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**A Review of
"Twenty Years of A.I.D.'s Experience
in Population"**

by

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for the Futures Group Colloquium**

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Twenty Years of A.I.D.'s Experience in Population

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OVERVIEW

Dumm begins with a brief review of key changes in international population. Secondly, he presents an overview of the objectives and principal characteristics of A.I.D.'s population assistance program. Finally, he reviews the lessons learned and discusses priorities for future A.I.D. population programs.

HIGHLIGHTS OF PAPER

Recap of International Population Since the Early 1960s

Changes in international population can be grouped into five areas:

Demographic --- While fertility has declined in all regions, there has been variation in onset and pace.

Socio-economic --- There is increased use of contraceptives, but with great disparities among regions.

Political --- More countries are adopting policies to lower population growth and to support family planning.

Technological --- There have been tremendous advances in contraceptive methods.

Informational --- We now understand the dynamics of population better and have new insights on the relationships between demographic, social and economic factors.

A.I.D.'s Role in International Population

Dunn highlights the principal program characteristics which may be applicable to other development and environmental assistance programs.

1. A.I.D has supported the creation of a critical mass of expertise and resources in policy development, research, information and training, family planning services, and contraceptive commodities.
2. A.I.D.'s program is responsive to requests for population assistance from developing countries.
3. The program is implemented by a worldwide network of health and population officers in the field backed by a core staff in Washington.
4. A.I.D. works with both the public and private sectors in developing countries.
5. Innovation is key. The program tested several alternative health service delivery models.

Lessons Learned from A.I.D.'s Program Experience

- Policy development efforts have been critical in fostering government and private sector support for population and family planning programs.
- Fertility and contraceptive prevalence surveys have been essential for documenting the need for family planning and the success of service delivery efforts.
- Improved contraceptive methods have greatly enhanced the safety, effectiveness and acceptability of methods in developing countries.
- Pilot and experimental programs are critical to demonstrate that family planning services are wanted and can be delivered efficiently in a variety of settings.
- National family planning programs and the private sector have an important role to play in expanding access to family planning in developing countries.
- Support for contraceptive procurement and systems of monitoring and evaluation are both critical components in service delivery programs.

Priorities for the Future

- Support should be focused on highly leveraged activities which can stimulate new sources of investment, particularly in the private sector.
- Donors need to assist governments and the private sector to achieve long-term sustainability of family planning programs.
- Increase the efficiency of providing free or inexpensive services to those who cannot afford to pay.
- A.I.D. must continue to work in concert with other donors to increase the resources available from the traditional donor community.

**Twenty Years of A.I.D.'s
Experience in Population**

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Twenty Years of A.I.D.'s Experience in Population

by John Dumm

This paper discusses the experience of A.I.D.'s population program over the past 20 years. The international population scene has changed dramatically over this period. First, I will give a brief review of key changes to set the context for the role that A.I.D., other donors and developing nations have played in these changes. Secondly, I will present an overview of A.I.D.'s population assistance - its objectives and principal characteristics. Thirdly, I will review lessons learned from A.I.D.'s experience which cover all the major components of population program. Finally, I will close with a brief discussion of priorities for the future of A.I.D.'s program and population assistance more generally.

I. Recap of International Population Since the Early 1960s

There have been a number of dramatic, indeed revolutionary changes that have occurred in international population over the past 2-3 decades. These changes can be grouped into five areas: demographic, socio-economic, political, technological, and informational.

a. In the demographic area, rapid declines in mortality occurred throughout the developing world after World War II. By the early 1960s, death rates in most Asian and Latin American countries were on a par with many developed countries. These declines in mortality, which preceded changes in fertility, led to the highest rates of population growth in history -- exceeding 3 percent in many Third World countries.

