



Population and development - Issues for 2007

**Presentation to South Australian members of
Parliamentary Group on Population and Development
by Tom Gosling, PGPD Secretariat, 20 November 2006
Old Chamber, Parliament House, Adelaide**

1. Numbers

On 20 November 2006 World, according to the US Census Bureau "world population clock", world population was 6,568,148,079. According to the Australian Bureau of Statistics, Australia's population was 20,705,666.

World population is thought to have passed the six billion mark some time in 1999, and estimates are it will take another seven years to reach seven billion, in 2013. It's then projected to cross the 8 billion mark in 2028; the 9 billion mark in 2054, and may stabilize at just above 10 billion at the end of the next century. It took only 13 years to go from 5 billion to 6 billion, which was the shortest period of time in world history for a billion people to be added. It will probably never happen quite that quickly again.

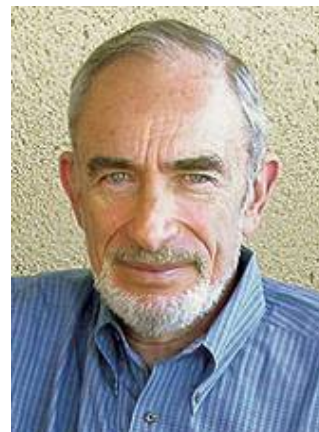
At present, world population is growing at something like 80 million year, 95 per cent of whom live in poor countries. World life expectancy at birth is now at 65 years, up from only 45 in 1950 – and it is expected to continue to increase, to reach 76 by 2050. Couples in developing countries today have on average 3 children each; 30 years ago they had six. More than half of all couples in developing countries now use contraception.

So much for the statistics: the question is, is all this growth good or bad?

2. Opinion

It depends on your opinion. If you're Paul Ehrlich, you see it as a very unhealthy and dangerous development – in a recent article in the *New Scientist*, Ehrlich argued that if humanity is to survive at all, world population needs to go back to the levels it was at the time of the First World War – around 2 billion.

Quote from *New Scientist*, 30 September 2006 : "*If civilisation is to persist on our finite planet, impending resource shortages and the mounting environmental costs of overpopulation make it imperative that we gradually and humanely reduce our numbers.*"



Likewise if you're Sir David Attenborough. In 2003 Sir David joined the Optimum Population Trust in Oxford in a call to put population reduction at the heart of government policy. The Oxford-based group wants to see Britain reduce its

population from its present 59 million to about 30m by 2130 -- about the same as the population as in 1870

Quote from Sir David, naturalist, broadcaster, 3 August 2003: *"The human population can no longer be allowed to grow in the same old uncontrolled way. If we do not take charge of our population size, then nature will do it for us and it is the poor people of the world who will suffer most."*



But the opinions of Ehrlich and Attenborough are probably in the minority. The mainstream opinion of the business and political world, certainly, favours growth and increasing population, as this quote from one of Rupert Murdoch's journalists shows – the argument goes that there's still plenty of room and plenty of resources for continued growth in population, that population growth is good for economic growth, and that it is only with economic growth that environmental improvements can be funded.

Quote from Alan Wood, Economics Editor, *The Australian*, 20 October 2006: *"The point isn't that there are no limits but that there is no reason to believe we are anywhere near them. And there is ample evidence that the economic growth and prosperity Ehrlich rails against are the preconditions for successful environmental action"*.



3. Not over yet

There are others who argue that there's nothing to worry about because the rate of growth is slowing, and sometime towards the end of this century it will stop and the problem will be over. The counter to this argument is that the population is still growing, rapidly, at the moment, and a reduction now of just half a child per woman in the fertility rate, from 2.65 to 2.15, would mean a reduction of 1.4 billion in the expected population at the middle of this century. That would be 1.4 billion fewer people to feed.

Quote from Optimum Population Trust, 2 November 2006: *"If the average worldwide total fertility rate (2.65 in 2000-05) could be reduced by just half a child per woman (to 2.15, just above the replacement rate of 2.1), world population would still reach 7.7 billion in 2050, but there would be 1.4 billion fewer climate changers and 1.4 billion fewer to feed."*

4. State of the world population: 25,000 die of starvation every day

So much for the numbers – what about people's health and well-being? The picture at the moment is not good. According to the UN's Food and Agriculture Organization, the FAO, more than 25,000 people die of starvation every day – that's 9 million a year, which amounts to nearly half the entire population of Australia, every year. FAO estimates more than 800 million people are chronically undernourished.

The target set at the 1996 World Food Summit was to halve the number of undernourished people by 2015 from their number in 1992. The estimated number of undernourished people then was 824 million. Ten years later, in 1992, the number had declined only slightly to 815 million. So, overall, the world is not making progress toward the world food summit goal, although there has been progress in Asia, and Latin America and the Caribbean.

