

**DEMOGRAPHIC CHANGES
AND DEVELOPMENT COOPERATION**

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Foreword

On 15 January 2009, the government asked the Advisory Council on International Affairs (AIV) to produce an advisory report on population and development cooperation.

This advisory report was compiled by members of the Joint Population and Development Cooperation Committee, chaired by Professor A. de Ruijter. The other committee members were Dr B.S.M. Berendsen, Ms S. Borren, T. Etty, F.D. van Loon, Professor L.B.M. Mennes, Professor A. Niehof, A. van der Velden, Professor J.J.C. Voorhoeve and Professor E.B. Zoomers. F.A.J. Baneke acted as external expert. The civil service liaison officers were M.P. Gerritsen and M.J.C. van Schaik. The executive secretary was Ms W.A. van Aardenne, assisted by trainees Ms M. Sprakel and Ms A.W. Wijers.

The AIV finalised this report at its meeting on 10 July 2009.

I Context and definition of terms

On 15 January 2009 the Minister for Development Cooperation asked the Advisory Council on International Affairs (AIV) to prepare an advisory report on population and development cooperation (see annexe I). The AIV was invited to formulate recommendations indicating how the Ministry of Foreign Affairs could respond more effectively to demographic trends in pursuing policy aimed at sustainable development. More specifically, the minister asked the AIV to answer the following questions:

1. What major problems and opportunities do demographic trends present for the attainment of the Millennium Development Goals (MDGs)?
2. How can Dutch foreign policy respond more effectively to these problems and opportunities in respect of each of the eight MDGs, with special attention for innovative approaches (IS 2.0), including making innovative use of existing foreign policy instruments and putting forward suggestions for new instruments?

Demography is the science of human population trends. It can be defined as the study of (changes in) the size and composition of populations as a result of numerical fluctuations. Population increases are caused by a rise in birth and immigration; decreases by a rise in mortality and emigration. Populations can be grouped at various levels: global (world population), national, regional and local. They can also be classified in spatial and temporal terms. Relevant processes are studied over a defined period and events are linked to specific moments in time. The demographic variables of birth, death and migration, and the variables arising from them, are generally described in terms of age and gender. The key variable 'birth' is thus linked to fertility. The variable 'death' is defined by distinguishing variables of age and gender. The variable 'migration' is based on an analysis of migration flows and their effects on the population of the countries and regions concerned. The problem of rural-urban mobility (urbanisation) and the growth and composition of major urban centres are classic areas of demographic study.

Major demographic changes have occurred since the end of World War II in 1945. The global population has more than doubled. In the twentieth century, almost 90% of this increase occurred in less developed countries. Between 2008 and 2050, less developed countries are again likely to account for almost all of the world's population growth. During that time, the global population is expected to grow from 6.8 billion to 9.2 billion (an increase of 2.3 billion in less developed countries and 0.1 billion in more developed countries).¹ Africa has the world's highest regional birth rate and is likely to record the most rapid population growth between now and 2050, during which time its population is expected to double. Africa has a very young population, with 43% of people in Sub-Saharan Africa aged below 15 and 63% aged below 25.²

1 UNFPA State of the World Population 2008; United Nations, Economic and Social Council, Commission on Population and Development, *World Demographic Trends*, United Nations, New York, 15 January 2009.

2 In 2005, Sub-Saharan Africa had a population of approximately 484 million people aged below 24 (around 63% of the total population). Although this figure is expected to rise sharply in the future, the percentage of under 24-year-olds as a proportion of the total population is likely to fall to 62% in 2010 and to 58% in 2025. Source: United Nations World Population Prospects: The 2008 Revision Population Database (medium variant).

Thirty-five of the world's poorest countries will continue to have high fertility rates.³ Between 2005 and 2050, the populations of Afghanistan, Burkina Faso, Burundi, Chad, Congo, DRC, East Timor, Guinea-Bissau, Liberia, Mali, Niger and Uganda are expected to treble.⁴

These trends are influenced not only by the growth in the global population but also by the process of demographic transition. Demographic transition is the shift that populations make from high birth and death rates to low birth and death rates. This alters their age composition. The changing ratio of young people (aged below 15) to the working population (15 to 65) and the elderly (over 65) during the demographic transition has major implications for both government policy and development prospects. Many of the world's least developed countries will continue to have very high ratios of young people in their population for years to come. At the same time, the average age will continue to rise worldwide. This will be more prevalent in some regions than in others. Changes in age composition are leading to a shift in demand for goods and services. This is most visible in the social sectors, each of which caters for a different stage in the human life cycle – education for young people, employment for young adults entering the labour market, housing for people with young children, health care for young and old, and income support and services for the elderly.⁵ Absorbing young people into the working population boosts the economy and encourages saving and investment. If this is not achieved, these large groups of unemployed youngsters with limited prospects may pose a threat to political and social stability. Many will try to build lives elsewhere if they get the opportunity.

The AIV was asked to consider how demographic trends affect our ability to achieve sustainable development and more specifically to attain the Millennium Development Goals. What problems and opportunities do they present and what kind of policy response can we offer? Sustainable development was defined in 1987 by the UN World Commission on Environment and Development, also known as the Brundtland Commission, as 'development that meets the needs of the present without compromising the ability of future generations to meet their own needs.' Since then, the term has been elaborated further at various UN conferences. Sustainable development is a complex concept, which at its simplest encompasses a range of economic, social and ecological aspects that must be in equilibrium. It refers to development that takes account of the needs of both current and future generations.⁶

The Millennium Declaration, which was adopted in 2000 by 189 heads of state and government from developed and developing countries, ties in with this concept. It was used as a springboard for a series of development and poverty-reduction objectives to be met by the target date of 2015. These covered economic, social and ecological priorities, and were operationalised in the form of eight Millennium Development Goals.

3 R. Nugent and B. Seligman, 'Demographics and Development in the 21st Century Initiative Technical Background Paper: How Demographic Change Affects Development', Centre for Global Development, 2008.

4 J.E. Cohen, 'Human population grows up', *Scientific American*, September 2005.

5 CICRED Policy Paper, 'Policy Implications of Age-Structural Changes', CICRED, Paris, 2005.

6 See also Selma van London and Arie de Ruijter, *Sustainable diversity*, 19 May 2009.

The eight MDGs have since been organised into 21 targets and 60 indicators. The goals and targets are linked and must be viewed as an integrated whole.

Understanding the way demographic trends interact with the MDGs is vital if we are to apply the right policies to achieve the MDGs. This is not as simple as it seems. Some of the Millennium Development Goals are formulated in terms of demographic targets, such as reducing child and maternal mortality (MDGs 4 and 5). However, attaining these goals is closely linked to achieving results in the other MDG priority areas, such as eradicating poverty and hunger (MDG 1), improving school enrolment ratios (MDG 2), promoting gender equality (MDG 3), health care (MDG 6) and improved access to clean drinking water and basic sanitation (part of MDG 7).

MDG 7 (ensure environmental sustainability) has been largely omitted from this study. However, it would not be true to say that there is no link between demographic trends and MDG 7. Population growth is hindering efforts to achieve MDG 7, and thus in turn is affecting our ability to meet the other MDGs. This is clearly shown in the examples included at the end of this chapter.

MDG 8 (develop a global partnership for development) is considered mainly in terms of the policies being pursued by the Netherlands. MDG 8 relies on a commitment by developed countries to help developing countries work towards good governance, development and poverty reduction. Demographic trends require the same approach in the form of cooperative partnerships and adequate financing. This is an important point given the current financial crisis.

Efforts to meet the MDGs are currently based on a short-term outlook (to 2015). However, demographic statistics are usually based on a longer term perspective (to 2050). Demographic trends such as high fertility rates (i.e. a high average number of children per woman) and associated high population growth will not only hamper efforts to meet the MDGs by 2015, they will also make it difficult to attain future development goals after 2015. So in addition to considering policy for the immediate future, this study must also look at development strategies that offer an effective long-term response to population issues.

Although progress has clearly been made, especially at global level, current prospects for attaining the MDGs by 2015 do not give cause for optimism. Some regions and countries are lagging behind considerably. The latest Global Monitoring Report (2008) concludes that urgent action is needed to meet the MDGs by 2015. The same applies to efforts to tackle the effects of climate change, especially with regard to poor countries and poor populations. Sub-Saharan Africa is lagging behind on all the MDGs, including MDG 1, despite higher growth rates in many countries in the region.⁷ South Asia is on track to attain MDG 1 but is not making enough progress to meet the human development MDGs. The prospects are poorest for achieving MDGs 4 and 5 (reduce child mortality and improve maternal health). Progress in achieving universal primary education, food security, gender equality and basic sanitation is also seriously behind schedule. The situation in fragile states is the most critical.⁸

7 W. Easterly, 'How the Millennium Development Goals are unfair to Africa', *World Development* vol. 37, No. 1, pp. 26-35, 2009.

