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# U.S. INTERNATIONAL POPULATION POLICY

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Fourth Annual Report  
*of the*  
NSC Ad Hoc Group  
on Population Policy

April 1980



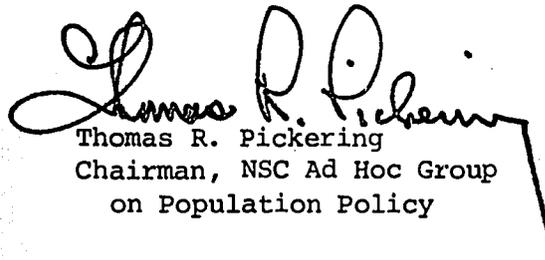
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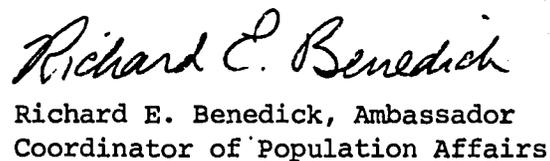
April 1980

The NSC Ad Hoc Group on Population Policy, comprising eighteen U.S. Departments and Agencies, was established in 1975 in recognition of the special problems posed by the modern phenomenon of rapid global population growth for U.S. foreign policy objectives of peace and stability, economic and social progress, and enhancement of human rights and dignity. The Group is charged with the responsibility for defining and developing U.S. policy in the international population field and with coordinating its implementation.

This Fourth Annual Report reviews U.S. population policy in the context of international demographic and program developments, surveys the range of activities and organizations relevant to implementation of this policy, and proposes some future directions and emphases.

Any comments or suggestions with regard to this Report are welcome and will be examined carefully in connection with the preparation of next year's Report.

  
Thomas R. Pickering  
Chairman, NSC Ad Hoc Group  
on Population Policy

  
Richard E. Benedick, Ambassador  
Coordinator of Population Affairs

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## EXECUTIVE SUMMARY AND CONCLUSIONS

The NSC Ad Hoc Group on Population Policy, comprising eighteen U.S. Departments and Agencies, was established in 1975 in recognition of the special problems posed by the modern phenomenon of rapid global population growth for U.S. foreign policy objectives of peace and stability, economic and social progress, and enhancement of human rights and dignity. This Fourth Annual Report reviews U.S. population policy in the context of international demographic and program developments, surveys the range of activities and organizations relevant to implementation of this policy, and proposes some future directions and emphases.

It is encouraging to note that the world's population growth rate gradually slowed during the 1970's, reflecting fertility declines in many developing as well as industrialized countries. However, even allowing for further lowering of the current 1.6-1.7 percent annual growth rate, there is a built-in demographic momentum, due to the youthful age structure in the Third World, which will probably carry the world's population from the current 4.4 billion to over 6 billion by the end of the century. This prospective 20-year growth is almost as much as the entire world population as recently as 1930, and is the equivalent of adding more than twenty new countries of the current size of Bangladesh. Ninety percent of this growth will occur in the low income countries. The proportion of industrialized countries' population in the world total will probably decline from 33 percent in 1950 to only 20 percent by the year 2000:

The World Bank currently projects a possible stabilization of total population at around 10 billion late in the next century, but this number could be affected, up or down, by acceleration--or by delays--in attaining lowered fertility levels. The issue of further, and faster, reduction of fertility is far from academic: in a world which is already characterized by growing scarcities, political uncertainty, and strains on biological and environmental systems, numbers of these dimensions have portentous implications.

During the nineteen-seventies, much of the economic gains and increased food output of the Third World were cancelled out by the steady rise in population. For hundreds of millions of people, the UN's "Second Decade of Development" was a decade of virtual stagnation. On a per capita basis, the income gap between rich and poor nations has not narrowed. The toll in maternal and child deaths resulting from consequences of excessive fertility and unwanted pregnancies runs into millions each year.

More people will be added to the LDC labor pool between now and the end of the century than the entire current labor force of the industrialized countries. Many of the prospective unemployed will move to already overcrowded slums, contributing to a virtual urban explosion in the Third World. Population growth will also add to pressures on energy and raw material supplies, worldwide inflationary trends, and such environmental problems as water pollution, soil erosion, and deforestation.

For many countries, the prospects for at least the next two decades are not promising: food scarcities and probable expansion of malnutrition, diversion of potential investment resources to maintain an expanding population, increasing underemployment and unemployment, growing numbers of landless poor people, and a tremendous growth in urban proletariat--all exacerbated by such global factors as inflation, higher-priced energy, and environmental degradation. Rapid population growth is a major contributing element to all of these conditions and, in addition, itself creates a large proportion of youth in the population. Recent experience, in Iran and other countries, shows that this younger age group, frequently unemployed and crowded into urban slums, is particularly susceptible to extremism, terrorism, and violence as outlets for frustration.

On balance, these factors add up to a growing potential for social unrest, political instability, mass migrations, and possible international conflicts over control of land and resources. Demographic pressures will certainly reinforce the frustrations caused by absolute and relative poverty. The near certainty of at least a doubling of the populations of most developing countries within the next two to three decades has particular significance for the United States, which has been the goal of so many of the world's emigrants and refugees.

Yet, despite these trends, population policy is not a dominant theme, with very few exceptions, in the affairs of nations or at international meetings. The population growth rate seems glacial in comparison with changes in other areas that attract the attention of decisionmakers. As one observer recently noted: "Population growth assumes the character of background noise"--while political leaders, in the Third World as well as in developed countries, focus on such seemingly more immediate issues as energy, food shortages, terrorism, unemployment, and political crises.

By the world's actions, by its relative budget priorities, and by its silences, it would seem that, even now, many would prefer not to agree with World Bank President Robert McNamara that, "short of nuclear war itself, population growth is the gravest issue that the world faces over the decades immediately ahead." Public attitudes toward population lack a sense of urgency, even though the gradual and accumulating effects of population growth threaten to undermine efforts to solve a broad range of other problems.

The demographic situation is obviously serious, but it is not hopeless. A growing body of evidence demonstrates that population trends can be influenced by determined public and private sector programs. Data developed during 1979 reinforced earlier evidence of significant fertility declines in a number of populous countries, notably China, but also including Indonesia, Thailand, Colombia, and most recently, Mexico. Results have been achieved in many areas among predominantly poor, illiterate, and rural populations of varying ethnic and religious backgrounds. The keys to success generally include commitment of government leadership, effective delivery of family planning information and services, local community involvement, and an enhanced status of women, including education and employment opportunities. Improvements in health and economic conditions and hope for future progress appear to be important factors in motivating couples to desire smaller families. In a growing number of countries--for example, China, Singapore, and Thailand--economic incentives and disincentives have contributed to dramatic declines in fertility.

Some observers believe, however, that these successes represent the easy phase. Reducing fertility to replacement levels will require considerably more intensive, and expensive, efforts in terms of education, motivation, and expansion of services. Over one-half, and perhaps as many as two-thirds, of Third World couples (outside of China) do not currently have access to family planning information and services, and thus cannot exercise their basic human right, expressed at international conferences during the 1970's in Tehran and Bucharest, to determine the number and spacing of their children. The major countries of South Asia--India, Pakistan, Bangladesh--are making limited progress at best in slowing population growth; the same is true of Egypt, Iran, Jordan, and Turkey in the Middle East, and of many smaller, but nonetheless densely populated Latin American countries. Much of Africa has not yet recognized the need for action in the face of high population growth rates.

The constraints impeding effective population programs continue to present formidable problems. These include uneven commitment of political leadership, limited administrative capacity, logistical difficulties, religious conservatism, fatalism, apathy, and personal attitudes toward family size. There is also a great need for improved contraceptive methods, more effective rural delivery systems, and enhanced efforts toward motivation.

Yet, there are signs of growing realization of the problem, and of growing potential demand for family planning services. Population is no longer a North-South confrontational issue, and many LDC leaders have spoken forcefully and publicly on the need to reduce fertility in order to achieve the development aspirations of their peoples. In most of the eighteen developing countries studied by the World Fertility Survey, substantial proportions of married women indicated they desired no more children. A recent poll in India revealed a strong consensus on the urgency of controlling population growth, with a majority favoring use of incentives to limit family size.

#### Conclusions and Recommendations

The above paragraphs summarize the context for U.S. international population policy. It is evident that, as Secretary of State Vance has said, "it would be difficult to over-emphasize the importance of this problem." Current demographic projections convey a clear message that the future consequences of complacency and delay in reaching replacement fertility levels will be billions of individuals added to an overpopulated and overstrained future world. But strenuous efforts will be required to reach the two-child norm. It has been estimated that, in order to reach replacement level of fertility, two-thirds of couples must practice family planning; currently, however, only about one-quarter to one-third of couples in developing countries (apart from China) are estimated to be in this category. And, many more women are entering the reproductive age each year than are leaving, which means that more people must be reached just to stand still in terms of birth rates.

Against this background, U.S. international population policy remains one of responding "promptly and fully" to requests for assistance. But we now need increasingly to focus on the extension of family planning information and services to all peoples as rapidly as possible, combined with programs to

increase motivation for smaller families. By virtue of experience and resources, the U.S. cannot relinquish the leadership role in this area. The U.S. does not, however, seek to impose its views, but will collaborate with the nations concerned, as well as with multilateral organizations, other donor governments, and private agencies.

Unfortunately, there are no quick and easy solutions. Many things must be done simultaneously. For purposes of simplicity, we divide our policy recommendations into three categories: (1) diplomacy, (2) assistance, and (3) biomedical research.

### 1. Diplomacy.

Understanding and awareness of the problem are essential preconditions for action. There is a continuing need for educating new policymakers--and their constituencies.

Building on the World Population Plan of Action and the Colombo Declaration, the U.S. should seek to keep the population problem at the forefront of the world's agendas, as a matter of urgent global priority. The objective is a strong and sustained international consensus which can support, and influence, national leaders in their approach to population issues.

- The major themes of these efforts should be (1) the inescapable relationship between fertility reduction and the potential for meaningful economic development, and (2) the need for coordinated and expanded population assistance and research by industrialized countries in support of Third World efforts.
- The U.S. should seek opportunities for public statements by senior U.S. officials and for diplomatic contacts with national leaders on these subjects.
- The U.S. should promote meaningful resolutions on population in UN and other international forums, including the International Development Strategy for the Third Development Decade and the North-South Global Negotiations.
- The U.S. should consult with other donor governments at highest policy levels, e.g., the Economic Summit meetings.

- To reinforce these efforts, it would be desirable to assign or designate a population officer in the staffing of every Embassy where population factors are important.

We should seek ways to support the initiatives and interest of international parliamentarians, as expressed at the Colombo Conference and follow-up meetings.

