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Defining Population Assistance

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Population assistance has an identity problem, for there is a lack of consensus not only on what it is, but also on what it is trying to achieve. This paper places this term into context by examining its nature and what purposes it tries to serve. It highlights the complexities of addressing what constitutes population assistance by looking at changes over time, anomalies between agencies and the reasons for differing definitions.

In the wake of the 1994 Cairo Conference the term population assistance is probably more diffuse now than at any other period. After briefly reviewing the events and debates surrounding the conference, the paper looks at three quandaries in the present significance of population assistance.

Population assistance: defying definition

Since its genesis, aid for population activities and the term population assistance have been both ambiguous and misunderstood, often reflecting the politically charged nature of the aid form in question. Ness and Ando (1984:147) draw attention to this fact, stating that there are “no standardized procedures for classifying assistance to population planning.” At fault is a lack of clarity on what population assistance encompasses and what its explicit objectives are. Wolfson (1983:9) spelt out the problem:

Population assistance defies definition – or perhaps has no need of it, being quite simply what any particular donor chooses to think it is.

The beginnings of large-scale population assistance in the 1960s are to be found in the fears over high fertility rates harboured by Western intellectuals and governments (see for example (Donaldson, 1990), and the implementation of population measures by certain Asian nations. Concerns over rapid population growth in developing countries formed the primary rationale for providing aid for population activities, aimed principally at lowering fertility rates through policies and programmes. The dynamism with which the United States and other Western countries approached rapid population growth, and the priorities they attached in dealing with this issue, forged the concept of population assistance.

To maintain the global social and political status quo, the Johnson and Nixon administrations argued that massive social upheavals could be prevented by providing assistance to reduce population growth rates. Their strong conviction to this cause and the leverage used by the United States Agency for International Development (USAID) to press this view gave population assistance a distinctive American flair. Although conventional wisdom frequently contends that population assistance amounts to the imposition of Western values on developing countries, Ness and Ando (1984:182) claimed that:

There is a far more convincing case to be made that international population assistance is a set of values and demands that Asians have foisted upon the rest of the world than the other way around.

Several Asian nations initiated public intervention into reproductive behaviour well before developed countries began to consider providing assistance for population

programmes. Through antinatalist policies and calls for assistance in fertility limitation¹, Asia extended the legitimacy that “supported the mobilization of world community resources” (Ness & Ando, 1984:38). This setting made it easier for Western countries to provide assistance than might have otherwise been the case. While Asian nations may have helped the world community to legitimise population assistance, there can be no doubt that population assistance fostered the establishment of population policies and programmes in numerous developing countries.

It comes as no surprise then that the evolution of the term population assistance is as closely related to political factors as it is to acknowledged health considerations and changing socioeconomic development philosophies. Initially, the scope of population assistance was limited to supporting family planning programmes and related motivational activities (Wolfson, 1983:9). Recognising the medical link between family planning and health care, population assistance soon came to include aspects of maternal and child health. Furthermore, medical facilities offered a readily accessible means of providing services. Together, family planning and maternal and child health care (MCH) constituted the mainstay of population activities (Wolfson, 1983:9-10,89). Many recipients, however, were unhappy with this “narrow” approach, indicating that a wider concept was necessary; in part to improve their capacity to absorb aid (Hankinson, 1973:15; Marzuki, 1970:15).

Academic research into the determinants of fertility change began to show that social and economic change also had a bearing on fertility trends (see for example (Davis, 1967), causing some in development circles to rethink their approach (Salas, 1976:90-2). Developing countries began to argue for broader development programmes that focused on social and economic concerns. Yet it was not until after the 1974 Bucharest Conference that a reappraisal occurred (Wolfson, 1983:9). The ‘development is the best contraceptive’ view expressed by representatives of developing countries, and the stance taken against the narrow family planning approach by prominent advocates like J.D. Rockefeller III, subsequently forced donors to extend the scope of population assistance to include a range of demand-side activities of a social development nature (see for example (Green, 1977; United Kingdom. Ministry of Overseas Development, 1976). Most donors broadened the scope of their population assistance to include other activities that addressed the causes or consequences of demographic change such as urbanisation and migration (Wolfson, 1983:10, 89). However, the rate and degree to which donors changed to the ‘development approach’ after Bucharest varied substantially. Some donors were reluctant to change their ways, while others displayed so much enthusiasm that it was difficult to tell the extent to which project initiatives were coming from developing countries or from donor agencies (Wolfson, 1983:10). For nearly twenty years thereafter, development concerns remained the cornerstone of programmes provided by population agencies.

