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## What can be done to foster multisectoral population policies? Summary report of a seminar

Population Council

Overseas Development Council

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# What Can Be Done to Foster Multisectoral Population Policies?

*Summary Report of a Seminar*

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The Population Council is an international, nonprofit, nongovernmental institution that seeks to improve the wellbeing and reproductive health of current and future generations around the world and to help achieve a humane, equitable, and sustainable balance between people and resources. The Council conducts biomedical, social science, and public health research and helps build research capacities in developing countries. Established in 1952, the Council is governed by an international board of trustees. Its New York headquarters supports a global network of regional and country offices.



The Overseas Development Council (ODC) is an independent, international policy research institution that seeks to improve decision making on multilateral cooperation in order to promote more effective development and better management of related global problems. Its program focuses on the interrelationships of globalization and development, and improved multilateral responses to these linked challenges.

To this end, ODC provides analysis, information, and evaluation of multilateral policies, actions, and institutions; develops innovative ideas and new policy proposals; and creates opportunities for decision makers and other interested parties to participate in discussions of critical global issues and decisions.

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ODC is a private, nonprofit organization based in Washington, DC, funded by foundations, governments, and private individuals.

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## Preface

The 1994 International Conference on Population and Development in Cairo was a watershed moment in the definition of population policies. The Cairo meeting put an end to the unproductive debate as to whether the provision of family planning services or improvements in social and economic development were more instrumental in setting the stage for the achievement of voluntary fertility decline. The answer at Cairo was a resounding both are essential. Cairo went on to define what kind of services were the most desirable and what kind of development was the most empowering, particularly with respect to the achievement of reproductive choice. Despite this strong dual message from Cairo, only the call for a move away from a narrow vision of family planning services to a broader client-centered reproductive health approach is widely understood. The second and equally important theme—What kind of development?—has received considerably less attention.

The Overseas Development Council and the Population Council collaborated in May 1997 to host a discussion of this vexing issue—What Can Be Done to Foster Multisectoral Population Policies? What can be done to make the concept more real, and to move policy thinkers in and out of governments to realize that many factors over and above family planning availability are at issue? What are the institutional barriers? What are the relative roles of donors, different ministries in national governments, coordinating processes, and constituents and community-based groups? The proceedings of the 28 May seminar offer some answers. Some seventy people spoke in frank terms about the promise of this idea, but also the frustrations encountered in moving it forward. The report that follows assists in a broadening conceptualization of population, and attests to the value of embedding population policies within a human development framework. The ODC has a long commitment to the analysis and discussion of development policy issues, including population, and the Population Council has long explored human welfare implications of unwanted pregnancy, poor reproductive health, and unsustainable levels of population growth. Together we are joined in pressing for the engagement across the gamut of developmental energies to achieve a sustainable balance between people and resources.

Margaret Catley-Carlson  
President  
Population Council

John Sewell  
President  
Overseas Development Council

## Introduction

The 1994 Cairo population conference affirmed the need for broadly defined multisectoral population policies, recognizing the contribution that investments in education and improvements in income distribution, child health, and women's access to and control of resources may play in voluntary fertility decline. Yet, as we begin the fourth year of implementation of the ICPD agenda, little tangible progress has been made toward realizing the goal of multisectoral population policies. This report provides a brief summary of an informal seminar cosponsored by the Population Council and the Overseas Development Council on "What Can Be Done to Foster Multisectoral Population Policies." The purpose of the meeting was to generate frank discussion among those working in the population field about the national, international, institutional, political, and policy factors that have, so far, largely impeded articulation and implementation of multisectoral population policies.

The seminar was held on 28 May 1997 at the Overseas Development Council in Washington, DC. **George Zeidenstein**, Distinguished Fellow of the Harvard Center for Population and Development Studies, presided as moderator. The structure of the seminar consisted of four brief presentations on current research and policy issues, followed by open discussion. Participants with a wide range of backgrounds, expertise, and affiliations took part in the seminar in their individual capacities, not as representatives of their respective institutions. Though no formal minutes were taken, **Lisa Bates** served as rapporteur and prepared this summary report. No attribution has been made to participants' comments other than those made in the formal presentations.