We welcome recent evidences of increased U.S. Congressional interest in international population matters, notably by the House Foreign Affairs and Appropriations Committees, the Senate Foreign Relations Committee, and the Office of Technology Assessment. We believe that a regularized oversight function in relevant permanent committee(s) would make an important contribution to U.S. policy.

## 2. Assistance.

Measured against the magnitude of the problem, current levels of global population assistance are derisory, amounting to only about two percent of total aid flows--and they are declining in real terms. In constant dollars, U.S. assistance in FY 1979 was lower than in FY 1972; severe budgetary constraints are holding FY 1980 to no increase, even in current dollars. Even so, the U.S. remains by far the world's leader in international population assistance, providing more than half of total governmental aid flows. After a 19 percent increase in 1978, aid from other donors grew by less than five percent in 1979.

Many observers, including the Brandt Commission, have noted a flagging of donor support at precisely the time when the need is most urgent and when LDC's are becoming more receptive. The International Conference of Parliamentarians at Colombo last fall called for urgent world attention to the population growth problem, and proposed an increase in international assistance from current levels of approximately \$450 million to one billion dollars by 1984.

IDCA has initiated a study, with the collaboration of AID and the Department of State, which should serve to sharpen our focus and provide analytical underpinning for a renewed U.S. leadership role as we enter the 1980's. Such a role could hopefully serve also to stimulate other donor governments.

Without anticipating the results of this study, we offer here some recommendations for future directions of U.S. policy. We are certainly aware of the very tight current budgetary situation, but nevertheless feel obligated to renew the National Security Council's recommendation of 1975 for a "major expansion" of U.S. funding for both bilateral and multilateral population programs--an expansion we believe essential to reflect the priority of the population growth issue.

Because of the security implications of population growth factors, and their effects in undermining the benefits of general development assistance, serious consideration should be given to expanding our population assistance in selected cases by allocations from the Economic Support Fund.

If more funds were available, a worldwide effort could be launched, consistent with recommendations of the Alma Ata and Bellagio Conferences, to extend primary health care services to all peoples by the end of this century. By linking family planning services with basic maternal and child health and nutrition, a combined package of benefits, at not unreasonable cost, could produce hope and change attitudes in previously unreached areas. Such an effort would involve coordination among UNFPA, World Bank, WHO, UNICEF, other agencies, and donor governments. We recommend that it be further explored in the context of North-South negotiations.

Turning to particular elements of IDCA/AID programs, we believe that bilateral programs, which currently account for about one-fourth of AID's budget and operate in 22 countries, should continue to emphasize areas of proven expertise in assisting national family planning delivery systems. Such AID efforts as training, operations research, and programs for influencing policymakers, also merit continued emphasis.

The U.S. has recognized that, for many reasons, bilateral population programs may not always be the most appropriate way to assist many developing countries: this is reflected in the fact that over half of AID's budget currently goes to private intermediary agencies (34 percent) and UNFPA (16 percent). The private organizations generally enjoy substantial public support in countries where they operate, and have pioneered innovative approaches more easily than official programs. The largest of these agencies, IPPF, with affiliates in nearly 100 countries, also attracts funds from other donor governments, and particularly merits expanded U.S. support. Diminished donor interest has caused IPPF to run budget deficits for the last three years, even after substantial cuts in meeting requests for help from local affiliates.

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The UNFPA both supplements bilateral aid and operates in many countries where a large bilateral U.S. presence would be politically sensitive. The U.S. was instrumental in the Fund's creation 11 years ago, and our support has engendered an important multiplier effect as the UNFPA has aggressively sought expanded aid from other donors. Currently, the UNFPA can meet only two-thirds of the requests it receives, and unless there is significantly increased donor support, it will be forced to delay planned initiatives in a number of countries of particular interest to the U.S. We believe that U.S. support to UNFPA, consistent with the NSC recommendation of 1975, should be significantly expanded beyond current levels, which have virtually stagnated in recent years. One possible route might be to make "challenge grants," designed to elicit matching contributions from other donors.

### 3. Biomedical Research

Existing methods of regulating fertility suffer from serious drawbacks in terms of safety, convenience, acceptability, or effectiveness. Numerous observers agree that it is imperative to increase research funding, in order to expand the options, follow up on currently promising leads, adapt existing methods to the particular physiological and social circumstances of LDC's, and attract high-quality scientific talent to the field.

Yet, although improved methods of controlling fertility would bring far-reaching health and economic benefits to mankind, only about 1-2 percent of global biomedical research funding goes toward research in reproductive physiology and contraceptive development. Such research is not a current global priority in comparison with disease-related research affecting far fewer people. WHO was forced to abandon several activities in 1979 due to flagging donor interest. Private industry cannot be expected to fill the gap because of the unprofitability of an "ideal contraceptive."

## Introduction

Perhaps at the outset a concise overview of the basic tenets of U.S. international population policy is in order. This policy fully supports the expression at the 1974 World Population Conference in Bucharest of the basic human right of individuals to decide on the number and spacing of their children, and the corollary responsibility of governments to provide the information, education, and means to do so. The U.S. has accepted a leadership role in global efforts to limit population growth and to implement the various actions ratified at Bucharest under the "World Population Plan of Action"; in exercising this role, however, the U.S. objective is to work closely with other nations and organizations, rather than seeking to impose our views.

It has been U.S. policy during recent Administrations to respond promptly and fully to requests from developing countries for assistance in dealing with their population growth problems. U.S. policy emphasizes encouraging leaders of developing countries to establish and actively promote, in cooperation with multilateral institutions and other donors, national programs to reduce fertility levels. We believe that such programs, to be most effective, should be fully integrated into a country's development strategy. Finally, we hold that both donors and recipient countries should emphasize programs, in the context of development, which enhance motivation for small families, as well as providing a full range of family planning information and services.

U.S. international population policy is reflected in a range of activities, including diplomatic and other high-level contacts and statements, positions at international conferences, assistance to governments in establishing and implementing population programs, training, provision of commodities, biomedical and social sciences research. U.S. foreign assistance is provided by the Agency for International Development (AID), operating under the policy and budgetary guidance of the new International Development Cooperation Agency. U.S. aid is given bilaterally directly to foreign governments, as well as through multilateral organizations (primarily the United Nations Fund for Population Activities) and non-governmental intermediaries. In addition, the Center

for Population Research at the National Institute of Child Health and Human Development is primarily responsible for administering U.S. Government research in population sciences, much of which has important implications on the international scene.

The following pages attempt to provide an up-dated report on current policy directions, in the context of recent international developments and trends. It is also appropriate in this, the first Report of the nineteen-eighties, to cast a look ahead to the remainder of the century.

## I. Overview of Demographic Developments

### A. Global Trends and Implications

By its very nature, population growth offers few surprises in the short run; its movement seems glacial, even if its effects are cumulative and pervasive. Yet, each passing year improves our knowledge of global demographic trends and sharpens our perception of their vital role in the economic and political life of our planet.

The rate of the world's population growth seems to have peaked at nearly 2 percent around 1970 and gradually slowed. By 1979, it was an estimated 1.6-1.7 percent: 2.3-2.4 percent in less developed countries (excluding China) and 0.7 percent in industrialized countries. In view of the large absolute size of the world's population--estimated at 4.4 billion in 1979--this currently translates into over 70 million additional people a year. (Table 1 summarizes demographic data for regions and key countries.)

Regionally, China, the world's largest country, reported in 1979 dramatic achievements in controlling its population growth rate, with a drop from 2.3 percent in 1971 to 1.2 percent in 1978. Slight slowdowns in growth rates occurred during the 1970's in most other parts of less-developed Asia and Latin America. In the Middle East, however, the rate is still high and rising, due to virtually unchanged fertility and declining mortality. Trends in Africa's rapid population growth (2.7 percent during 1970-1975) are unclear, as there is some uncertainty about the continent's recent mortality levels; there are indications that the pace of mortality decline may have slowed, particularly among infants and young children, among whom malnutrition remains an important cause of death. As health conditions improve, Africa's population growth rate seems likely to rise further before it turns downward.

It is now possible to view with somewhat greater clarity demographic prospects for the remainder of this century. Even allowing for continued moderate slowdown in the rate of growth, total population is likely to exceed 6 billion by the year 2000--an increase which is almost as much as the entire world population as recently as 1930, and which is the equivalent of adding more than twenty new countries the current size of Bangladesh. Some 90 percent of this growth will occur in the low-income countries. The proportion of industrialized

countries' population in the world total will probably decline from 33 percent in 1950 to only 20 percent by the year 2000. Because of the expanding base, more people will be added to the world's total each year at the end of the century than at present.

On a planet which is already subject to growing scarcities, political uncertainty, and strains on biological and environmental systems, numbers of these dimensions have portentous implications. Let us briefly examine some features of this new landscape.

Already during the nineteen-seventies, much of the economic gains of the Third World were cancelled out by the steady rise in population. For hundreds of millions of people, the UN's "Second Decade of Development" was a decade of virtual stagnation; in Africa, average annual per capita growth of GDP was 0.2 percent. On a per capita basis, the gap in income levels between rich and poor nations has not narrowed.

Food production is not keeping pace with population growth in most parts of the world. From 1970 through 1977, per capita food output in market-economy developing countries rose at an annual rate of only 0.2 percent, and their dependence on food imports increased significantly. Moreover, rising food demand must now compete with increasingly higher-priced energy imports. Norman Borlaug, pioneer of the "Green Revolution," has cautioned that innovations in agricultural technology can only buy limited time with which to control population growth.

The toll in maternal and child deaths resulting from consequences of excessive fertility and unwanted pregnancies is staggering. WHO studies indicate that the health of women and children is demonstrably undermined by pregnancies during teenage and late in life, by close spacing of children, and by high orders of birth. It has been estimated that for every five births in the world today, there are probably two induced abortions. The consequences of pregnancy and abortion are a major cause of death among young women in many developing countries, especially where effective family planning is unavailable. And, according to UNICEF, even now, millions of children die each year from malnutrition and related causes.

UNESCO estimates that the number of illiterates are growing, from the current 800 million to approximately one billion by the year 2000; efforts to provide schooling are simply being overwhelmed by the tide of children. The proportion of illiterates who are women has actually increased, from 58 percent in 1960 to an estimated 60 percent currently.

ILO estimates that, in the next two decades, approximately 700 million more people will enter the labor pool of developing countries--this is more than the total current labor force of the industrially advanced countries. The amount of investment required to put these numbers of people to work is astronomical. And, this comes on top of unemployment/underemployment already reaching 40 percent in many areas. Pressures to migrate continue, especially in southern and west Africa and to the Middle East and the United States. Because of the sheer numbers involved, as well as social and political frictions associated with foreign workers, emigration cannot solve the growing problem of surplus LDC labor. Mounting LDC pressures for access to developed-country labor markets, for increased transfers of capital and technology, for debt rescheduling, and for more favorable terms of trade are likely to further complicate the North-South dialogue.