1.1.1 Agency anomaly

Historically, population agencies have been “conservative” on what they are prepared to fund, often ignoring a wide spectrum of social activities (Wolfson, 1978:23). Nevertheless, even within the self-defined parameters in which agencies operate,

¹ Examples of this include the 1959 Sixth International Conference on Planned Parenthood in Delhi (Caldwell & Caldwell, 1986:43); the First Asian Population Conference, New Delhi, 1963; and Resolution 54 (XX) adopted by the UN Economic Commission for Asia and the Far East (ECAFE) in 1964 (cited in (Symonds & Carder, 1973:136-8)).

anomalies on what constitutes population assistance continue to exist, reflected by the types of activities carried out over time as the following examples demonstrate.

1.1.1.1 Organisation for Economic Co-Operation and Development (OECD)

The Development Centre at the OECD was probably the first institution that tried to conceptualise population assistance. At the time it suffered from the strains of inadequate data and a failure to comprehend what population aid should encompass:

The Development Centre has tried to carry out an analysis of aid by purpose but so far adequate data is available only to distinguish the very broad categories of assistance which are: (1) demography, (2) family planning and (3) biomedical research (Hankinson, 1973:4).

The OECD classified population assistance in its 1974 report on the subject under four headings: demography, family planning, biomedical research, and others (OECD. Development Assistance Committee, 1974:Table 1). However, in later years the OECD adopted the UNFPA definition in presenting data on population assistance.

Of late, the OECD seems to take figures presented to it by donors at face value, without making them comparable. Moreover, it appears that the OECD does not separate Health and Population as a category, as more recent studies using OECD data have the two combined (see (Michaud & Murray, 1994; Zeitlin et al., 1994), which is rather deceptive.

1.1.1.2 United Nations Population Fund (UNFPA)

UNFPA was initially established by the Secretary-General in July 1967 as a contribution fund to finance the 1966 endorsed United Nations five-year population programme². The main elements of this modest initiative were: the training of demographers, the provision of research and information services for policy formulation by governments, and the implementation of advisory and technical assistance services. Yet shortly afterwards, Western governments, especially the United States, saw the agency as a way of involving the United Nations system in providing assistance to governments for population activities and, in particular, family planning services (Symonds & Carder, 1973:188).

As part of a deliberate policy to gain political constituency for itself as an international institution dedicated to the cause of population issues, the infant UNFPA spread its operations over a wide range of countries and activities (Wolfson, 1983:45). Its terms of reference states that:

... the Fund encompass assistance on all aspects of population which have an important bearing on economic and social development, and education, research and data gathering or any relevant factors may be supported (Salas, 1976:31).

Recipient nations, resisting the developed countries' perception of the population problem and their strategies for dealing with it, pressed for a flexible definition of the types of programmes that UNFPA would fund (Salas, 1976:8).

² See UN General Assembly Resolution: 2211 (XXI), 17 December 1966

Facing opposition from various camps, UNFPA sought a middle road. In its first report to the UNDP Governing Council in 1973, Salas presented the following definition:

The words ‘population’ or ‘population activities’ [are] in the United Nations ... broadly understood to include: population censuses, vital statistics, sample surveys on population, economic and social statistics related to population, related research projects, training facilities required, demographic aspects of development planning, family planning delivery systems, techniques of fertility regulation, planning and management of family planning programmes, support communications, population and family life education in schools and in out-of-school education, the World Population Year 1974, documentation centres and clearing houses on population matters, and interdisciplinary population training (Salas, 1979:1).

Surprisingly, to account for UNFPA expenditure between 1969 and 1975 Salas (1976:117, Figure 5) uses only three categories: 1. Basic data and analysis; 2. Family planning and communications; and 3. Policy and programme development. The parallels between these three groups and the OECD clarification of population assistance at that time are obvious.

In 1977, UNFPA began defining population activities in eight broad functional categories.³

1. **Basic data collection** (censuses, surveys, registration systems)
2. **Population dynamics** (research, institution building and the dissemination of findings on population trends)
3. **Population policy** (the development, promotion and evaluation of government population policies and programmes)
4. **Implementation of policies** (the implementation of policies aimed at influencing the size, trends, composition and distribution of population)
5. **Family planning** (the development and strengthening of family planning services)
6. **Population information, education and communication** (communication creating awareness of population issues)
7. **Special Programmes** (aimed at particular groups such as women, youth, disadvantaged communities, rural populations)
8. **Multisector activities** (training and research that cuts across the sectors) (Salas, 1986:5-10; UNFPA, 1978:22-3; 1992:20)

Although the eight groups were later merged into the following five functional categories: 1. Population policy and dynamics; 2. Data collection and analysis; 3. Family planning; 4. Population education and communication; 5. Support activities (UNFPA, 1994:27), the framework remained virtually intact for nearly twenty years after its conception.

