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**DEMOGRAPHIE, FAMILY PLANNING AND COOPERATION WITH
DEVELOPING COUNTRIES**

**COMMUNICATION BY THE COMMISSION
TO THE COUNCIL AND TO THE EUROPEAN PARLIAMENT**

INTRODUCTION

1. In its resolution of 11 November 1986 on population and development, the Council established general principles and implementing guidelines for Community cooperation in the field of population.

Demographic patterns in the developing world have since been the object of frequent discussion in both international and Community forums. The gravity of the problem is widely recognized, both in the Member States and the countries in which the Community is engaged in development cooperation.

The various agreements concluded with the developing countries (e.g. Lomé, SEM) and the decisions relating to the ALA countries refer explicitly to the population issue, and there is also a specific budget heading.

An increasing number of projects, mostly family planning projects, have been identified and financed.

"Development cooperation policy in the year 2000" is the subject of a Commission communication of 15 May, which highlights the importance of demography in the development context.

While recognizing that "population" is not an isolated issue and interacts with other sectors of development policy, this communication seeks to deal with a single policy instrument in this area, family planning, so that it can be better understood as a specific sector of cooperation.

2. Family planning has two main objectives: a demographic and macroeconomic objective concerning society as a whole and a social objective aimed at increasing the wellbeing of individuals and families.

As regards the overall objective, family planning policies aim at improving the ratio between resources and population. It is clear that in the long term population, in terms of both distribution and numbers, will directly determine requirements as regards production, investment and consumer goods.

Current rates of population growth in all the countries concerned will increase the pressure on services and infrastructure, on scarce resources such as water and on the environment in general.

Population growth is clearly not a problem per se, but rather becomes a problem when a stagnation or decline in resources over a prolonged period becomes apparent or foreseeable.

3. In this context it cannot be emphasized too strongly that family planning, whatever contribution it is expected to make to overall development objectives, is, above all, a social service made available to people to enable them to exercise freedom of choice and personal responsibility in reproduction. Family planning is thus closely linked any policy promoting mother-and-child health.

For societies in the throes of or, as is often the case in Africa, on the verge of demographic change, freedom of access to sound information and family-planning methods is both a human right and a prerequisite for the success of population policy, as well as bringing benefits to health.

One of the principal difficulties is that results for society at large can be obtained only by influencing individual behaviour which, for cultural or economic reasons, may be perfectly justified in the short term. But the strength of these cultural models should not be overestimated: there is a growing demand for family planning driven by general social change and the acquisition of new values.

4. To conclude, public opinion is inclined to view the reduction of the birth rate as the key to all development policy. While the importance of reducing the rate of population growth is undisputed, it would be a mistake to see it as the solution to all development problems. The ratio of population to resources must first be improved by a qualitative and quantitative increase in the production of goods and services.

Furthermore, if a family-planning policy is to be introduced and made to work, living conditions have to be improved and some hope offered of a better life ahead.

Family planning is a partial response to the challenge of sustainable development. Support for this sector must be used in conjunction with other instruments of cooperation policy. Significant results depend on adequate financing and above all on the donors coordinating their action within the framework of a coherent, long-term sectoral policy. The broad lines of this sectoral policy must be proposed, the basic principles defined, the components and priorities of programmes clearly identified, and the implementing machinery designed.

Having examined the shortcomings of Community family-planning aid, the Commission proposes that the Council adopt a resolution outlining a well-structured plan of action.

1. THE DEMOGRAPHIC SITUATION

1.1 Population growth

In 1990 the population of the world stood at 5.3 billion inhabitants, three quarters of them in the developing world. That population grew by an average of 1.7% a year, with 90% of that growth being accounted for by the developing countries. Average UN projections forecast 6.3 billion in 2000 and 8.5 billion in 2025. At that rate the stabilization threshold of about 11.3 billion would be reached towards 2100 .

Population growth is distributed very unevenly within countries. Growth in the cities is often almost double the national average, and this growth is mainly accounted for by the most disadvantaged sections of the population.

There is therefore also a social divide, represented by the poverty line, which gives rise to a vicious circle most apparent in the outskirts of the cities of the developing world.

1.2 The onset of demographic change and demand for contraception

An overall downturn in the developing countries' birth rates has taken place and demand for contraception has increased.

In 1990 the overall rate was approximately 4 births per woman (compared with about 6 in 1950).

An effective family planning programme would have a considerable impact; it would mean two billion fewer people by 2100.

Mortality has already fallen significantly in recent decades.

2. SUMMARY OF THE COUNCIL RESOLUTION OF 1986 AND SUBSEQUENT DEVELOPMENTS

The Council has already expressed a position on population matters in the form of a resolution adopted in 1986.