A recent Worldwatch Institute study estimated that the number of rural people who are effectively landless would approach one billion over the next two decades, and predicted that "conflict rooted in inequality of land ownership is apt to become more acute in country after country." Already the estimated proportion of rural families who are landless or nearly so is over 80 percent in such countries as El Salvador and Guatemala, and between 70 and 80 percent in Brazil, Ecuador, Peru, Bangladesh, and the Philippines.

As rural population growth increases the fractionalization of landholdings, as croplands are depleted due to overintensive farming, and as job opportunities in the countryside diminish, the Third World is experiencing a virtual urban explosion. The UN estimates that, in only twenty years, some 40 LDC cities may contain over 5 million inhabitants each; half of these may have over 10 million, including Mexico City at 32 million, Sao Paulo 26 million, Calcutta 20 million, Bombay 19 million, Karachi 16 million. By the year 2000, three-fourths of the population of Latin America will be living in cities. Provision of jobs, housing, and social services to numbers of this magnitude, over such a short period of time, will present difficulties hitherto unimagined by town planners and governments. The potential susceptibility of urban unemployed youth to extremism and violence will grow.

Some recent studies suggest that the contemporary phenomenon of worldwide inflation is being influenced by rising demand associated with the vast increases in population. Commodities become more costly as supplies dwindle or fail to keep pace with rising demand, or as they become more expensive to obtain. Population growth has also been linked with pressure on energy and raw material supplies. A recent Worldwatch study concludes

that, "everywhere one turns, limits are being encountered and the effects are being compounded...It seems clear that the world is entering a new period of scarcity." Problems of water pollution, soil erosion, and deforestation are becoming major international issues as a consequence of overintensive farming, overgrazing, encroachment of cities, and uncontrolled industrialization.

All of these factors add up to an increased potential for social unrest, economic and political instability, mass migrations, and possible international conflicts over control of land and resources. It is admittedly difficult to be analytically precise in pinpointing exact causes of a given breakdown in domestic or international order. Nevertheless, it is hard to avoid inferring some connection between such instability and the frustrations caused by absolute and relative poverty, reinforced by the demographic pressures discussed above. The examples of warfare in recent memory involving India, Pakistan, Bangladesh, El Salvador, Honduras, and Ethiopia, and the growing potential for instability in such places as Turkey, the Philippines, Central America, Iran, and Pakistan surely justify the question being raised.

#### B. Regional and Key Country Trends and Programs

On the positive side, something important is clearly happening, particularly in East Asia and parts of Latin America, when millions of women and men are modifying traditional views on family size and are accepting, and even actively seeking, contraceptive means. Information coming to light during 1979 reinforced earlier evidence of a downturn in traditionally high fertility levels in a number of populous LDC's, including China, Indonesia, Thailand, Colombia, and most recently, Mexico. Moreover, the large-scale successes of Indonesia and Thailand (and certain pockets in Bangladesh and India) demonstrate conclusively that poor, illiterate, predominantly rural populations can be motivated to change fertility behavior within a relatively short time-frame.

It seems clear that demographic trends can be responsive to policy intervention. And, there is general agreement on the requisites of success:

- high-level political commitment to a population policy;
- effective delivery of a full-range of fertility control methods;

- local community involvement;
- use of paramedical personnel;
- general improvement in the economic prospects of the poor, especially their productivity and a more equitable share in national income;
- better maternal and child health services, disease control, and nutrition services, particularly as directed against infant and child mortality;
- improvement in the role and status of women, including education and equal access to remunerative employment.

Nevertheless, despite some real progress, there is a long way to go before reaching replacement levels of fertility. Twenty developing countries have reduced their birth rates by over 20 percent between 1965 and 1975, but, if China is excluded from the total, this represents only 200 million, or 10 percent of Third World population. In many countries, including Bangladesh, India, Nepal, Pakistan, Egypt, and parts of Latin America and Africa, the pressures of population against limited resources continue to mount, and population policies and family planning programs have not yet taken root in a meaningful way. It is estimated that over one-half, and perhaps as many as two-thirds, of Third World couples (outside of China) still lack reasonable access to knowledge and methods of controlling fertility.

Some observers say that the fertility reductions which were achieved during the 1970's represent the relatively easy phase--reaching primarily city dwellers and the better-educated classes--and that bringing fertility down further will involve much more intensive, and expensive, efforts in terms of education, motivation, and extension of services throughout the countryside. The sheer logistical difficulties in reaching tens of thousands of rural villages with information, commodities, and follow-up, and in training adequate numbers of paramedical personnel, should not be underestimated. Programs are also affected by inefficient administration and absence of commitment in the bureaucracy, and by opposition or indifference to family planning by the medical profession. Finally, the deficiencies of all existing contraceptive methods from the standpoints of safety, acceptability, and effectiveness lead to high discontinuance rates in the first and second years of use, which substantially negate the efforts expended to motivate and to provide a service delivery infrastructure.

Let us turn to a brief survey of recent developments in key countries which illustrate some of the above considerations.

### East Asia

Perhaps the most significant demographic development of recent years has been the transformation in China: a profound and rapid change in the family mores of more than a fifth of humanity. China's reported population growth rate of 1.2 percent in 1978\* represents a decline of approximately 50 percent since 1971. If reliably estimated, the decline points to an impressive success of the government's birth control program, which now seeks zero population growth by the end of the century. This ambitious demographic goal is to be achieved by delayed marriage and the policy of "one child if possible, two at the most." In support of the latter objective--vigorously promoted during 1979--the government is developing a comprehensive "birth planning law," providing economic incentives for one-child families and disincentives for the third and subsequent births.

Contributing to China's success to date have been community-based, free distribution of all fertility control methods; locally planned and implemented birth quotas, utilizing peer pressure; extensive use of paramedical personnel; and attempts to integrate women fully into the economy.

Singapore and South Korea have also succeeded in bringing population growth rates to impressively low (1979) levels of 1.2 and 1.6 percent, respectively, combining economic incentives with effective administration and educational efforts.

A different kind of success, if not yet as extensive, has been achieved by Indonesia. A strong government family planning program, assisted by numerous donor agencies, including AID, has contributed to a reduction in fertility of approximately 24 percent in Java and Bali between 1970 and 1975. The country's overall annual population growth rate has declined from an estimated 2.3 percent in 1971 to 1.9-2.0 percent in 1979. With heavy reliance on village-based distribution, community involvement and peer pressure, and motivational programs, the Indonesian Government succeeded, by late 1979, in reaching an acceptance level of 35 percent of eligible couples in densely populated Java and Bali. The influence of religions--Islam and Hinduism, respectively--seems, contrary to common theory, to have played no significant negative role.

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\* The U.S. Bureau of the Census estimates a range of 1.2-1.8 percent for 1978.

Thailand's family planning programs--official and private sector--are considered among the most effective in the developing world, with the estimated proportion of married women practicing contraception having risen from 15 percent in 1969-70 to over 50 percent in 1978-79. A mid-1979 evaluation concluded that reduction of the population growth rate to 2.1 percent or less by 1981 is virtually certain. Most importantly, the populous and poor Northeast region now seems clearly to have experienced noteworthy fertility decline after having lagged behind the national trend for many years. In 1979, the government announced a policy of providing financial supplements to state employees only if they have three or fewer children.

In the Philippines, the crude birth rate may have declined by as much as one-fifth since 1968, while the population growth rate now stands at 2.3-2.5 percent. Overall level of contraceptive usage has continued to increase; but, significantly, it now appears that only about one-third of couples using contraceptives are utilizing "modern" methods--pill, IUD, sterilization--with the rest apparently achieving some success with "natural" methods and condoms. The national program is trying to shift emphasis from a predominantly clinic-oriented to a community-based system, but is hindered by organizational and managerial problems. The position of the Catholic Church has caused the government to move with caution in efforts to enhance motivation and expand family planning services.

### South Asia

Turning to the west, the populous subcontinent of South Asia--encompassing India, Pakistan, Bangladesh, and Nepal--remains an area of great concern, as little or no progress is being made in coping with population growth. Even though many national leaders acknowledge the demographic situation and its implications, program efforts often suffer from lack of consistent commitment and administrative capacity to mount effective action.

In 1979, India's family planning program still suffered from malaise caused by the political backlash to coercive aspects of the sterilization campaign during 1977. Although government leaders have stated their intention to revitalize family planning as a wholly voluntary program within a social welfare context, program performance still falls well short of coping effectively with the problem. Fertility rates have declined by an estimated 16 percent between 1971 and 1977, and current annual growth is about 1.9 percent; but targets for future performance have had to be extended.

India now hopes to reach the replacement level of fertility by the end of the century, but this will require strenuous efforts. Interestingly, an official public opinion survey released in 1979 indicated a strong consensus among Indians of all walks of life on the urgency of controlling population growth, with a majority approving use of incentives and a significant proportion favoring statutory limits on family size.

During 1979, the previous government sought support of international donors, including AID, World Bank, UNFPA, Denmark, and the U.K., to strengthen health and family planning services in specific geographical sections of the country, with implementation of these projects expected to begin in 1980. It is not yet clear how the new Gandhi Government will pursue demographic objectives.

In Pakistan, the rate of population growth increased slightly during the 1970's; contraceptive usage remains minimal at 6 percent. Population growth represents a major constraint on the country's social and economic development. The Fifth Five-Year Plan aims at lowering growth from the current 2.8 percent to 2.5 percent by 1983, revising an earlier hope to reduce it to 1.5 percent by 1985. However, even this less ambitious goal does not now appear feasible. As one indication of future problems, the working-age population is projected to increase by 80 percent in the next two decades, to a total (83 million) nearly the size of the entire present population.

The national family planning program continued in 1979 to be seriously affected by lack of leadership commitment and weak administrative organization, in a context of political uncertainty; the weakness of village structure and status of rural women are additional limiting factors. In 1979, the principal donors limited their assistance pending greater evidence of government commitment; in the case of AID, no new obligations could be made due to suspension of U.S. assistance over the nuclear non-proliferation issue.

Bangladesh is the eighth most populous country in the world and, with the exception of city-states such as Singapore, it is the most densely populated, with nearly 1,700 persons per square mile. The population growth rate, currently 2.7 percent, has shown little sign of change over the past 20 years; in fact, it may have increased slightly. Contraceptive use remains low--about 10 percent.

