



Summary of Population Forum 1: “Population, Poverty Reduction and the Millennium Development Goals’.

Professor Sir Andy Haines: Introduction to the Population Forums

The first of the series on The Impact of Population on the Millennium Development Goals (MDGs) was opened by the Director of the London School of Hygiene and Tropical Medicine, Professor Sir Andy Haines.

Professor Haines noted that population is an important topic regarding the MDGs. Goal 1 focuses on Poverty and Hunger. Although there is progress being made in the MDGs, the poor in Sub-Saharan Africa are the ones who will mostly suffer when the goals are not reached. Population growth is an issue that must be considered in reaching this MDG.

LSHTM is in collaboration with the Institute of Education, Birkbeck, LSE, and UCL to tackle key priorities in International Development. The forums are important to extend the debate beyond academic world and to promote a broader perspective on the matter. He welcomed the partnership with the Population and Sustainability Network throughout the series of Forums.

Professor Haines then handed over to the chair of the session, Viscount Janric Craigavon.

Viscount Janric Craigavon: Chair

The Viscount congratulated John Cleland (LSHTM) for his appearance on Radio 4 that morning. He then underlined the importance of population for achieving the MDGs and the commitment of Members of Parliament to the issue, manifest in their recent Hearings on ‘The Impact of Population Growth on the MDGs’. A report on The Parliamentary Hearings will be out in the next few months.

Viscount Craigavon said the Population Forums are very valuable. He has spent 30 years at Westminster working on the subjects of Population, Development, and Reproductive Health, and said that the need for a dialogue between academics and politicians is clear. They need to “keep an eye on and help” each other.

This Forum looks at the MDG to halve extreme poverty and hunger by 2015. Viscount Craigavon reiterated that this goal can be greatly assisted by Family Planning Programmes and Reproductive Health.



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At the 5 year UN review of the 5th MDG, to improve Maternal health, Kofi Annan recommended the addition of the words: "To achieve universal access to Reproductive Health by 2015." Kofi Annan also used the word "Population" in referring to the MDG's, saying they cannot be achieved if questions of Population and Reproductive Health are not addressed.

Professor Michael Lipton: 'The impact of human fertility on poverty'

Key Messages:

- **Fertility decline speeds up poverty reduction – there is plenty of evidence for this.**
- **Asian fertility decline accounted for c.1/3 of Asia's economic growth.**
- **Fertility decline can yield a 'demographic bonus'. This occurs when the number of people in economically active age groups increases, the number of young people declines and the number of elderly remain low. This occurs c.10 years after fertility decline has begun.**
- **The bonus can rapidly increase economic growth, but the benefits depend on policy. Strong policies are needed on access to family planning, female education, child survival and increased labour opportunities. The challenge is to make this happen in Africa.**
- **Parts of Africa have begun fertility decline; it remains to be seen whether they can put in place supportive policies to ensure they achieve a demographic bonus and to make the most of it when it occurs.**

Professor Lipton, a distinguished economist from Sussex University, outlined the economic arguments for reducing fertility in the poorest countries.

He said there were some 'bright spots' in an often bleak development outlook – one of these is that faster fertility decline can speed-up poverty reduction. In his talk he outlined how and why this works.

Fertility decline is linked to poverty reduction

The evidence from the last 10-12 years of the effect of fertility change is clear: countries with a fertility decline experience an increase in GDP/person and improvement in economic distribution following a lag of 10-15 years. In a Malthusian way, slower Population growth leads to higher economic growth rates, with a smaller percent of income spent on food, due to there being less pressure.

Kelly & Schmidt (1995) looked at countries with faster fertility decline compared to countries with slower fertility decline. In typical (median) countries, an increase of GDP/person of 1.4% showed 10 years later. Eastwood & Lipton (1999) found that faster fertility decline showed better economic distribution. Looking at 49 transitional economies, they found that if fertility declined by just 5/1000 between 1980-1990 there was a poverty reduction of 6.3% between 1990-2000 (10 year lag).

Capitalising on the demographic bonus: Asia's Miracle

Demographic Bonus: In the first stages of the demographic transition, there is a decrease in infant mortality. With higher survival, there are more people to join the workforce. Initially, the dependency ratio gets worse because there are more dependents, but once they start working, it improves, *if* fertility continues to fall (and the numbers of new young reduce). Policy is important to promote fertility decline and to benefit from the demographic bonus. Lower fertility leads to higher education for children. With better jobs due to their education, fewer children are needed to ensure old age support. During the fertility decline there is a fall in the crude birth rate but a lag in decisions to decrease fertility to an actual decrease in fertility. 10 years later, the fertility decline is evident when those cohorts join the workforce.