The general principles cited in the 1986 resolution may be reaffirmed, taking particular account of the Amsterdam Declaration, adopted in November 1989 by the International Forum on Population.

These principles have been reiterated in the course of debates in the European Parliament and in two resolutions of the ACP-EEC Joint Assembly.

3. COOPERATION ON POPULATION SINCE 1986

3.1 Efforts of the Member States

OECD figures suggest that the Member States' overall contribution in this area of cooperation amounted to about USD 116 million in 1989 (i.e. 20% of all ODA for this sector, while the Community and its Member States account for almost half of all ODA). The amount is not only small when compared with the scale of the population problem, it is, as will be shown below, too small to offer any meaningful assistance to the developing countries.

Some Member States, namely Denmark, Germany, the Netherlands and the United Kingdom, have long supported population projects and have acquired specific know-how in the field, and have the capacity within their administration to handle the formulation of policies and programme management at the same time.

The other member States have not developed any great technical or operational capacities in this sector, at least if the May meeting of family-planning experts and the incomplete answers to the Commission's follow-up questionnaire are anything to go by.

Slight differences of approach, know-how or geographical focus may be found from one country to another. There is no organized coordination of member States' operations in this field.

3.2. Commission-funded operations

3.2.1. Texts governing cooperation policy in this area.

References to population have been included in the following documents negotiated with the Community's partners:

- the Lomé Convention, and in particular Article 155 thereof;
- the protocols with the Southern and Eastern Mediterranean (SEM) countries, in particular Article 3 thereof.

Population is also mentioned in the following Community documents:

- on cooperation with Asian and Latin American developing countries (ALA): in Council Regulation (EEC) No 443/92 on financial and technical assistance to, and economic cooperation with, the developing countries in Asia and Latin America, in particular Article 5 thereof, population is referred to as a possible subject of cooperation;
- on regional cooperation (horizontal cooperation) with non-Community Mediterranean countries: in the Communication from the Commission to the Council entitled "Towards a New Mediterranean Policy" (SEC(90)812 final), Article 3.4. states that the Community should respond to calls for cooperation in this field;
- in the context of the Community's relations with the Maghreb countries: a document concerning the future of relations between the Community and the Maghreb stresses the challenge represented by population growth in the region concerned (page 10).

Family planning assistance may be offered during the course of the dialogue provided for in the above documents.

In addition to the financial resources provided for in these documents, there are two budgetary headings:

- aid for the population policies and programmes in the developing countries (budget heading B7-5050, which this year has an appropriation of ECU 2 million, was established in 1990 with ECU 1 million, raised in 1991 to ECU 1.5 million);
- cofinancing for NGO projects in the developing countries, which can be used, among other things, for family planning programmes.

3.2.2. Programmes and projects

About twenty countries included population in their Lomé IV indicative programmes. That no specific family planning projects have so far been identified suggests that the policy dialogue on population is still at an early stage.

Projects in the Mediterranean have received a total of ECU 4.5 million since 1990. An ECU 10.5 million regional project has been approved.

Two ALA countries, Bangladesh and Pakistan, will be implementing Community-backed population projects worth ECU 20 million and ECU 10 million respectively.

Funds earmarked for cofinancing NGO projects have so far been allocated to projects on all three continents, although Asia has received the largest share. Some ECU 1.5 million was made available for cofinancing NGO projects in 1990.

3.3 Needs and current state of financing for family planning

3.3.1. Financing requirements

Very approximate World Bank forecasts for 2000 put the cost of family planning in developing countries at somewhere between USD 3.6 billion and USD 8 billion a year.

OECD studies for 1989 suggest that ODA for population programmes stands at approximately USD 561 million, 45% of which is provided by the United States. On this basis about 1.2% of the total ODA of the member countries of the Development Assistance Committee (DAC) is allocated to the population sector.

Community backing for population programmes amounts to almost USD 116 million or 0.4% of total Community ODA.

3.3.2. Financing family-planning policies

Channels for funding

The Member States and the Commission use various channels for funding, among them are:

- direct bilateral aid to governments, NGOs and other local bodies in a developing country;
- multilateral aid to multilateral organizations or agencies, including UN agencies such as UNFPA or the WHO or the International Planned Parenthood Federation (IPPF);
- aid to national or International European NGOs, usually in the form of cofinancing;
- support to Member States' institutions for R&D or training.

3.4. An unsatisfactory situation requiring a consistent approach

In sharp contrast with ministerial statements that often place population at the top of the list of development priorities, the overriding impression is that cooperation on population between the Member States and the Commission is not governed by a coherent, clearly defined and forceful policy. Projects are generally developed ad hoc in support of action by an NGO or multilateral agency: they are not part of a structured plan.