The political leadership has identified rapid population growth as the country's most serious socio-economic problem, and there are indications that significant numbers of Bangladeshi couples wish to limit fertility, but efforts to mount an effective national program have suffered from administrative weaknesses. Major new external assistance was discussed by the government with AID, the UNFPA, and the World Bank during 1979, and there is increasingly close donor coordination. An encouraging development was the government's preparation of a time-phased plan of action, with performance indicators by which progress is to be monitored and reviewed jointly by the government and the three major donors. During 1979, AID gave particular attention to promoting greater utilization of the private sector in the commercial distribution of contraceptives, to supplement the outreach of the official program.

Nepal has one of the world's lowest levels of contraceptive usage--only 4 percent of married women have tried to limit fertility. This reflects, in part, the extreme remoteness of mountain villages and difficulty of access to services, as well as attitudes favoring larger family size. The government is working with foreign donors, but administrative problems and logistical obstacles are formidable. Meanwhile, the population grows at 2.4-2.5 percent annually and the land is being overcultivated, eroded, and deforested at an alarming pace.

### Middle East

The eighteen mostly Islamic countries in the region, with combined population of 240 million, have high fertility rates and are growing by more than six million a year; three countries--Egypt, Iran, and Turkey--contribute over 50 percent of this growth. The region has an annual population growth rate of 2.7 percent, compared to 1.8 percent for Asia.

The persistence of fatalism, traditionalism, and restricted opportunities for women serves to maintain high fertility and to frustrate efforts for social change. Official actions supporting family planning are increasing, and population programs in countries receiving bilateral support are beginning to show promise. Political commitment remains generally weak, however, and health service structures do not yet give fertility control the priority it merits.

Egypt's population passed the 41 million mark in mid-1979, with an annual growth rate of 2.7 percent. Recent evidence suggests the crude birth rate increased between 1975 and 1979, possibly as a result of peace and demobilization. An estimated 20 percent of married couples of reproductive age now practice contraception.

Since population issues were first raised at the June 1978 Consultative Group meeting by both Arab and Western nations, there has been a perceptible shift in leadership awareness about the need for more effective fertility control, reinforced by recent U.S. high-level contacts, including some described in Section IV, below. The Minister of Health, who is also chairman of the ministerial-level Supreme Council for Population and Family Planning, outlined in December 1979 a new three-pronged strategy, calling for (1) immediate upgrading of family planning services, (2) extension of community-based population programs nationwide over the next two years, and (3) an intensive information and education campaign.

Turkey, has the largest population in the region and growing problems of unemployment, overcrowded cities, and social unrest. While there is no effective national program, there are some signs of awakening concern. In late 1979, both UNFPA and AID undertook missions to assess future requirements for external assistance.

In Iran, following the Islamic revolution in February 1979, population activities and reporting have virtually ceased. In 1978, the country's total population of some 36 million was growing at an estimated rate of about 3 percent annually, a rate which has remained more or less stable over the last three decades, reflecting parallel declines in birth and death rates. Under the new regime, legal restrictions on women's early marriage were abolished; the 1976 laws legalizing abortion and voluntary sterilization were repealed; and, during the early months of the Revolutionary Government, all family planning clinics were closed. There are reports of a government proposal to try to induce up to half of Tehran's six million residents to relocate, as well as possible measures to keep rural migrants from moving to cities.

In Jordan, preliminary results from the November 1979 census indicated that the crude birth rate may have increased from 47 per thousand in 1961 to 50 per thousand in 1979. Jordan now has the highest rate of natural increase in the

region, which, if unchanged, would double the population in only 18 years. Although these trends portend an acute water shortage before the end of the century, the government has not focused on the potential economic and social implications of continued high population growth.

### Africa

The development of national population policies and family planning programs in sub-Saharan Africa continues to lag behind other regions of the world. At the same time, population is growing at a faster rate than on any other continent, far outpacing the expansion of cropped area. While a growing number of governments permit, and in some cases support, private family planning efforts, most do not themselves provide such services. Existing government programs--in Kenya, Ghana, Tanzania, and Zaire--have achieved limited results. Preferred family size throughout Africa, averaging about six, remains considerably higher than in any other continent. There is evidence of a latent interest in many areas in natural methods of birth spacing.

The situation in Nigeria, the largest country in Africa, has not changed significantly over the past year with respect to population programs. The government still has not clearly defined any population objectives or developed a national strategy. Although a number of international donors and local organizations continue to be involved in a variety of population activities, these efforts lack coordinated focus.

Kenya's population growth rate of about 4 percent is among the highest in the world and, if continued, would double the current population of 16 million in only 17 years. There are, however, encouraging signs of growing awareness among government leaders, reinforced by the recent census results, of the development burden imposed by rapid population growth. The donor community has expressed interest in enhanced support for effective national programs to extend family planning services.

Encouraging recent developments in Senegal and Rwanda could well serve as an example to larger countries of the region: in both nations, family planning will be integrated into maternal and child health programs extending into rural areas.

## Latin America and Caribbean Region

In most Latin countries, there is now evidence that both public and private sectors understand the need to focus on solutions to population growth problems. Recognition is also given to the individual's right of access to family planning information and services. Increasingly, governments are integrating population into development plans. Such countries as El Salvador and Mexico have established national population commissions for formulation and implementation of multi-sectoral population programs.

Of major significance is the recent evidence that fertility has fallen in the region, in particular in Colombia, Brazil, and Mexico, the three largest countries, which comprise about 60 percent of the region's population. Availability of family planning information and services through the public and/or private sector and has been a key factor in the decline.

Mexico's program, which has moved forward rapidly under the administration of President Lopez Portillo, now provides 44 percent of couples with services, up from 30 percent in 1976 and only 10 percent in 1970. The population growth rate may have fallen to as low as 2.6 percent in 1979, down from 3.2 percent before the start of the program three years ago. The government expects to better the National Plan's demographic target of a 2.5 percent growth rate in 1982, and hopes to achieve one percent by 2000.

Colombia has experienced the most rapid fertility decline of any country in Latin America: a 33 percent fall in the birth rate between 1964 and 1978 is matched by few countries in the world, and over half of married couples were using contraception by 1976. This success has been due to both private and government efforts, involving mass communication to provide family planning information, large-scale voluntary sterilization programs for both men and women, and community-based distribution of contraceptives. Colombia, like Mexico, is also a leader in the region, encouraging others to learn at first hand from its family planning experience.

In Brazil, the world's sixth largest country, a fertility decline may be under way: the birth rate appears to have declined by over 10 percent since 1970. Data are only now becoming available on the extent to which people in Brazil have had access to family planning information and supplies. In the absence of an official program, the private sector has played a significant role, especially the local affiliate of IPPF.

El Salvador is an example of a small country with serious political and population problems. Rapid population growth--the birth rate has remained unchanged in recent years--aggravates its population density, which is already the highest on mainland Latin America. While a program exists on paper, it has not been pursued with strong commitment, and contraceptives remain not readily available.

The Caribbean area in its entirety numbers approximately 30 million people. The more populous countries of Haiti, Dominican Republic, and Jamaica have natural growth rates well in excess of two percent annually. Paralleling the experience of such Central American countries as Mexico and El Salvador, legal and illegal emigration to the United States is an important aspect of life in the Caribbean.

## II. International Conferences and Statements

As we see it, discussions of population at international meetings and passage of appropriate resolutions on the subject are important not in themselves, but rather in establishing a conspicuous international consensus, an atmosphere which may make it politically easier for national leaders to initiate or upgrade population policies and programs, and for donor countries to allot sufficient funds to assist these efforts.

Unfortunately, although there have been a number of more or less eloquent statements on the subject during 1979, it was hard to find mention of them in the world's press; far more attention was paid to claims that the "population crisis was over." Nevertheless, in addition to the conferences and statements described in some detail below, we would here note that, primarily through reports of U.S. Embassies, we have learned of significant public statements during 1979 recognizing the population problem made by the leaders of Cameroon, Ghana, Mexico, Indonesia, Bangladesh, Rwanda, and Kenya, as well as France, Germany, and Japan.

Despite this, however, it would be difficult to argue that population currently occupies a central position on the world's agendas. The gravity and urgency of the problem facing our generation has not sufficiently penetrated and permeated either public consciousness or the councils of national leaders. There is a recognition in the abstract, but an unwillingness to accord top priority to fertility-reducing programs and policies. Because the effects of population growth are gradual, and because most political leaders have short time-horizons, there is a tendency for governments to focus on seemingly more immediate issues--energy, food shortages, terrorism, unemployment, political crises--while the underlying long-term element receives only marginal attention.

Against this background, we examine a few significant landmarks of the past year.

### A. World Bank Annual Meeting

Perhaps the most comprehensive statement during 1979 of the current population dilemma facing mankind was made by World Bank President Robert McNamara at the Annual Meeting of the Bank's Board of Directors in Belgrade. Regrettably, this eloquent and analytically persuasive address received only minimal attention in the world media. Highlighting major

shortfalls in reaching all of the development goals established for the decade of the 1970's--the "Second United Nations Development Decade"--the World Bank President observed that, for the poorest countries, it was a decade of virtual stagnation. McNamara concluded that "excessive population growth is the greatest single obstacle to the economic and social advancement of most of the societies in the developing world...for the population problem complicates, and makes more difficult, virtually every other task of development (emphasis added)."

McNamara characterized the population problem as "a central determinant of humanity's future, and one requiring far more effective attention than it is currently receiving." He outlined the direction of current demographic trends--an eventual stabilized global population of about 10 billion--and stressed the penalties, in terms of human suffering on unprecedented scale, of delay in reducing fertility: "we simply cannot continue the leisurely approach to the population problem that has characterized the past quarter century."

#### B. United Nations Population Commission

Symptomatic of this approach were the findings of the 20th Session of the UN Population Commission, held in New York early in 1979. The Commission's first five-year review and appraisal of implementation of the World Population Plan of Action (WPPA), ratified in 1974 at Bucharest, clearly revealed that progress in facing up to the seriousness of population growth has been mixed. With U.S. participation, the Commission agreed on a resolution for consideration by the UN Economic and Social Council (ECOSOC) containing specific recommendations for priority actions by national governments to promote more effective implementation of the WPPA. The main recommendations of this resolution were:

- establishment by all countries of a high-level government unit for population affairs,
- complete integration of demographic considerations in development strategies,
- further emphasis on improving the status of women,
- greater efforts to improve maternal and child health care,
- setting of national population goals,

full recognition in the new International Development Strategy for the Third UN Development Decade of the interrelationships of population factors and social, economic, cultural, and political development, and of the need for full and urgent action to deal with population problems.

This resolution was adopted by ECOSOC at its spring session and subsequently endorsed by the 34th General Assembly. It remains to be seen whether its intent will be effectively realized by UN bodies and individual governments.

