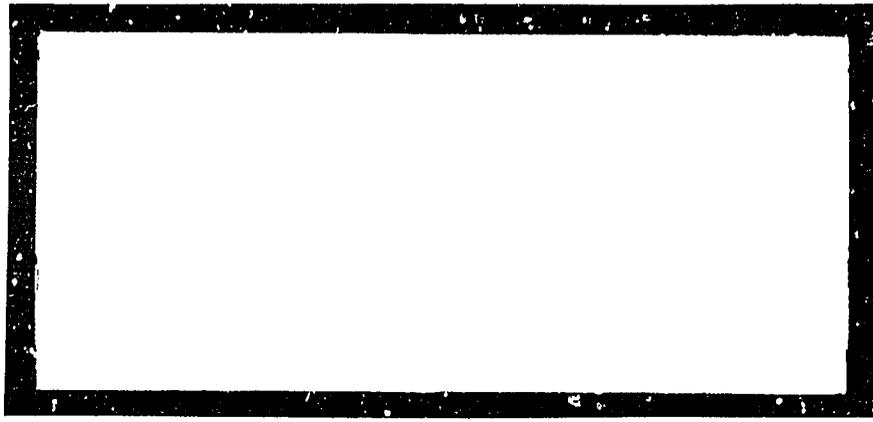


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**A Review of
"U.S. Population Assistance into the 1990s"**

by

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for Futures Group Colloquium**

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"U.S. Population Assistance into the 1990s"

By Hugo Hogenboom

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Overview

The primary point of this brief papers is that responsibility for population policies and programs lies with the developing countries themselves. For a number of reasons, outlined below, US dominance of such programs is a sure recipe for for failure. US assistance has an important role to play, but it is a "nurturing" not a "leading" role.

Summary Points

- Why does US dominance of such programs, as opposed to domestic leadership, result in failure?
 - 1) Outsiders don't know enough about the country's culture, social structure, values, or economy to prescribe an effective policy.
 - 2) Distrust of foreign advisors and growing distaste for foreign advice.
 - 3) US advisors and assistance don't have the endurance necessary for the long term sustained effort that population policies and programs require.
 - 4) The US could not bear the burden of paying for population programs around the world.
- Given the shortcomings of US leadership, on what principles should US assistance be based?
 - 1) It is the policies, money, and people of developing countries themselves that will have to solve each country's population problems.
 - 2) Population problems will be with us for a long time and will require long term solutions.
 - 3) The role of US assistance is to facilitate a country's ability to deal with population problems themselves.
(This will be outlined further below.)
 - 4) Population issues transcend politics.
- How can US assistance help create, strengthen, and support a country's commitment and resources?
 - 1) US assistance should support development of research and evaluation capacity. The creation of this capacity gives countries the information they need about population behavior and about the impacts of population trends to devise population policies and programs.
 - 2) US assistance should support family planning programs. The aim of this assistance should be the development of local capacity to operate, evaluate, and staff these programs.

- 3) US population assistance should support global population work including summarizing and analysis of national population programs.
- 4) It is the style of US assistance that most needs to reflect the recognition of the primacy of the role of the developing countries and the need for a long term perspective in devising and implementing successful population policies and programs. The US must remain one step removed from administration and from decision-making.
- 5) The substantive coherence of AID policies should not be sacrificed by its country oriented approach.

Evaluation

The lists of suggestions provided in this paper are based on the basic premise that developing countries must institute and control their own population policies. The author notes that this premise (and presumably the suggestions that follow from it) is not particularly new or original. Therefore, one is left asking why such suggestions have not been heeded in the past. The author does not explain why the mistaken policies of the present were adopted and what forces pro and con face the prescriptions he has offered.

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U. S. POPULATION ASSISTANCE INTO THE 1990'S

If population policies and programs are to have any success in developing countries--whether that success is defined as lower growth rates, healthier mothers and children, social and economic development, or any combination of these--it will be, in the end, their policies, their money, their people--scientists, doctors, nurses, and administrators--and their commitment that get the job done.

It should be the task of U. S. population assistance in the 1990's to help create the conditions that will allow the developing countries to get the job done.

The idea that the job must be done by the developing countries themselves isn't particularly new and certainly isn't original. It's been apparent for some time that population and family planning programs have succeeded in countries where the policies, resources, and commitment came from the countries themselves. To mention some: China, Colombia, Korea, Taiwan, and Thailand, have been clearly successful; Indonesia and Mexico seem to be on their way; Kenya and Nigeria have made promising starts.

