

Status of Reports on Population Stabilization

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The following reports on population stabilization have been prepared by:

1. "Population Stabilization: Kenyan Case," by Charles N. Oisebe, Partner Country Coordinator and Senior Population Programme Officer (South-South Initiative), National Council for Population and Development.
2. "Demography in Mali: Situation and Implications," by Mr. Mountaga Toure, Executive Director of AMPPF (Malian Association for the Protection and Promotion of the Family).
3. "Nigeria's Progress in Achieving Population Stabilization," by Mrs. Faillat N. Abdulraheem, Country Programme Officer, Partners in Population and Development, National Planning Commission.
4. "The Evolution of the Population in Senegal," by Dr. Boubacar Samba Dankoko, Medical Public Health Specialist, Technical Adviser No.1, Minister of Health, Public Hygiene and Prevention of Senegal, Country Coordinator of Partners in Population and Development.
5. "Uganda's Population Stabilization Report," by Dr. Betty Kyaddondo, Population Secretariat.
6. "Population Stabilization: Efforts and Challenges: Case of Yemen," by Abdul-Mali Ali Sharafuddin, PCC and Technical Advisor, Director General, Planning and Resource Mobilization, National Population Council.
7. "Zimbabwe Population Stabilisation Report," by Dr. Munyaradzi Murwira, PCC and Executive Director, Zimbabwe National Family Planning Council.

We received the following updates, using the reports on population stabilization in Pakistan, the Philippines, Egypt and Bangladesh.

From Atiqur Rahman Khan, the previous Director of Training, Division of Family Welfare in the Ministry of Health - Bangladesh, Medical Advisor - WHO, Geneva, and Mufaweza Khan, Executive Director, Concerned Women for Family Planning, sent an update on their paper, "Population Programs in Bangladesh: Problems, Prospects and Policy Issues."

The paper was updated, revised and, in cooperation with EngenderHealth, Bangladesh, presented at a seminar on 27th March 2010. EngenderHealth organized the seminar with a view to widely disseminate the contents of the paper among relevant program and policy personnel. The seminar was chaired by the Director-General of Family Planning. A copy of the paper was sent to the

UNFPA Country Representative in Bangladesh, who showed interest to use it as a guide during the formulation of UNFPA Country Program. The paper was also presented at a local NGO forum organized by PIACT Bangladesh.

Subsequent to what was presented in the paper, most recent findings from 2 surveys showed further decline in fertility and rise in contraceptive prevalence.

Data source	TFR	Any method	Modern method	Traditional method
BFS 1975	6.3	7.7	5.0	2.7
CPS 1983		19.1	13.8	5.4
CPS 1985		25.3	18.4	6.9
BFS 1989	5.1	30.8	23.2	7.6
CPS 1991	4.3	39.9	31.2	8.7
BDHS 1993-94	3.4	44.6	36.2	8.4
BDHS 1996-97	3.3	49.2	41.6	7.7
BDHS 1999-2000	3.3	53.8	43.4	10.3
BDHS 2004	3.0	58.1	47.3	10.8
BDHS 2007	2.7	55.8	47.5	8.3
UESD/MMHS 2010 (a)	2.5	61.7	54.1	7.6

(a): Utilization of Essential Service Delivery (2010) and Maternal Mortality and Health Survey

TFR declined from 2.7 in 2007 (which was reported in the original paper) to 2.5 in 2010 as found in MMHS (2010) survey and quoted in the Population Policy 2011. The continued decline in fertility, especially after a stagnation period in the early 1990s, is particularly reassuring, representing a further confirmation of a declining trend that should eventually attain population stabilization goals. Contraceptive prevalence also rose from 55.8 percent in 2007 to 61.7 percent in 2010 with modern method rising from 47.5 to 54.1 percent. In line with the need to use contraception for a longer reproductive life span, arising from a low age at marriage and early child bearing practices the FP Program has been investing a greater effort to promote more effective methods (like IUD, male and female sterilization, Implant). Recent findings indicate the use of more effective methods.

A new policy has been formulated this year which proposes to achieve replacement level by 2015. In contrast to past policies on, “2 children is enough,” the new, “Bangladesh Population Policy 2011,” proposes to promote family sizes lower than two, with a new slogan, “not more than two, it is better to have one.”