8 The World Bank, *Global Monitoring Report 2008*, Washington DC.

The relationship between population growth and economic development has been the subject of debate ever since Thomas Malthus published his *Essay on the principle of population* in 1798. In the 1960s, a series of major famines in poor countries coincided with a realisation of how quickly the global population was growing. Malthus' ideas resurfaced, albeit in a slightly altered form. They inspired US environmentalist Paul Ehrlich's treatise *The Population Bomb*. It was against this background that the UN held its first World Population Conference, in Bucharest in 1974. Those delegates, led by the US, who favoured a curb on population growth through family planning programmes, came into direct opposition with those advocating more aid to poor countries. The latter argued that economic growth would automatically lead to a decline in birth rates. However, as Sonia Correa has observed, 'the Southern critique of demographic imperatives did not restrain Southern countries from rapidly expanding their internationally funded family planning programmes [...]. By the end of the 1970s, India and China – countries that led the Southern opposition in 1974 – had already reframed their former policies to adopt clear fertility control measures'.⁹ By the time of the 1984 population conference in Mexico City, the Bucharest 'showdown'¹⁰ was no longer an issue and many countries were running more or less successful family planning programmes. The major breakthrough in the debate came with the 1994 International Conference on Population and Development in Cairo. The definition of the term 'sexual and reproductive health and rights' (SRHR)¹¹ created a new paradigm centred on the rights of individuals, and particularly women. The Cairo agenda broke new ground. Unfortunately, many countries failed to set aside sufficient resources to implement the Programme of Action that had been agreed. MDG 5, for example, would be closer to being realised if the commitments made at Cairo had been upheld. International efforts to implement the Cairo Programme of Action appear to have weakened considerably.

In November 2007, the Netherlands Interdisciplinary Demographic Institute (NIDI) published the report 'Analysis of population factors in the integrated foreign policy of the Ministry of Foreign Affairs'.¹² It examined to what extent population factors were taken into account in Dutch foreign policy and whether further integration was necessary or feasible. The overall conclusion was that population factors played little or no explicit role in foreign policy but that some departments did implicitly address it. The report therefore recommended further integration of population factors into foreign policy.

The population explosion that will take place in some countries and regions between now and 2050 will not only seriously compromise our ability to meet the MDGs, including the poverty reduction goal, but will more generally pose a threat to the environment and peace and security. In some countries, it will also strongly intensify pressure to migrate, directly affecting both South-South and South-North migration. This population increase

9 S. Correa, *Population and Reproductive Rights: Feminist Perspectives from the South*. London: Zed Books in association with Dawn, (1994), p. 2.

10 Steven W. Sinding, 'The tumultuous demography of the 20th century and its implications for the 21st'. In: E. Herfens, *Global Population Issues: The Human Dimension* (The Hague: Netherlands Society for International Affairs, 2002), p. 12.

11 See sections 7.2 and 7.3 of the ICPD Programme of Action.

12 NIDI, *Een analyse van bevolkingsfactoren in het geïntegreerde buitenlandbeleid van het Ministerie van Buitenlandse Zaken*, November 2007.

will take place almost exclusively in developing countries, notably in Sub-Saharan Africa, South Asia, the Middle East and North Africa. It is therefore remarkable that the issue of demographic trends remains so low on the international agenda and plays no significant role in national policymaking. While it is implicitly taken into account in Dutch policy relating to specific MDGs, it is rarely addressed in the wider context of economic growth and sustainable development or of peace and security. There are nevertheless sporadic signs of renewed interest in demographic trends and population issues, for example in the Growth Report of the Commission on Growth and Development¹³ and in the policy letter published by the Ministry of Foreign Affairs in April 2009, 'Working together on global challenges – the Netherlands and multilateral development cooperation'.¹⁴

This AIV advisory report will identify relevant demographic trends and make recommendations on how foreign policy should respond to them, based partly on the questions posed by the minister. The present chapter defines demographic trends and outlines the context of the AIV study. Chapter II summarises some demographic developments and trends and examines the concept of demographic transition and its effects. Chapter III addresses a number of urgent themes in which demographic variables play a role. Chapter IV considers the minister's first question and summarises the likely consequences of demographic trends. Chapter V outlines Dutch policy on demographic trends in relation to the MDGs and addresses the minister's second question. Finally, chapter VI presents a summary, conclusions and recommendations.

Living in the Sahel and the Sahara

According to the latest forecasts, Mali, Niger and Chad, three drought-ridden and severely impoverished countries in the Sahel and Sahara, will have 34, 53 and 29 million inhabitants respectively by 2050, compared with 13, 15 and 11 million now. This represents a total increase from 39 million to 116 million people.¹⁵

At the same time, climate predictions indicate that the weather in Africa will become more extreme, with lengthening periods of drought. For this reason alone, economic growth in these countries is highly unlikely to be able to keep pace with the population explosion. This will probably strengthen the 'push factor' for migration. Unfortunately, the outlook in neighbouring countries is little better.

Living in Bangladesh

Bangladesh currently has a population of 161 million. By 2050 this is expected to increase to 254 million on a surface area only four times that of the Netherlands, much of it occupied by water. If sea levels rise by a metre, at least 25 million people will probably be forced to migrate. Bangladesh's only neighbour is India, which is itself facing severe population pressure. Regular conflicts already occur along the border between the two countries.

13 Commission on Growth and Development, *The Growth Report: Strategies for Sustained Growth and Inclusive Development*, The World Bank, Washington DC, 2008.

14 Ministry of Foreign Affairs, *Samen werken aan mondiale uitdagingen, Nederland en multilaterale ontwikkelingssamenwerking*, April 2009.

15 UNFPA State of World Population 2008.

Living in coastal cities

In Asia 18% of the urban population inhabits 'low elevation coastal zones'. This applies to 65% of all cities with more than five million inhabitants, including Shanghai, Calcutta, Mumbai, Manila, Jakarta and Karachi. These cities are at sea level and will be severely affected by the anticipated rise in sea level. Migration will be the result.¹⁶

The process will be accelerated by a growing shortage of drinking water in many cities. Residents will be forced to extract their own groundwater, leading to soil compaction and causing the cities concerned to sink to below sea level. Groundwater levels are already falling rapidly and brackish water is beginning to seep inland. Parts of Jakarta, for example, are underwater for longer periods each year.

16 UNFPA State of World Population 2007.

II Demographic developments and trends

II.1 Demographic transition

Two of the most important demographic developments of the 20th century were the overall decline in mortality rates and the subsequent decline in fertility rates.¹⁷ Despite this, the global population is expected to grow from 6.8 billion in 2008 to 9.2 billion in 2050, and should stabilise at 10.2 billion people at the end of the 21st century. This is because the size and composition of global populations is changing in response to demographic transition. As mentioned in chapter I, demographic transition is the shift that populations make from high birth and death rates to low birth and death rates. It occurs at different rates in different regions and countries, but as the figures in tables 1, 2 and 3 show, there is currently a global trend of declining mortality rates combined with declining fertility rates (see annexe II). This is resulting in declining population growth rates. When countries deviate from this trend, the decline in population growth is due to specific circumstances (war, high incidence of HIV/AIDS, poor social position of women). Countries in the final phase of the transition process (such as the Netherlands and Japan, but also Cuba), which is characterised by low birth and death rates, are now experiencing little or no population growth. Their populations are referred to as 'stationary'. In these countries, the proportion of people over 65 is growing and mortality rates may rise again slightly due to progressive ageing.

Between 1965 and 1970, the global population growth rate peaked at 2% per annum. Between 2045 and 2050, it is expected to fall to 0.36%. However, different countries and regions are in different phases of demographic transition. The phase a country has reached in the transition process is reflected in its growth rate and the age composition of its population. The population of 29 largely least developed countries is likely to double between 2009 and 2050. These countries have a high proportion of young people who need to be offered prospects for the future. They could place enormous pressure on the labour market, social welfare provisions and the environment. By contrast, there are 45 developed countries whose populations are likely to decline between 2009 and 2050 and where the average age of the population is likely to rise.¹⁸

The phase in which declining mortality rates combine with declining fertility rates and falling population growth creates what is referred to in the literature on the subject as a 'window of opportunity' or the 'demographic dividend'.¹⁹ Declining fertility rates

17 United Nations Economic and Social Council, Commission on Population and Development, *World Population Monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*, UN Doc. E/CN.9/2009/3, 16 January 2009.

18 United Nations, Economic and Social Council, Commission on Population and Development, *World Demographic Trends*, United Nations, New York, 15 January 2009.

19 J. Ross, 'Understanding the Demographic Dividend', Policy Project, Washington DC, September 2004.

result in a declining proportion of young people under 15 in the dependency ratio²⁰ and a growing proportion of people of economically productive age. The 'demographic dividend' to which this gives rise can help to accelerate the growth of per capita income, national savings and the economy. Moreover, this is the point at which a country has an opportunity to invest in the provisions it will need later in the transition process, when its population starts to age and the dependency ratio increases again. Indonesia, for example, which has a historically low dependency ratio following several decades of declining fertility,²¹ has launched a policy debate on the subject. However, it has not yet made the necessary investment.