The failure to set priorities and make policy choices regarding the objectives, instruments and target countries all too often results in a quest for suitable ways of spending the budget available.

Although there are undoubtedly several reasons for the delays in establishing coherent policies in this area, the principal one would appear to be the underdevelopment of the family-planning departments in the Member States' development ministries.

Thus, even where funds are available, the lack of an established policy and a shortage of experienced staff oblige the Member States and the Commission to act as bankers, delegating to others not only the execution of projects, but also their design.

The situation at the Commission is no better: a lack of experience means that it acts as a donor rather than a policy maker.

This situation is completely unsatisfactory for the Community and its Member States. While it does not prevent the funding of sound initiatives taken by developing countries with home-grown policies on population, it does tend to force the Community into a passive role: the structural shortcomings of the departments and the lack of a guiding policy prevent the Community engaging in a vigorous dialogue with the recipient countries.

In short, the effective implementation by the Community and its Member States of a consistent policy of increased support for family planning calls for a common action plan based on two key components:

- A. the establishment of a consistent framework of policies, approaches and methods for cooperation in the field of family planning;
- B. the means to act thanks to increased funding and more staff;
- C. the setting-up of machinery to coordinate the efforts of the Community and the Member States.

4. SUGGESTIONS FOR AN ACTION PLAN

A. PRINCIPLES AND GUIDELINES

4.1. GENERAL PRINCIPLES

Family planning is considered a fundamental social service.

Men and women are entitled to :

- the most complete and scientifically accurate information available on reproduction, birth-spacing and contraception;
- free access to ways and means of spacing or limiting births;

These methods should be as widely available as possible, and as affordable as funds allow.

4.2. THE AIMS OF INTERNATIONAL AID FOR THE PROMOTION AND DEVELOPMENT OF FAMILY PLANNING

The aims of aid are therefore:

- to encourage the adoption and the implementation of national population policies;
- to foster the development of systems, ways and means of spreading information;
- to support the development of family planning services.

4.3 Priorities for action

4.3.1. The establishment of a political, legal and institutional environment conducive to the development of family planning

The Member States and the Commission can and must put the case for family planning during the policy dialogue with countries they aid.

4.3.1.(b)

The provision of technical assistance to help the countries concerned to devise feasible family planning policies and to upgrade the relevant institutions and local administration in this field.

4.3.2. Strengthening family-planning research and training in both the Community and the developing countries.

To ensure the best possible conditions for effective and efficient family planning, the following priorities would seem to be indicated:

- the development of research, and in particular applied research.
- Therefore, to ensure the best possible conditions for effective and efficient family planning, priority should be given to providing assistance with the reinforcement, by a major training effort, of the pool of specialists in the domain, both in Europe and the developing countries.

4.3.3. Accelerating the expansion of family planning services by facilitating their integration into existing health services.

Integration would make it possible to increase services faster, without recourse to costly new investment, by making the most of past or current investment projects in the health sector.

4.3.4. Offering more appropriate and better targeted financial and technical assistance.

Financial support for the recipients would ideally take the form of grants or loans on very favourable terms.

Aid must cover the entire cost of setting up family planning services: studies and research, investment in equipment and buildings, training and information and, on a regressive basis, but possibly over a lengthy period, personnel, maintenance and consumables, such as contraceptives.

4.3.5. Focusing efforts

Since resources are limited it is inefficient to disperse efforts. This is why agreement is needed on a focusing of resources and efforts in certain geographical areas and on certain types of family-planning programmes.

In allocating aid, priority will be given to countries with high population growth rates which clearly demonstrate their willingness to implement population policies.

B. INCREASING THE CAPACITY TO ACT

4.4 MORE FUNDING

The proposal made during preparations for the Amsterdam Conference that 4% of ODA be earmarked for population would mean USD 2.5 billion a year for that sector by 2000.

For the Community this 4% target would mean a tenfold increase in funding for the sector (currently accounting for 0.4%). That seems impracticable at the moment.

On the other hand, given the present level, it would not be unreasonable to aim at doubling such aid by 1995 and tripling it by the turn of the century. That means USD 350 million (ECU 225 million) in 2000, compared with about ECU 85 million in 1989 (at the current rate of ECU 1 = USD 1.37).

Member States are starting from very different points but it is not the intention here to propose that all the Member States reach the same level or do the same things.

Some Member States have already increased their financing for this sector and may want to go beyond the final target referred to above. Others have a long way to go. The important thing is to set an overall objective for our collective efforts and reach common agreement on the methods of work to achieve it.