While the policy statement is bold and appropriate, in the face of known weakness in implementation processes, the policy needs more explicit and detailed strategic interventions showing how to achieve the stated goals. The policy needs to promote use of more effective methods. The detailed strategic interventions proposed in our paper still holds valid. Even though contraceptive prevalence is rising, it may be increasingly more difficult to reach the goal of contraceptive prevalence of 72% in 2015.

Further, we had a chance to review the trend of acceptance of long acting methods. Accordingly, we updated the table 8 of the paper (see last 2 rows).

Year	Voluntary sterilization			IUD	Implanon
	Female VS	Male VS	Total VS		
2000-2001	19,205	11,192	30,397	101,160	34,127
2001-2002	28,974	22,364	51,338	161,679	57,876
2002-2003	32,761	43,203	75,964	181,762	66,163
2003-2004	52,132	41,839	93,971	195,018	68,307
2004-2005	83,627	60,645	144,272	208,769	105,958
2005-2006	71,133	52,658	123,791	257,915	74,871
2006-2007	100,571	91,486	192,057	222,259	13,812
2007-2008	105,787	92,890	198,677	236,960	177,351
2008-2009	115,754	100,646	216,400	330,709	86,720
2009-2010	128,605	162,297	290,902	226,220	40,278
2010-2011	138,381	150,920	289,301	307,271	273,677

Note: Years are July-June, Program statistics compiled by EngenderHealth, Bangladesh

Even though the level of acceptance has been increasing, it has fallen far short of early the 1980s level (see table 3 of the paper), if we consider the increased population size. The acceptance levels stagnated in 2010-2011.

A survey of surgical and non-surgical contraceptive procedures in Bangladesh was conducted among physicians to assess their knowledge of, participation in, provision of and need for knowledge of contraceptive methods and procedures. As an incentive for participation in the survey, physicians were offered a copy of the book, "Contraceptive Technology," by Dr. Hatcher to those who would fill in the survey questionnaire.

The survey provided useful information on gaps in physicians' knowledge on and lack of their participation in provision of contraceptive services. The book given to them was known to have served to enhance their knowledge. The survey was also an opportunity for inter-country comparison."

Dr. Lolito Tacardon, Program Manager of the Philippines' Commission on Population, sent us this update on his report, "People Beyond Numbers: the Road to Population Stabilization in the Philippines," co-authored with by Tomas Osias, Executive Director of the Commission on Population of the Philippines and Luis Pedroso, Research Associate of the Commission on Population of the Philippines.

"We are pleased to share with you the updates on the progress of the Population Stabilization Report for the Philippines:

1. The Philippine Population Stabilization Report was disseminated to the National Economic and Development Authority (NEDA) as reference for the development of the Philippine Development Plan (PDP) for 2011-2016. Under the social component (Chapter 8), critical population objectives were included particularly the following targets:

- CPR of 63% by 2015
- PGR of 1.4% to 1.89 by 2016

- TFR of 2.4 by 2016
2. The Report was also used as substantial reference in the development of the Philippine Population Management Program (PPMP) Directional Plan for 2012-2016. Much of the data in the Report was adopted in the situational analysis, and challenges were identified in the Directional Plan. The population projection formed part of the vital consideration in the identification of population strategies included in the Directional Plan.
 3. The Report was likewise disseminated to various advocacy activities that the Commission on Population conducted in partnership with various NGO and Civil Society Organizational partners for the enactment of the national Responsible Parenthood, Reproductive Health, and POPDEV Bill (Senate Bill 2685 and House Bill 4244). We have distributed the Report to local government officers and officials and development workers as advocacy support material. We have actually mobilized more than 20,000 stakeholders from the national and local level during Policy Forums on the RH and POPDEV Bills all over the country but since the copies are limited, we just distributed it to the agencies rather than individuals.
 4. The Report has also been a major material during our capacity-building efforts on Population-Health-Environment (PHE) Integration. We have been able to distribute the Report to about 75 local and sectoral program managers and officials during the PHE workshops. The PHE efforts covered 3 Local Government Units.
 5. Copies of the Report were also distributed and used during the Sessions on Integrating Population Dimensions in Local Development Planning. The Report was distributed to about 60 local planners from the municipal and barangay level. 30 copies were also distributed during the POPDEV session with government planning officers for their reference in integrating population factors in their sectoral plans (e.g. environment, health, food security, housing, education, employment, infrastructure, agriculture, and other sectors).
 6. About 100 copies were also distributed during the PHE National Conference last July, 2011. Program managers, technical persons, and stakeholders on PHE all over the Philippines participated in the conference.