Subsequent declines in fertility have occurred in all regions, but with great variation in onset and pace and with differing implications. In East Asia (principally China) fertility dropped substantially, by over 55 percent, between the early 1960s and early 1980s. South Asia and Latin America experienced impressive, but smaller declines of 25-30 percent. Even in East Asia where fertility decline has been steepest, the growth rate of 1 percent when applied to the 1.3 billion people living in the region, means that 12 million people (a population equivalent to all the New England states) are added each year.

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In Africa, a very different picture emerges. The decline in fertility has been very modest, less than 5 percent overall. Underlying the regional average are striking differences among countries, with almost no fertility decline in most. Many countries in sub-Saharan Africa are growing at a rapid rate of 3 percent a year, including the largest country, Nigeria. These countries face unprecedented rates of population increase doubling in size in less than 25 years.

b. In the socio-economic area, many developing countries have undergone dramatic changes affecting a host of social and economic factors. Experience over the past several decades has shown that the level of development (including such factors as literacy, school enrollment and infant mortality) in combination with strong family planning programs result in large decreases in fertility. (Lapham and Mauldin, 1985.) However, even in areas where the social and economic setting is less developed (e.g. Bangladesh), family planning programs can increase the use of contraception and reduce fertility.

Wherever fertility has declined significantly, the use of contraception has been prevalent. Of the key factors which indirectly determine fertility (breastfeeding, age of marriage, abortion, and contraception), contraception is the most important factor explaining fertility decline. (Merrick, 1986) The strong association between contraceptive use and fertility creates a very clear relationship. (Nortman, 1985)

Looking at trends over the past 15-20 years, there are a number of impressive examples of the increase in contraceptive use including Brazil, Colombia, Indonesia, Mexico, Thailand, and Zimbabwe. Today, over 45 percent of couples in developing countries use "modern" contraception compared to over 65 percent in developed countries.

Despite the impressive increase in the use of family planning, great disparities remain among regions. In East Asia, contraceptive use is over 65 percent of married women of reproductive age, roughly the same level of use in the United States (which was 68 percent in 1982-83.) By contrast, use of contraception in sub-Saharan Africa is very low, less than 10 percent. Studies in countries where contraceptive use is low, show that many couples want to space or limit their children and that they would use family planning services if they had access to them. (United Nations, 1987)

c. In the political realm, impressive changes have occurred in population policies. Between 1976 and 1987, the number of countries, particularly in sub-Saharan Africa, adopting policies to lower population growth and to support family planning has increased dramatically. Today, over 40 developing countries, comprising more than three-quarters of the total population of developing countries, have official policies to reduce the rate of population growth. In addition, governments in 95 developing countries provide support for family planning. These policies are a strong mandate for population and family planning programs.

d. In the technological realm, tremendous advances have been made in contraceptive methods. Compared to the early 1960s, the safety, effectiveness and acceptability of methods such as the pill, IUD, and surgical procedures have been greatly improved. A few new methods, such as the long-acting contraceptive implant, are being tested and should be widely available within five years.

Greater emphasis is also being given to traditional methods of family planning such as natural family planning and breastfeeding. Greater understanding of the biological basis of these methods may increase their effectiveness. While improvements have been made in contraceptives, the perfect contraceptive still does not exist. Still, there is an increasing range of methods available from which couples can choose.

e. The last dimension of this population revolution is informational. We now understand the dynamics of population better. Policymakers have much more accurate information on which to base their decisions. The best example of this aspect of the population revolution is the massive data collection effort represented by 3 worldwide survey programs. Between 1974-1987, 56 developing countries collected fertility and family planning information. This information has led to a clearer understanding of fertility change and has been crucial for guiding policies and implementing programs.

Research findings have also provided new insights on the relationships between demographic, social and economic factors. The most authoritative review of evidence completed in 1986 by the National Academy of Sciences concludes that "slower population growth would be beneficial to economic development for most developing countries." Further, studies of the costs and benefits of family planning show high rates of return for investments in family planning for national and sectoral programs and even for private companies in a number of developing countries.