³ Known as the *Key to the Standard Classification of Population Activities* or in UNFPA-speak as the ACC classification, these categories were adopted by the United Nations Administrative Committee on Coordination (ACC) Sub-Committee on Population in June 1977 ((United Nations Fund for Population Activities, 1977) and subsequent documents for a breakdown of individual categories.

While these categories mirror the development thinking of the post-Bucharest era, the breadth of assistance also reflects UNFPA's exigency to conciliate those groups that disagreed with it. These broad categories, it would seem, were devised to expand the general scope of the fund to make it easier for all parties to accept its activities, an issue which UNFPA's first executive director saw as essential:

A short life had been predicted for the UNFPA because both the Catholics and the Communists were against it. That it has not only survived but flourished can be attributed, say observers, to the "diplomatic agility" of its boss, Rafael Salas, who never misses a chance to explain to objectors that the UNFPA is not exclusively devoted to birth control. ... His campaign to break down prejudices against the UNFPA has been successful enough to win the Fund entry into the three sectors that opposed it; the Catholic countries, the Socialist countries, and the Arab countries (Joaquin, 1987:3).

UNFPA is directly responsible to its member states represented at its governing council, a body that consists of both donors and recipients. Relations between these parties have frequently been far from harmonious, causing the organisation to fashion itself out of necessity to its changing political environment. Salas (1976:8) remarks on the schism between the donors wanting fast action to reduce population growth rates and the recipients who did not see reductions in growth rate as a high priority. Indeed, donors have repeatedly attempted to influence policies and directions, and have periodically reminded UNFPA that family planning should be its first priority, even though over half of its funding has consistently gone to this activity (Finkle & McIntosh, 1994:11). By maintaining such an extensive understanding of what constitutes population assistance, UNFPA has been able to accommodate not only changing development philosophies, but also the wishes of individual member states.

1.1.1.3 United States Agency for International Development (USAID)

USAID's strategy during the Ravenholt years (1966-79) was extensively supply-oriented, focusing on the narrow goal of contraception and fertility limitation (Jones, 1979:230; Ness & Thomas, 1989:187; Ravenholt, 1968:571; Warwick, 1982:46-7; Wolfson, 1983:135). Wolfson (1983:133) remarked that the object of US population assistance was fertility limitation through family planning, and that other activities supported by population assistance only served to enhance this purpose. For the period 1965-75 USAID funding went to six main categories: family planning services (49%); manpower and institutional development (16%); information programmes (12%); demographic data (9%); biomedical and social science research for fertility control (9%) and population policies (5%) (Jones, 1979:230; Wolfson, 1983:133).

Congress plays a pivotal role in determining the nature and extent of America's population assistance. Following Bucharest, it urged USAID to find new ways of integrating family planning with other development sectors, to provide activities related to poverty and to address the determinants of fertility. Over the years, America's population assistance policy has swung between a supply approach and a broader development view. However, contraceptive assistance remained a pre-eminent form of support. This explains why it often appears that Ravenholt's legacy remains, despite government policies to take a broad approach to population programmes and the shifts towards demand-type activities (Wolfson, 1983:11, 135-6).

In a 1982 policy paper, USAID restated its focus on family planning service delivery. Other family planning-related activities were also supported such as: dissemination of family planning information and education; training for service providers; contraceptive research; improving delivery systems; and demographic data collection designed to improve family planning programmes and to develop population policies and programmes (USAID, 1982:1). Twelve years on, the acting director of the Office of Population, in a paper to USAID's Cooperating agencies, stated that "family planning will remain the centerpiece and predominant component of the Office of Population's program" (Maguire, 1994:2). She added that USAID had five priorities: maximising access and quality of care; addressing the needs of adolescents; reducing unsafe abortion; adding selected reproductive health interventions; and examining and strengthening links with related areas (Maguire, 1994:3-10).

1.1.1.4 Other bilateral agencies

The scope of activities supported by bilateral donors varies according to the aims, goals, and priorities determined by executive-bureaucratic apparatus. Using four examples, USAID, the Swedish International Development Authority (SIDA), Norwegian Agency for Development Cooperation (NORAD), and Britain's Overseas Development Administration⁴, Wolfson (1983:10, 89, 121) shows the distinctions between American and European views of global population issues and their responses to it. Although both Sweden and Norway firmly recognised the indirect effect of economic and social development on fertility, these activities were reported elsewhere and thereby limited population assistance to family planning and MCH. NORAD included nutrition education and preventive health education. Family planning and MCH were the focus of Britain's aid agency as well, but it would also support other activities as set out by the UNFPA definition.