The remaining copies will be distributed during the related activities in relation to the observance of the Country of the "World at 7 Billion." We will be conducting a Media Conference on October 26, Community Activity on Oct 29, and the "Day of 7 Billion" Forum on October 31. These activities will be participated by key stakeholders on population at the national level.

Overall, the Report has been a useful in promoting the integration of population dimensions in local, sectoral, and national development planning. The material provided population dimensions that should be integrated in development plans and programs. More importantly, the Report was very instrumental in developing the PPMP Directional Plan which is the blueprint for the population management program in the country.

We are now preparing a Stabilization Report for selected Provinces in Luzon."

Dr. Osama Refaat, Deputy Director of the Regional Center for Training in Family Planning and Reproductive Health of the OB/GY Hospital, Faculty of Medicine, Ain Shams University, authored the report, "Population Stabilization Policies and Programs in Egypt." On September 23rd, Dr. Refaat described in his report the situation of Egypt population during three different eras. The first era was entitled, "What was the situation of Egypt population in the past?" where he clarified the past events of family planning and population policies. In the second era, "Where is Egypt Right Now?" he covered the current situation of Egypt population strategies and policies as they relate to maternal, infant & child mortality, total fertility rate and social and economic impact. The third era was entitled, "What is the prospective view of Egypt? " The author gave an overview on the future of population in Egypt. Dr. Refaat wrote, "The population stabilization report has been circulated to most of the targeted family planning, reproductive health, maternal and child health organizations in Upper /Lower Egypt. It has been also circulated to directors, policy makers and stakeholders who are working in the field of population.

The benefits have been as follows:

- o The experts, professionals and policy makers became familiar with the full history of population problems and the actions taken by the family planning organizations and Government of Egypt.
- o The up-to-date information and figures of the report are being used by NGOs directors, stakeholders, teaching hospitals and universities in their documents and lectures.
- o The most recent data of the stabilization report enables the population authorized persons to take proper decisions in their population strategic planning.
- o The statistical figures and illustrative curves of maternal mortalities, child mortalities, fertility rate and the population achievement of Egypt are being used in the presentations of the national and international conferences, like the PPD national task force conference which was held in Cairo.

Dr. Refaat carried out two additional surveys. The first was for Surgical and Non-surgical Contraceptive Methods Procedures which are being conducted in teaching hospitals, governmental hospitals and private hospitals. The resulting bar chart of this survey were from 50 respondents that reflect the percentage of the orientation, recognition, knowledge and applied skills of different surgical and Non-surgical Contraceptive Methods Practices in Egypt relative to similar countries like Mexico, Bangladesh, Philippines, India, Nigeria, Pakistan and Thailand. The benefits of this survey are to give valuable orientation for stakeholders and policy makers about the percentages of different practices of contraceptive methods in Egypt and to help them also to have the availability of introducing new methods for contraception as well.

The second survey study was on, "The Financial Expenditures Versus The Population Development and Stabilization Programs and Policies In Egypt."

This survey study showed the data of population income and expenditures during years 2009 and 2010 for governmental organizations, nongovernmental organizations and the private sector in Egypt which will help stakeholders, new policy makers, population leaders and new ministers to

take corrective actions to modify the strategy of family planning, reproductive health, maternal/child health, integrated health programs and population development according to the new situation of Egypt after the revolution of 25 January 2011.

The survey study gave an overview about the situation of Egypt health and population income and expenditures compared to other middle income countries in the region like Algeria, Iran, Djibouti, Syria, Jordan, as well as high income countries like European countries and the United States of America.

The data results showed that Egypt is the first compared to High Income Countries and has highest burden of out-of-pocket spending compared to the other Middle Income Countries in the region.

These surveys will help in achieving population stabilization policies and programs in Egypt. Copies of these surveys have been circulated to targeted organizations to get benefit from the resulted data."