#### C. Bellagio Conference

The current state of population programs worldwide was also considered by a Bellagio Conference on Health and Population held in April 1979, the fifth such meeting of leading development assistance officials, organized by the Ford and Rockefeller Foundations. The conferees, who included representatives of State and AID, noted a complacency in the international community regarding population problems which seems unwarranted by objective analysis of data and trends. Discussions focused on expanding primary health care services as a promising avenue for reaching the vast numbers of developing country population which currently lack access to family planning.

#### D. Parliamentarians' Conference

In August, over 200 parliamentarians representing fifty-eight nations, including the U.S., met at Colombo, Sri Lanka, for the International Conference of Parliamentarians on Population and Development. Co-sponsored by the UNFPA and the Inter-Parliamentary Union, the Conference was the most significant international meeting on population since the 1974 World Population Conference, and the first ever for legislators. In an atmosphere remarkable for absence of North-South confrontation, the participants concluded that the linkage between population issues and development objectives was inescapable and that not enough progress has been made in curbing high population growth rates. The Conference produced a noteworthy "Colombo Declaration," which called, inter alia, for increasing international funding for population activities to \$1 billion by 1984, and for strengthening the role of the United Nations Fund for Population Activities. The Declaration also stressed that the integration of population and development should be considered as a key issue in the United Nations International Development Strategy.

E. UN International Development Strategy (IDS)

First steps toward this new IDS for the UN's Third Decade of Development were taken by a Preparatory Committee, created by the General Assembly, which met three times during 1979 with only limited progress on substantive content. The Committee is expected to complete the draft IDS in time for consideration by a Special Session of the General Assembly scheduled to begin in late August 1980. The U.S. Government was concerned that the initial documentation and discussions ignored the population issue. After consulting with other governments, the U.S. submitted language to the fourth IDS Preparatory Committee meeting in February 1980, and we are pleased that the initial response of the Group of 77 now seems to augur well for inclusion of meaningful references to population in this basic UN development strategy document for the coming decade.

F. Brandt Commission

The Report of the Independent Commission on International Development Issues (Brandt Commission) acknowledged that "the present staggering growth of world population...will be one of the strongest forces shaping the future of human society." The Commission further stated:

"We believe that development policies should include a national population programme...making family planning services freely available and integrated with other measures to promote welfare and social change. International support for population projects and programmes, and for social and bio-medical research, needs to be greatly enlarged."

Regrettably, however, the Commission did not apparently consider the population issue of sufficient urgency to include it among its "programme of priorities--tasks for the '80's and '90's," nor in its "emergency programme: 1980-85," which included such items as an international energy strategy, a global food program, reforms in the international economic system, and debt refinancing. This may perhaps explain why the reader of media summaries of the Report usually found no indication that the Commission had, in fact, considered the population problem.

### III. Population Assistance of Other Donors

#### A. Other Donor Countries

Total grant funding by donor countries for international population assistance in 1979 amounted to some \$335 million, an increase of about 10 percent over the previous year (this excludes World Bank loans--see Table 2). A large part of this growth was due to a nearly 20 percent increase in U.S. funding, to \$185 million--which represents more than half of the donor total. Contributions from all other countries rose to \$150 million, representing a disappointing 4.7 percent increase. After the U.S., other major donors, in descending order of magnitude, were Norway, Sweden, Japan, the U.K., the Netherlands, and Germany. Contributions from OPEC countries totaled only \$110,000, compared with \$1.2 million in 1978. For the first time, China became a donor, with a contribution of \$125,000 to UNFPA.

Most contributions from other donors were directed to the multilateral programs of the UN or the IPPF, rather than in bilateral programs. Several major donors were co-financers in World Bank population loans to Bangladesh, India, Kenya, and Tunisia.

Overall support to international population assistance efforts in 1979 thus showed signs of leveling off. Indeed, after allowing for inflation, there was no increase in real terms. For 1980, budgetary stringencies in several donor countries--including the U.S., the U.K. and Canada--portend a probable decline in population assistance in real terms.

#### B. The United Nations Fund for Population Activities and the UN System

Over the last ten years, UNFPA has become the largest multilateral source of population assistance. Through 1979, 93 national donors have contributed nearly \$600 million to UNFPA, including \$204 million from the U.S. UNFPA is rated highly among UN agencies for flexible and innovative management, tight control of administrative overhead, and identification of priority areas through its "Needs Assessment" country studies. The UNDP Governing Council in June was strong in praise for UNFPA's first decade of achievement under its Executive Director, Rafael Salas.

The scope of UNFPA's programs is very broad. It has underwritten population projects in over 100 countries. It is the largest donor to the Population Council's research activities, a donor to WHO's biomedical research, and provides funding for population-related programs of WHO, ILO, FAO, UNICEF, and other UN bodies.

In the past, the United States has been the leader in the establishment and support of UNFPA. From the U.S. standpoint, the UNFPA plays a critical role. It can operate in countries where political sensitivity inhibits bilateral assistance; in fact, it has activities in 85 countries where there are no bilateral U.S. programs. UNFPA has also laid the groundwork in several countries for other types of external assistance, for example, by promoting demographic surveys to reveal the extent of a population problem. Finally, U.S. contributions through UNFPA achieve an important "multiplier effect" by attracting other donors; UNFPA aggressively seeks financing from other countries, including the Arab League and OPEC.

Contributions to UNFPA in 1979 amounted to \$112 million from some 40 nations, representing an 8.6 percent increase over the amount provided by 36 countries in 1978. Higher contributions, representing percentage increases of 20-30 percent over 1978, were made by Denmark, Germany, Japan, the Netherlands, Norway, and Sweden. The U.S. continued to be the largest single supporter, with \$30 million in 1979, compared with \$28 million in the previous year. For 1980, the U.S. pledge will be \$32 million toward an anticipated UNFPA total program of \$138 million, while \$35 million is budgeted for 1981. U.S. contributions to UNFPA have fallen both as a proportion of total donor contributions to UNFPA (from 29.5 percent in FY 1977 to an estimated 21.5 percent in FY 1981), and as a percentage of AID's population budget (from 18.1 percent in FY 1977 to an estimated 13 percent in FY 1981).

Looking ahead to the 1980's, the International Conference of Parliamentarians has, as mentioned earlier, called for a strengthening of UNFPA's role and functions. The UNFPA even now can only meet approximately two-thirds of requests for assistance and has a substantial shelf of yet-unfinanced project proposals. Carried-over unallocated resources will be fully depleted this year. Promising program initiatives with China, India, in sub-Saharan Africa, in the Middle East, and in Central America and the Caribbean, indicate there is potential for a significant expansion of UNFPA activities in the years ahead; the Fund currently projects a program of \$213 million

by 1981. Clearly, UNFPA will need to raise significantly more funds from all sources in order to continue its effective role, at a time when donor contributions seem to be faltering.

Turning to the other UN agencies, funds channeled from UNFPA continue to represent most of the expenditure on population by such institutions as WHO, FAO, UNICEF, and ILO. It has proven difficult to persuade these agencies to allocate a greater share of their own budgetary resources to population-related activities. The extent to which these agencies actively seek to support demographic objectives through related programs depends heavily on the commitment of top leadership and administrators.

Special mention should be made of the WHO Special Programme of Research in Human Reproduction, an international effort involving cooperative work in contraceptive development among institutions in both industrialized and developing countries. This relatively modest program has leveled off in 1979 at \$16 million due to flagging donor support; a proposed U.S. contribution of \$2 million was blocked in the Senate. We consider it unfortunate that the vital area of contraceptive research and development is not receiving greater attention from the international community.

### C. The World Bank and Regional Development Banks

#### The World Bank

Three major population projects were approved by the World Bank in 1979, all providing clinic construction and other infrastructure, and directed at increasing demand for family planning services by linking them with health care. In Korea, a \$30 million loan, and in the Philippines, a \$40 million soft loan, will support the additional facilities, training, motivation, and research activities required to expand delivery of improved maternal and child health and family planning services to rural and low-income urban areas. A similar project in Bangladesh involves a \$32 million soft loan plus co-financing of \$67 million from Canada, Germany, Norway, Sweden, the Netherlands, Australia, and the U.K. In addition to provision of facilities for family welfare centers, this project includes components aimed at raising the socio-economic status of women.

In June, the Bank's Executive Board approved a change in policy to begin regular lending operations in health. Health projects have been defined to include the provision of maternal and child health care, including family planning. Following the adoption of this new policy, organizational changes were made within the Bank in order to unify its activities in the closely related health, nutrition, population, and family planning sectors.

Unfortunately, despite the concern about population growth repeatedly expressed by the Bank's President (see Section II.A above), population still represents a relatively marginal aspect of World Bank programs, amounting to only one percent of Bank/IDA activities during 1979. Of course, by its nature, population assistance is generally more suited for grant aid than for bank loans. Nevertheless, there would appear to be scope for a more systematic promotion and design of potential projects in other development sectors more directly supportive of fertility-reduction objectives. In addition, the Bank could in the future, through its consortia and consultative groups, as well as its regular contacts with governments, offer the kind of coordinating leadership on population issues that it now provides in other development sectors.

#### Regional Development Banks

As noted in last year's Report, the regional development banks were all expected to review their potential role in the population field and to explore possible areas of activity. Explicit steps in this direction during 1979 were taken by the Asian Development Bank; the Bank's Board of Directors, following a study of the subject, agreed that the ADB should move into the population sector, but should do so gradually. Thus, the Bank will initially support population/family planning mainly by integrating such elements into planned projects in the health sector, and for the time being will depend mainly on consultants rather than permanent personnel to provide needed expertise. Neither the Inter-American Development Bank nor the African Development Bank, however, has yet directly addressed the population issue.

#### D. Non-Governmental Organizations

A considerable number of non-governmental agencies continued in 1979 to provide significant technical, commodity, and financial assistance to developing countries. These organizations generally enjoy broad official and private support in developing countries. They fill a unique role in many countries with their capacity to undertake innovative or pioneering

approaches to population/family planning problems, particularly where there are no national population programs or where official bilateral assistance in population is not considered appropriate. In 1979, both AID and UNFPA increased the level of support to such organizations, with AID providing \$64 million, or 34 percent of its total budget, and UNFPA over \$17 million, or 10 percent.

By far the largest of these intermediaries is the International Planned Parenthood Federation which, together with local affiliates, expended almost \$68 million in developing countries in 1979, compared with \$61 million the previous year. As in previous years, the U.S. was IPPF's largest supporter, with \$12 million, or 26 percent of donor inflows; Sweden, Japan, Canada, Norway, the U.K., and Germany also remained major contributors, and in most cases increased their support by considerably larger percentages than the U.S. IPPF revenues have not, however, kept pace with worldwide inflation, forcing cuts in programs and financial uncertainty for affiliates in India, Pakistan, all of Africa, and several Latin American countries.