Migration patterns also differ at each stage of the transition process. A young, rapidly growing labour force that cannot be fully absorbed into the domestic labour market is a push factor for migration. Countries in the final phase of demographic transition often have a shortage of labour, for which immigration can provide a solution. However, migration is about types, as well as numbers, of migrants. Countries in different phases of demographic transition are not communicating vessels. Small numbers of highly qualified migrants from countries with young populations go to the North, while large numbers of low-skilled economic migrants go to countries that are at a more advanced stage in the transition process and where economic development is fully under way (Nepalis and Indonesians to Malaysia, for example). For workers migrating from Asia to wealthy countries in the Middle East, the phase that the country of origin (e.g. the Philippines, Bangladesh, Nepal) has reached in the transition process is a push factor. However, the pull factor of wealth and employment prospects in the country of destination is equally, if not more, important. Global migration is a multifaceted phenomenon and both a demographic and a development-related issue.²²

The demographic transition process starts with declining mortality rates coupled with continued high fertility rates. The former is due to improvements in nutrition, sanitation and hygiene combined with vaccination programmes and good basic health care. In particular, the decline in infant and child mortality – the biggest cause of death in countries with high mortality rates – translates directly into higher average life expectancy at birth. For various reasons, mortality rates are simpler to reduce than fertility rates.²³ To begin with, policies to reduce mortality are easier to implement. They are viewed more positively and therefore more readily accepted as a policy goal. The purpose of and need for controlled fertility is far less universally acknowledged and is a more sensitive issue for several reasons. Measures taken in a range of sectors can also have a positive indirect spin-off in reducing mortality rates. A well-known example is the dramatic reduction in deaths that occurred in London following the construction of

20 Dependency ratio: $[(N_{0-14} \text{ year-olds} + N_{65+} \text{ population over } 65) : N_{15-65} \text{ year-olds}] \times 100$ (60 is sometimes taken as the upper age limit rather than 65).

21 See A. Niehof and F. Lubis, *Two is Enough: Family Planning in Indonesia under the New Order 1968-1998*, (Leiden: KITLV Press, 2003).

22 R.T. Appleyard, 'Migration and development: a global agenda for the future', in *International Migration XXX: 17-30*, 1992. See also: *Migration and Development Cooperation – Coherence between Two Policy Areas*, AIV advisory report No. 43, The Hague, June 2005.

23 Birth rates are calculated by comparing the number of births with the population as a whole; fertility rates are obtained by comparing the number of births with the number of women of childbearing age (15-49).

the city's sewer system. For all these reasons, the decline in fertility rates lags behind the decline in mortality rates, resulting in explosive population growth. The tables below, particularly table 1 (Africa), show that the population growth rate in many countries is still at least 2%. With their young populations,²⁴ these countries have entered the first phase of the transition process. Even if there is a sharp decline in fertility rates, the birth rate in these countries will initially still be high due to the large number of women of childbearing age resulting from high birth rates in the recent past.

The critical turning point in the transition process is the decline in fertility, which is why demographic transition is often also referred to as fertility transition. The demographer Ansley Coale believed there were three prerequisites for controlling fertility rates. First, fertility must be made part of the 'calculus of rational choice'; in other words, women need to understand that becoming pregnant is a matter of choice and something over which they can exercise control. Second, people must be convinced of the benefits of having fewer children. Third, sufficient resources must be made available to control fertility. To illustrate the second of these conditions, the demographer John Caldwell proposed a theory on the reversal of the 'intergenerational wealth flows'.²⁵ Caldwell's theory states that the point at which having fewer children becomes beneficial is reached when they start to cost more than they yield in terms of labour. Agrarian societies benefit from having children to perform agricultural labour. However, if the importance of agriculture declines and a good education becomes necessary to secure employment in other sectors, parents will have to start investing in their children's education, at which point children become a cost item. Caldwell et al²⁶ view the economic importance of the agricultural sector in many African countries as a key factor in the lack of fertility transition on the continent. They also cite the pro-natalist effects of unilineal kinship systems in Africa, which stress the importance of having numerous children (whether sons or daughters), and polygamy, where a man's wives and children form independent economic units but husbands/fathers can call on all their children to work for them. The fact that in most African countries, access to contraception (the third condition stipulated by Coale) is poorly regulated is another key factor.

Finally, it should be noted that for both psychological and biological reasons, a decline in infant mortality leads to a decline in fertility rates. The psychological effect of high infant mortality is that parents who have lost many children will be reluctant to practise birth control, although the individual reasons they give (economic, cultural and/or lack of autonomy) can vary widely. The biological effect of high infant mortality is that many mothers are denied the brief period of contraception afforded by breastfeeding. Reducing infant and child mortality therefore has indirect as well as intrinsic benefits.

24 Wertheim's rule of thumb is that if a country's population growth rate is >2%, its birth rate is likely to be >40% and approximately 40% of its population is likely to be aged below 15.

25 For a discussion of this theory, see P. McDonald, 'Fertility transition hypotheses' in: R. Leete and I. Alam (eds), *The Revolution in Asian Fertility*, (Oxford: Clarendon Press, 1993) pp. 3-14.

26 J.C. Caldwell, I.O. Orubuloye and P. Caldwell, 'Fertility decline in Africa: a new type of transition?', *Population and Development Review* 18(2), (1992): pp. 211-243.

The fertility transition in Indonesia has unfolded according to Coale's scenario, lasting approximately two decades.²⁷ The traditional belief that having many children brought great prosperity (*banyak anak, banyak rezeki*, as the saying went) held sway in Indonesia until well into the 1970s. Thirty years later, it had been replaced by the slogan of the country's family planning programme that 'two [children] is enough' (*dua anak cukup*). Having a small number of healthy, well-educated children became more important than having a large family. The family planning programme made it possible to publicly discuss birth control, making it a matter of conscious choice. Coale's third prerequisite was met by the scope of the programme, which reached into all corners of the archipelago.

II.2 Different phases, different profiles, different regions

The phase a country has reached in the demographic transition process is reflected in the different problems it experiences in relation to its birth and death rates and the age composition of its population. This must be taken into account when considering what policies to apply. The AIV distinguishes three different profiles.

II.2.1 Young, rapidly growing populations characterised by declining mortality rates and continued high fertility rates

Countries with this type of population are currently found mainly in East and West Africa, Southern and Central Asia and Central America. These populations are characterised by high fertility rates (see Total Fertility Rate (TFR) in the tables in annexe II) and an annual population growth rate of at least 2%. The following elements of the population profiles of these countries are relevant to development.

Young people

Over 40% of the population is aged below 15. A large youth population calls for investment in education and vocational training, to ensure that these young people can play a productive role in the labour process and take their place in society. Employment policy should be geared towards realising the potential of this group, thereby contributing to their own self-development. Large groups of marginalised young adults who are not participating in the economy are a potential source of poverty, conflict and instability (see chapter III.6 The risk of conflict in connection with a young population without training or job prospects).

High fertility rates

Countries with young, rapidly growing populations generally have high fertility rates. In general, it is the least developed countries, including fragile states, that are in this phase. Although the overall trend may be downward (compare for example the fertility rates for 1997 and 2008 in table 1), fertility rates nevertheless remain high. There are clear links between high fertility rates, lack of education for girls and poverty. Countries with a higher proportion of people living in poverty often have high fertility rates.²⁸

27 See A. Niehof and F. Lubis, *Two is Enough: Family Planning in Indonesia under the New Order 1968-1998*. (Leiden: KITLV Press, 2003).

28 Population and Economic Development Linkages 2007 Data Sheet.

Women who are frequently pregnant and spend most of their lives caring for children find it difficult to attend school or enter the formal labour market. Moreover, few employers operate a positive policy in respect of pregnant employees. In some countries and employment situations, women who become pregnant may be dismissed. High fertility rates are also associated with a higher prevalence of child and maternal mortality.²⁹

Lack of access to contraception is a major factor underlying the high fertility rates of countries with this profile. There are approximately 106 million married women in developing countries with an unmet need for family planning (66 million in Asia, 30 million in Africa and 10 million in Latin America and the Caribbean). In relative terms, the situation is worst in Sub-Saharan Africa and the least developed countries.³⁰ In Sub-Saharan Africa, the rate of unmet need is more than 20%.³¹ This violates an individual's right to family planning, as advocated by the 1994 International Conference on Population and Development (ICPD). All individuals have a right to decide how many children to have and to gain access to the relevant information and resources. This right was reflected in the addition of a new target (5B), 'universal access to reproductive health care', to MDG 5 in 2005.

In some countries and regions, increased access to family planning based on a woman's individual right to decide has either failed to happen or has slowed to a standstill. Funding for family planning fell by 36% between 1995 and 2003. In 2007 funding levels were only 10% of what the ICPD had projected for 2005. This was partly due to the major focus on funding HIV/AIDS programmes³² as well as to the false assumption that national family planning programmes were by now sufficiently institutionalised. Policy on SRHR has also come under severe international pressure from a strong conservative and religious lobby. The Vatican and countries such as the United States have consistently tried to undermine the progress achieved at Cairo. Pressure is being applied in all international fora, not just in the UN but also in the EU, where a small group of countries is trying to maintain a stranglehold on the debate. As a result, the rights-based approach of SRHR constantly risks being drawn into the political and ideological debate. This compromises its ability to achieve concrete results and make effective use of available funding. The Mexico City Policy, a US government policy which required all international NGOs eligible for federal funding to refrain from promoting birth control and family planning and offering abortion services, had a highly negative effect on the financing of family planning. It was instituted by President Bush on his first day

29 Report of hearings by the all-party parliamentary group on population, development and reproductive health, *Return of the population growth factor: its impact upon the Millennium Development Goals*, (Report Summary, Westminster, London, January 2007).

30 *Report of the Secretary-General on World Population Monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*, 16 January 2009.