**Catherine Gwin** of the Overseas Development Council and **Judith Bruce** of the Population Council opened the seminar and outlined the goals of the meeting: 1) to clarify the rationale for and importance of fostering multisectoral population policies; 2) to share past experiences with trying to develop multisectoral approaches and to identify lessons for future efforts; and 3) to identify new potential opportunities for advancing multisectoral strategies, such as South to South initiatives, NGOs and grassroots mobilization, and the engagement of high-level government officials.

## Presentations

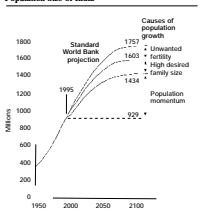
**John Bongaarts** of the Population Council began the presentations by providing the empirical basis for pursuing multisectoral strategies. He presented

a brief overview of his decomposition exercise, which disaggregates the components of population growth into unwanted fertility, high desired family size, and population momentum—the tendency of populations to continue growing after replacement-level fertility has been achieved, due to a young age structure. Disaggregated projections of global population growth show that population momentum alone will account for an increase in less developed countries from 4.5 billion (1995 level) to 7.3 billion by the year 2100; high desired fertility will raise the total an additional one billion, to 8.3 billion; and unwanted fertility will increase it to 10.2 billion. Further application of the exercise to individual countries illustrates that the composition of population growth can vary substantially across countries and highlights the importance of country-specific evaluation of the different components. For example, in India, the Philippines, and Kenya the role of population momentum in future growth outweighs that of other factors: in these countries it will account for 61 percent, 66 percent, and 68 percent of future population growth (respectively) but contribute less than half the future growth in sub-Saharan Africa, where the most significant factor remains high desired family size (see Figures 1–3).<sup>\*</sup> In general, the causes of population growth shift over time, and the relative importance of momentum as a factor increases as countries approach the transition to replacement-level fertility.

By the year 2040, virtually all of global population growth could be due to momentum alone.

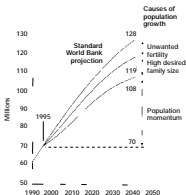
This role of the different components of population growth and the shift in their relative importance have significant policy implications. The appropriate policy response to address unwanted fertility is improving the quality and scope of family planning and reproductive health services. The response necessary to deal with high

**Figure 1**  
Alternative Projections of the  
Population Size of India

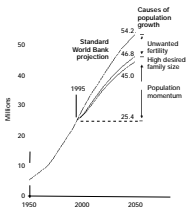


<sup>\*</sup>For sources of Figures 1–3, see page 18 of this report.

**Figure 2**  
Alternative Projections of the  
Population Size of the Philippines



**Figure 3**  
Alternative Projections of the  
Population Size of Kenya



desired family size includes investing in human capital such as education and health, particularly for women. And addressing population momentum requires lengthening the intervals between generations by delaying the age at marriage and childbearing and promoting birth spacing, particularly through improving young women's social and economic opportunities. (During the discussion Bongaarts noted the potential synergistic effects of these strategies. For example, increasing girls' education tends to reduce fertility and delay the age at marriage. As individuals and couples want fewer children due to social and economic changes, the constituency for family planning expands.)

However, the extent to which each of these components is "actionable" varies. Even with high quality, accessible services, unwanted fertility will not be completely eliminated given social and other important obstacles to contraceptive use. Furthermore, even among those who do use family planning, contraceptive failure continues to result in unwanted fertility, particularly where abortion is unsafe or inaccessible. At best, therefore, unwanted fertility could

be reduced as a factor by approximately one-half to two-thirds. In contrast, high desired fertility can be effectively removed as a factor, and numerous examples exist, particularly in European countries, where family size aspirations have fallen below replacement level. Lastly, because population momen-

tum is partly the result of desirable improvements in child health, it is also not entirely removable. However, it is quite possible to substantially alter population growth through even modest changes in the timing of future fertility. For example, the standard population projection for Bangladesh by the year 2100 is 253 million. Momentum alone will produce a population of 244 million, but with a 2.5-year delay in the median age of mothers at first birth (currently about 18 years), this figure would be 223 million; and with a 5-year delay (bringing the median age at first birth to 23 years), 206 million.