Inequity: The inequities are of course quite glaring. According to AusAID's policy document on health published in August this year, life expectancy in East Timor today is 55, compared with 80 in Australia. Expenditure on health care is around US\$21 per person in developing nations, compared with US\$2,735 per person in the high-income world. For poor people, out-of-pocket expenditure on health care is itself one of the most important causes of household poverty and indebtedness – a vicious cycle. The World Health Organisation (WHO) estimates that around 180 million people suffer financial ruin each year because of out-of-pocket payments for health services.

Health systems: Also according to AusAID, within government outlays there are major weaknesses in the health systems, which tend to favour urban and tertiary-level systems, so health services in remote areas miss out. In some countries health services can be part of the problem rather than the solution because of weak quality assurance. Poorly trained providers, a lack of supervision, deficiencies in supplies and sometimes a lack of basic hygiene lead to misdiagnosis, infections, drug resistance, and inadequate follow-up. WHO estimates about 500,000 deaths a year are attributable to unsafe infection practices in medical settings.

Major infectious diseases: especially malaria and TB, continue to cause deaths and limit the ability of infected people to lead productive lives. Diarrhoea and pneumonia remain two of the biggest killers, especially of children. Diseases that can be prevented by immunisation are still widespread. In the Asia-Pacific region, child mortality remains very high in Cambodia, East Timor, Papua New Guinea, Laos and Burma and has increased in the Solomon Islands. Every year half a million women die from complications related to pregnancy and childbirth – 99 per cent in developing countries – and over the past decade little progress has been made in reducing maternal mortality. In our region, maternal mortality is especially high in Laos, Cambodia, Burma, Papua New Guinea, East Timor and Indonesia. For every woman who dies in childbirth, up to 100 women suffer major illness associated with their pregnancy or childbirth.

Emerging health problems: Changed ecosystems and human behaviour – especially increased mobility – are leading to a growing number of emerging infectious diseases and the reemergence of old threats. These include diseases transmitted from animals like avian influenza, vector-borne diseases like dengue, and drug-resistant forms of common diseases like malaria and TB. HIV AIDS also has the potential to erode wider development progress. It is predicted that the Asia-Pacific region will account for 40 per cent of all new HIV infections by 2010 if responses are not intensified. In our region, PNG demands an 'emergency response' as the prevalence there is one of the worst in the Asia Pacific. PNG's workforce could be reduced by as much as 12.5

per cent by 2025 due to HIV/AIDS. Other sexually transmitted infections are also emerging as major health problems in our region.

Maternal mortality rates: In Timor-Leste, where only 24% of births are attended by a skilled birth attendant, the maternal mortality ratio (MMR) is now the highest in the Asia Pacific region, at an alarming 660 deaths per 100,000 live births. The Solomon Islands and PNG have both made progress, with the MMR decreasing from 549 and 800 in 1994 to 130 and 300 respectively. In Indonesia the Ministry of Health developed the National Strategic Plan on Making Pregnancy Safer, 2001-2010 in order to combat the high MMR.

5. Making Poverty History – the Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

It is now six years since the UN Millennium Development Goals were declared at a meeting of heads of government in September 2000. The MDGs have the ambitious goals of halving world poverty by the year 2015, which gives just over eight years left.

In June this year the UN issued a formal report on progress towards achieving the MDGs. The report is an unsatisfactory document because it does not give a clear picture of what has been achieved between the years 2000-2005. In measuring poverty, it uses 1990 as a reference year, and the sad truth is that while there has been an improvement in eastern and northern Asia, just about everywhere else the picture is unchanged or worse.

The report says that in 1990 more than 1.2 billion people – 28 per cent of the developing world's population – lived in extreme poverty. By 2002, the proportion decreased to 19 per cent, but during that 12 year period the world population increased by 1 billion, so in terms of absolute numbers there are more people living in extreme poverty than there were before.

It will take nothing short of a miracle to turn this around in the next eight years, and there will certainly be no hope of achieving any of the goals unless there is a huge change in the delivery of reproductive health services.

As Kofi Annan has stated, *"The Millennium Development Goals, particularly the eradication of poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed."*



The four middle goals – 3, 4, 5 and 6 – are all about health care, and a large part of the work that needs to be done is in reproductive health. The Guttmacher Institute in the US, the world's leading research institute in questions of reproductive health, calculates that nearly 20 per cent of the worldwide burden of disease and early death is due to poor sexual or reproductive health, and this figure rises to 80 per cent in Africa.