31 United Nations, *The Millennium Development Goals Report 2008*.

32 Report of hearings by the all-party parliamentary group on population, development and reproductive health, *Return of the population growth factor: its impact upon the Millennium Development Goals*, (Report Summary, Westminster, London, January 2007).

in office in 2001 and rescinded on 23 January 2009 by President Obama.³³ This policy reversal will undoubtedly have a positive impact on the financing of family planning. Also worth noting is the fact that some political leaders unfortunately regard rapid population growth as a way of extending their power base, without taking account of its severe adverse effects.

Finally, it should be remembered that these issues are closely connected to the empowerment of women and girls and their ability to participate equally in society (MDG 3).

II.2.2 Populations with a low dependency ratio

Populations with a low dependency ratio are characterised by a high proportion of people of economically productive age and a comparatively small group of dependent people of all ages. This is the point at which a country has an opportunity to both significantly accelerate its economic growth and invest in the future. However, the benefits of this demographic dividend are not realised automatically. The labour force created during this phase must be matched by prior investment in education and a corresponding demand for labour. Without the right policy, the extra supply of labour may lead to unemployment, with a consequent risk of political and social instability. Latin America and East Asia, for example, both experienced a decline in their dependency ratios. However, economic growth in East Asia was rapid, whereas in Latin America there were long periods of economic stagnation.³⁴ See also chapter IV 3.3, which discusses in detail which policies could make a positive contribution to achieving the demographic dividend.

II.2.3 Ageing populations

Most ageing populations are found in East and Southeast Asia and in large parts of Latin America. Demographic ageing is the result of declining mortality rates. Although fertility rates in these countries have also declined, it cannot be assumed that sufficient access to contraception and adequate reproductive health care are guaranteed. In some of these countries, the decline in fertility rates is faltering, perhaps because governments are now relaxing their efforts in these areas.

The major challenge for these governments is to invest in pension provisions for the large elderly population of the future. In countries without pension provisions or where income security in later life is only available to a small few, many older people, especially women, will eventually need care and support, yet will have fewer children living nearby to provide it³⁵ and no access to a public safety net (see chapter III.7 on demographic ageing and poverty).

33 Press release: Statement of President Obama on rescinding the Mexico City Policy and Memorandum, 23 January 2009.

34 D.E. Bloom and D. Canning, 'Global demographic change: dimensions and economic significance', in: Global Demographic Change: economic impacts and policy challenges, conference proceedings, Jackson Hole, Wyoming, 2004.

35 See e.g.: P. Kreager and E. Schröder-Butterfield (eds.), *Ageing Without Children: European and Asian perspectives on elderly access to support networks*, (Oxford: Berghahn Books, 2005); C. Risseuw, 'Policy issues of inclusion and exclusion in relation to gender and ageing in the South', *The European Journal of Development Research* 13(2), 2001, pp. 26-48; Department of Economic and Social Affairs Population Division, *World Population Ageing: 1950-2050*, United Nations New York, 2001.

III Urgent themes

This chapter looks at a number of development-related themes which are not all directly linked to demographic transition, but in which demographic variables do play a role: maternal mortality, education for girls, HIV/AIDS, sex education, migration/mobility and urbanisation, the risk of conflict engendered by a young population without training or job prospects, and demographic ageing and poverty. The last theme can be situated in the context of the transition process as a follow-on from the profile of ageing populations (section II.2.3).

III.1 Maternal mortality

High maternal mortality rates in developing countries led in 1987 to the establishment of the Safe Motherhood Initiative by a coalition of the WHO, UNICEF, the World Bank and UNDP. The partners agreed at a conference in Nairobi to work towards a 50% reduction of maternal mortality between 1987 and 2000. Even more ambitious targets were adopted at the ICPD in Cairo in 1994 and at the Fourth World Conference on Women in Beijing in 1995. Regrettably, none of these targets have been or will be attained. The MDG to 'reduce maternal mortality' is one of the least likely to be met, and the problem has reached alarming levels in Sub-Saharan Africa and parts of South and Central Asia.³⁶ The figures in table 1 (annexe II) show that although maternal mortality fell considerably in a number of African countries (e.g. Ethiopia, Mozambique, Senegal) between 1997 and 2008, it is still unacceptably high. Elsewhere, maternal mortality rates have declined but not by enough, and in a few countries (i.e. Nigeria, Zimbabwe, Tanzania and South Africa) they have risen. In South and Central Asia, maternal mortality has almost halved but is still very high. The maternal mortality rate in Afghanistan is appalling, while in Bangladesh there has been a substantial improvement but levels of maternal mortality remain high. Cambodia has the highest maternal mortality rate in Southeast Asia. The fact that 99% of maternal mortality is localised in poor countries shows it is a reliable indicator of poverty and deprivation among women.

Maternal mortality statistics present a multidimensional picture. They reflect the poor physical condition of pregnant women, which can be due in part to malnutrition, high levels of domestic and/or sexual violence, a range of health problems caused by genital mutilation and/or HIV/AIDS, and lack of access to contraception or control over its use. This creates a pattern in which women become pregnant too young, too often and without sufficient recovery time between pregnancies. They are offered inadequate antenatal and neonatal care and have no access to skilled midwives during childbirth. Maternal mortality figures include deaths during pregnancy and deaths due to unsafe abortions. Unsafe abortions are thought to account for 13% of maternal deaths, and postpartum haemorrhage for 25%.³⁷ The high level of deaths during or immediately after childbirth has revived the debate on the role of traditional birth attendants (TBAs). Opinion on this subject is divided. TBAs lack the expertise and resources needed to respond effectively to complications during childbirth, but still constitute the only

36 Population Reference Bureau, World Population Data Sheet 2008.

37 V. Rasch, 'Maternal death and the Millennium Development Goals', *Danish Medical Bulletin* 54(2), 2007, pp. 167-169.

help available in many parts of developing countries. They also have experience. The availability of skilled birth attendants (SBAs), which does not include TBAs, is seen as a key factor in achieving MDG 5. However, SBAs are in short supply and TBAs can perform a valuable service provided they are trained and supported by a good referrals system. Research in Indonesia³⁸ and Tanzania³⁹ has shown that TBAs can be effective allies in the fight against maternal mortality.

Access to antenatal and neonatal care is also hampered when women are unable to move about freely and cannot leave home without their husbands (*pardah*). These women will not get the care and supervision they need if they are pregnant or in need of reproductive health care. This is graphically illustrated by the fate of women in large parts of Afghanistan, where high fertility rates combined with lack of access to reproductive health care are responsible for very high continued levels of maternal mortality (see table 2, annexe II).

III.2 Education for girls

Education of girls has a strong beneficial influence on development and health and is closely linked to reduced fertility rates.⁴⁰ Better educated and informed women are more proficient at negotiating and decision-making within the family unit, are more likely to use contraceptives and have fewer children, and are less likely to die as a result of pregnancy or childbirth. Their children are also less likely to die in infancy or to spend their lives in poverty.⁴¹

Net participation in primary education now stands at more than 90% in most developing regions. An exception is Sub-Saharan Africa, where the net enrolment ratio is only 71%. Approximately 38 million children of primary school age are still not in school. In South Asia, the net enrolment ratio has risen to over 90%. Nevertheless, 18 million children there are still not going to school. Children in regions affected by conflict generally have less access to education. Refugee children are another highly vulnerable group.⁴²

In all developing regions, participation by girls in primary education has increased by more than that of boys, but has also had more ground to make up. The Pacific Rim, Sub-Saharan Africa and West Asia have the biggest disparities between the number of boys and girls in primary education, despite the progress they have made. In West and Central Africa, drought, food shortages, armed conflicts, poverty, lack of systematic birth

38 A. Niehof, 'Mediating roles of the traditional birth attendant', in: S. van Bemmelen et al (eds) *Women and Mediation in Indonesia*, pp. 167-187. (Leiden: KITLV Press, 1992).

39 N. Prata et al, 'Controlling postpartum haemorrhage after home births in Tanzania', *International Journal of Gynaecology and Obstetrics* 90, 2005, pp. 51-55.

40 Population Bulletin, September 2007; 'World Population Highlights: key findings from PRB's 2007 World Population Data Sheet'.

41 UNFPA – 'Achieving the Millennium Development Goals', number 10, 2003.

42 The Millennium Development Goals Report 2008.

registration, child labour and HIV/AIDS all contribute to low primary school enrolment among boys and girls, but especially girls.⁴³

III.3 HIV/AIDS

The global HIV/AIDS epidemic is now stabilising but levels of infection are still unacceptably high. In 2007 there were approximately 33 million people with HIV worldwide. Sixty-seven per cent live in Sub-Saharan Africa, the most severely affected region, which accounts for 72% of all AIDS-related deaths. Almost 90% of the two million children with HIV live in Sub-Saharan Africa. Some 12 million children aged below 18 in the region have lost one or both parents to AIDS and the number of children orphaned by the epidemic is still rising. However, levels of HIV infection among children have fallen since 2002 due to the expansion of services aimed at preventing mother-to-child transmission.⁴⁴

The HIV epidemic is affecting the health sector, households, schools, the workplace and the economy. It can hamper economic growth, widen economic disparity and create serious tensions for affected households. HIV also slows poverty reduction. Moreover, it is often the poorest population groups who are most vulnerable to HIV/AIDS, and for whom its consequences are most severe.⁴⁵

The vast majority of people with HIV are aged between 15 and 49 and in the most productive phase of their working lives. The loss of part of the working population has a serious impact both on family dynamics and on a country's economic performance. A study on the consequences of HIV/AIDS for Botswana found that in the most likely scenario, this loss of working population will result in a GDP loss of 1.5% per annum. After 25 years, the economy will have shrunk by 31%.⁴⁶

