Stark, Oded (1978). *Technological Change and Rural-to-Urban Migration of Labour: A Micro-Economic Causal Relationship in the Context of Less Developed Economies.* IUSSP Papers, No. 11. Liège: International Union for the Scientific Study of Population.

Tabah, Léon, ed. (1975). *Population Growth and Economic Development in the Third World.* Liège: Ordina Editions.

Torrado, S. (1983). *Family Types and Fertility in Less Developed Countries.* IUSSP Papers, No. 25. Liège: International Union for the Scientific Study of Population.

United Nations (1969). *Variables and Questionnaire for Comparative Fertility Sruveys.* Population Studies, No. 45. Sales No. E.69.XIII.4.

_________ (1976). *Methods of Measuring the Impact of Family Planning Programmes on Fertility: Problems and Issues.* Population Studies, No. 61. Sales No. E.78.XIII.2.

_________ (1977). *Manual IX. The Methods of Measuring the Impact of Family Planning Programmes on Fertility.* Population Studie, No. 66. Sales No. E.78.XIII.8.

_________ (1979). *Evaluation of the Impact of Family Planning Programmes on Feritlity: Sources of Variance.* Population Studies, No. 76. Sales No. E.81.XIII.9.

_________ (1985). *Studies to Enhance the Evaluation of Family Planning Programmes.* Population Studies, No. 87. Sales No. E.84.XIII.9.

_________ (1986). *Addendum: Manual IX/ The Methods of Measuring the Impact of Family Planning Programmes on Fertility.* Population Studies, No. 66/Add. 1. Sales No. E.86.XIII.4.

_________ (1989). *Trends in Population Policy.* Population Studies, No. 114. Sales No. E.89.XIII.4.

_________ (1990). *International Transmission of Population Policy Experience. Proceedings of the Expert Group Meeting, New York City, 27-30 June 1988.* ST/ESA/SER.R/108. Sales No. E.91.XIII.10.

Urzúa, Raúl (1985). *The Uses of Demographic Knowledge for Policies and Planning in Developing Countries: Problems and Issues.* IUSSP Reprints Series, No. 8. Liège: International Union for the Scientific Study of Population.

van de Walle, Etienne (1990). *Seminar on Population Policy in Sub-Saharan Africa: Drawing on International Experience.* IUSSP Reprints Series, No. 17. Liège: International Union for the Scientific Study of Population.

Weiss-Altaner, Eric R. (1977). *Population Pressure in Agriculture: Chile, 1910-1960.* IUSSP Papers, No. 9. Liège: International Union for the Scientific Study of Population.

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