



RETURN OF THE POPULATION GROWTH FACTOR



REPORT UPDATE SUMMARY

Report of Hearings by the
All Party Parliamentary Group on Population,
Development and Reproductive Health

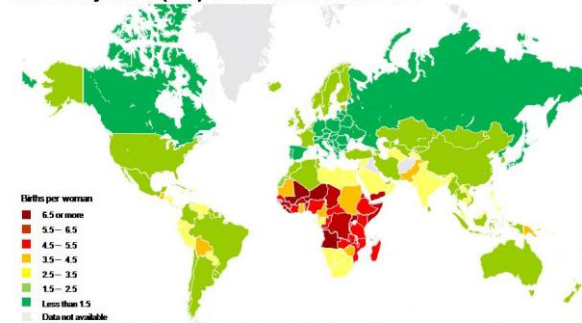
Westminster, London

May 2009

POPULATION AND THE MILLENNIUM DEVELOPMENT GOALS

A report on the impact of global population growth on the Millennium Development Goals (MDGs) was published by the UK All Party Parliamentary Group on Population, Development and Reproductive Health (the Group) in 2007, and a 2009 update of the graphs in the report is now available on the Group's website. New data show that the key message from the report – that the MDGs will be difficult or impossible to achieve with current levels of population increase in the least developed countries – remains true, and that increased investment in voluntary family planning programmes can also make a significant contribution

Total Fertility Rates "(TFR)" of the World's Nations 2006



Source: Population and Sustainability Network from World Bank Development Indicators, 2006/accessed 2008.

to emerging development priorities, including climate change, fragile or failing states, as well as existing priorities such as poverty elimination.

In 1950 global population was 2 billion. It now stands at 6.7 billion – and is likely to rise to 9.2 billion by 2050. That is the median UN projection, but it assumes a substantial increase in access to and use of family planning in the poorest countries of the world.

The great majority of this population growth will take place in the poorest countries, particularly in sub-Saharan Africa and parts of Asia.

Findings of the Report Update Underline Today's Key Development Challenges

Poverty alleviation – No country, with the exception of a few oil-rich states, has risen from poverty whilst still having high fertility rates - which also impact directly on levels of maternal and child mortality and morbidity.

Climate change – While the greatest proportion of emissions currently comes from developed countries,

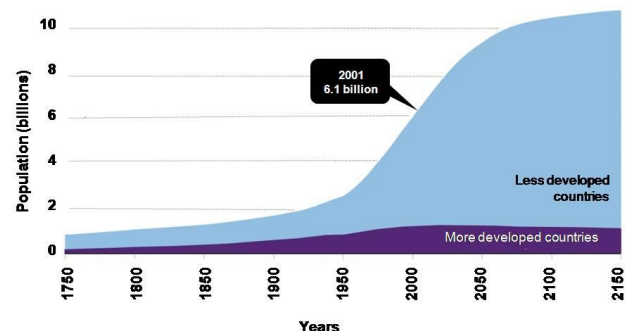
which must urgently reduce their CO₂ emissions, developing countries are most vulnerable to the effects of climate change. At the moment one third of the world's population lives within 60 miles of a shoreline and thirteen of the world's twenty largest cities are located on a coast.

More than a billion people could be displaced in environmental mass migration caused by extreme weather events (unnatural disasters) caused by climate change. National Adaptation Programmes of Action (NAPAs) prepared by developing countries as part of the UNFCCC process outline top priorities for adaptation and specific localized vulnerabilities to climate change. Well over half of them refer to population growth/density as a confounding factor that makes coping with the changes that climate change will bring significantly harder.

Conflict – High rates of population growth can contribute to potential for civil conflict, where they involve pressure on limited land or water resources, mass migration and high rates of youth unemployment.

Failing States – Of the top 20 failing states¹, 17 have populations increasing at close to 3% a year, (20-fold per century). In five of these 17 countries, women have an average of nearly seven children each. In all but six of the top 20 failing states, at least 40% of the population is under 15².

World Population Growth 1750–2150



Source: United Nations World Population Prospects, The 1998 Revision and estimates by PRB.
<http://www.prb.org/pdf/worldpopgrowth.pdf>

Decisions made now on family planning funding can influence whether population levels in 2050 are at the UN high projection of 10.5 billion, the medium of 9.2 billion or the low of 7.8 billion.

The Economic Value of Family Planning

In developing countries where the birth rate has fallen, between 25 to 40% of economic growth is attributable to demographic change [UN Population Fund], making family planning a highly effective investment

¹ Fund for Peace definition of a state that is failing includes several attributes, including the loss of physical control of its territory or a monopoly on the legitimate use of force, the erosion of legitimate authority to make collective decisions, an inability to provide reasonable public services, and the inability to interact with other states as a full member of the international community.