II. A.I.D.'s Role in International Population

The donor community has made a substantial and sustained contribution to population and family planning programs in developing countries. This assistance has complemented the support provided by national governments, private organizations and commercial sectors in the Third World. The donor community is comprised of the multilateral agencies such as UNFPA, IPPF and the World Bank and governments of more than a dozen developed countries.

The U.S. Agency for International Development (A.I.D.) was one of the first donors and has been a leader in providing population assistance since the mid-1960s. The objectives of A.I.D.'s population assistance are:

- 1) to enhance the freedom of individuals in developing countries to choose voluntarily the number and spacing of their children;
- 2) to improve the health and survival of mothers and children by promoting adequate birthspacing, childbearing during the safest years for women, and finally by reducing abortions; and
- 3, to encourage population growth consistent with the growth of economic resources and productivity.

The underlying principles of U.S. population assistance are voluntarism and informed choice. Further, population assistance is not conditional; rather the assistance is provided to those developing countries that request it.

A.I.D.'s population program is provided in the context of overall U.S. foreign assistance to the Third World. Along side programs in agriculture, education, health, human resources, and energy, the population program is only 4-5 percent of the total assistance program. While this percentage is small, A.I.D. nevertheless has been the single largest donor for population. Over \$3 billion has been provided since 1965, and about half of this support has been given since 1980.

The core of A.I.D.'s population program (about 75 percent of funding) supports the delivery of family planning services with a smaller, but important portion of resources devoted to research and policy development. Assistance is provided through bilateral agreements (in 32 developing countries in 1987),

regional projects, and centrally-funded projects of the Office of Population (over 1,230 activities in 100 countries in 1987.) Since the early 1970s, the program has developed a special character which has contributed to its effectiveness. The principal program characteristics may be applicable to other development and environmental assistance programs.

First, a critical mass of expertise and resources has been essential to the success of A.I.D.'s program. The Office of Population has supported projects and expertise in all aspects of population and family planning. An impressive group of over 35 organizations (primarily U.S. institutions) which we call Cooperating Agencies (CAs) are funded by A.I.D. to provide their expertise in developing countries around the world. This expertise covers five program functions: policy development, research (biomedical and operations), information and training, family planning services, and contraceptive commodities.

A second characteristic of A.I.D.'s program is responsiveness to requests for population assistance from developing countries. The CAs of the Office of Population are poised to respond as the needs arise. This assistance is provided particularly in countries which are just beginning to develop population and family planning programs but also in countries which have more established programs requiring limited, special types of technical assistance. Time and time again, we have seen the advantages of having this flexible means for providing expertise and assistance in a timely manner.

A third characteristic of A.I.D.'s program is that it is implemented by a worldwide network of health and population officers in the field backed up by a core staff of technical experts in Washington, D.C. The presence of field staff is essential for developing bilateral population programs with foreign governments. A.I.D.'s staff network is joined by the staffs of the many Cooperating Agencies active in the population field. The shared collegiality and experiences among A.I.D.'s officers and the CAs have strengthened the effectiveness of program implementation.

A fourth characteristic is that A.I.D. has a multi-sectorial approach to its population assistance. A.I.D. works with both the public and private sectors (including most recently for-profit organizations) in developing countries. While government institutions have major responsibility for providing health services to their people, many private groups (e.g. planned parenthood affiliates, religious and missionary organizations, health insurance systems, health-care marketing firms, and businesses) are making major contributions to

increasing the availability of family planning services. In many countries, the private sector is the dominant source of family planning and health services.

The last characteristic which continues to contribute to the success of international population programs is innovation. A.I.D.'s population program, virtually since its inception, has been open to trying new approaches to population assistance and especially for getting services to people. Moving beyond traditional clinic-based Western models to health service delivery, the program tested community- and household-based distribution, commercial marketing schemes and factory-based services. These new ideas are encouraged and tested through projects. Other examples of major program innovations are: the worldwide program of fertility and contraceptive prevalence surveys; new and improved contraceptive methods; centralized procurement of contraceptive commodities; and for-profit private sector policies and family planning programs.