Bongaarts concluded that in the past, when unwanted fertility was a proportionately more significant source of population growth than it is today, population policies expressed principally through support for family planning services may have made more sense. However, **the increasing importance of other factors in future growth, such as population momentum, and the availability of broadly desirable policy options for effectively reducing such factors, point to a need to go beyond the provision of family planning services to fostering a wider range of social investments (e.g., reductions in child and infant mortality and increases in school enrollment rates) to reduce population growth.**

**Anrudh Jain** then presented some of the conclusions from his research on the evolution of population policy in four countries—India, Egypt, Kenya, and Mexico. He noted that, traditionally, population policies have been focused narrowly on reducing population growth in the interest of achieving macro socioeconomic development. The improvement in individual wellbeing was for the most part a secondary, implicit consideration in most population policies. The provision of family planning services was the predominant means for achieving demographic goals, so much so that still today “population” is often considered synonymous with “family planning.” In contrast, the current, broadened perspective on population policy that emerged from the 1994 Cairo conference focuses explicitly on the promotion of individual wellbeing and encourages attention to population stabilization as one policy component among many. Jain noted that this paradigm shift implies that some policy instruments (namely those which compromise individual rights and welfare) are no longer acceptable and that other sectors, beyond family planning services, become more important for creating conditions favorable to small families.

Jain noted a number of factors affecting this and future policy evolution:

1. the background and outlook of political and religious leaders;
2. the influence of international institutions—traditionally focused on macroeconomic growth concerns but in recent years adopting a broader policy perspective;



3. the availability of timely information through, for example, surveys and censuses, which can be an important instigator of action; and
4. domestic constituencies such as NGOs which influence and in turn are influenced by the prevailing policy agendas among governments and international institutions.

Jain also outlined key issues and likely obstacles in the implementation of the broadened population policy agenda:

1. A lack of conceptual clarity: Under the broadened population policy approach, the goals and means become much the same—socioeconomic development.
2. The absence of effective bureaucratic structures for policy coordination in government and donor institutions: Persistent sectoralization has usually favored family planning at the expense of other important areas.
3. Disagreement among academics: There is no consensus on the relative importance for fertility decline of different policy responses, for example, family planning versus education (versus employment); within education there is also disagreement on the level and kind of education that are most important.
4. Persistent concerns about the implications for funding for family planning if a multisectoral paradigm is prompted.
5. A lack of effective accountability mechanisms for both governments and donor agencies.

Concerning the obstacles posed by bureaucratic structures, Jain noted that most of the developmental expenditures required to create conditions favorable to small families are not controlled by agencies responsible for population stabilization or fertility reduction. Within the UN system, for example, the UNFPA has very little influence over the resources allocated for improving child health, female education, or economic opportunities for women. These funds are controlled by other UN agencies. Though the population and family planning divisions of donor agencies and national governments have the option to promote and deliver services in ways that, for example, empower women or increase gender equality, they have no power over the allocation of funds beyond their respective sectors. Consequently, **population policy discussions usually take place among a limited set of actors, such as population-specific (read family planning) ministries or departments and their donor agency counterparts.** It is rare to include, for example, representatives of ministries of education, social affairs, or employment. Jain was recently a member of the World Bank team that was responsible for the population sector review in India. While this mission resulted in a call for broad population poli-

cies, the pivotal discussions took place between the representatives of the Department of Family Welfare and the team members headed by the Bank's Resident Advisor for Population, Health, and Nutrition, and not between India's Planning Commission or the Finance Ministry and a team headed by the World Bank's Country Representative. Consequently the Bank's report was full of recommendations for how to reframe services—moving India's Family Welfare Program toward a Reproductive and Child Health Program (not a small achievement by any means)—but had little to say about the role of other sectors.

Concerning the lack of agreement among academics, Jain noted that even reaching agreement on the importance of improving female education for fertility reduction would not be sufficient. A second order of questions within the education sector has to be addressed, namely the benefits of broad coverage in primary versus narrow coverage in secondary education; nonformal out-of-school education for adults versus formal in-school education; and the quantity versus the content and quality of education. Many of these debates are challenging both empirically and politically. The relationship between education policies and outcomes is not straightforward, and the relationship found in one setting may not apply to another. Furthermore, depending upon the answers to these questions, additional resources would be required for the education sector, and/or resources within the education sector would need to be reallocated. Either of the two strategies (increasing education resources or reallocating within the sector) is likely to encounter opposition. The proponents of family planning are concerned that additional resources for education could mean a reduction in resources for family planning; and lobbies within the education sector do not usually favor a shift from higher to lower level education.