Abdul Ghaffar Khan, the previous Director General in the Ministry of Population Welfare in Pakistan, sent us an update on his report, "Population Stabilization: the Case for Pakistan."

"You would be astonished to know that the proposed population policy contained was circulated to all public sector organizations working for population stabilization in Pakistan. It was also shared with national and international NGOs, International Development Partners and donors working in Pakistan. The draft policy revised in the light of comments received from the public sector and civil society organizations was presented to religious scholars of all sects in Pakistan in four provincial seminars and one national level seminar. The draft was also circulated to media agencies as well as presented to all press clubs at federal and provincial capitals. The final draft policy was presented to the Senate Standing Committee and National Assembly Standing Committee. The subject, "population planning," was devolved to the provinces. The Federal Ministry of Population Welfare was closed and its functions along with personnel and physical assets were transferred to the provinces. The five-year population plan (2010-2015) worth Rs. 52 Billion was prepared in accordance with the guidelines of this draft policy. After devolution, the federal component of the plan worth around Rs. 4.0 billion has been modified."

Jay Satia, senior advisor (Public Health Foundation of India) and Director-in-Charge of Indian Institute of Public Health, Gandhinagar, Gujarat, India, reports, "The State Government in Bihar has taken many measures towards improving family planning acceptance including the following: accreditation of private providers, awards for best performing districts, blocks, local government institutions, and service providers, mobile medical units for providing services to remote areas, revitalizing post-partum family planning program, expanding social marketing distribution network through village community volunteers, increasing women's empowerment and age of marriage through various policy measures. The number of sterilizations and IUD insertions have been steadily increasing over the last 3 years."

World Leaders

Statement On Population Stabilization

Humankind has many challenges: to obtain a lasting peace between nations; to preserve the quality of the environment; to conserve natural resources at a sustainable level; to advance the economic and social progress of the less developed nations; to assure basic human rights and at the same time accept responsibility for the planet Earth and future generations of children; and to stabilize population growth.

Degradation of the world's environment, income inequality, and the potential for conflict exist today because of rapid population growth, among other factors. If this unprecedented population growth continues, future generations of children will not have adequate food, housing, health services, education, earth resources, and employment opportunities.

We believe that the time has come now to recognize the worldwide necessity to achieve population stabilization and for each country to adopt the necessary policies and programs to do so, consistent with its own culture and aspirations. To enhance the integrity of the individual and the quality of life for all, we believe that all nations should participate in setting goals and programs for population stabilization. Measures for this purpose should be voluntary and should maintain individual human rights and beliefs.

We urge national leaders to take an active personal role in promoting effective policies and programs. Emphasis should be given to improving the status of women, respecting human rights and beliefs, and achieving the active participation of women in formulating policies and programs. Attention should be given to realistic goals and timetables and developing appropriate economic and social policies.

Recognizing that early population stabilization is in the interest of all nations, we earnestly hope that leaders around the world will share our views and join with us in this great undertaking for the well-being and happiness of people everywhere.

The Statement has been signed by the heads of government of the following countries:

Austria	Jordan	Rwanda
Bangladesh	Kenya	Saint Kitts and Nevis
Barbados	Korea, DPR	Saint Lucia
Bhutan	Korea, Republic of	Saint Vincent & the Grenadines
Botswana	Laos	Saõ Tomé and Príncipe
Cape Verde	Liberia	Senegal
China, People's Republic of	Libya	Seychelles
Colombia	Macedonia	Singapore
Cyprus	Malawi	Slovak Republic
Dominica	Malaysia	South Africa
Dominican Republic	Maldives	Sri Lanka
Egypt	Malta	Sudan

Fiji
Gambia
Ghana
Grenada
Guinea-Bissau
Guyana
Haiti
Iceland
India
Indonesia
Israel
Jamaica
Japan

Mauritius
Moldova
Morocco
Myanmar
Namibia
Nepal
Nigeria
Pakistan
Palau
Panama
Peru
Philippines
Romania

Suriname
Swaziland
Tanzania
Thailand
Tonga, Kingdom of
Trinidad & Tobago
Tunisia
Turkey
Uganda
United Arab Emirates
Uzbekistan
Vanuatu
Zimbabwe