4.5. MORE HUMAN RESOURCES

Sufficient attention has already been given to the present shortage of qualified personnel in this domain within the development ministries, the Commission and on the ground. All too often, the manpower available amounts to two or three civil servants without the resources to launch serious projects.

The gap between political rhetoric and the resources actually provided is flagrant in the population field. Even if implementation were entrusted to the usual agencies (NGOs, UN agencies, etc.), planning, financing and monitoring would still require a much larger and better-prepared staff.

What is needed therefore is a qualitative and quantitative improvement in the human resources, be it in the cooperation ministries, at Commission headquarters, or the field. The experience of demographers, public health experts and family planning specialists must be tapped. Training for development officials must include sessions to make them more aware of demographic issues and familiarize them with approaches described above. This administrative know-how must complement the tapping of expertise for the implementation of specific programmes and projects.

C. COORDINATION MACHINERY

4.6. PROPER COMMUNITY COORDINATION

Oblvious benefits would be reaped if the various public agencies active in this field were guided by agreed principles and strategies and were given the means to expand their work.

Whether resources stay at present levels or are increased, they have to be made more effective by coordination on the ground and monitoring at various levels. The first step is for Community development ministers to decide on the principles and priorities for the common platform of work for the Member States' authorities and the Commission. This will provide the basis for a certain degree of coordination at local and central level.

At local level the regular meetings between the Member States' ambassadors in the developing countries and the Commission representative would be a possible coordination forum. These meetings would serve a double purpose: (i) to exchange information about future or current projects of the Member States and attempt to coordinate their implementation; and (ii) probably most importantly if cooperation is to be revived at Community level, to evaluate the population policy of the country in question and propose to their respective headquarters guidelines for action that could be the springboard for projects.

The Council must also be kept abreast of the progress of these joint efforts so that it can adjust policy, where necessary, and take new decisions.

Equally, for their action to be more consistent with that of international agencies, the Member States should adopt joint positions on issues discussed within those forums.

CONCLUSION

1. In the last ten years the population issue has become one of the chief preoccupations of the relevant Member State and Community authorities, and is increasingly seen as an essential part of development policy.

This concern is wholly justified by excessively fast population growth in many developing countries, which in many cases is outstripping economic growth and greatly exacerbating economic, social and environmental problems, reducing or even nullifying development on those fronts.

2. Resolving population problems would therefore appear to be a precondition for sustainable development. Matters should, however, be kept in perspective and development should not be equated with reducing population growth. Action in this field is meaningful only inasmuch as it serves to increase the effectiveness of economic and social development policies. Moreover, the fruits of population policy are visible only in the long term.

Conversely, development would in fact itself appear to be a precondition for the effectiveness of action in the field of population. Improvements in services (health services, for example) and the social and cultural changes which accompany any development process create a climate conducive to family planning.

The apparent vicious circle constituted by population and development, and the delay in recognizing the problem together with all sorts of problems connected with the establishment of family-planning policies, have often diverted attention to secondary considerations, braking, diminishing or even paralysing action.

3. Once the problem is recognized as a political priority, it can be viewed from a quite different angle and the vicious circle broken. Family planning in developing countries should henceforth be seen in terms of basic social service, enabling men and women in the developing world to exercise freedom of choice and personal responsibility in matters of reproduction by giving them the means to choose the number of their offspring and the spacing of the births.

The data available shows that in every developing country, albeit to differing degrees, there is unmet demand for family planning. The establishment and development of family-planning services, and therefore the assistance provided for that sector, must attempt to meet and at the same time stimulate and expand this demand by providing services and information.

4. Current cooperation in this domain is patently inadequate, be it in terms of funding, qualified staff or coordination of Member State and Community action.

In view of the importance of the issue and the pressing nature of the objectives, and in order to meet a visible need, the Community must take forceful and coordinated measures, increasing both the quality and the quantity of the resources allocated to the sector, and improving the coordination of its efforts both at policy-making level and on the ground.

5. The Council should therefore adopt a much stronger resolution than that of 1986: one that contains firm policy decisions aimed at strengthening and coordinating action by the Community and the Member States on the basis of the guidelines proposed in the plan of action set out in this paper.

List of abbreviations

EC	European Community
ALA	Asia and Latin America
SEM	Southern and Eastern Mediterranean
EDF	European Development Fund
ACP	African, Caribbean and Pacific
M.S.	Member States
OECD	Organization for Economic Cooperation and Development
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organization
NGO	Non-governmental organization
STD	Sexually transmitted disease
IPPF	International Planned Parenthood Federation