Jain noted that there are three options for the operationalization of population policies. Population policy can be implemented through family planning programs alone, through broadened reproductive health services, or by bringing population decisions to bear on all development sectors (including, but not limited to, family planning services) as part of a broad human development policy.\* While working in conjunction with other development sectors (the third option) may be preferable, it is not currently popular with many development professionals or the mainstream population professionals. Embedding population concerns within a human development strategy may generate sub-

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\*The human development framework is an example of a broad, integrated approach that in many ways embodies a multisectoral population perspective and, specifically, incorporates the strategies necessary for creating conditions for voluntary fertility decline. See Robert Cassen with Lisa M. Bates, *Population Policy: A New Consensus* (Washington, DC: Overseas Development Council, Policy Essay No. 12, 1994). However, human development policies have not traditionally emphasized reproductive health, including family planning.

stantial resistance because, among other things, many development professionals may have limited understanding of demographic processes and may still question the expenditure of public resources on family planning. Similarly, many population professionals fear that recognizing the role of other development processes in decreasing population growth will weaken commitment to support for family planning services.

Addressing these concerns will require additional research and practical support. For example, the proponents of vertical family planning programs need to be convinced that providing contraceptive services in the context of other reproductive health services, or adding new components to family planning programs, will be cost-effective in reducing fertility. Professionals who have worked primarily in an economic development framework need to be convinced that incorporating population concerns will not compromise internal economic efficiency. Where efforts to weave population concerns into human development policy are not yet well enough understood or not yet feasible in terms of implementation, **at a minimum, sector-specific policies can be redefined so that it is clear that family planning and reproductive health are responsible only for reducing unwanted fertility and improving health while other, relevant sectors with a clearly established role in demographic change—e.g., education—are responsible for addressing the social and economic factors that underpin high desired family size and early childbearing.**

Beyond these issues, Jain noted that it may be worth considering whether we need to pursue multisectoral population policies through governments alone; with the shift taking place in most countries from centrally planned or mixed economies to market economies, the role of governments in social engineering is waning. Though governments' commitment to these issues is essential, other avenues (e.g., mass media, NGOs) are offering individuals new opportunities and influencing behavior. The population community needs to encourage a greater level of commitment on the part of the private sector (both commercial and NGO) to offering opportunities to all individuals, irrespective of their gender, race, religion, or caste.

Finally, **Thomas Merrick** of the World Bank and **Adrienne Germain** of the International Women's Health Coalition reflected on their experiences with the negotiation of the Fifth Population Project in Bangladesh. The World Bank is a member of the consortium of donors that has been actively involved in the development of successive national population projects in the country. Adrienne Germain has participated in this process as a consultant to the Swedish International Development Agency (SIDA), another member of the

consortium. Over the years the consortium has encouraged the expansion of government policy from a narrow focus on population control and contraceptive delivery toward a more multisectoral approach that addresses broader development and gender concerns. Bangladesh and its development partners have agreed that to achieve sustained progress toward improving the health as well as slowing the growth of Bangladesh's population, it will be necessary to improve both the quality and availability of health and family planning services. The longer term vision for the health and population sector is an approach that is responsive to clients'—especially women's—needs, provides quality services, has adequate service delivery capacity, and is financially sustainable. This vision is articulated in the Bangladesh Health and Population Sector Strategy (HPSS) and is consistent with the objectives of the ICPD Program of Action, to which Bangladesh has subscribed.

Bangladesh and its development partners are now preparing a multi-year operational and financing program (the 5th Health and Population Project) to implement HPSS. They have agreed to merge resources to support an essential package of services in order to better meet the needs of women, children, and the poorest groups. In contrast to the separate, vertical systems for maternal and child health and for family planning, the essential package incorporates both reproductive and child health services as well as control of key communicable diseases and limited curative care. It will be bolstered by health reform initiatives designed to ensure that the system can deliver the package with the most efficient and effective methods available. One of the most controversial of these initiatives is the establishment of a single cadre of field workers, which would end the long-standing distinction between staff responsible for family planning and those dealing with other health issues.

Merrick noted that while two goals of the current (4th) project address the components of population increase, namely decreasing unwanted fertility and raising the average age at marriage, there has so far been much more progress in designing activities to address the former than the latter. Since the early projects there have also been attempts to incorporate multisectoral population activities, such as credit and income generation schemes and vocational training programs designed to lower fertility demand. However, these have typically been small-scale pilot demonstration projects, and, although effective (in terms of increasing contraceptive prevalence rates in specific project areas), they have yet to be incorporated on a larger scale into the government's broader development programs.