Some of IPPF's 95 private national affiliates, especially in Africa and Latin America, remain the largest (and in a few cases, the only) source of family planning information and services. IPPF pioneered the community-based delivery concept and continued in 1979 with innovative approaches to village distribution, extension of female sterilization, and projects involving women's groups and improvement of the status of women. A pilot program, supported with Japanese Government funds in a number of East Asian countries, was showing encouraging results in using parasite control as an entry point for family planning.

Family Planning-International Assistance (FPIA), a division of the Planned Parenthood Federation of America, was created in 1971 to provide technical, financial, and commodity assistance to developing nations. FPIA assistance is directed largely through indigenous community service organizations, women's and religious groups, and rural development agencies. Financed largely by AID, FPIA's outlays totaled about \$15 million in 1979.

The International Project of the Association for Voluntary Sterilization (AVS), created in 1972, has been a leader in providing technical assistance, training, and equipment to governments, voluntary and religious organizations. To date, AVS has funded projects in 90 countries and has trained over 700 physicians in sterilization techniques; its 1979 program increased by 22 percent, to over \$8 million.

The Pathfinder Fund has been instrumental since 1957 in helping establish family planning organizations and associations in numerous developing countries as well as in the United States. With the advent of national population policies in most LDC's, Pathfinder Fund's emphasis has shifted to initiating and/or demonstrating projects in geographic areas and to population groups not adequately served by other programs. In 1979, its program totaled \$7.7 million.

The Population Council, one of the early leaders in international population programs, funds research in all types of contraceptives, in distribution systems, and in contraceptive marketing and evaluation. The Council, with a 1979 budget of \$13 million, has been especially effective in providing training to both family planning technicians and to national leaders, and has established one of the best information dissemination systems in the world. The International Committee for Contraceptive Research, funded largely by the Council, is an impressive collaborative effort in development and evaluation of new fertility control methods, involving scientists and institutions in many countries; its 1979 program totaled \$2.2 million.

Another group of private organizations in the U.S. is actively involved in promoting awareness of world population problems within the U.S. Government and the public at large. The Population Crisis Committee has a consultative role with the U.S. Executive Branch and Congress and, through its diplomatic liaison functions, with international agencies and foreign governments. Other organizations involved in efforts important for generating support for U.S. population assistance include the World Population Society, the Population Resource Center, the Population Reference Bureau, and the Worldwatch Institute.

#### E. Donor Coordination

Coordination is particularly necessary in the population field, because of the overlapping efforts of so many private, official, and multilateral aid donors. In March 1979, the UNFPA held a Consultation on Population Assistance Coordination in Geneva. This meeting of eighteen public and private donor organizations exposed both the necessity for more effective donor coordination and the sensitivities of many recipient countries in this regard. In addition, a special donor consultative group has focused on coordination problems in Egypt; in many other countries, donor coordination occurs on an ad hoc basis in the field, with varying results. A continuing

series of exchanges between AID and UNFPA professional staffs in the field and at headquarters is providing an increasingly meaningful coordination of assistance efforts. As the World Bank becomes more active in population programs, the U.S. will strive to coordinate its bilateral programs with those of the Bank and encourage the Bank to facilitate coordination of population programs through its consortia and consultative groups.

#### IV. U.S. Government Population Activities

##### A. U.S. Domestic Population Policies

For purposes of completeness, we believe a brief statement of the U.S. domestic population situation is in order. As of 1979, the U.S. crude birth rate was 15.3 per 1,000 total population, while the death rate had declined to 8.6/1000, resulting in a rate of natural increase of 0.67 percent. However, due to immigration (the full scale of which is not accurately known), U.S. population grew in 1979 at an estimated annual rate of 0.9 percent. Unwanted fertility remains unacceptably high, based on a 1976 estimate that one in four births was either unwanted or mistimed. Teen-age pregnancies are a growing problem.

Although the U.S. does not have an explicit national population policy, the Federal Government is involved in numerous population and family planning activities. During 1979, the Department of Health and Human Services continued to develop closer ties between health outreach/education efforts and family planning service delivery. An important conference in June 1979 reached a consensus on goals in many areas, including, inter alia, a reduction by 1985 in unintended births and the abortion rate. Current knowledge of U.S. population dynamics is the continuing aim of a broad range of data collection and research activities supported by the Bureau of the Census, the National Institutes of Health, and other agencies. A principal concern throughout the year was final preparations for the decennial Census to be taken in 1980, expected to develop an unprecedented array of information useful for government and private decisionmakers.

##### B. Commissions and Studies

###### Presidential Commission on World Hunger

This Commission was established in late 1978 to develop data on causes of world hunger, to review existing policies and programs, and to offer recommendations for reducing hunger and malnutrition. A preliminary report, issued in December 1979, recommended that the United States make elimination of hunger the primary focus of its relations with the developing world.

Although population factors were mentioned, they received only passing reference in the conclusions and preliminary recommendations. We share the view of many observers, including a critical editorial in the Washington Post, that the Commission has missed an opportunity to highlight the inescapable inter-

relationship between population growth--in particular the built-in demographic momentum--and resource and income constraints. We believe the Commission could have stressed that development efforts and improvements in agricultural productivity have merely bought time, and that no significant progress can be expected in eliminating poverty and malnutrition unless there is simultaneously a concerted and sustained effort to reduce fertility rates as a matter of global priority. This sense of urgency does not come through in the preliminary report.

#### Global 2000 Study

The State Department and the Council on Environmental Quality are completing work on a major effort, commissioned by the President, to examine probable changes in the world's population, resources, and environment to the end of the century. It is hoped the study will serve as a foundation of longer-term U.S. Government planning. The report analyzes the increasing pressures expected on global, regional, and national resources and the environment, as population levels and economic demand increase over the next two decades. The study's major conclusions are disturbing, indicating that growing environmental, resource, and population problems are becoming increasingly critical factors in international relations.

#### Select Commission on Immigration and Refugee Policy

In October 1978, Congress established this Commission to study and evaluate existing laws, policies, and procedures governing the admission of immigrants and refugees to the United States, and to make appropriate recommendations to the Congress and President. As part of its duties, the Commission began in 1979 an analysis of the effect of the provisions of the Immigration and Nationality Act on demographic trends. The Commission will also assess the social, economic, political, and demographic impact of previous refugee programs and review the criteria for admission of refugees to the United States. As mentioned earlier, we share the view of the United Nations and other observers that population pressures can be an important factor in international migration trends.

#### C. The Congress

The role of the U.S. Congress is obviously critical for U.S. international population policy. During 1978, the House of Representatives Select Committee on Population conducted extensive hearings and produced a series of valuable reports and recommendations. In early 1979, however, the House voted against reconstituting the Committee, presumably out of a desire to reduce the number of such temporary, single-issue bodies.

Nevertheless, throughout the year, many Members of Congress continued to pay attention to population matters. A three-man Congressional delegation attended the International Conference of Parliamentarians at Colombo, mentioned above, and were instrumental in planning a Parliamentary Workshop held in Washington in January 1980 as a further step to maintaining interest and involvement of parliamentarians worldwide in population issues. In addition, a Congressional Roundtable on World Food and Population was organized by concerned Members, and held several lectures in the course of 1979, attracting such eminent speakers as Dr. Norman Borlaug, pioneer of the "Green Revolution." Another group, the Members of Congress for Peace Through Law, also sponsored occasional sessions on population issues for Members and their staffs.

The Office of Technology Assessment (OTA) of the U.S. Congress initiated, during 1979, a study on world population which will examine, among other subjects, determinants of fertility, contraceptive research potential and requirements, and security implications of population.

In August 1979, the Senate Foreign Relations Committee began an oversight study of U.S. population programs, including family planning service delivery, training, commodity management, research activities, effects of AID's reorganization (cf. below), and a review of bilateral programs over the past three years in nine Asian and African countries. Initially, the study was expected to cover a three-month period, but as more issues arose, the study was extended. In early 1980, Committee staff members visited a number of Asian countries to obtain a first-hand perception of population program implementation. This study will be used to inform members of the Committee on the progress of population assistance, and may lead to specific legislative suggestions for future programming. The Committee now intends to hold hearings on population in 1980.

In early 1980, the House Foreign Affairs Committee, Subcommittee on International Economic Policy and Trade, held hearings on U.S. international population policy for the first time in recent memory. These sessions, which heard testimony from Administration and private sector witnesses, generated useful material for consideration by Congress in its annual appraisal of U.S. programs. In addition, an informal briefing session was organized for members of the House Appropriations Subcommittee on Foreign Operations and the Foreign Affairs Committee.

On balance, we welcome evidences of interest by Congress and scrutiny of U.S. policies and programs. We believe that only by an enlightened discussion of the available data can the urgency and the complexity of the population problem be appreciated. Unfortunately, we do not believe, even now, that the full implications for the United States of global demographic developments are well understood throughout the U.S. Congress; interest is still confined to relatively few Members.

We believe that the international importance of the subject, and its broad significance for so many aspects of our national interest, merit some form of regularized oversight in each House of Congress, quite apart from the current incidental treatment of the population account as a component of the annual IDCA/AID and HEW budgets.

D. National Institutes of Health: Contraceptive Research

With regard to U.S. international population policy, a particularly important contribution is made by the program of the National Institute of Child Health and Human Development, Center for Population Research, to the development of better, safer, more acceptable means of fertility regulation. With a budget of nearly \$70 million in 1979, this program provided support for basic biomedical research in reproductive sciences, for development of new and improved methods for fertility regulation, and for evaluation of safety and effectiveness of contraceptive methods. Through close collaboration with research efforts of other national and international organizations, the Center makes an important contribution to the search for the improved contraceptive technology needed by family planning programs worldwide. For example, in November 1979, the Center joined with the Indian Council on Medical Research in holding a workshop of national experts, which identified a number of areas for future collaboration of research efforts. The Center also works closely with the World Health Organization and the European Medical Research Council Advisory Subgroup on Human Reproduction, with the objective of coordinating and stimulating basic research.

It is worth noting, however, that the Center's budget has just about kept pace with inflation in recent years, thus inhibiting major initiatives in the crucial areas of contraceptive research and development.

E. Department of State

In addition to the responsibility, shared with operating agencies of the U.S. Government, for defining and developing U.S. international population policy, the Department of State assumes primary responsibility for diplomatic initiatives in support of our international population programs and objectives. These activities include preparation of public statements, bilateral diplomatic contacts with foreign governments and multilateral organizations, and U.S. positions at international conferences.