In the types of activities offered there were some notable differences. USAID's insistence on intervening in the establishment of population policies was not shared by Norway and Sweden, who viewed this as offensive. Similarly, the three European agencies preferred to offer support for construction purposes, rather than contraceptives as favoured by USAID. Only the ODA gave sizeable sums to data collection, demographic research and training as other bilateral donors relied on UNFPA to undertake these activities (Wolfson, 1983:11-2, 121).

This division between those taking a broad view of population assistance (Scandinavian states, the Netherlands, Switzerland and France), and the stance of the United States, persisted. Gradually Australia, Britain, Canada and Germany began favouring strategies that emphasised the provision of family planning services (Conly & Speidel, 1993:28, 30).

Other definitions also exist. A study commissioned by the Japan International Cooperation Agency (JICA) argued that population assistance should refer to activities that help to achieve the following three goals:

1. Raising the standard of living and protecting the human rights of people in developing countries at the individual level;
2. Promoting the socioeconomic development of developing countries at the national and regional levels; and

⁴ Britain's aid agency is now known as the Department for International Development (DFID).

3. Responding to the environment crisis caused by population growth at the global level (promotion of sustainable development) (Japan. International Cooperation Agency. Study Group on Development Assistance for Population and Development, 1992:13).

In practice, Japan includes in its definition of population assistance such items as primary health care, including mother and child health; basic education; the enhancement of women's status in society; HIV/AIDS projects; and the improvement of the environment (UNFPA, 1994:15; 1995a:15; 1996a:14).

1.1.1.5 NGOs

NGOs also reappraised their approach following the 1974 Bucharest Conference. The Population Council, established in 1952 as a research organisation with a view to reducing fertility, began to include work on fertility determinants and consequences. Likewise, both Ford and Rockefeller paid increasingly more attention to the interactions between population and development (Wolfson, 1978:24, 175-8). Even organisations like IPPF and Pathfinder, whose mandates concentrate on providing family planning services support, integrated into their projects activities such as training of religious leaders, efforts to reform marriage and property legislation, and activities related to education, health and environmental sanitation (Wolfson, 1983:10).

All told, the essential function of population assistance has been to assist in modifying the demographic characteristics of developing countries. Two main difficulties arise, however, in trying to define the term: first, virtually all human activity can influence demographic variables and more importantly its inherent political nature. Assistance to such fields as agriculture, education, and industrial development can influence demographic variables. Improvements in literacy, health standards and the economic conditions of a society affect population trends. Does it then follow that these aspects should be included in a definition of population assistance ? Clearly, the answer is 'no' as the primary objective of aid to these fields is not to influence demographic variables. The primary objective of education, for example, is to create a skilled, learned and prosperous society – not to lower fertility rates.

Despite its breadth there seems to be no escaping the fact that rapid population growth rates and fears of 'overpopulation' have substantially influenced the concept of population assistance. Family planning has frequently been advocated as the principal means of achieving this objective. This may explain why in 1993 (UNFPA, 1995a:27) nearly 70% of total international population assistance went to supporting family planning programmes, a figure which has remained consistently high over the past two decades: 69.7% in 1989 (UNFPA, 1991:9); 64.1% in 1985 (UNFPA, 1988:Table 5); 67% in 1980 (UNFPA, 1982: Table 3); and 75.2% in 1977 (UNFPA, 1980:Table 4). Such statistics have helped to sustain the widely accepted but erroneous view that population assistance is synonymous with family planning support.

1.2 Must it be like this ?

On the face of it, this definition problem looks as if it could only excite an accountant or statistician. Most will probably ignore it, complacent in their belief that an examination of this nature is superfluous so long as funds continue to be transferred. There is, however, more at stake here than just a disagreement on accounting terms and procedures. Vested interests are never far away from the surface, ensuring that a vague understanding of population assistance is perpetuated.

Referring to specialised agencies *per se*, Finkle and McIntosh (1994:10) assert that “the development system as a whole has been rife with territorialism, competition and overlapping mandates”. Taking a lesson from organisational theorists, they go on to argue that:

Over time, each organization develops its own bureaucratic culture and organizational mission, the protection of which tends to become an important organizational goal in itself (Finkle & McIntosh, 1994:14).

Like other organisational entities, population agencies have had to be flexible in their approach, adept at reinventing themselves in light of changing circumstances and in tune with differing political situations. Arguably, population agencies keep the definition of population assistance deliberately vague for their survival, so they may appear to be responsive to changing situations within their institutional constraints and acceptable to the wider donor community.