In all of these countries except China foreign assistance, notably U. S. assistance, has played an important, even crucial role. But there are no successful programs whose foreign or U. S. assistance played

the dominant or leading role. I think it is clear by now that we can neither buy nor dictate successful policies or programs. We can all think of failures where that was tried, however.

Why is this so?

First, because outsiders--with rare exceptions--simply don't know enough about the way a country works--its culture, its social structure, its values, its economy (and how these are all interact)--to prescribe a useful policy or to apply one. Thus, it is not only presumptive to try to take charge, it is also foolish.

Second, there is growing distrust of foreign advisors and growing distaste for foreign advice. No doubt this stems in part from experience with the unsuitability of much foreign advice. No doubt it also stems from a simple dislike of being told what to do and how to do it, often compounded by patronizing or arrogant attitudes of foreign advisors.

Third, U. S. advisors and U. S. assistance simply don't have the endurance necessary for the long-term sustained effort that population policies and programs require. Advisors rarely stay in a country long enough to see a program through from conception to implementation. U. S. assistance fluctuates, influenced by considerations far removed from population questions.

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Finally, the United States could not bear--even in consort with other donors--the burden of paying for population programs around the world. Dr. Joseph Speidel reckons that today public family planning services cost around \$2.5 billion a year, of which \$550 million comes from outside donors; that to provide the services necessary to attain, say, an average lifetime fertility of 2.1 to 2.2 births per woman (not counting China) would cost another \$5 billion a year now and another \$8.75 billion a year by the year 2000. It's clearly unrealistic to expect a ten to fifteen fold increase in total outside assistance or in U. S. assistance--which would only maintain the roughly 1:3 ratio of foreign assistance to self-funding that Dr. Speidel finds in his paper, much less take on a greater share of the total burden.

What does this mean for U. S. assistance in the 1990's, then?

To begin with, I think it means that several propositions must be established as interrelated bedrock principles, perhaps memorialized in a preamble to the population title of the Foreign Assistance Act. I would propose these:

1. That it is the policies, money, and people of the developing countries themselves that will have to solve each country's population problems.

2. That population problems--however defined--will be with us for a long time and will require long-term solutions.

3. That the role of U. S. assistance is to help create the conditions that will make it possible for countries themselves to analyze and understand their population situations, devise policies and programs to suit those situations, and implement those policies and programs through the long term.

4. That population issues transcend politics that this is required by the promise of successful population programs: improved health and welfare of women, children and families; sustained economic and social development; and an appropriate balance between population and environment.

What do these propositions mean for what U. S. population assistance should do and how it should do it?

If the success of population policies and programs depends on the commitment and resources of countries themselves, then the role of U. S. assistance should be to do these things that help create, strengthen and support that commitment and those resources.

The first major component of U. S. population assistance should be support for the development of research and evaluation capacity in countries. The first thing that a country needs to understand its

population situation and to devise policies and programs for it is trained researchers and institutions for them to work in. U. S. population assistance should support long-term training for population-related social scientists, biomedical scientists, and health scientists, and should support the development of population-related research capacity in universities and in government bodies like planning boards. The creation of this capacity gives countries the information they need about population behavior and about the impacts of population trends to devise population policies and programs. This capacity also would make it possible to train the additional people that will be needed to operate a program. Those researchers and institutions will provide the country the capacity to guide and refine population policies and, through program-based research and evaluation, to monitor and evaluate programs. Finally, this could create an intellectual constituency that would support and sustain policy makers' interest in and commitment to population programs--a sort of intellectual infrastructure. In short, population policies and programs would be advocated by country nationals, and not by foreign advisors.

If you look at intellectual leadership in population around the world, you will find the graduates of the fellowship programs of the Population Council and others at its core, and you will find them based in institutions nurtured by the Population Council and other U. S. organizations. It should be the role of U. S. population assistance in the 1990's to re-establish versions of these programs suitable to the circumstances then prevailing.

The second major component of U. S. population assistance should be support for family planning programs. As with the development of research capacity, the aim of this assistance should be the development of local capacity to operate, evaluate, and staff these programs.

Often, financial assistance should be included at the outset, but always aimed at nonrecurrent costs and at phasing out. Of course, circumstances vary from country to country, and often the movement towards local support of recurring costs must be phased in over time. This assistance would include pilot programs, expansion of services, and introduction of new (to the country) contraceptives and approaches. Support for foreign exchange costs of family planning programs, notably contraceptive supplies, should also be included, but with plans for phasing out of this support through establishment of local manufacture, special pricing arrangements, or a centralized purchasing arrangement. Technical assistance should be a major component of U. S. support for family planning programs and should usually accompany financial support.