AIDS is having disastrous consequences for rural economic activity, and this can lead to food shortages. It is also squeezing commercial productivity, adding costs and depleting skills. HIV/AIDS is bringing severe pressure to bear on the health sector as demand for care for those living with HIV rises, together with the toll of AIDS on health workers. The education sector is also under pressure due to the loss of teachers to the disease. When parents die, families are broken up. Children either have to be raised by their grandparents or are left on their own in households headed by children. A decline in school enrolment is often the result of the poverty trap into which families fall as a result of HIV/AIDS.⁴⁷ In southern Africa, the effects of the disease can be seen in the sharp decline of female life expectancy. Table 2 also shows that in all countries affected by HIV/AIDS, prevalence of the disease is higher among women than men. This

43 Ibid.

44 UNAIDS, *2008 Report on the Global AIDS Epidemic*.

45 J. Fredricksson, A. Kanabus, updated by G. Pembrey, 'The impact of HIV and AIDS on Africa', Avert, 2009.

46 R. Greener et al, November 2004, 'The impact of HIV/AIDS on poverty and inequality'.

47 J. Fredricksson, A. Kanabus, updated by G. Pembrey, 'The impact of HIV and AIDS on Africa', Avert 2009. See also: UNAIDS, *2006 Report on the global AIDS epidemic*, Chapter 4: The impact of AIDS on people and societies.

is due to the greater biological susceptibility of women to HIV infection and their social vulnerability, the risk they face of sexual violence and the general power imbalance between the genders.

Stopping the spread of HIV/AIDS through prevention programmes and access to contraceptives is vital. Primary education is also crucial. Studies show that young people with little or no education are twice as likely to contract HIV as those who have completed primary education.⁴⁸

III.4 Sex education

Sex education is important in preventing unwanted pregnancies, particularly in countries where fertility rates remain high. However, due to the way in which governments and aid programmes are structured, it is often neglected. Education and health programmes tend to be dominated by other challenges which are given higher priority.

In addition to the problem of positioning and prioritisation, a third factor in many countries is the reluctance to publicly discuss issues linked to sexuality. In some countries, the subject is taboo. The more senior and high profile the official or forum, the greater their apparent reluctance to discuss sexuality. Unwanted pregnancies, unsafe abortions and HIV/AIDS tend to affect people at the lower end of the social spectrum, where there is consequently a greater willingness to openly debate and tackle these problems. This disparity between 'high' and 'low' affects governments, politicians and church-based communities alike.

These three problems undermine the effectiveness of multilateral and bilateral channels for sex education. Both channels are built around education and health, and both require high-level coordination.

Given its own achievements in this area, the Netherlands is a more credible advocate in promoting good sex education than many other countries.⁴⁹ This advocacy role should be pursued at grass-roots level as well as government to government. The Netherlands must therefore also continue to press for more attention to be given to good sex education through multilateral and bilateral channels, and for an adequate supply of affordable contraceptives (condoms, female condoms). The female condom is of enormous potential benefit to women since it gives them greater control and self-determination. Feedback has been positive, creating considerable potential which can be developed further with relatively modest investment. The Netherlands has recently begun pioneering the further development of this contraceptive through the Schokland Agreement on Universal Access to the Female Condom and the accompanying grant.

Complementary activities by non-governmental organisations are also still needed. This could include monitoring the quality of public information programmes in the health and

48 Global Campaign for Education, 'Learning to survive: how education for all would save millions of young people from HIV/AIDS' London, GCE, 2004.

49 The Netherlands provides unique added value in this regard due to the credibility earned from the results of its own domestic policy: a very low prevalence of teenage pregnancies and HIV/AIDS and low levels of abortion, despite the fact that abortion is both legal and offered almost free of charge. The China Family Planning Association is currently making use of Dutch expertise in this field.

education sectors, developing appropriate cultural protocols and norms governing sex education, training of trainers, and developing and rolling out complementary information programmes outside the formal health and education structures, for example through radio and television, the internet, street theatre and community development activities.

III.5 Migration, mobility and urbanisation

Migration can occur internally (within a country) or externally (when people leave a country). It can be caused by various factors. Poverty, youth unemployment, food scarcity, competition for limited land and water resources, conflict, climate change and environmental degradation can all be push factors for migration. People are either forced to migrate or hope that by improving their income and standard of living elsewhere (in cities, other regions or countries) they will be able to build a better life for themselves or provide more support for the families they have left behind. Regions and countries enjoying economic growth and prosperity will exert a pull factor. Although demand can sometimes create its own supply, the two will not necessarily be equally balanced, and skilled labour will often move in to fill the gap. This may not be the case if migration has occurred due to lack of labour opportunities in the country of origin. If skilled workers relocate permanently, the result may be a 'brain drain'. If, however they return at a later stage, they may contribute to a country's development. The money that migrants send home to their families in the form of remittances, mainly to assist consumption, can also contribute significantly to development. Remittances boost income and facilitate health care and education for family members in the country of origin. They are now thought to be the biggest source of external financing from developed countries, surpassing even worldwide Official Development Assistance (ODA).⁵⁰ However, like other funding flows, the volume of remittances has declined considerably due to the global financial crisis.

The next few decades will see a population explosion in some countries and regions, notably in Sub-Saharan Africa between now and 2050. Emigration could ease the population pressure in these countries. Clearly, labour migration is an important solution for many countries. Migrants move from countries where there is a surplus of labour to countries where labour is scarce. Relocating employment to countries where labour is more plentiful through 'outsourcing' and/or 'offshoring' is another option.⁵¹

International agreements are needed to prevent the abuse of labour migrants. Labour migration can fulfil a need for certain forms of labour in destination countries and to some extent limit the effects of demographic ageing that are occurring in Europe and elsewhere.⁵²

50 *Migration and Development Cooperation – Coherence between Two Policy Areas*, AIV advisory report No. 43, The Hague, June 2005.

51 *Ibid.*

52 Commission on Growth and Development, *The Growth Report: strategies for sustained growth and inclusive development*, The World Bank, Washington DC, 2008, pp. 98-101.

III.5.1 Migration and mobility⁵³

Population mobility has risen sharply in recent years. This form of international migration is defined as 'the movement of persons, that is, non-nationals or foreigners, across national borders for purposes other than travel or short-term residence'.⁵⁴ In addition to rural-urban migration, international labour migration has also increased dramatically. The number of migrants in this category is now put at between 175 and 200 million,⁵⁵ or roughly 3% of the global population. Migration flows from Africa, Asia and Latin America tend to move in the direction of neighbouring states (South-South migration), a few leading destination countries (chiefly traditional host nations like the United States and Canada), a number of Persian Gulf states (such as Kuwait, Oman, Qatar, Saudi Arabia and the UAE) and a handful of EU member states (France, the United Kingdom, Germany, Spain and Italy). In addition, a high proportion of poor people in Africa, Asia and Latin America are refugees or 'internationally displaced persons'.⁵⁶ As may be expected, most migrants to the United States and Canada come from Mexico and the Caribbean (over 20 million Mexicans and Cubans live and work in the US). Migration flows to the Persian Gulf region come mainly from South and Southeast Asia (Bangladesh, India, Pakistan, Sri Lanka, Indonesia, the Philippines and Thailand), and also increasingly from North and East Africa. In the EU, migrants from Asia and Latin America have been joined by increasing numbers from Sub-Saharan Africa.

The composition of these migration flows has also changed markedly. For many years, migration was largely a male preserve. Male migrants are now being joined by a growing number of women, with or without their families. Half the world's migrants are now thought to be women.⁵⁷ This is fundamentally altering the division of roles between the genders, parenting in general and intergenerational relationships. Grandparents often play a key role in bringing up the children of parents who have gone abroad to live and work. A growing number of children are migrating too, however, often before they have completed their schooling. Migration flows are therefore becoming younger as well as more feminised.

53 Professor E.B. Zoomers, 'Op zoek naar eldorado: over internationale migratie, sociale mobiliteit en ontwikkeling' (In search of El Dorado: international migration, social mobility and development), inaugural lecture, Radboud University Nijmegen, 2006.

54 G. Lahav and A. Messina (eds) *The Migration Reader: Exploring Politics and Policies*, (US: Lynne Rienner Publishers Inc, 2005), p. 1.

55 Global Commission on International Migration (GCIM) (2005), *Migration in an Interconnected World: New Directions for Action*. See also: M. Farrant, A. MacDonald and D. Sriskandarajah, 'Migration and development: opportunities and challenges for policymakers', Geneva: International Organisation for Migration (IOM), IOM Migration Research Series No. 22, 2006, Institute for Public Policy Research (IPPR).

56 R. Skeldon, *Population mobility in developing countries: a reinterpretation*. (London: Bellhaven Press, 1990). See also: J. Mafukidze, 'A discussion on migration and migration patterns and flows in Africa'. in: C. Cross, D. Gelderblom, N. Roux, J. Mafukidze (eds), *Views on Migration in Sub-Saharan Africa*. Proceedings of an African Migration Alliance Workshop, (Capetown: HSRC Press, 2006) pp. 103-129.

57 UNFPA (2006) United Nations Population Fund: <<http://www.unfpa.org>>. See also: E. Usher, 'The Millennium Development Goals and Migration', Geneva: International Organisation for Migration, 2005).