² DFID's working definition of fragile states covers those where the government cannot or will not deliver core functions to the majority of its people, including the poor. The most important functions of the state for poverty reduction are territorial control, safety and security, capacity to manage public resources, delivery of basic services, and the ability to protect and support the ways in which the poorest people sustain themselves. DFID does not limit its definition of fragile states to those affected by conflict.

The Impacts of Population Increase

Below are some of the main impacts of population increase, set against each of the Millennium Development Goals.

MILLENNIUM DEVELOPMENT GOAL	IMPACT OF POPULATION GROWTH
Goal 1 ERADICATE EXTREME POVERTY AND HUNGER	<ul style="list-style-type: none"> The rapid pace of population growth in much of Africa and some other parts of the world means, despite global efforts, we are not succeeding in keeping the number of people living in extreme poverty stable. (<i>UNFPA</i>) In sub-Saharan Africa and parts of South Asia the number of people living on less than \$1 per day is rising. Slower population growth permits greater investment in education, health and skills for employment, helping to lift nations out of poverty.
Goal 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION	<ul style="list-style-type: none"> Two million extra teachers per year are needed just to maintain existing standards of education, assuming class sizes of 40. Under 50% of pupils complete primary level in sub-Saharan Africa.
Goal 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	<ul style="list-style-type: none"> Women with numerous pregnancies and life-long childcare find it difficult to participate in education, employment and politics. Girls currently comprise only 26% of secondary students in sub-Saharan Africa. Although women's ability to control their fertility is by itself not sufficient to gaining their full empowerment and gender equality, it is the first and most important step. (<i>World Health Organization</i>)
Goal 4 REDUCE CHILD MORTALITY(UNDER 5 YEARS OLD)	<ul style="list-style-type: none"> There is a direct correlation between high fertility and high child mortality rates. (<i>UN Economic Commission for Africa</i>) Fewer, wider spaced births can reduce infant mortality by over 60% . (<i>Department for International Development – UK Government</i>)
Goal 5 IMPROVE MATERNAL HEALTH Target 5A: Reduce by three quarters the maternal mortality ratio Target 5B: Achieve universal access to reproductive health	<ul style="list-style-type: none"> One woman dies every minute from pregnancy related issues, yet 41% of pregnancies globally are unwanted. By preventing these, maternal mortality could fall 35%. (<i>Department for International Development – UK Government</i>)
Goal 6 COMBAT HIV/AIDS, TUBERCULOSIS, MALARIA & OTHER DISEASES	<ul style="list-style-type: none"> Progress is being made, but disease is exacerbated by poverty, itself aggravated by population growth which also dilutes available healthcare resources. For HIV positive women who do not want children, family planning offers an effective way of reducing the number of cases of vertical transmission of the virus from mother to infant.
Goal 7 ENSURE ENVIRONMENTAL SUSTAINABILITY	<ul style="list-style-type: none"> Climate change will be aggravated. Degradation of farmland, deforestation, loss of species and habitats will accelerate. The UN estimates that two thirds of the world's population will face moderate to high water shortages by 2025. The impact of high consumption levels in the developed world contributes greatly to environmental problems. However rapid population growth in many developing countries will very significantly exacerbate these problems, and they must be supported.

Summary

There is strong evidence of the benefits that family planning brings, for existing children, their mothers and for the countries where they live. For the world in general, there is an increasingly urgent need to take action to support voluntary family planning programmes as the key strategy for managing population growth; in 2006 the Hearings highlighted the importance of so doing in order to achieve the MDGs. In 2009, as we approach the tenth anniversary of the MDGs, and as climate change, fragile states and poverty elimination become urgent international development priorities, the case for increased investment for voluntary family planning services has never been stronger.

The Hearings Process

The Group comprises over 70 parliamentarians drawn from both the House of Commons and the House of Lords. All the main political parties are represented.

In 2006 the Group commissioned a Hearings process on population growth. This process is used to inform politicians and decision takers in the UK – and internationally - about important issues.

Evidence was submitted to the Hearings by nearly 50 organizations from all over the world. They included UK and overseas government departments, United Nations agencies, the World Bank and a wide range of Non Governmental Organizations, charities and academic institutions.

Representing a Broad Consensus

Views on the adverse impact of population increase are shared across the less developed world.

Among governments of the 50 least developed nations, 80% felt their population growth was too high – none felt it was too low. (UN Dept of Economic & Social Affairs 2005)

Addressing Unmet Need

Between 125 and 200 million people would like to be able to control their fertility. Many of them live in extreme poverty. They are denied a basic right of empowerment in their lives.