As spokespersons for donor governments, bilateral agencies frequently fail to go beyond the public face of grand vision and vague rhetoric in clarifying the purpose, goals and objectives of their assistance. Hence, it could be contended that if a precise working definition for population assistance existed, donors might not be so obliging for fear of repercussions from certain sectors of their constituencies. This reflects the difficult balancing act of reconciling the often undisclosed agendas of donor governments with the wishes and needs of developing countries.

Multilateral agencies also have reasons for sustaining this vague understanding, concerned with guarding the ‘turf’ they have carved out for themselves. Between 1967 and 1969 UN agencies such as the FAO, ILO, UNDP, UNESCO, UNICEF, WHO and the World Bank extended their mandates to include family planning and to work collaboratively on population issues. The mandates of individual agencies reflected the distinct role each was prepared to perform, but the exact tasks to be undertaken seemed unspecified (Symonds & Carder, 1973:190-1,3). In clarifying the population interests of UN agencies, Salas (1976:28) evinces the potential for overlapping, duplication and misunderstanding in the role of each agency, and over time it appears this has manifested itself. The seemingly unwritten understanding is that mandates of multilateral agencies should not clash with each other, although the activities undertaken are often duplicated. Mandates need to be ill-defined so as not to displease any party, but concise enough to ensure that the roles of agencies appear not to overlap, while simultaneously attracting funding for their activities. Competing NGOs only add to the confusion.

The way is open for friction between agencies, as they seek funding from a small group of sources. Arguably, if the definition of population assistance were clearer and the mandates of individual agencies more precise, donor government support of one or any agency might decline. There is potential for similar dissension between UNFPA and UNESCO on education in population and family planning issues, UNFPA and UNICEF on MCH and lately UNFPA and UNAIDS on HIV/AIDS issues. Confounded mandates can only lead to confusion, duplication of projects and initiatives, and ultimately a waste of resources. Rather than complement each other, agencies often appear to act in direct competition (see for example (Crane & Finkle, 1981:540-5), leaving administrators in developing countries bewildered by the multitude of conflicting directives and guidelines. Has the much-lauded Cairo Conference changed this situation ?

1.3 ICPD: shedding new light ?

In September 1994 delegates gathered in the Egyptian capital, Cairo, for the International Conference on Population and Development (ICPD), the third decennial population conference sponsored by the UN. Previous conferences in Bucharest (1974) and Mexico City (1984) found a number of discords among the numerous delegates and a repeat performance was to be avoided. Following nine days of intense negotiations, that included a delay of nearly a week on the question of abortion and artificial contraception, the 180 conference delegations reached a consensus: the Programme of Action.

The Programme of Action theoretically drove out the ghost of demographic targets that had haunted population assistance, replacing it with notions of reproductive health and the empowerment of women. The Programme places the individual well-being of women and men at the centre of social development, with women in particular seen as the active agents of change and the beneficiaries of most services. It is a holistic approach that incorporates “poverty, women’s status, and the structure of society as well as fertility *per se*” (Johnson, 1995:176), and is a clear recognition that previous population activities, which frequently failed to acknowledge individual human rights, are undesirable. The re-emergence of concerns first advocated by Margaret Sanger, Lady Rama Rau, Elise Ottesen-Jensen and others marks the renaissance of concern for women’s health and rights.

However, behind the scenes lay the same political motivations that have dogged population assistance, with most participants at ICPD pursuing their own agendas with varying degrees of vigour. The Americans, responding to the powerful influence of women’s groups in the US, tried to make amends for the policies of the Reagan and Bush administrations by soundly endorsing the rights and empowerment of women, and promoting the liberalisation of abortion legislation. The Holy See, on the other hand, opposed the use of language that insinuated the acceptance of artificial contraception, abortion, and any family form that contravened the Vatican’s views. Numerous NGOs advocated their positions on such matters as women, family planning and the environment, and UNFPA pursued an agenda aimed at strengthening its area of responsibility and resource base (McIntosh & Finkle, 1995:224).

Despite the initial euphoria surrounding the ICPD outcome, the Programme of Action is beset with difficulties. The Cairo Declaration gives agencies a new impetus to justify their work, but no clear consensus on priorities and agendas. Following the conference many were quick to produce details on how they viewed the document (see (IPPF, 1995b; Nabarro, 1994). In the ICPD aftermath donors are trying to establish what the programme means in practice, with various gatherings and conferences (see (Ashford, 1995; IPPF, 1995a) focusing on how to implement the plan. This period of inertia by donors is not without precedent, as demonstrated after the Bucharest Conference (see (Miró, 1977:433). No doubt, several years will elapse before evidence of the new thinking is clearly visible at the programme level.

1.3.1 *Cairo quandaries*

The Cairo legacy has population agencies facing three major quandaries that make the notion of population assistance perplexing. The first problem is understanding what the new buzzwords mean in practice. The second is the status of population stabilisation

concerns and their connection to individual-centred activities, while the third relates to the uncertainty of future funding from primary donors.