During 1979, Secretary of State Cyrus Vance made statements on the global population problem before the United Nations General Assembly and in a major speech at the Northwest Regional Conference on the Emerging International Order in Seattle. The subject was also treated in addresses by other senior Department officials, including the Counselor and the Coordinator of Population Affairs. Bilateral communications with foreign governments included exchanges on population issues between President Carter, Secretary Vance, and foreign heads of state and ministers, as well as diplomatic contacts involving U.S. Ambassadors and senior Department officials. These contacts generally focus on increasing the awareness of national leaders on the necessity for effective action programs. As an example of such activities, it was as a result of diplomatic initiatives with Egypt and Turkey that both countries invited AID to make a presentation before cabinet ministers and others of the implications of population for national development objectives; these presentations, developed by an AID contractor (see below), have been offered in several other countries as well, and appear to have made an important contribution to heightening a sense of urgency among policymakers concerning population problems.

Bilateral contacts on population were also initiated with the Chinese Government, in the context of the Agreement for Cooperation in Science and Technology. The Department believes that expanded scholarly exchanges in a range of population science subjects could increase knowledge in both countries, and that official cooperation between China and the U.S. would demonstrate to the rest of the world the importance of population as a global issue.

The State Department maintains regular contact on population issues and programs with policy levels of UNFPA, WHO, FAO, and other multilateral and private organizations. During 1979, the Department also consulted with religious leaders on global population issues, including the World Council of Churches, a conference of Islamic leaders in Dacca, and Catholic lay groups and Church officials.

Turning to international meetings, the activities of U.S. representatives at the Colombo Parliamentarians' Conference, at the Bellagio Conference, at the Preparatory Committee for the UN International Development Strategy, and at the UN Population Commission and ECOSOC have been mentioned earlier. The Department was less successful in 1979 in achieving appropriate resolutions on the linkage of population with rural issues at the World Conference on Agricultural Reform and Rural Development, and on biomedical research at the UN Conference on Science and Technology for Development.

Among efforts to increase public awareness of population issues was the Department's publication in late 1978 of a study entitled World Population: Silent Explosion. During 1979, at the suggestion of a number of U.S. Embassies, Silent Explosion was translated into French, Spanish, and Portuguese, and is being used by our overseas missions to reach a still wider audience.

In addition, throughout the year, efforts were made to expand the population content of courses offered by the Department's Foreign Service Institute, in order to ensure that U.S. officials being sent abroad are provided with information to enhance their understanding of global population issues and U.S. population policy. In each of the Foreign Affairs Interdepartmental Seminar presentations (which reach a wide foreign affairs audience), a segment is now included covering population and food issues. Also, an intensive study of population is part of both the 26-week Economic and Commercial Studies Program and a new 16-week Political Economy Course. Population issues are covered in the Institute's area studies programs as well as in such special courses as Political Analysis, Science and Foreign Affairs, and Human Rights. The Department is also collaborating with AID in production of a video-tape, involving interviews with Dean Rusk, George Ball, and others, intended as an educational vehicle in U.S. Embassies, AID Missions, and in Washington.

#### The Status and Role of Women

The Third Annual Report of this Group addressed particular attention to the fundamental issue of the status of women and their participation in the development process. Access of women to education, health care, food and nutrition and income-earning opportunities was noted as crucial to both the quality of socio-economic development and to lowering of traditionally high fertility levels. The Report concluded that, in addition to increasing our support for AID and UN programs designed to advance the status of women, we should ensure that U.S. diplomats are better informed and that they find appropriate occasion to encourage governments on these issues.

The Department requested all Ambassadors, during 1979, to provide information regarding the status of women in host countries, as well as specific suggestions for diplomatic ways of encouraging countries to be more attentive to the problem. The responses indicate there has been some progress--however slow or painful--in advancing the rights and status of women over the past decade. Forces for change are reported at work almost everywhere. In an appreciable number of countries, new government machinery has been created to handle women's affairs, and active or potentially active women's organizations now exist which are or can become instruments for change.

But this survey also clearly indicated that there remains a long way to go: traditions of male dominance, some deeply rooted in religion (particularly Islam), rural conservatism, and sometimes the conservatism of women themselves, in many countries perpetuate injustice and make progress painfully slow. Implementation and enforcement of relevant laws are lax, and, in many countries, the laws themselves fail to provide women with equal civil, political, and economic rights, such as those involving property, divorce, and inheritance. Moreover, our Embassies almost universally reported that such trends as urban migration and technological change put the heaviest burden on low-income and rural women who are already the most numerous, disadvantaged, and defenseless class in their society.

Specific suggestions received from the field for diplomatic efforts to encourage the advancement of women have been circulated to U.S. Missions as well as to Washington agencies, in order to stimulate further actions. These efforts will be coordinated with U.S. participation in the World Conference on Women scheduled for July 1980.

#### F. IDCA and AID

The International Development Cooperation Agency (IDCA) came into being on October 1, 1979, as a result of a Presidential reorganization plan designed to place U.S. overseas economic development activities under the guidance of a single agency. Initially, IDCA is composed of the Agency for International Development (AID) and the Overseas Private Investment Corporation (OPIC), with a proposed third element, the International Science and Technology Commission, awaiting final Congressional action. The IDCA Director, Thomas Ehrlich, is to be the "principal international development advisor" to the President and the Secretary of State. He is charged with preparing an annual assistance budget--including multilateral as well as bilateral aid--reflecting a comprehensive and cohesive U.S. development strategy.

Population has been determined to be a priority area of attention. IDCA is undertaking a study, in cooperation with AID and the State Department, to examine current efforts of AID, World Bank, and the UN agencies, with a view to identifying comparative advantages of the major donor agencies. We believe that this study will provide the U.S. Government with information useful in making more effective funding and program recommendations to Congress.

The primary emphasis of AID's population assistance program continues to be to encourage the practice of voluntary family planning in the developing world. Thus, the AID program concentrates on:

- making safe, effective, affordable, and acceptable family planning services readily available to all couples, by supplying contraceptive and related commodities and improving family planning delivery systems;
- improving family planning methods through research;
- training of doctors and paramedical personnel;
- strengthening public and private leaders' commitment to family planning programs;
- designing programs which improve family income, child health, and employment opportunities for women, so that smaller families become a more attractive option.

For FY 1980, it currently appears that the AID population budget will be held at the FY 1979 level of \$185 million (which itself represented almost a 20 percent increase over the previous year (see Table 3)). More than three-fourths of this amount provides direct assistance to family planning activities, through programs with private intermediary organizations (34 percent of the total), UNFPA (16 percent), and bilateral projects in 22 countries (25 percent). These activities include provision of commodities and supplies, training of administrators and health workers, and education and information programs.

In addition to direct assistance, about one-fourth of AID's budget supports improved collection of demographic data; evaluation of family planning programs; biomedical and contraceptive research; operations research, to determine the most

cost-effective family planning and health delivery systems; and policy development, to provide information and technical assistance to policymakers in order to encourage integration of population into development strategies. Examples of project activities in these areas, include:

The World Fertility Survey (WFS), supported jointly by AID and UNFPA, involves more than 60 countries participating in the collection and analysis of data on marriage, fertility, and contraceptive practice; to date, eighteen country reports have been published. Analysis of data developed through the WFS can be extremely useful in the assessment of needs and the design and evaluation of population policies.

The RAPID project (Resources for Awareness of Population Impact on Development), funded by AID with the Futures Group, makes effective use of computer programs and video-screen display to demonstrate graphically, for a specific country situation, the implications of population growth for socio-economic development. During 1979, presentations were made to senior government officials and other concerned groups in Jordan, Honduras, Cameroon, Morocco, Turkey, and Egypt, as well as to the International Conference of Parliamentarians, the FAO, World Bank, and the Congressional Office of Technology Assessment. Numerous additional country presentations are planned during 1980.

In biomedical research, AID's efforts continue to focus on development of new and improved means of fertility control and testing the safety, acceptability, and efficacy of existing methods in various developing country settings. AID-financed research, much of it being carried out by the International Fertility Research Program and the Program for Applied Research in Fertility Regulation, has yielded some concrete improvements in contraceptive technology. AID has funded only minimal work in "natural family planning," the only birth control method approved by the Catholic Church; we believe, in principle, that more research in accurate and usable methods of determining the "safe period" is of potential value worldwide.

Operations research primarily entails pilot projects designed to examine alternative approaches to family planning programs, in order to improve the cost-effectiveness of U.S. aid. These studies are exploring such issues as free versus paid services, program administration, and combination of contraceptive distribution with health, nutrition, and other developmental efforts. In 1979, there were thirty completed or active projects in 18 countries.

Section 104(d)

AID continued working to implement Section 104(d) of the International Development and Food Assistance Act of 1978, which requires that all appropriate development activities be designed to enhance motivation for smaller families. AID is trying to improve its ability to select development activities particularly likely to encourage smaller families. These include efforts to:

- improve understanding of relationships between fertility and socio-economic change. For example, under AID's sponsorship, the National Academy of Sciences has established a panel on determinants of fertility;
- increase education, training, and employment opportunities for women. For example, under a grant to the Centre for Population Activities, AID is supporting a program designed to give management and project development training to women in developing countries; assist these women to develop, fund, and run action programs designed to improve women's opportunities; and assess the impact of these small-scale action programs on women, their families, and their use of family planning;
- inform LDC development planners and project designers. The Research Triangle Institute began work to assist some 15-20 African, Asian, and Near Eastern countries to incorporate demographic considerations in their development plans and to raise awareness of development planners to the impact of population growth on development goals;
- improve rural organization through cooperatives and other local organizations.

Longer-Term Country Programming

In 1979, all AID missions with a development assistance program totaling more than \$35 million over a five-year planning period prepared Country Development Strategy Statements (CDSS) for the first time. The CDSS is a summary analysis of the country's development situation and a proposed AID program strategy that derives from that analysis. In the area of population, the CDSS reviews focused on such questions as:

- What is the demographic situation in the country?
- What are the country's population policies and goals?
- What is the probable impact of population growth on achievement of national development objectives?
- What are the host government and other donors doing in population and family planning, and what is AID's contribution to the national effort?
- Where the country has no population policy or goal, what are the constraints to AID assistance in population and family planning?

Based on review of the first year's experience, which was somewhat uneven in terms of the attention given to population, the guidance for the next round in 1980 gave even greater attention to population analysis and stated:

"Missions should explore opportunities to infuse new and ongoing primary health care and other programs with elements which lay the groundwork for a more positive family planning climate. The focus should be on what can be done to encourage the host country to give greater consideration to the seriousness of its population problem, and the extent to which the total program can work as an incentive to induce host governments to pursue population activities more vigorously."