Migration patterns are becoming increasingly complex and dynamic. The frontier appears to be shifting, with many forms of new migration taking place (to new destinations). Instead of being places of either immigration or emigration, countries are now often serving as both (as well as experiencing continued internal migration). Another frequent phenomenon is the reversal of migration: former emigration countries such as Spain, Italy, Morocco and Botswana are now fulfilling the role of both destination and transit countries.⁵⁸

Particularly in North Africa, new transit regions have grown up between countries of origin and countries of destination as a direct result of restrictive policy in the core regions (such as the European Union and the United States). Rising costs force migrants making their way to Europe or the US to earn extra money en route to finance the last leg of their journey. Some become 'stuck' at this stage – having divested themselves of their former identity, they remain at an interim location for a time, living as quasi-migrants. They have been forced to interrupt their journey yet often cannot return home for fear of losing face or because they are unable to repay the money lent them by family and friends. Migrants in transit regions are especially vulnerable to exploitation (though not only there) and often live and work in poor conditions.⁵⁹ This is especially true of migrants in North Africa.

In view of the many current trends influencing migration and the position of migrants worldwide, the AIV believes it would be appropriate to update its advisory report *Migration and Development Cooperation – Coherence between Two Policy Areas*.

III.5.2 Urbanisation

Lack of employment and development opportunities in rural areas and concentrated economic growth elsewhere can cause people to relocate to major urban centres, thereby adding to a growing concentration of the population in urban areas (urbanisation). A third of urbanisation worldwide is the result of rural-urban migration. The rest is due to natural population growth.⁶⁰

Approximately 50% of the world's population now lives in urban areas. The vast majority of them live in small towns and villages rather than large modern cities. Around 37% of city dwellers live in urban conurbations of at least a million inhabitants.⁶¹ Urbanisation will undergo explosive growth between 2007 and 2050. By 2050, 70% of the global population is likely to be living in urban centres. Existing numbers are expected to treble in Africa and double in Asia. Practically all of this growth will occur in less developed

58 T. Gwebu, 'Contemporary patterns, trends and development implications of international migration from Botswana', paper presented at the Expert Meeting, International Migration and National Development: viewpoints and policy initiatives in the countries of origin, University of Nijmegen, 2006.

59 M. Collyer, 'Undocumented Sub-Saharan African migrants in Morocco', in: N. Nyberg Sørensen (ed.) *Mediterranean Transit Migration* (Copenhagen: DI IS, 2006).

60 Population Bulletin, September 2008, 'World population highlights: key findings from PRB's 2008 World Population Data Sheet'.

61 World Population Data Sheet 2008.

regions. In the more developed regions, the number of people living in urban centres is expected to rise by 12%.⁶²

Urbanisation presents the global community with the challenge of creating enough jobs and decent work for all. It also puts pressure on education and healthcare facilities and requires specific attention and a targeted policy to address the problems of slum-dwellers. These people are often cut off from all social provisions, with disastrous implications for attaining the MDGs. At the same time, urbanisation creates opportunities for development by concentrating a wide range of services, from education and health care to clean drinking water, within a more manageable area. This greatly increases their reach and efficiency.

Urban populations require more food, consumer durables and energy than rural populations. On the other hand, urban regions can absorb a large share of future population growth without resorting to extensive land use.⁶³

III.6 The risk of conflict in connection with a young population without training or job prospects

There is a correlation between a young population (i.e. a population with a low average age and a large cohort of young people) and the risk of political unrest in the form of civil war, conflict or other, combined forms of mass political and socioeconomic violence (collectively referred to as contemporary armed conflict). This correlation has been demonstrated by various studies.⁶⁴

In the 1990s, for example, the risk of civil war in countries with a young age structure was three times as high as it was in countries with a mature age structure. Countries with a mature age structure, where more than 55% of the population was aged over 30, were generally more stable, democratic and developed.⁶⁵

Both the motivation and opportunity for political unrest may be increased by the presence of large groups of young people.⁶⁶ High debt burdens and slow economic growth also appear to heighten the risk, as do societies with a large dependent population and high fertility rates. Conversely, countries at a more advanced stage of demographic transition,

62 Population Bulletin, September 2008, World population highlights: key findings from PRB's 2008 World Population Data Sheet.

63 Ibid.

64 E. Leahy with R. Engelman, C. Gibb Vogel, S. Haddock and T. Preston, *The Shape of Things to Come: why age structure matters to a safer, more equitable world*, (Washington DC: Population Action International, 2007). See also: H. Urdal, 'Clash of generations? Youth bulges and political violence', Centre for the Study of Civil War, International Peace Research Institute, Oslo; *International Studies Quarterly* 2006.

65 Leahy et al, *The shape of things to come* (2007).

66 Urdal, 'Clash of generations?' (2006), p. 607.

with comparatively small dependent populations, appear to be able to benefit from a 'peace dividend'.⁶⁷

The risk of instability and widespread political unrest are thus reflected to some extent in the population pyramid of a country. In Pakistan, for example, nearly 60% of the population is under 25.⁶⁸ The total population is likely to reach 292.2 million by 2050, compared with 167 million at present. This, together with the severe social and political unrest that is affecting the country due to religious, ethnic and cultural tensions, suggests that Pakistan will continue to wrestle with major problems for many decades to come. These problems are also having a negative spillover effect on the stability of Pakistan's neighbour Afghanistan, whose population is likely to reach 79.4 million by 2050 (compared with 28.2 million at present).

By way of comparison, the Russian Federation is expected to have approximately 107.8 million inhabitants by 2050 (compared with 141.8 million now), with a relatively small youth population. The difference between Russia and Pakistan illustrates the strength of the geopolitical shifts that can occur, in part, as a result of demographic trends.

A correlation is not of course a direct causal link. These trends can also be attributed to many other factors and connections. High population growth resulting in a young population is most common in very poor countries with weak governments. Poor governance is associated with a higher risk of domestic conflict. A large youth population without training or job prospects produces a high proportion of young, unskilled and jobless men and women with limited opportunities. Women tend to respond by working to survive. Men, on the other hand, are easier to recruit to extremist causes and political or other forms of violence.⁶⁹ The availability of affordable small arms heightens this problem. The possession of weapons strengthens the power base of a young, potentially criminal, element, and can disrupt even the smallest social units.

Access to education cannot alleviate the risk of conflict if there is no corresponding access to the labour market. Young men who are overqualified for the number and types of jobs available are a particularly high risk group.⁷⁰

In view of these correlations, the AIV believes that achieving a more balanced population structure over the next 12 to 15 years will gradually help reduce the risk of conflict in many countries, in addition to factors such as good governance, fewer unwanted pregnancies and greater self-determination prompting a choice for smaller families. Implementing population policy, providing contraceptives, sexual and reproductive healthcare and public awareness programmes, promoting human rights and education

67 Ibid, p. 619.

68 In 2005 there were 99 million people aged below 24 in Pakistan. This was almost 60% of the total population. Although this number is expected to rise again significantly in the future, its share of the total population is likely to decline to 58% in 2010 and to 50% in 2025. Source: United Nations World Population Prospects: the 2008 Revision Population Database (medium variant).

69 *Counterterrorism from an International and European Perspective*, AIV advisory report No. 49, The Hague, September 2006.

70 Jack A. Goldstone, 'Population and security', *Journal of International Affairs*, vol. 56, 2002, pp. 10-11.

aimed at encouraging personal autonomy, and combating the repression and abuse of women and girls will all contribute to peace policy in the long term.

III.7 Demographic ageing and poverty

By 2050, nearly two billion people will be aged over 60. Eighty per cent will be living in developing countries. Between 2009 and 2050, the older population in developing countries is likely to increase from 481 million to 1.6 billion, compared with an increase from 262 million to 406 million in developed countries.⁷¹

Child-related and overall dependency rates in developing countries have been declining since 1975. They are expected to continue to fall to 2025 before picking up again as a result of demographic ageing.⁷²

The majority of elderly people in developing countries live with their adult children. On average, this applies to three-quarters of people aged 60 or more in Africa and Asia and to approximately two-thirds of people in Latin America and the Caribbean. Fewer than 10% of older people in developing countries live alone. This proportion is declining in some countries but rising in the majority.⁷³ The ratio of people over 60 to those of working age is an indicator of the potential economic burden that older generations could place on younger members of the population. In developing countries, this ratio is expected to treble.⁷⁴ In countries where older people have little access to formal provisions for social protection, they are forced to rely on their family and local community. Research has shown that, in Sub-Saharan Africa, poverty in households headed by elderly people is higher than the national average, regardless of whether they live alone, with their adult children or with their grandchildren.⁷⁵

The demographic transition will eventually lead to smaller families. Fewer children and continued poverty could undermine care for, and the income security of, older members of the population. This particularly applies to developing countries, where it is mainly younger family members who support and care for their older relatives. The traditional family support system could thus come under pressure from demographic ageing in addition to the developments mentioned earlier, such as migration and HIV/AIDS.

For most people in developing countries, the absence of any pension provision creates a substantial lack of income security in later life. This is especially true of small farmers, rural labourers and people working in the informal sector. Often it means having to carry on working to an advanced age for lack of an alternative source of income. Attention needs to be paid not only to income security but also to health care for older people.