Merrick identified several obstacles to the achievement of multisectoral policies at a number of levels in Bangladesh. One of the problems with previ-

ous “multisectoral” population initiatives in Bangladesh is the compartmentalization of what are nominally multisectoral activities—most remain within the population sector, are not linked to the mainstream, and have not been “scaled up” from pilot projects. Typically, because these initiatives have been sponsored by the family welfare unit of government and have been targeted on delivering and increasing demand for family planning services, they have generated limited interest and ownership outside of the family welfare sector, and created little incentive for other ministries or NGOs to take over funding.

**A particularly daunting obstacle to multisectoral population efforts concerns where to situate them institutionally.** In Bangladesh, for example, concerns about ministerial capacity have discouraged a number of donors from promoting more integrated approaches to service delivery for fear of overburdening the government. The Ministry of Health and Family Welfare is weak relative to other ministries and lacks the mandate to act multisectorally. Furthermore, the ministry and the government planning commission have been plagued with problems of bureaucratic control and ownership, leading to a narrow, top-down, “projectized” focus on individual activities. Although the recently elected government has revived the high-level National Population Council, it too is likely to be subject to bureaucratization and therefore limited in its effectiveness. Merrick suggested that the growing emphasis on civil society and popular participation in Bangladesh may offer a more promising avenue for fostering integrated population and development work than high-level government channels.

A third obstacle relates to implementation capacity. **Often NGOs have been more successful than governments with experimental approaches.** For example, BRAC experimented with a system of health workers appointed by and accountable to their own village groups. They refined the approach with assistance from ICDDR,B and worked hard to build bridges between the village and government health systems. This enabled a scaling up of the experimental effort to a country-wide “Essential Health Care Program,” which covers many of the services in the essential package that will be included in the new government program.

Germain reflected on the Bangladesh example within the larger context of changes in the population field that emerged from the 1994 Cairo conference. The consensus achieved at Cairo reaffirmed the centrality of development and human rights concerns. She emphasized that much of what is needed to achieve population goals needs to be done anyway and that health, women’s empowerment, rights, and poverty alleviation are recognized as being important policy objectives in their own right. **As a way of implementing the**

**multisectoral approach mandated by the ICPD agenda, Germain advocated the application of a “Cairo population lens” to development planning, investments, and programs.** A “Cairo population lens” encompasses health, empowerment, and rights concerns, not only demographic factors. She proposed that such a lens would help avoid both the narrow project approach and marginalization of population issues that too often occur when population is addressed as a separate “sector” by a government planning commission. A “Cairo lens” approach would avoid the treatment of population as a separate—family planning centered—sector driven by special population commissions or councils, which, by definition, are isolated from mainstream development policy.

For example, in Bangladesh, rather than a “National Population Council” there could be a high-level “National Development Council,” which, among other approaches, would apply a Cairo population lens in its work. The overall policy priorities of such a council would include:

1. Poverty alleviation and social justice through equitable economic growth, job creation, and access to other economic resources: More attention is still needed to remedy gender discrimination in employment, particularly within government, given its substantial role as an employer in Bangladesh. There is also a need to address the constraints on formal employment opportunities for women by, for example, investing in alternative livelihood options such as microcredit or secondary crops and livestock where women traditionally dominate.
2. Human capital investments, namely education and health: Donors have been instrumental in encouraging increases in girls’ enrollment in schools, and “affirmative action” is now a legitimate education policy goal in Bangladesh. However, there are still sizable gender gaps in enrollment. As important, much more attention needs to be paid to the content of education in order to encourage gender equity, legitimize later age of marriage, and the like.
3. Human rights: Women’s rights in particular need attention and a gender analysis and rights perspective should be applied to investments in all sectors.
4. Reproductive health and family planning: In addition to improved services, a critical dimension of programming in this sector with enormous potential for change is population Information, Education, and Communication (IEC)—for both policymakers and the public. The nature and content of IEC is critical, yet many of the current messages do not reflect Cairo objectives or methodologies.

The composition of a National Development Council would not resemble that of the traditional planning commission, but rather consist of cabinet-level government officials in addition to representatives of civil society and the media. Germain stressed that ensuring that a Cairo population lens is applied effectively to broad-based development policymaking will require sustained political will, appropriate institutional arrangements, and consistent donor support. Carefully selected demographic analysis, such as the decomposition exercise described by John Bongaarts, can also be persuasive and make clear that effective population policy must have many parts.