Separate Multi-Year Population Strategy (MYPS) studies were prepared in 1979 for Jordan, Mexico, and the Philippines. In addition, studies similar to the MYPS approach were made for Guatemala, Panama, and the Caribbean region. Also, full-scale evaluations were carried out on the AID programs in Indonesia and Thailand.

#### AID Reorganization

The reorganization of AID's population activities in 1977, described in last year's Report, was designed to give greater authority to AID regional bureaus for bilateral programs and to develop stronger interactive relationships among the health, education, nutrition, and rural development sectors within each region. Primary responsibility for support of bilateral population programs was transferred from the Office of Population to the appropriate regional bureaus. The Population Office

retained responsibility for centrally funded programs (e.g., research, demography, commodity management, international organizations, and various non-governmental intermediary organizations), which comprise about two-thirds of AID's total population budget.

In practice, the reorganization has succeeded in increasing interest in population programs in the Asia, Latin America/Caribbean, and Near East Bureaus. Through existing Regional Coordinators within the Office of Population, close coordination and collaboration exist between the central office and the regional bureaus in reviewing bilateral programs, as well as in providing an overview of the centrally funded resources which are available. In the Africa Bureau, there still exist problems in terms of adequate staffing of an AID/Washington technical unit responsible for population, placing of population officers in key African countries, and lack of new bilateral initiatives for population activities. AID has now created a special task force to look for ways of strengthening population activities in the region.

The AID reorganization gives expression to the fact that population problems are not susceptible to unitary, centralized solutions, but rather must be approached on a country-specific basis: what works in one situation may not necessarily be applicable in another. Full success of the reorganization will largely depend on sustained commitment to the priority of population programs at the top levels of the Agency.

Table 1.

Growth of World Population, by Region and Selected Countries: 1970, 1979, and 2000

Area	1970 <sup>1</sup>		1979 <sup>1</sup>		2000	
	Population (millions)	Growth rate (%)	Population (millions)	Growth rate (%)	Population (millions)	Growth rate (%)
<u>World Total</u>	3,727	2.0	4,412	1.7	6,207	1.6
More developed region	1,049	0.9	1,123	0.7	1,284	0.6
Less developed region	2,679	2.4	3,288	2.1	4,923	1.8
Less developed region less China	1,830	2.4	2,271	2.3	3,639	2.1
<u>Regions</u>						
North America	226	1.1	244	0.8	290	0.8
USA	205	1.1	221	0.8	260 <sup>2</sup>	0.7
Europe and USSR	703	0.8	746	0.6	839 <sup>3</sup>	0.5
Latin America	283	2.6	353	2.3	569 <sup>3</sup>	2.0
Brazil	96	2.7	119	2.3	190 <sup>3</sup>	2.1
Mexico	50	3.1	66	2.6	100 <sup>3</sup>	1.7
Colombia	21	2.7	26	2.1	40 <sup>3</sup>	1.7
East Asia	1,020	2.4	1,215	1.5	1,531	1.1
China*	849	2.5	1,017	1.5	1,284 <sup>3</sup>	1.1
Japan	104	1.1	116	0.9	133 <sup>3</sup>	0.5
Korea, Republic of	33	2.5	39	1.6	55 <sup>3</sup>	1.4
Eastern South Asia	290	2.3	354	2.1	547	1.7
Indonesia	123	2.0	148	2.0	224 <sup>3</sup>	1.6
Philippines	38	2.8	48	2.5	73 <sup>3</sup>	1.9
Thailand	37	2.8	47	2.3	72 <sup>3</sup>	1.9
Middle South Asia	756	2.3	922	2.1	1,414	1.9
India	554	2.3	667	1.9	959 <sup>3</sup>	1.6
Bangladesh	70	2.7	88	2.7	156 <sup>3</sup>	2.3
Pakistan	66	2.7	84	2.8	152 <sup>3</sup>	2.7
Western South Asia	74	2.7	97	3.0	164 <sup>4</sup>	2.3
Arab countries	35	3.1	48	3.8	88 <sup>4</sup>	2.7
Non-Arab countries	39	2.3	49	2.3	76 <sup>4</sup>	1.8
Turkey	36	2.3	45	2.3	69 <sup>3</sup>	1.8
Africa	356	2.6	458	2.9	823 <sup>3</sup>	2.7
Nigeria	56	3.0	75	3.2	143 <sup>3</sup>	3.1
Egypt	33	2.1	41	2.7	65 <sup>3</sup>	1.9
Ethiopia	25	2.4	32	2.5	55 <sup>4</sup>	2.5
Zaire	22	2.8	28	3.4	46 <sup>4</sup>	1.9
Kenya	11	3.3	16	4.0	32 <sup>3</sup>	3.0
Oceania	19	2.2	22	1.3	30 <sup>4</sup>	1.1

Table 1 (continued)

NOTE: Population estimates refer to mid-year of the respective years. Growth rates refer to the period 12 months preceding the mid-year estimates.

\*Official Chinese population estimates for 1970 and 1979 are 820 million and 964 million, respectively.

- <sup>1</sup>U.S. Bureau of the Census, 1980, World Population 1979--Recent Demographic Estimates for the Countries and Regions of the World, forthcoming, Washington, D.C.
- <sup>2</sup>U.S. Bureau of the Census, 1975, Projections of the Population of the United States: 1975 to 2050 (Current Population Reports Series P-25, No. 601, October), Washington, D.C.
- <sup>3</sup>U.S. Bureau of the Census, 1979, Illustrative Projections of World Population to the 21st Century (Current Population Reports: Special Studies, Series P-23, No. 79, January), and modified or supplementary unpublished projections of the Bureau of the Census for the following countries: Brazil, Mexico, Colombia, China, Indonesia, Philippines, Thailand, India, Bangladesh, Pakistan, Turkey, Nigeria, and Egypt. In all cases, the medium series population projections were used.
- <sup>4</sup>United Nations, 1979, World Population Trends and Prospects by Country, 1950-2000: Summary Report of the 1978 Assessment, ST/ESA/Ser.R/33, New York.

Table 2

PRIMARY<sup>1</sup> SOURCES OF GRANT FUNDS<sup>2</sup> FOR INTERNATIONAL POPULATION ASSISTANCE  
(in \$ millions<sup>3</sup>)

Sources / Funding Period <sup>4</sup>	1965-74	1975	1976	1977	1978	1979	Cumulative Thru 79
<u>Major Donors (excl U.S.)</u>							
Australia	1.019	.545	.403	.500	.990	2.818	6.275
Belgium	.914	.424	.934	1.431	1.024	2.089	6.816
Canada	20.546	12.500	5.050	10.745	13.826	9.685	72.352
Denmark	11.938	3.961	5.032	6.550	8.050	8.549	44.080
Fed'l Rep'c of Germany	16.018	7.494	6.962	7.722	12.094	12.700	62.990
Japan	14.163	7.900	9.000	12.197	16.250	19.100	78.610
Netherlands	18.112	7.159	8.119	8.819	12.083	14.844	69.136
Norway	35.893	13.636	18.556	26.283	29.218	31.060	154.646
Sweden	73.154	27.381	30.581	32.000	27.927	28.300	219.343
United Kingdom	17.657	6.030	8.400	10.393	18.374	17.972	78.826
<u>OPEC Countries</u>							
Iraq	.022	.014	.025	-	1.000	-	1.061
Libya	.010	.010	1.000	.020	.020	.020	1.080
Qatar	.010	-	-	1.000	-	-	1.010
Kuwait	.045	-	2.525	-	-	-	2.570
Saudi Arabia	.030	.030	2.030	-	-	-	2.090
United Arab Emirates	-	-	1.500	-	-	-	1.500
Other OPEC	.785	.158	.576	.260	.193	.092	2.064
<u>All Other Donors</u>	7.026	3.368	4.700	2.197	1.435	2.336	21.062
<u>ALL COUNTRIES (excl U.S.)</u>	217.342	90.610	105.393	120.117	142.484	149.565	825.511
<u>Non-Governmental</u>							
Ford Foundation	156.557	10.700	10.800	8.561	7.800	6.451	200.269
Rockefeller Foundation	57.769	6.198	5.500	4.500	4.090	5.600	63.357
<u>TOTAL NON-GOVERNMENTAL</u>	214.326	16.898	16.300	13.161	11.890	12.051	283.626
<u>TOTAL: NON-U.S. GOV'T</u>	431.668	107.508	121.693	133.278	154.374	161.616	1,109.137
<u>U.S. GOV'T (A.I.D.)</u>	622.369	109.975	135.460	140.250	160.540	184.935	1,353.529
<u>G R A N D T O T A L</u>	1,054.037	217.483	257.153	273.478	314.914	346.551	2,463.606

Notes: (1) Includes all significant governmental and private sources but excludes resources available to the World Bank group.

(2) Represents bilateral and multilateral assistance, excluding funding by the World Bank group.

(3) Exchange rates employed were those in effect when the assistance was reported.

(4) The period reported is the funding period employed by the funding body--i.e. each year represents a variety of fiscal years. Amounts shown represent commitments/obligations or expenditures/disbursements, depending on the reporting practice of each funding source.

MULTILATERAL SOURCES OF POPULATION ASSISTANCE<sup>1</sup>  
(in \$ millions)

Sources / Funding Period	1965-74	1975	1976	1977	1978	1979	Cumulative Thru 79
U. N. F. P. A.	168.300	64.300	73.500	81.500	101.900	111.800	601.274
World Bank Group	66.200	40.000	11.600	29.500	72.000	102.000	321.300
I. P. F. F.	112.300	33.700	33.500	38.300	45.737	46.622	310.159

Notes: (1) U.N.F.P.A. and I.P.F.F. are accounted for in the data on primary sources of assistance; the World Bank Group represents loans rather than grants and is additive to the primary sources.

TABLE 3

Population as a Percent of Appropriations Enacted  
for A.I.D. Administered Economic Assistance  
FY 1972 - FY 1979

(\$ millions)

<u>Fiscal Year</u>	<u>Total Population</u>	<u>Total Functional Accounts</u>	<u>Pop. as % of Func.</u>	<u>Total Dev. Assist.</u>	<u>Pop. as % of DA</u>	<u>Total A.I.D.</u>	<u>Pop. as % of A.I.D.</u>
1972	123	*	*	1,478	8	1,718	7
1973	126	*	*	1,379	9	1,664	8
1974	113	585	19	986	11	1,598	7
1975	110	574	19	837	13	2,037	5
1976	103	691	15	1,429	7	3,169	3
TQ**	32	166	19	254	13	533	6
1977	143	856	17	1,399	10	3,156	5
1978	155	931	17	1,531	10	3,750	4
1979	185	1,132	16	1,810	10	3,719	5

\* Functional Accounts were introduced from 1974.

\*\* Transitional Quarter

Source: AID/PPC