In Asia GDP increased by 5.5% per year between 1970-1990. Fertility decline and the demographic bonus account for about 1/3 of this. BUT this 'bonus' is not automatic. In Asia, employment was possible because of the Green Revolution. China and India have 40% cropland

irrigated, whereas in sub-Saharan Africa it stands at 4%. If South Africa and Mozambique are not included, SSA's cropland irrigation stands at 2%. 1/5 of sub-Saharan African countries have not begun to put in place the policy changes necessary to support fertility decline and benefit from the demographic bonus.

Brief case-studies for Kenya, Nigeria, Ethiopia and Bangladesh were given.

Professor John Cleland, an eminent professor of medical demography and Fellow of the Royal Society, spoke passionately about the need for open and robust support for family planning, especially in Africa.

'Family Planning: the unfinished agenda'

Key Messages:

- ***Family planning is the number one development priority***
- ***Countries that already struggle to feed themselves are set to double their populations every 36 years unless fertility is reduced***
- ***The needs of poor countries are diverse: in some family planning is more important than AIDS and needs robust leadership and support***
- ***Greater investment in family planning is essential for African poverty reduction***
- ***World leaders have been guilty of excessive political correctness, following fashions and fads and scandalously neglecting family planning***

Magnitude of the problem

40 of the world's poorest countries have a population growth of 2% or more which means their population will *double every 36 years*. These same countries also have a high unmet need for family planning (i.e. people say they want to use contraception but do not have access to it) and highly restrictive abortion laws. Unmet contraceptive needs inevitably result in unwanted pregnancies many of which end in unsafe abortion leading to high maternal death and huge public health implications.

Niger is a country already struggling to feed itself. Its current population is 14 million but it is estimated to reach 82 million by 2050. Even if fertility declined to 3.6 children per woman, the population would still reach 50 million – and the fertility rate is currently 7.5.

What needs to be done?

- Re-forge link between investment in family planning and poverty-reduction that was broken in 1994 at Cairo (which obscured the focus on FP).
- Stop cloaking FP in that obfuscating phrase "sexual and reproductive health": we must use robust commonplace language that makes sense.
- Recognise that priorities in poor countries are increasingly divergent – population/fertility is a bigger problem than AIDS in most of Africa but **not** in Southern Africa. In Ghana, for example, more young women die because of unsafe abortion, yet the money is going to AIDS.
- Fight myopia implicit in 2015 for MDG achievement: the effects of family planning will not be seen before 2015 – such considerations are long-term and cannot be ignored for political short-term gain.
- Realise that leadership for family planning will **not** come from US administration (historically the largest donor). Could it come from the UK? Who will champion this open honest talk and cause change?
- Reverse decline in international FP funding

Can FP programmes be effective in poor countries?

Yes!

There is a misconception that the poor don't want to control fertility. They do. In Kenya, widespread political support and funding for the family planning programme led to an impressive fertility decline in the 1980s. But, in the late 1990's this decline stalled when USAID funds were withdrawn from Family Planning. Kenya is already densely populated with 36 million people. In 2002 the UN's projections for Kenya's population in 2050 were 46 million; the stall in decline led the UN to revise these figures in 2005 and Kenya's population is now projected to reach 80 million by 2050 – this is a DISASTER.

Most countries do have appropriate population and family planning policies, but they lack funds and have received far too little encouragement from donor agencies to implement them with commitment.

The world leaders have lost a true perspective. It is time to drop excessive political correctness, wake up and look at the facts. The promotion of population policies is not coercion, like China. There is no discrepancy between human rights and decreased fertility – to the contrary, decreased fertility can help secure basic rights for all.

Andrew Rogerson, Department for International Development (DFID)

Andrew Rogerson, from DFID's Policy Division, said he would try to represent the views of DFID but he was speaking in a personal capacity.

Research-based evidence needs to be applied to policy. Family Planning and Sexual and Reproductive Health are essential for development and there is no inherent contradiction between FP and reproductive rights. Hilary Benn said at the Toronto AIDS conference: "We know people like to have sex, but there's no reason they should die because of it."

Population is the number one factor in economic development – all poverty concerns are exacerbated by lack of family planning. Population is also important for the environment. It is multi-dimensional. Health and poverty reduction are matters of rights. DFID is one of the biggest providers in this field.

Cairo led to increased recognition of the need for access to information for young people, access to safe abortion, but it has led to the neglect of other components. There are 90 unwanted pregnancies each minute – which bring death and economic suffering.

Bangladesh is a good example of economic development leading to a fertility decline that was greater than expected. There is a concern though that not enough FP supplies are available – how do we sustain the focus on family planning? Countries are trying to fund many things at the same-roads, education, etc.

The demographic bonus is real and persuasive.

This series is incredibly important for us ... of all priorities to fund, this is the most important and we should not be bullied by particular ideological views.

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