## Discussion

The discussion centered around three broad themes: 1) identifying the antecedents of multisectoral approaches and positioning them within historical population policy debates; 2) refining the conceptual framework for thinking about multisectoral approaches; and 3) exploring the implementation mechanisms most likely to ensure that the important contributions of all sectors and constituencies are recognized and incorporated into population policies.

### *What is the historical basis for multisectoral population policies?*

The pursuit of broad-based multisectoral population and development strategies is not new. In 1974, the World Population Conference was dominated by the notion that “development is the best contraceptive”—a rejection of the prevailing supply-side emphasis on the provision of family planning services as the key to stemming population growth. In 1976, the U.S. Foreign Assistance Act section 104d legislated that all foreign assistance actions be evaluated for their demographic implications. Those development activities most likely to accelerate fertility decline were deemed preferable. In addition, other sectors, such as agriculture and the environment, have long struggled to achieve integrated or cross-cutting strategies.

Participants noted that, given this historical precedent, progress in the implementation of multisectoral approaches has been slow. However, there is now at least more consensus on the need for the broader approach and human development goals such as education and gender equality. Indeed, as participants observed, the Cairo conference put to rest long-running debates over the relative importance of supply versus demand factors in slowing population growth. **The multisectoral approach affirmed at Cairo validates the importance of both family planning services and socioeconomic development; what**

**remains is to determine "what kind" of services improve reproductive choice and health and "what kind" of socioeconomic development creates the optimum conditions for voluntary fertility decline.**

***What is the appropriate cross-cutting conceptual framework?***

Much of the discussion centered on the purpose and nature of the proposed lens through which to view development investments. It was stressed that a "lens" should distinguish **population as a cross-cutting perspective rather than a sector on its own**, and should prevent the "projectization" that is typical of traditional planning exercises. This perspective could reinforce an investment focus on human welfare goals such as poverty alleviation, health, and education which too often remain only "spoken" priorities. Participants generally agreed that an "ICPD lens" would reflect the goal of achieving a more holistic perspective. They emphasized that a conventional "population lens" would narrow the focus and exclude other crosscutting themes, such as gender and human rights. One participant expressed concern that as the relative share of U.S. foreign assistance and policy attention devoted to population and social development concerns increases, the U.S. role in promoting economic growth is diminishing in ways that are ultimately detrimental to all development goals. A narrow population lens may crowd out the traditional economic development concerns. Another participant identified some of the "dangers" of a lens that prioritizes demographic concerns: broader development objectives might be neglected if they were not perceived to be the most direct means to demographic ends; a thoughtless attachment to girls' education as a demographic "engine" could be pursued narrowly, leading to a focus, for example, on enrollment rates at the expense of education climate and content (e.g., attitudes toward girls in school, gender stereotypes in education materials) and other critical adolescent issues. It was agreed that gender, rights, and economic growth and equity need to be an integral part of a cross-cutting perspective and that any lens, that implied a one-dimensional, demographic perspective would be highly undesirable.

***What are the most promising implementation mechanisms and institutional arrangements to ensure a multisectoral approach?***

*The role of donors*

Several participants noted that donors have played an important role in countries like Bangladesh by encouraging the broadening of population policies. In Bangladesh, for example, the World Bank has had a substantial impact on girls' school enrollment rates through its scholarship program, and the donor consortium as a whole has been a strong, persistent voice for investments in gen-



der equality. In other countries, however, there is still substantial room for improvement on the donor side; one participant mentioned the often unbalanced gender makeup of donor representation and noted that voices on gender issues among donors are few and faint, and often hampered by concerns for "cultural sensitivity."

As an alternative to a formally integrated, multisectoral approach, it was suggested that a sector-specific approach among donors may be appropriate whereby individual donors would specialize in different aspects of the broad population agenda. Such an approach would require a degree of donor coordination that has been difficult to achieve with respect to other development sectors and concerns. To accomplish effective coordination, donors must be "credited" with making investments in population outside of family planning. For example, donor investments in girls' education should be considered co-equal with support for contraceptive services. However, even if the elusive coordination could be achieved, the disproportionate influence of leading donors often results in skewed emphases on demographic goals. For example, the dominance and narrow focus of a key donor in one South Asian country has resulted in a lopsided emphasis on services and fertility reduction in IEC messages.