1.3.1.1 Reproductive health and the empowerment of women

During the 1980s themes like population and development; population, resources and the environment; and population and peace helped to build a consensus on population. In the 1990s, bilateral and multilateral agencies and NGOs rallied around the notions of empowering women and reproductive health. However, understanding what this means in practice seems a formidable task, especially given the all-inclusive ICPD definition (Para. 7.2). The activities prescribed by the ICPD document are equally numerous and as ill-defined as the scope of reproductive health itself:

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, *inter alia*, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery, and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of consequence of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood (paragraph 7.6 – (International Conference on Population and Development, 1995a:203).

This interpretation of reproductive health appears far too large for donor agencies to fully execute given their limited financial resources, a fact which even the Marxist feminist Hartmann (1995:137) accepts as being an impediment to providing quality programmes. Agencies will undoubtedly not want to carry out all these activities for a number of reasons. Abortion issues, for example, would cause problems for a number of agencies, while other activities go beyond the scope of many. However, by focusing on selected activities population agencies run the risk of falling into the hands of feminists who rightly fear that sexual and reproductive health components may be kept to a minimum (Hartmann, 1995:137). The key outstanding issue is trying to prioritise what aspects are important. Surely, this is the greatest problem of the document as it encompasses so much without touching upon what should be done.

1.3.1.2 The dilemma of population stabilisation

The Programme of Action acknowledges the salience of demographic goals for macro-level development but underscores that these can best be accomplished by meeting the needs of individuals and increasing the role of all groups in civil society in achieving sustainable development (UNFPA, 1995b: 2).

At international conferences before ICPD, macro-demographic issues, especially the attainment of population stabilisation, enjoyed significant attention; (see the 1989 Amsterdam Declaration (International Forum on Population in the Twenty-first Century, 1990), UNCED's Agenda 21 (United Nations Conference on Environment and Development, 1992) and the 1992 Bali Declaration (Fourth Asian and Pacific Population Conference, 1992). While asserting the primacy of empowering women and reproductive health, the Cairo Declaration proved to be no exception:

Intensified efforts are needed in the coming 5, 10 and 20 years, in a range of population and development activities, bearing in mind the crucial contribution that early stabilization of the world population would make towards the achievement of sustainable development. The present Programme of Action addresses all those issues, and more, in a comprehensive and integrated framework designed to improve the quality of life of the current world population and its future generations (paragraph 1.11 – (ICPD, 1995a:189).

adding that:

Nevertheless, the attainment of population stabilization during the twenty-first century will require the implementation of all the policies and recommendations in the present Programme of Action (paragraph 6.1 – (ICPD, 1995a:199).

The population-development-environment debate appears divisive. It could be argued that the population agenda has been taken over by American feminists, whose values do not necessarily correspond with those of women and policymakers in developing countries. It appears that the population community is moving further away from its roots in the field of demography. As Johnson (1995:175) noted:

One of the paradoxes of the Cairo population conference, at least as far as the man on the Cairo omnibus was concerned, was how little of it seemed to be about population.

This state of affairs has led to disputes between the demographic and women's rights camps of the population community (Harkavy, 1995:197-8). The demographic camp, rallying under the new banner of sustainable development, contends that population growth needs to be reduced. Numerous senior government representatives from Western countries (see (Johnson, 1995:178-180; United Nations. General Assembly, 1993) have advocated the need for global population stabilisation. Protection of the environment has joined economic development and family welfare as the prime motivations. Women's rights advocates disagree, maintaining that environmental arguments should not be used to promote population activities, and that women's rights should not be used for achieving environmental ends. Harrison (1994:6), on the other hand, contends that feminist goals can only be achieved if environmental and economic arguments are also used to muster the necessary resources.

If stabilisation remains a primary objective then it is possible that the reproductive health approach focusing on improving women's health and welfare will be crowded out (Harkavy, 1995:194). Yet on the other side of the same coin,

apprehension exists that reproductive health may not produce the desired decline in fertility rates (Kile, 1995:386-7).

As a result of these controversies, agencies find themselves in a quandary between their traditional commitments to reducing population growth and their pledges to the reproductive rights of women. The Clinton administration, for example, committed itself to promoting:

... international consensus around the goal of stabilizing world population growth through a comprehensive approach to the rights and needs of women, to the environment and to development (United States, 1993:403).

This point was later reiterated by USAID (1994). Likewise, in the *Children by Choice not Chance* initiative, Britain's aid agency (United Kingdom. Overseas Development Administration, 1994) stated that:

The ODA is committed to improving reproductive health for people in developing countries, and enabling women and men to choose how many children they have and when they have them. Having children by choice not chance can result in substantial benefits for health, as well as helping to reduce rapid population growth.