71 Economic and Social Council, Commission on Population and Development, *World demographic trends*, 15 January 2009.

72 World Economic and Social Survey 2007, *Development in an ageing world*, United Nations, 2007, p. vii.

73 Ibid, p. 34.

74 Economic and Social Council, Commission on Population and Development, *World demographic trends*, 15 January 2009, p. 22.

75 World Economic and Social Survey 2007, *Development in an ageing world*, United Nations, 2007, p. 95.

In this connection, the AIV would draw attention to the need and opportunities for introducing microinsurance policies as part of a microfinancing system. This subject was discussed in detail in a previous AIV advisory report.⁷⁶

The Madrid International Plan of Action on Ageing, which was unanimously adopted by the UN World Assembly on Ageing on 12 April 2002, urged member states to make demographic ageing an integral part of the international development agenda.⁷⁷ It stressed the importance of mainstreaming demographic ageing and the interests of older people in national development strategies and called for strong national and international partnerships to implement the plan.⁷⁸ The AIV has the impression that the plan's implementation is not progressing well.⁷⁹

Policy to mitigate the effects of an ageing population must also take account of the fact that most of the countries concerned have a disproportionately high number of older women, a disparity that only widens with age. Most of these women have spent their lives in a more vulnerable position than men, and have therefore been unable to make any provision for their old age. Reasons include lack of education and training, the fact that they have had to devote much of their lives to caring for their families, and a more general social and cultural deprivation, such as lack of access and titles to land.

⁷⁶ *Private Sector Development and Poverty Reduction*, AIV advisory report No. 50, October 2006.

⁷⁷ Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002, United Nations, New York, 2002.

⁷⁸ *Economic and Social Survey 2007, Development in an ageing world*, United Nations, 2007, pp. 4 and 5.

⁷⁹ United Nations Department of Economic and Social Affairs, Division for Social Policy and Development – 46th Session, Commission for Social Development, Chairman's summary – Panel discussion: Regional Review and Appraisal of the Madrid International Plan of Action on Ageing, 8 February 2008.

IV Expected consequences of demographic trends

IV.1 Introduction

The demographic developments and trends identified in chapters I and II influence the course of numerous of macroeconomic variables, such as economic growth, savings, investments and productivity. They also affect the national budget, health care, education, the environment, the climate and human rights. Against this background, the AIV will now consider the first of the minister's questions (attainment of the Millennium Development Goals), with particular emphasis on how demographic trends affect economic growth.

IV.2 Global demographic trends

Although the population growth rate is expected to decline from 1.17% per annum in 2005-2010 to 0.36% in 2045-2050, by 2050 the global population will nevertheless have grown by approximately 2.5 billion compared with 2010.⁸⁰ Practically all of this increase will occur in developing countries, particularly Sub-Saharan Africa, South Asia, the Middle East and North Africa. These regions will record annual population growth rates of approximately 2% in 2000, declining to 1% by 2050. The greatest immediate challenge for these countries, in addition to high fertility rates, will be to provide education, training and employment for the young people in their still-growing populations.

However, as mentioned in chapter II, by 2030-2035 another demographic trend – the progressive ageing of the population – will have become a relevant factor in these regions. It is already playing a role in industrialised countries and in a number of large emerging economies such as China and South Africa.⁸¹ Between now and 2050, people aged over 60 will account for half of the 2.5 billion increase in global population. And by 2050, 22% of the global population will be aged 60 and over, compared with just 10% in 2000. Approximately 80% of these people will be living in developing countries, compared with 60% in 2000.⁸²

IV.3 The relationship between demographic transition, economic growth and other factors

In contrast to what was once assumed, the demographic transition (see chapter II) influences economic growth and hence per capita income growth. Changes in the age

80 United Nations, Economic and Social Council, Commission on Population and Development, *World demographic trends*, doc. E/CN.9/2009/6, United Nations, 15 January 2009, pp. 4-5.

81 See e.g. G. Magnus, *The Age of Ageing*, (Singapore: John Wiley and Sons, 2009), p. 4.

82 Ibid, p. 42.

composition of the population are a central factor.⁸³ This population growth and shifting age composition will result in a global increase in the dependency ratio (see chapter II) from 2010. However, as mentioned above, there will be substantial differences between regions and the countries within them.

Studies on the positive/negative influence of the demographic transition on economic growth and other economic variables do not differ greatly in their conclusions. The International Monetary Fund (IMF), for example, has presented the following findings:⁸⁴

- demographic ageing will reduce economic growth in industrialised countries;
- developing countries will achieve a demographic dividend involving faster economic growth over the next 20 to 30 years, followed by the progressive ageing of their populations;
- there will be major disparities in annual growth between societies that are experiencing demographic transition and those that are not: by 2020, the annual growth rate in developing countries could be 2% higher than without a demographic dividend; in Japan, the annual growth rate after 2010 will be 1.3% lower than it would have been without demographic transition;
- as well as affecting economic growth in industrialised countries, demographic changes will also reduce the volume of savings, investments and international capital flows;
- these results are largely based on assumptions about productivity growth and improvements in the investment climate in developing countries.

Another influential and previously mentioned study presents similar results.⁸⁵ Bloom and Canning conclude that developing countries, and even Sub-Saharan Africa over time, can look forward to a substantial demographic dividend. However, they are careful to point out that this is merely an opportunity – a *potential* demographic dividend. Converting this potential into tangible results will depend on good governance and good policy.

Despite prevailing scepticism, Bloom and Canning argue that African countries can reap the benefits of the demographic dividend provided the right safeguards and institutions are in place. The standard growth patterns that apply to other regions are equally valid for Sub-Saharan Africa. However, a key factor in a country's ability to benefit from the demographic dividend is the quality of its institutions: rule of law, administrative efficiency, anti-corruption measures, political freedoms, low risk of expropriation, transparency (of the political system, trade barriers and the black market premium⁸⁶), freedom of political

83 D.E. Bloom and D. Canning, 'Global demographic change: dimensions and economic significance', in: *Global Demographic Change: Economic Impacts and Policy Challenges*, conference proceedings, Jackson Hole, Wyoming, 2004, pp. 18-22. See also: D.E. Bloom, D. Canning, G. Fink and J. Finlay, 'Realising the demographic dividend: is Africa any different?', Programme on the Global Demography of Ageing, Working Paper Series, Harvard University, May 2007.

84 N. Batini, T. Callen, and W.M.C. Kibbin, 'The global impact of demographic change', IMF Working Paper, doc. WP/06/9, International Monetary Fund, Washington DC, 2006.

85 D.E. Bloom and D. Canning, *op.cit.*,

86 The percentage difference between the official exchange rate and the rate used on the black market.

representation and freedom of expression.⁸⁷ Broader measures such as strengthening infrastructure (health care, education, roads and transport), boosting the formal labour market in partnership with trade unions and supporting regulations to protect both employers and employees, are also important. Without the right policy and institutional framework, countries in Sub-Saharan Africa will – at best – miss out on an opportunity for development. At worst, however, there are more serious risks in the offing, such as growing unemployment, rising crime rates and political instability. In the longer term, such countries will be faced with a large cohort of older people for whom no adequate provisions are available.⁸⁸

Changes in the age composition of a country's population (due to demographic transition) and the quality of its institutions are key conditions for development. The combination of the two means there are good prospects for Ghana, Côte d'Ivoire, Malawi, Mozambique and Namibia. These countries combine relatively high-quality institutions with a significant growth in their working population. By contrast, Cameroon, Nigeria, Senegal, Tanzania and Togo all have a potentially large demographic dividend which is only likely to be realised if they make major improvements to their institutional framework.⁸⁹

The authors support the long-held view that demographic ageing can result in a substantial decline in per capita income in industrialised countries, especially among older people. The effects of this decline are mitigated by the fact that despite this loss of income, per capita consumption among the older population can be maintained by a net income transfer to this group via the state. Other factors that could offset the decline in income among older people include a healthier population, increased labour participation by women and older people, and immigration.⁹⁰ Other consequences of demographic ageing could include a smaller labour supply, resulting in higher wages. If productivity does not increase, therefore, a country may become less competitive.

Bloom and Canning observe that the ability to benefit from the demographic dividend and reduce the negative future impact of an ageing population is enhanced by improved health care and a more secure food supply, increased access to education and training, efficient labour markets, free global trade and better pension systems through the creation of pension funds: in other words, sound national and international governance and policy.

87 For evidence of the effects of lack of transparency and sound economic policy, see: J. Sachs and A. Warner (1997), 'Sources of slow growth in African economics'. *Journal of African Economics*, pp. 335-337.

88 D.E. Bloom, D. Canning, G. Fink and J. Finlay, 'Realising the Demographic Dividend: is Africa any different?', Programme on the Global Demography of Ageing, Working Paper Series, Harvard University, May 2007.

89 Ibid.

90 Interestingly, the possibility of immigration from developing countries to industrialised countries is given considerable attention in the latest Growth Report published by the Commission on Growth and Development. *The Growth Report: strategies for sustained growth and inclusive development*, World Bank, Washington DC, 2008, pp. 98-101.