#### *Government arrangements*

A major area of discussion concerned the institutional locus and implementation structures for multisectoral policies. It was stressed that an entity such as Germain's proposed National Development Council in Bangladesh would be different from the traditional national planning bodies, which tend to divide into vertical sectors. A council at cabinet level would have an integrated, multisectoral mandate. Such a high-level government body would have the authority to direct broad, multisectoral investment decisions that "planning commissions" typically lack.

As in the case of donor roles, alternatives to an overall, coordinated multisectoral approach were also discussed with regard to government arrangements. **One option might be to improve attention to poverty, gender, distributional effects, and other ICPD concerns within each sector.** Participants noted that this has not been attempted to a sufficient degree at the level of national governments and that there may be ways to sensitize key individuals, such as politicians and ministerial officials, to apply such a perspective to their existing work. On a pragmatic level, it was argued that it may not be feasible to affect allocation decisions across sectors, and therefore energy should be spent focusing on how a lens can influence investment decisions within each sector, and on how programs can be better analyzed with an eye to

fertility effects. However, in response, participants felt that sensitizing individual sectors would not be sufficient because the personnel within each sector do not have a vested interest in adopting an "ICPD perspective." Considerations of gender, equity, and fertility effects are therefore too often easily marginalized.

#### *Implementation strategies*

Many participants stressed that, in addition to high-level government and donor participation, involvement at the grassroots level is also essential. It was suggested that **when communities participate in policy development and implementation they naturally become advocates for integrated strategies because they experience their needs as intensely inter-linked, and it is through such approaches that their human development needs can best be addressed.** Local and international NGOs can also act as important advocates for human rights and other concerns and help ensure the accountability of governments and donors. Involving civil society is thus imperative. It was noted, however, that change at the top is often a prerequisite for grassroots and NGO participation. For example, the fact that the World Bank president now requires that all Bank projects include stakeholder consultations has had a substantial impact on the development of the Fifth Population Project in Bangladesh.

Regarding implementation, participants emphasized the possibility of widespread lateral replication of successful small-scale multisectoral projects (e.g., credit unions with social components), rather than or in addition to centralized replication. In essence, some of the best community-based multisectoral efforts are not top-down but "side-to-side." It was noted that in countries such as Bangladesh and in sub-Saharan Africa there have been numerous small successes repeated in such large numbers that, for example, over half of all landless families in Bangladesh have access to some form of credit. Donor approaches and implementation styles that encourage this "lateral" replication of multi-purpose community-based efforts could be an essential part of a multisectoral strategy.

#### ***What are the potential mechanisms for engaging broader constituencies in the pursuit of multisectoral population policies?***

##### *Making better use of existing information*

Many participants pointed to the need for better information and knowledge both to persuade government officials and donor representatives of the importance of integrated approaches and to implement more effectively multisectoral activities. **Successful programs depend on a broad-based constituency**

**of support, and engaging ministries of finance and planning requires both a compelling rationale and the empirical evidence to support it.** It was noted that the Cairo conference has expanded the base of support for population and family planning activities by highlighting their relevance to health and welfare goals but that the other linkages—with economic performance, for example—have yet to be explicated. To date there has been little attention in the population field to current research on the strong linkages between economic growth, poverty alleviation, and income inequality. Yet new evidence suggests that income inequality may limit economic growth and, by definition, the entry of more individuals into the middle classes may alone accelerate fertility decline. Participants suggested that the empirical support should include more sophisticated and country-specific information about the components, interrelationships, and consequences of population growth (e.g. fertility rates by income class).

Participants also emphasized the necessity of providing more specific guidance to donors (for example, what kind of investments in girls' education). Historically the population community has been equipped to provide technical advice only with respect to family planning, while it has been less enthusiastic about and less technically proficient in how to increase women's access to and control of resources, expand girls' participation in education, and so forth. This observation prompted a recognition that **the population community is insular and a multisectoral approach cannot be fostered unless new talents are drawn in** and collaboration is far more inclusive. As long as the population community draws largely on demographers and health professionals, interventions will inevitably be focused on family planning (and health).

#### *Making a persuasive political case*

An additional determining factor in the promotion of multisectoral policies that can act as both an opportunity and an obstacle is politics. As noted above, participants suggested that domestic and international constituencies, such as women's health advocates, can be important agents for positive change. At the same time, however, shortsighted political considerations (e.g. the fear of immigration) or funding concerns (how and where to raise family planning dollars) can and do drive research and investment decisions in negative ways.