Despite UNFPA's new line on reproductive health and empowering women, it is unlikely "to soon abandon attention to global problems in favour of a strictly women-centered agenda" (Harkavy, 1995:194).

A further question is whether or not developing countries will embrace the reproductive health notion with the same enthusiasm as donor agencies. The Cairo Declaration is little more than a statement of intent and does not bind signatories to ratify the recommendations into national law or indeed to act upon them. Statements made at ICPD (see (Johnson, 1995:181-5) and other declarations make it clear that population growth remains a continuing concern in numerous countries; see Bali Declaration 1992 (Fourth Asian and Pacific Population Conference, 1992), Dakar Declaration 1993 (Third African Population Conference, 1993), and the Statement on Population Stabilization by World Leaders 1994 (Statement on Population Stabilization by World Leaders, 1994). Governments are unlikely to abandon their development priorities and demographic targets in favour of an apparent *in vogue* agenda, unless they are convinced that this approach complies with their aspirations. Nowhere was this more clearly demonstrated than by the reluctance of governments to commit themselves to the Programme of Action before the section on principles had been agreed upon (McIntosh & Finkle, 1995:225-6).

In the 'feelgood' atmosphere and euphoria surrounding ICPD, no country wanted to lose international credibility by refusing to take part in a consensus agreement. Delegates, however, were no doubt acutely aware that making promises at a world conference is relatively easy compared with the problems of realising those assurances at home. Lobby groups, religious factions, cultural sensitivities, social opposition and a lack of political will can all contribute to the plan not being fully implemented at the national level, especially since the document is merely a source of obligation. Convincing politicians of the need to find funding for reproductive health, among the many other demands placed on limited domestic resources, requires clear goals and priorities. In the opinion of McIntosh and Finkle (1995:249-50), the objectives of the Programme of Action face numerous obstacles in generating such support primarily

because “it [the Cairo Declaration] fails adequately to address the issue of rapid population growth, which many poor countries still consider the first priority”.

1.3.1.3 Mobilisation of resources

Unlike the two previous decennial conferences, the Cairo Declaration provides indicative figures on the resources needed for future programmes. Overall, the document recommends that in the developing countries, and those with economies in transition, the implementation of reproductive health programmes and activities for population data will cost \$17 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015. The document pledges international donors (para. 14.11. – (ICPD, 1995b:455-6) to support national population programmes in developing countries with \$5.7 billion in 2000, \$6.1 billion in 2005, \$6.8 billion in 2010, and \$7.2 billion in 2015 (in 1993 dollars). This represents a two-thirds, one-third split in future financing between developing countries and the donors, with certain countries needing more external resources than others (para. 13.16. - (ICPD, 1995b:453).

Funding the entire reproductive health package advocated by the document will be the decisive litmus test in judging the commitment of donors to their promises. Determining what now constitutes population assistance will depend on what donors are prepared to fund, and in the light of an extended and increasingly costly mandate this question is a contentious one. Given the broad understanding of reproductive health, there are fears that funds will be diluted as population assistance must now support a wider range of activities than before.

There is evidence to suggest that this is the case. Germany, for example, announced that it had increased population aid by 37% in 1995, with \$155 million going to family planning and another \$127 million to population-related activities such as women’s programmes and girls’ education (*People & the Planet*, 1996:5). Previously, this latter group would not have been considered a part of population assistance, posing the question whether there has been an actual increase or not. Although total funds for population assistance doubled between 1990 and 1996, it is unclear whether this is real or only a reflection of the broadening of population assistance’s definition (Conly & de Silva, 1998:14).

In the aftermath of the conference funding does not seem to be forthcoming (see (Conly, 1997a; Potts, 1996). Despite positive signs from Britain, Japan (*People & the Planet*, 1995), Germany, the Netherlands, Norway and Denmark (*People & the Planet*, 1996:5; Potts, 1996) in the immediate years after ICPD, recent funding cuts to population assistance agencies, particularly by America and Japan (Conly, 1997b:1; United States, 1997:213), raise questions over the willingness of the international community to meet their promises (see for example (UNFPA, 1997a; 1997b:29). In 1996, donor contributions for population assistance amounted to just 35% of the year 2000 goal promised at Cairo (Conly & de Silva, 1998:4).

There is nothing new about the population community expressing their concern over future funding as it has been a persistent problem, justified or not (see (Demeny, 1977:116; Nortman, 1987; Salas, 1976:110-1). As with previous international population conferences it seems unlikely that the financial promises made by the donor community will be fully honoured. However, this time the outlook is potentially more bleak than before. With the persistence of ‘aid fatigue’ likely to continue and further cuts to aid budgets expected, few donors are displaying a willingness to fulfil their pledges.