III. Lessons Learned from A.I.D.'s Program Experience

Following directly from the characteristics of A.I.D.'s population assistance program are a number of lessons learned that might be relevant for other development and environmental assistance areas. While A.I.D. has learned many lessons over the years about what works and what doesn't in certain settings, a number of lessons common to various settings are highlighted below.

-Policy development efforts have been critical in fostering government and private sector support (both political and financial) for population and family planning programs. A.I.D. has developed a coherent strategy in population policy development which covers several areas including census and survey data collection and analysis, information dissemination, policy planning, formulation, implementation, and evaluation. Increasing emphasis is being placed on supporting those activities which are highly leveraged, usually involving relatively small amounts of technical assistance, training and financial support but which can stimulate other sources of political and financial support and thereby multiply A.I.D.'s original investment many times over.

Among the most successful policy development efforts has been microcomputer-based presentations to high-level leaders to raise awareness of the links between population and development factors. These presentations have been given to leadership groups (not infrequently to heads of states) in over 40 countries and have led to increased political interest and

commitment in many of these countries. Observational travel which brings key leaders from one country to another country more advanced in program development has been especially effective in engendering commitment and in showing what is possible. For example in 1987, policy development in the Sudan received an enormous boost from trips made by high-level Sudanese officials to Egypt, Nigeria, Tunisia, and Indonesia -- countries with more advanced national population policies and programs. These visits helped to increase the Sudanese government's commitment to develop a population policy and program. Cost-benefit studies which examine the returns on investments made in family planning are another effective policy development effort. One such analysis of the Indonesian family planning program resulted in the government's maintaining the budget for the national family planning program in the face of across-the-board budget cuts in other sectors.

-Fertility and contraceptive prevalence surveys have been essential for documenting the need for family planning and the success of service delivery efforts. Between 1974 and 1987, more than 100 surveys have been conducted in 56 developing countries; clearly the largest social science survey effort ever undertaken. Data from these surveys have been used to assess the unmet demand for family planning, i.e. those women who are not using contraception but who state that they either want no more children or want to space future births. Even in the African region where leaders often underestimate the potential need for services, such surveys have shown that unmet demand is high for both spacing and limiting births. For example, in Kenya where prevalence of contraceptive use is only about 17 percent, another 32 percent of married women of reproductive age say they want no more children and 38 percent say they want to space the next birth by one or more years.

Surveys have also been critical for documenting the effectiveness of family planning programs. This evidence has been especially important for A.I.D. which must justify to Congress that the investments in family planning have made a difference. For example, survey data for Thailand clearly document the impressive increase in contraceptive prevalence from 15 percent in the early 1970s to 65 percent by the 1980s. These high levels of contraceptive use have also contributed to a drop in fertility by over 40 percent in the past 20 years.

-Improved contraceptive methods have greatly enhanced the safety, effectiveness and acceptability of methods in developing countries. A.I.D has supported improvements in female sterilization such as the tubal band for laparoscopic

sterilization and the minilap technique which vastly improved the method's safety and acceptability. Female sterilization has been totally transformed to a simpler procedure often carried out under local anesthesia and on an outpatient basis. Such changes have helped make sterilization the most widely used method of contraception in the world.

A.I.D. has also supported field trials and introduction of copper IUDs such as the Copper-T-380A. This IUD provides better protection from pregnancy, less menstrual blood loss, less pain on insertion, fewer removals and fewer expulsions than "inert" plastic IUDs such as the Lippes Loop. Clinical trials have shown that certain low-dose oral contraceptives (OCs) perform as well as older standard dose OCs. A.I.D. is making this class of OCs widely available in developing country programs. Other studies have demonstrated the acceptability and efficacy of progestin-only OCs for lactating women and these are now provided to A.I.D.-supported programs.