Jeffrey Sachs, Director of the UN's Millennium Project, wrote a couple of months ago in *The Scientific American* that investing in reduced fertility rates would have benefits for poor and rich nations alike. In poor countries, he said, a move to lower fertility would mean healthier children, faster growth in living standards, and reduced environmental stressors. "It would also be among the smartest investments the rich countries could make for their own future well being. Population increase in Africa and the Middle East could well mean another generation of underemployed and frustrated young men, more violence because of joblessness and resource scarcity, more pressures for international migration, and more ideological battles with Europe and the US".

6. Making Poverty History

As you will have realised from the coverage given to the G-20 meeting in Melbourne over the weekend, progress towards "making poverty history" has been very patchy. A realist, or a pessimist, might look at the way things are going and say there isn't a remote possibility of reaching the goals by 2015. But there are the optimists, like Kofi Annan, who believe it can be done.

He said at the 2005 review of the goals, "We will have time to reach the goals worldwide and in most, or even all, individual countries – but only if we break with business as usual. We cannot win overnight. Success will require sustained action across the entire decade between now and the deadline. It takes time to train the teachers, nurses and engineers; to build the roads, schools and hospitals; to grow the small and large businesses able to create the jobs and income needed. So we must start now. And we must more than double global development assistance over the next few years. Nothing less will help to achieve the Goals."

It has been interesting to see the sibling rivalry between Peter and Tim Costello in Melbourne. Tim Costello has issued a "making poverty history" scorecard to his brother's Government which paints a less than flattering picture of Australia's overseas aid effort. The scorecard issued last week was based on *How are the Neighbours?*, a study released by Tim Costello's World Vision organisation earlier this year which concluded that 8 of the 22 countries in Australia's region were "significantly off track" and the goals to reduce child and maternal mortality were particularly at risk.

Peter Costello countered that Australia had significantly increased its overseas aid allocation in the last Budget, that Australia was "very generous".

However this cut no ice with his brother who said that even with the announced increases, Australia will still rank at only 18 out of 22 OECD nations in terms of the

level of our international aid. As a spokesman for the Make Poverty History coalition, he repeated the call for Australia to increase its aid to 0.5% of Gross National Income by 2010, and 0.7% of GNI by 2015.

In a critique of the Budget issued earlier this year, the Australian Reproductive Health Alliance saw the Government's announcement of its intention to double the aid budget by 2010 as not be a doubling in real terms as it would only raise the percentage of GNI from the current level of 0.28 to 0.36.

This is well below the OECD recommended minimum level of 0.5, and the UN target of 0.7. Even the new 2010 target will be below the present OECD average of 0.42 of GNI. And most of the increase in the current year, from .29 per cent to .3% of GNI, is taken up by multilateral debt initiatives, particularly in relation to Iraq.

An increase it is, nonetheless. Traditional areas such as health and education have seen only a modest rise in funding levels, but we are pleased to say there have been some gains for sexual and reproductive health (SRH).

In the 2006-2007 budget the health sector comprises 13 per cent of total overseas aid. Of this 13 per cent, reproductive health care, family planning and population policy is 9 per cent. That is an increase from 6 per cent in the 2005-2006 budget. Furthermore, the UN Fund for Population Activities, UNFPA, has received an increase of \$500,000 for core costs bringing Australia's total contribution in this Budget to \$4.5 million.

7. The Harradine Guidelines

What is needed however is not just increased budgetary support, particularly for NGSs, from the Federal Government for overseas aid and reproductive health. There is a need to repeal the so-called Harradine guidelines, which have been like a dead hand on most programs to do with sexual and reproductive health over the past 10 years.

The problem has been that support for NGOs is withheld if that organisation is involved in any way with abortion anywhere in the world – the guidelines create a generally hostile environment for many family planning initiatives with the ironic and tragic result that I am sure Senator Harradine himself would be horrified by, that the incidence of unsafe abortions has increased markedly.

The Harradine guidelines were imposed as a trade-off for the privatisation of Telstra and some largesse for Tasmania.

They have been reviewed, but they are still in force, and they are still having a desultory influence on family planning. Australia and the US



are the only countries which have separate guidelines on overseas aid in reproductive health – all other donor nations find it acceptable to work within the World Health Organisation guidelines.

Giving a submission to the Federal Parliamentary Group on Population and Development in September, a Charles Darwin University academic, Dr Suzanne Belton, said Australia should rethink its approach to reducing the personal, social and economic hardship caused by unwanted pregnancies and unsafe abortions.

She described the guidelines as “anachronisms from a particular political past” and recommended that the Government ask NGOs if the guidelines were a help or hindrance in providing reproductive health programs or projects in the Asia-Pacific. If they were a disincentive, they should be retracted.



8. Save the Children project - example of success

But it is not all doom and gloom. I would like to share with you good news, an incredibly inspiring example of where a health care programs, including reproductive health, has led to significant increases in the quality of life in areas where, until recently, hunger and disease were constant companions.