1.3.2 ICPD – Summary

In view of ICPD, the term population assistance has embarked on a reformation that will significantly change its concept. UNFPA has decided to follow a three-prong approach that focuses on ensuring universal access to sexual and reproductive health services before 2015; the support of strategies that implement capacity-building in population programming; and advocacy of population and development issues and the mobilisation of resources (UNFPA, 1996b). In its first GPAR to take account of the changes since Cairo, UNFPA lists the following six functional categories according to ICPD paragraph 13.14. in defining population assistance:

1. **Basic reproductive health services** (Information, communication and education about reproductive health, diagnosis and treatment of sexually transmitted diseases, adequate counselling, prevention of infertility, abortion)
2. **Family planning services** (contraceptive commodities and service delivery)
3. **Maternal, infant and child health** (information and routine services for pre-natal, normal and safe delivery and post natal care)
4. **Prevention of sexually transmitted diseases including HIV/AIDS** (mass media and in-school education programmes, promotion of voluntary abstinence, and expanded condom distribution)
5. **Basic research, data and population and development policy analysis** (includes support for census and survey work, and population and development research at universities and other institutions)
6. **Population information, education and communication** (for activities not previously listed such as population education in schools) – (UNFPA, 1997b:26-7)

The changes to these categories make comparisons with pre-1995 data problematic, if not impossible. Figures from 1995 onwards show an increase in population assistance, but how much of this is real and how much is due to the change in definition is unclear (Conly & de Silva, 1998:V,13; UNFPA, 1997b:1, 26). Other agencies have also formulated their own post-Cairo vision in regard to activities and programmes. Interestingly, despite the increased breadth of UNFPA's definition, the 1995 GPAR notes that the definitions used by some donor countries are still broader than the one it is presently employing (UNFPA, 1997b:33).

In the early 1980s, Wolfson (1983:9), (see also (Wolfson, 1978:23) noted that:

... the range of activities that may be included under this heading [population assistance] is not only remarkably diverse, but would seem to be growing all the time.

Following ICPD the number of objectives and activities encapsulated under this term has become larger and arguably more unclear. The extremely broad Cairo understanding, while unleashing a new life for population agencies, poses the danger of losing direction by scattering aid over too wide a range of activities. Indeed, it could be claimed that in the absence of well-defined and measurable goals, donors have already lost direction as they decide on how best to incorporate the many activities that may be included under reproductive health into their programmes.

Population assistance's mandate has augmented over time as donors learnt from their faults and recognised the indisputable need to support more than just the provision

of contraceptives. By accommodating political sensitivities and changing philosophies the scope of activities was forced to expand. Yet in this jumble of apparent incongruous agendas it would be fair to ask what objective(s) agencies are really trying to achieve: lowering fertility, the less certain socioeconomic development notion, or the seemingly obfuscated reproductive health argument. What started off with the relatively clear – but with hindsight politically and socially unacceptable – aim of lowering fertility rates by providing family planning provisions, now runs the risk of becoming an over-ambitious reproductive health supermarket where donors and recipients can place those objectives and activities to which they aspire into their shopping trolleys, leaving the rest on the shelves.

There can be no doubt that the status quo is unacceptable and that post-Cairo ambiguities only highlight the necessity for donors to reach a consensus on what constitutes population assistance, what the ultimate aims and objectives are, and the type of programmes that population agencies should be delivering. This is a task made difficult by the number of donors involved, their differing priorities and a general lack of will:

1.4 Conclusion

Population assistance seems to reflect population agencies' vacillation on what they are trying to achieve and the *modus operandi* to realise their goals. Altering approaches because of changing perceptions of the population problem, coupled with the differing mandates and preoccupations of individual agencies, have perpetuated a lack of consensus on what the term population assistance actually means. The 1994 Programme of Action just adds to the confusion. It is no wonder that coming to grips with a concept as enigmatic as population assistance appears onerous.

Accounting may be a creative and inexact science at the best of times, but with no clear guidelines on what is being accounted for matters become blurred. In relation to defining aid for statistical purposes the OECD (1985: 171) maintains that:

It is important that bilateral and multilateral donors work with concepts and data which are internationally understood and comparable.

The same should apply for population assistance. Sound and comparable statistical information is necessary for policymakers and donors to make decisions throughout the world, for without these data there can be no certainty on the magnitude, distribution and effectiveness of population assistance. Until all parties concerned agree upon a definition, caution needs to be exercised in interpreting population assistance statistics.

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