Several participants noted the importance of semantic clarification as part of education and constituency-building efforts. There is a need to undo the narrow equating of population with family planning that was used to raise funds historically and that persists today. When there are funding crises, the old language of population control and demographic imperative can dominate the

arguments made to politicians. These narrow population or even health-centered concerns too often end up driving policy and programs. There needs to be both a more careful selection of language in making arguments and a clearer separation between the arguments made for financial and donor support and the content of policies. **Often the challenge is to translate initially demographically founded concerns into an understanding of the importance of broad investments in human welfare.** Too often, proposed “solutions” emphasize family planning programs (and sometimes investments in the health sector) alone rather than tapping into the resources and strengths of multiple sectors and strategies.

## Conclusion

A multisectoral approach to population policy is strongly justified on both demographic and human development grounds. The growing importance of factors underlying population growth—particularly now as population momentum constitutes the lion’s share—that cannot be addressed adequately by family planning services alone necessitates the active engagement of other sectors, such as education and employment. It is the involvement of these other sectors that sets the stage for delayed childbearing and voluntary fertility decline. In addition, the focus on individual welfare and the importance of human rights, gender equity, and broad-based socioeconomic development affirmed at Cairo mandates the meeting of a range of human needs including, but not limited to, access to contraception. A multisectoral approach thus encompasses classic “supply” and “demand” dimensions of population debates, reflecting the synergistic relationship between the two: as socioeconomic development generates smaller family size aspirations, the constituency for quality family planning services increases.

In terms of “what can be done,” seminar participants identified a number of mechanisms through which to foster multisectoral policies. An ICPD lens can be applied across all sectors led by an overarching institution, potentially resulting in a change in the allocation patterns between sectors. *Or* such a lens can be used *within each sector* to promote reproductive choice and health and create conditions for fertility decline. A multisectoral strategy requires the support of high-level government entities that possess the cross-sectoral budgeting authority typically lacking in traditional planning commissions.

Donors’ posture is also crucial; they can play a destructive role, narrowing and sectoralizing population concerns, or they can educate others about the

necessary breadth of population policies. Concretely, they can encourage collaboration and thoughtful activity across and within different sectors, examining in turn the roles of various ministries, community participation strategies, and so forth. Donors can bring a crucial new approach to implementation styles, insisting upon far greater participation and integrated service delivery approaches at the ground level. To the extent that donors continue to identify closely with one sector or the other, and are “experts” in, for example, family planning or education, it is crucial that they acknowledge the roles that each sector has in the broader population picture, and that they collaborate accordingly.

To sum up, although Cairo provided a ringing endorsement to approaching population as a human welfare issue through a diversity of sectors, the case continues to need to be made. Presenting the idea to traditional population constituencies, development professionals, and activists requires: 1) clarity about how this approach is different from past family planning-only approaches; 2) compelling rationales and examples demonstrating the desirability and feasibility of engaging a breadth of sectors; and 3) evidence that some approaches can increase the “trade-ons”—satisfying the conventional cost-effectiveness requirements within each sector while setting the stage for voluntary fertility decline. To the extent that shortcuts are taken in rhetoric and when mobilizing resources in competitive, political environments, it is vital that the shorthand problem definition and rationale for mobilizing resources to reduce population growth or improving reproductive health not be translated into a simple “one-note” program of action.

Finally, seminar participants stressed the importance of educating and persuading within as much as without. The population community must become more aligned with the human development agenda and increase its collaboration with professionals in and advocates for various economic and social development initiatives. An insular population community cannot inspire the broad and desirable social and economic changes necessary to promote reproductive choice, health, and voluntary fertility decline.

#### **Sources for Figures 1–3 on pages 3–4 of this report**

**Figure 1:** L. Visaria and P. Visaria, *Prospective Population Growth and Policy Options for India, 1991–2101*. New York: Population Council, 1996. **Figure 2:** A. N. Herrin and M. P. Costello, *Sources of Future Population Growth in the Philippines and Implications for Public Policy*. New York: Population Council, 1996. **Figure 3:** J. Kekovole, *Components of Kenya’s Future Population Growth and Population Policy Implications*. New York: Population Council, 1996.