Consistent with the principals of voluntarism and informed choice, A.I.D. has vigorously promoted a good vaginal contraceptive for developing countries (spermicidal methods). Clinical trials have shown a superiority in performance of a particular vaginal foaming tablet which A.I.D. makes available to family planning programs. Other studies have demonstrated good acceptability of spermicidally-lubricated condoms in developing countries and these are being introduced into programs which include a specific component for AIDS prevention.

Through the Population Council, developers of the NORPLANT subdermal contraceptive implant, A.I.D. has supported clinical trials to satisfy regulatory requirements in the United States and to demonstrate the excellent acceptability, safety and effectiveness of NORPLANT in a variety of developing countries. As an extremely effective, acceptable, safe long-acting temporary method, this implant fills a vital niche in contraceptive technology. A.I.D. will continue to place high priority on contraceptive development in the coming years in an effort to broaden the range of safe, effective and acceptable methods available to couples around the globe.

-Pilot and experimental programs are critical to demonstrate that family planning services are wanted and that they can be delivered efficiently in a variety of settings. Operations research projects in such diverse settings as rural Bangladesh, rural Kenya, and the urban slums of Mexico have shown that family planning use can be increased by improving the way services and supplies are provided. Research has also found

that services can be effectively provided through a variety of delivery modalities including clinics, community-based and household distribution, and pharmacies. However, clinic services alone are not adequate to meet existing family planning needs; they must be reinforced by outreach efforts which take services to people in their communities and homes. Through over 60 studies in 25 countries, outreach efforts have substantially raised contraceptive prevalence, and this expanded coverage is much less costly than clinic-based programs.

-National family planning programs have been instrumental in increasing the availability of contraceptive services in a number of developing countries. Many developing countries subsidize the provision of contraceptives and have made family planning a major component of national health services. Large scale government programs are most common in Asia including Taiwan, Korea, Sri Lanka, Thailand, and Indonesia, but are also important in countries in other regions such as Mexico and Zimbabwe. If availability of services is measured by prevalence of contraceptive use, the national programs in these countries have resulted in impressive improvements in use.

Several key factors have contributed to these successful national efforts. Clinic-based services which are complemented by other service delivery modalities can provide information to a wide range of potential users and encourage them to use contraception. Adequate training and supervision of family planning personnel as well as a good logistics and transportation system for supplying contraceptive commodities are also important. Another key factor is use of mass media for IEC efforts to provide information on the benefits and availability of family planning. Research evidence over the last decade shows that two conditions - socio-economic setting and program effort - reinforce each other in affecting contraceptive use and fertility. The research also shows that strong national family planning programs have contributed not only to greater increase in prevalence but also to a faster decline in fertility than would have been the case in their absence. (Lapham and Mauldin, 1984)

-The private sector can be an effective channel for initiating programs and for expanding access to family planning. In many countries, the non-profit private sector has pioneered the delivery of family planning services. For example BEMFAM, the Brazilian IPPF affiliate, played a critical role in starting service delivery and in generating awareness of the importance of family planning. In Bangladesh, a large number of small PVOs have been effective innovators in family planning service delivery and have demonstrated the need for and acceptability of family planning and indeed have played an important role in complementing government services.

Similarly, the for-profit private sector plays a critical role in service delivery. In Egypt, a contraceptive social marketing project uses commercial marketing techniques to stimulate interest in and use of contraceptive methods. In many countries, private pharmacies are an important source of contraceptives. In Brazil, locally-manufactured pills and condoms are sold through pharmacies nationwide. These pharmacies account for over ninety percent of sales of pills and condoms in Brazil. Employee-based programs are showing great potential as providers of family planning services. A.I.D. is placing more and more emphasis on stimulating such programs to add family planning services along side other employee health benefits. Analyses of the health and financial benefits of family planning conducted for individual companies have convinced a number of them in Zaire and Peru to provide services using their own resources.