It is estimated that only 10% of funding needed from developed nations for family planning is actually being provided, at a time when unmet need is increasing. Largely because of political and religious pressures, together with lack of emphasis on the adverse impact of population increase on poverty alleviation, over the last 10-15 years family planning programmes have stalled in many parts of the world.

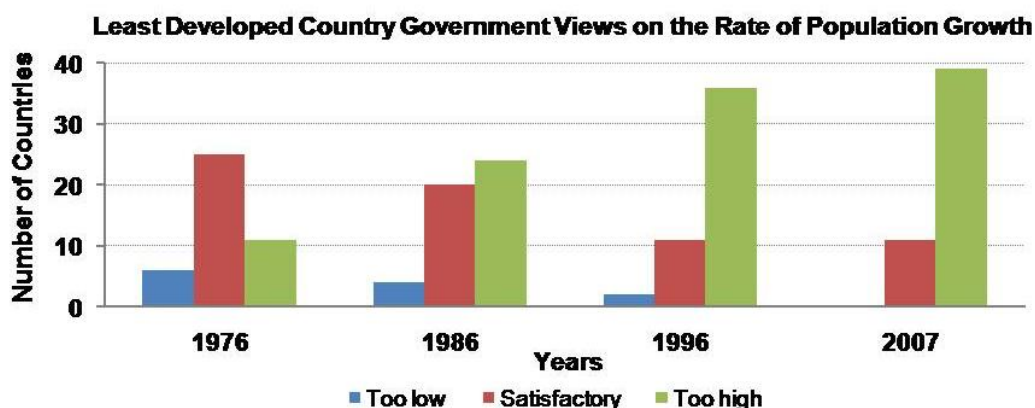
Key Recommendations

The Report concludes that universal access to family planning, as proposed in 1994 at the International Conference on Population and Development, is crucial to achieving the MDGs.

It calls for a range of urgent measures:

- 10% of development aid allocated for population and reproductive health services
- Availability of contraceptive supplies to be a priority
- Elimination of barriers to use of family planning
- More cost-effective use of available finance
- Support for prioritisation and monitoring of resource allocation
- Greater cooperation between development, environment and health organizations

The United Nations has now approved a target under MDG 5 - universal access to reproductive health by 2015. The Group welcomes this and hopes that this target will be reflected and supported in country development plans.



Source: UN Department for Social and Economic Affairs/Population Division. *World Population Policies, 2007*, accessed March 2009.

Evidence for the Hearings was submitted by:

African Foundation for Population and Development (AFPODEV), Nigeria	Overseas Development Institute (ODI)
African Population and Health Research Centre (APHRC)	PATH Foundation Philippines, Inc
Benevolent Organisation for Development Health and Insight (BODHI), Australia	Population Action International (PAI)
Bixby Centre for Reproductive Health Research and Policy, San Francisco	Planet 21
Catholics for a Free Choice	Population and Sustainability Network (PSN)
Centre for Alternative Technology	Professor Chris Rapley, British Antarctic Survey (personal capacity)
Chair of the National Assembly on Population Welfare, Pakistan	Syracuse University, USA
Chief Scientific Adviser to HM Government, UK	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Commonwealth Medical Trust (Commat)	The Population Institute, USA
European Commissioner for Development and Humanitarian Aid	UK Department for International Development (DfID)
Gramin Vikas Trust, India	UK Department for Environment, Food and Rural Affairs (DEFRA)
Help Age International	UN Department of Economic and Social Affairs (DESA)
Homeless International	UN Economic Commission for Africa
International Council on Management of Population Programmes (ICOMP)	UN Environment Programme
International Monetary Fund (IMF)	UN Food and Agriculture Organisation (FAO) – Gender and Population Division
International Planned Parenthood Federation (IPPF)	UN High Commissioner for Human Rights
Karen Newman, International Development Consultant (personal capacity)	UN High Commissioner for Refugees
London School of Economics (LSE) Department of Social Policy	UN Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLS)
London School of Hygiene and Tropical Medicine (LSHTM)	UN Population Fund (UNFPA)
Marie Stopes International (MSI)	University of California, Berkeley, USA
Marion van Schaik, Dutch Ministry of Social Affairs (personal capacity)	University of Edinburgh, School of Biological Sciences, Scotland
National Population & Family Planning Commission, China	University of Sussex, Poverty Research Unit, UK
	World Bank, Washington USA
	World Health Organisation (WHO) Geneva

To read and download copies of the full Report:

www.appg-popdevrh.org.uk

For further information on the Report:

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