Such an example is work by Save the Children over the past 12 years, in Laos. When the project in the Sayaboury province, an isolated area in the north west of Laos, began, there were high infant and maternal mortality rates. The average rural woman in this province had 6 or 7 children, and there were no family planning services available. Access to health services of any kind was extremely limited, and what services there were were of poor quality. There were also low rates of access to clean water and sanitation. In a presentation to the PGPD Group in Canberra in August, Save the Children described how they set about introducing a primary health care program to the region. It has turned out to be the most effective anywhere in Laos.

Infant mortality decreased from 46 per 1,000 in 1999 to 21 per 1,000 in 2004. There was a 40 per cent reduction in low weight-for-age in 50 villages in a period of just 12 months. Contraceptive prevalence increased from 14 per cent in 1998 to 80 per cent in 2005, while the incidence of malaria was down from 25 per 1,000 in 1998 to 5 in 2003.

Access to clean water was up from 40 to 60 per cent. The region’s comparison with the national average

Sayaboury Province



speaks for itself: the infant mortality rate in Sayaboury now is 21 per 1,000, compared with 80 per 1,000 national. And the maternal mortality rate is low too: 21 per 1,000 in Sayaboury compared to 80 per 1000 national.



Save the Children puts one of the main reasons for the success of this program as the long-term commitment of an Australian adviser, who is pictured here outside one of the clinics with her Laotian colleagues. This former nursing sister lived in a very simple Laotian home for many years and has become renowned in Laos for her work – she really is one of the unsung heroes of our time.



The lessons learned, Save the Children says, are that managing information is important in demonstrating the impact of the project. The program has also shown the importance of a long-term



commitment by the NGOs, the usefulness of the comprehensive primary health care approach, and that demonstrable outcomes are possible in maternal and child health are achievable within the Australian aid program. The program has received some limited funding from AusAID, which however is no longer providing support.

9. Domestic issues

Then there are Australian issues which PGPD members have been involved in, such as the pregnancy counselling scheme, where very strong pressure was needed and is needed to ensure that women are given proper counselling about all options open to them. Last year there was the RU-486 legislation, in which the networking by PGPD members at the Federal level played a pivotal role. There are still practical supply and cost problems being experienced with RU-486, and there are other revolutionary pharmaceuticals on the way.

Microbicides – some in the form of nanotechnology-based gels which can break down viruses within the reproductive tracts – are currently under development, including a promising Australian product called VivaGel being developed in Melbourne.

Microbicides, which have been dubbed by some “the invisible condom” will give women a way of re-asserting control and defence of their health.

The research is strongly supported by the Gates Foundation, with Bill Gates memorably saying this year “No matter where she lives, who she is, or what she does, a woman should never need her partner’s permission to save her own life”. There are, of course, bound to be some in the community with ethical objections, and these debates will have to be had. If microbicides are developed they will help contain the spread of HIV/AIDS and other sexually transmitted infections, but the management of

these will continue to be public issues, as will of course the poor levels of sexual and reproductive health in many Aboriginal communities.

And there is the issue of population growth itself. Debate in parliaments about a huge range of subjects often has a population dimension – either growth is too low for the liking of some, or it is too fast, especially taking into account the pressures now being felt from climate change.

10. Fertility

Another interesting development in population and development in Australia is fertility. There has been evidence emerging recently that while it was assumed by many that problems with women's reproductive health were more often the cause of infertility in couples, it is actually around 50-50 – equally shared between men and women and the problem is with the male “plumbing” far more often than was previously believed. Australia has established itself as a world leader in fertility research and treatment, but a Government study recently, by the Department of Family and Community Services, found recently that the preconditions necessary for people to have children – namely a secure, stable, adequate partner and income stream – are becoming further out of the reach of people in their twenties – this study was completed before the introduction of the baby bonus, but \$4,000 is of course a drop in the ocean when it comes to child rearing costs. The Fertility Society of Australia made a presentation to the PGPD in Canberra in October, and this is an issue about which we'll be hearing quite a lot more.

11. The Lancet and WHO

I'd like to close by briefly mentioning a series of articles that has just been launched by The Lancet on sexual and reproductive health. At that launch, in London at the beginning of this month, Lancet's Editor, Dr Richard Horton, described sexual and reproductive health as a “critical foundation” for the other issues on the international health agenda.



He went on to say, “this makes it all the more remarkable and disappointing, incredible, really, that sexual and reproductive health issues have fallen off the international health agenda, in fact they're taboo for many governments today”. Speaking at the same launch,

Joy Phumpani, a WHO Assistant Director General, announced the Lancet articles marked the beginning of a global campaign over the next 12 months for the proper positioning of reproductive health within the global health and development agenda – so watch this space.

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