-Support for contraceptive procurement has been a critical element in service delivery programs. A.I.D. is the largest and one of the few donors providing support for contraceptive supplies. This support is especially important as programs begin since local manufacture of commodities is non-existent and foreign exchange is not available to purchase products manufactured elsewhere. Support for commodities should be flexible to meet changing needs as programs mature. For example, in Indonesia A.I.D. loan funds were provided to begin local manufacture of supplies. Central procurement of commodities has also enabled A.I.D. to purchase supplies at low cost.

-Monitoring and evaluation systems are a critical component of effective service delivery programs. These systems monitor on a continuing basis events throughout the supply and service delivery system and determine the usefulness of new service delivery approaches, especially problems faced in their implementation. Regular use of the information from these systems is important for operational planning by service providers and by support and supervisory staff directing the program's overall activities. The national family planning program of Indonesia is one of the often-cited examples of a monitoring and evaluation system which provides a minimum of timely, useful data to managers and staff up and down the line.

-Bipartisan political support from Congress for population assistance has ensured that resources were available to carry out a major assistance effort. Despite the low-level of public support for foreign assistance more generally and the periodic controversies that have erupted around an emotion-laden topic

such as population, A.I.D.'s population program has endured and grown stronger. Building a broad constituency of supporters whose concerns range from economic development, global stability and national security to humanitarian aid and human rights has been an important ingredient for this bipartisan support.

IV. Priorities for the Future

In the mid-1960s, when international donors began to support family planning, there were about 25 million contraceptive users in the Third World. The number of users has risen to about 135 million today. Data on trends in the use of family planning and on unmet need for services strongly suggest that the demand will continue to grow. The number of couples in the Third World who will need services over the next 10-15 years could easily increase by another 100 million couples.

The demand for services is increasing at a time when donor funding has leveled off. The growing need for financial resources has helped to define future priorities for A.I.D.'s population program. These priorities may be useful to the larger community of population donors. First, support should be focused on highly leveraged activities which can stimulate new sources of investment, particularly in the private sector. Relatively inexpensive efforts can identify and promote changes in policies and regulations that impede services delivery. Greater knowledge of the market for services including the price elasticities of contraceptives can be used to identify gaps which commercial marketing firms and other private entities could fill.

Second, donors need to assist governments and the private sector to achieve long-term sustainability of family planning programs. Support for cost-recovery schemes (local manufacture of commodities, etc.) is one way of promoting long-term sustainability. The national family planning program in Indonesia (BKKBN) is currently exploring innovative ways to promote cost-recovery and to expand the private sector's role in service delivery. Creative partnerships between the public and private sectors should be encouraged. A third priority for donor-assisted programs is to increase the efficiency of providing free or inexpensive services to those who cannot afford to pay. Toward this end, A.I.D. has placed greater emphasis on management and logistics training over the past few years and will continue to do so in the future.

Finally, A.I.D. must continue to work in concert with other donors to increase the resources available from the traditional

donor community. Despite great successes in countries around the world in increasing access to family planning, the demand is ever growing. While working to expand the sources of support, A.I.D., private foundations, and other donors have a continuing challenge to make greater not fewer resources available.

Lapham, Robert and Parker. J. Mauldin, "Family Planning Program Effort and Birthrate Decline in Developing Countries," International Family Planning Perspectives, Vol. 10, No. 4, December 1984.

Lapham, Robert and Parker J. Mauldin, "Contraceptive Prevalence: The Influence of Organized Family Planning Programs," Studies in Family Planning, Vol. 16, No. 3, May/June 1985.

Merrick, Thomas W., "World Population in Transition," Population Bulletin, Vol. 41, No. 2, April 1986.

Nortman, Dorothy L. Population and Family Planning Programs, A compendium of data through 1983. A Population Council Fact Book, 1985.

United Nations, "World Contraceptive Use" wallchart, Population Division, Department of International Economic and Social Affairs, 1987.