Assistance should be provided for establishing mechanisms for quality assurance: medical monitoring and supervision systems for clinical methods; information and counseling for ensuring knowledge about contraceptives and free and informed choice; increased attention to meeting client needs; increasing effective access to family planning services.

Assistance should also to be furnished for the development and testing of programs to include family planning services in other services like pre- and postpartum services, breastfeeding programs, primary health services, and the for-profit health care sector.

Assistance should also be provided for strengthening the management and administration of family planning services; if programs are to become self-sustaining, they must know how to manage finances, handle logistics, and manage training and personnel.

The third major component of U. S. population assistance should be support for global population work--the necessary summarizing and analysis of national population and family planning research and national experience with policies and programs, and drawing the relevant conclusions. There is still a need for support of global activities such as contraceptive development, research (based in part on country-level studies) to elucidate more clearly population and development interrelationships, family planning and health relationships, and such service-delivery issues as contraceptive safety, the utilization of the for-profit sector to deliver services, and the impact of cost-recovery policies on access to services. U. S. population assistance should also support the dissemination of research findings and information about population policies and programs.

How U. S. assistance is administered and delivered is crucial to the success of what it delivers. It is the style of U. S. assistance that most needs to reflect the recognition of the primacy of the role of the developing countries and the need for a long-term prospective in devising and implementing successful population policies and programs.

In too many countries and situations, we have tended to treat the people and the agencies we work with as either obstacles to success or as objects to be manipulated. We tend to assume that the ultimate responsibility for the success or future of a program in a country is ours, and we react to each misstep as an opening to the ultimate population Armageddon. This is not surprising. For us, three years is a long period for a project, and four years is a long term for an advisor. But it is precisely for these reasons that we must remain one step removed from administration and from decision-making. To begin with, if our assistance is to outlast us (and we could disappear at anytime) it is more likely to if we haven't been in the thick of running a program--people learn by making mistakes and dealing with the consequences. Of course, this relates to the issue of financing, as well. The greater the share of U. S. financial support for a project, the greater will be our temptation to intervene, and the less interest a country's people will have in it.

We have to recognize that the responsibility for dealing with the country political situation has to belong to the people who will bear the political consequences of failing to do that adequately.

In neither case does this principle dictate irresponsible behavior on our part. We have to step in when disaster threatens. But we should have a very high standard for deciding when disaster does threaten.

U. S. assistance should distinguish U. S. political issues from other issues. There are things that a country might do that the U. S. cannot support because they are contrary to generally accepted practice as defined by U. S. law (most often) or inferred from other general standards. There aren't many such issues in the population field. One clear one is our belief that decisions about sterilization should be informed and free.

Abortion is not so clear.) Established U. S. standards should be the test for U. S. assistance rather than an arbitrarily imposed standard like the Mexico City policy. If established standards were the test, then U. S. population assistance would continue to prohibit support for abortion services, but could include scientific research on the incidence and consequences of abortion, and would eliminate the "Mexico City" policy (thus making the IPPF eligible again for U. S. assistance). This approach would also probably make the UNFPA eligible for U. S. assistance, given a reasonable reading of the law involved.

The politics of the Mexico City policy or of the Kemp-Inoue amendment aside, U. S. support for the IPPF and the UNFPA would depend on whether that support would be consistent with U. S. population assistance aims, both in the kinds of programs the U. S. should support and in the role the U. S. should play in the international population arena. It seems

clear that U. S. support for the IPPF and the UNFPA, and U. S. collaboration with other donors, would be important to achieving country-based population policies and programs and to the U. S. again becoming a leader in the field.

AID's administration of its population assistance should probably be substantively oriented. This may seem at first contrary to the country-based approach urged in this paper, but most often the country-oriented approaches of AID have more to do with the political impact of assistance levels than with the substance of that assistance. Moreover, in the case of the use of cooperating agencies, central (substantive) funding is simpler because it does not get snarled in the tangle of the same assistance levels.

Naturally I think that cooperating agencies are important to the success of U. S. population assistance. An important standard for the use of cooperating agencies is that they are able to provide specialized expertise in one area or another, given a (usually) narrower focus than should be expected from an official aid agency.

Thus I would conclude that there is room and need for a robust, rededicated U. S. population assistance program with a long-term, apolitical country-based approach. It could make an important difference in how countries define and work on this population situation, both in terms of how well they are able to do it, and of when they do it. The 1990's is not too soon to start.