Two interrelated issues play a significant role in these longer term statistical analyses: the discount rate to be applied and the provision made for uncertainty. Like climatological changes, demographic trends by definition occur over extended periods of time. It is therefore important to select a calculation method that allows the interests of current and future generations to be compared or weighed against each other. Such a method should take the form of a cost-benefits analysis, the generally accepted basis for rational decision-making on government expenditure. This involves the application of a discount rate. This is the percentage by which the valuation of future income or benefits (such as a reduction in CO₂ emissions or cleaner air) and future costs is reduced when compared with current income and expenditure. The lower the discount rate, the more weight is attributed to the interests of future generations. Recent studies on climate change, for example by Sir Nicholas Stern, put the discount rate at zero.⁹¹ This implies that the interests of future generations, however far ahead they may lie, are given the same weighting in terms of positive benefits to pursue and negative effects to avoid as those of the present generation. In other words, a discount rate of 2% would imply that the weighting ascribed to the interests of future generations declines by 2% per year compared to those of the present generation. This means that over a 35-year period, the interests of future generations will be only half as important as those of the present generation.

The second issue – uncertainty – also relates to the length of a specific timeframe. Examples of uncertainty involving demographic trends include the possibility of a prolonged underestimation of life expectancy or an overestimation of future fertility rates. In such a situation, a probability distribution model can be used to estimate the likelihood of particular events. Expected values (i.e. weighted averages of the probability of certain events occurring) of the costs and benefits of certain developments, programmes and projects can then be estimated. This makes it easier to work with margins to provide for uncertainties. Substantial margins or reserves should be applied to developments, programmes and projects involving a high degree of uncertainty (e.g. building in a 50% reserve for anticipated income while taking into account the possibility that costs may be 50% higher).⁹²

IV.4 Exploiting the potential of the demographic transition

The demographic transition, as described in chapter II, brings about changes in the age composition of a population, leading ultimately to demographic ageing. Before they enter this final phase, most developing countries, including those in Africa, could benefit from a demographic dividend which includes accelerated economic growth. If countries are to enter this phase successfully, they must achieve a reduction in both birth and death rates, and thus eventually a decline in the dependency ratio.

Against this background, the links between the demographic transition and sustainable growth as specified in the MDGs will now be briefly examined in relation to the first of the minister's questions.

91 See P.S. Heller, *Who will pay?* (Washington DC: International Monetary Fund, 2003), pp. 121-124; United Nations Development Programme, *Human Development Report 2007/2008*, New York, 2007, pp. 62-65.

92 Advisory Council on Government Policy, *Onzekere veiligheid (Uncertain Security)*, (Amsterdam: Amsterdam University Press, 2008), pp. 53-54 and pp. 87-88.

The CICRED study cited in chapter I concluded that if countries can achieve a population structure with declining dependency ratios and a potential demographic dividend, they have a good chance of attaining the MDGs.⁹³ The AIV would stress once again that it is referring only to *opportunities*. If these are to be converted into positive results, the following factors must be addressed:⁹⁴

- education and training;
- creation of productive employment;
- increased access to financial services;
- equal access to training, financial services and the labour market for men and women.

Again, sound national and international governance and high-quality institutions are also vital.

Two further studies are worth mentioning in this regard.⁹⁵ Both see a decline in population growth and the resulting change in the age composition of the population as key prerequisites for achieving the MDGs. They therefore urge countries to implement specific elements of the Programme of Action agreed at the International Conference on Population and Development in Cairo in 1994. In essence, this comes down to providing better access to family planning, education and training for the majority of women and girls. The AIV is struck by the fact that both studies regard implementation of the Cairo Programme of Action as an absolute prerequisite for achieving the MDGs. They also conclude that good national and international policy in the other relevant policy areas is vital in order to bring the MDGs within reach.

IV.5 Problems and opportunities in achieving the MDGs

This and previous chapters show that high fertility rates are one of the biggest obstacles to rapid economic growth and attainment of the MDGs in developing countries, including fragile states. There is a clear link between high fertility rates and slow growth, poverty, hunger, domestic unrest and lack of progress on the MDGs. Access to family planning and education for women and girls is essential to improving the situation. Even if fertility rates were to fall sharply, populations would still grow rapidly for some time and would still include a high proportion of young people. This would again put pressure on existing health and education infrastructure, and later on, the labour market.

In the longer term, countries must take advantage of the next phase in the transition process, which is characterised by a declining dependency ratio and a potential demographic dividend. If they are to succeed, they must provide men and women with

93 CICRED, 2005, pp. 12-16.

94 D.E. Bloom, D. Canning and J. Sevilla, *The Demographic Dividend: a new perspective on the economic consequences of population change*, (Santa Monica, California: RAND, 2003).

95 House of Commons, Report of Hearings by the All-Party Parliamentary Group on Population, Development and Reproductive Health, *Return of the population growth factor: its impact on the Millennium Development Goals*, (London, January 2007), pp. 56-62; United Nations, Economic and Social Council, Commission on Population and Development, *World population monitoring: focussing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals*, (New York, 16 January 2009), pp. 29-31.

better access to the labour market, training and financial services. As this chapter has shown, good governance and better performing institutions are therefore essential.

Demographic trends and transition processes should be included in the Netherlands' policy dialogue with partner countries and should form part of Multiannual Strategic Plans, country profiles and Poverty Reduction Strategy Papers (PRSPs). This will help countries respond more rapidly and effectively to demographic trends.

The Netherlands could draw attention at EU level to the consequences of demographic trends for sustainable development and include the issue on the agenda of its political dialogue with developing countries.

V Dutch policy on demographic trends in relation to the MDGs

V.1 Introduction

This chapter addresses the minister's second question, namely how Dutch foreign policy can respond more effectively to demographic trends (chapters I and II) and their consequences (chapters III and IV) in respect of Dutch efforts to achieve the MDGs. The previous chapters have shown that population growth and the demographic transition will have major consequences for achievement of the MDGs and sustainable development in general. Despite this, the Netherlands does not explicitly address demographic trends in either its foreign or development cooperation policies at present. An exception is policy on gender (MDG 3) and SRHR (MDG 5).

Where available data permits, this chapter will discuss the role that funding and other foreign policy instruments play in current development cooperation efforts to attain the MDGs relevant to this report. To this end it will also look at progress in meeting MDGs 4, 5 and 6 (health), MDG 3 (gender) and MDG 2 (education). Finally, it will provide information about levels of Dutch aid for MDGs 2, 3, 4, 5 and 6 through the bilateral, multilateral and non-governmental channels.

V.2 Stepping up development efforts

The present government's main development aim is to actively continue fighting poverty and promoting sustainable economic development, and to intensify these efforts in the 'Getting closer to the Millennium Development Goals' project.⁹⁶ In 2007, it commissioned a scan of progress in attaining the MDGs.⁹⁷ On the strength of this analysis, the Minister for Development Cooperation announced that he would be stepping up policy in four areas, including equal rights and opportunities for women (MDG 3) and sexual and reproductive health and rights (MDG 5). This would be done as part of a wider focus on health care, which would include measures to combat child and maternal mortality (MDGs 4 and 5).⁹⁸ The minister said that reducing maternal mortality and promoting reproductive health for everyone would remain spearheads of Dutch policy. The Netherlands' contribution will primarily take the form of helping to strengthen healthcare systems, with a specific focus on SRHR and HIV/AIDS prevention (MDG 6).⁹⁹

The relationship between demographic trends relating to birth and death and MDGs 4, 5 and 6, plus the role played by MDG 3 in this relationship, was acknowledged in

96 House of Representatives of the States General, Adoption of the budget statements of the Ministry of Foreign Affairs (V) for 2009, p. 10.

97 Policy letter to the House of Representatives, 'Our Common Concern: investing in development in a changing world', 16 October 2007, p. 6.

98 Ibid, p. 12.

99 Ibid, p. 28. See also the policy memorandum on HIV/AIDS and sexual and reproductive health and rights (SRHR), 'Choices and Opportunities', November 2008.

the 2009 Budget of the Ministry of Foreign Affairs, which stated that in 2009 it would support activities leading to concrete results under the MDG3 Fund. The fund's purpose is to strengthen rights and opportunities for women through support for civil society initiatives, to combat violence against women and to implement and safeguard the SRHR elements of the Cairo Agenda.¹⁰⁰

V.3 The 2009 Budget of the Ministry of Foreign Affairs and bilateral policy on MDGs 3, 4, 5 and 6

Funding for the above activities is included under policy article 5: Increasing individual and social development.

- Operational target 5.3 of this policy article is to work towards gender equality (seven areas of intervention; four performance targets).
- Operational target 5.4 is to halt the spread of HIV/AIDS, malaria and other life-threatening diseases (four performance targets).
- Operational target 5.5 is to promote a global commitment to sexual and reproductive health and rights and implement the Cairo Agenda in full (five performance targets).

The primary instruments to be used to achieve these targets are funding, influencing policy outcomes and international negotiations.¹⁰¹

The section on the budgetary consequences of policy summarises these operational targets and their respective budgetary allocations as follows:¹⁰²

Budgetary consequences of 2009 policy in € million: ODA and non-ODA (in brackets)

Operational target	Expenditure			
	2007	2008	2009	2013
5.3 Gender	4	28	37	34
5.4 HIV/AIDS (MDG 6)	281(1)	297(2)	300(2)	300(5)
5.5 MDGs 4 and 5	142	163	173	157
Total (ODA and non-ODA)	428	490	512	496
Total MDGs 4,5 and 6 (ODA and non-ODA)	424	462	475	462

Between 2007 and 2009, the combined funding allocation for budget items 5.3, 5.4 and 5.5 increased by 20%. It will decline by 3% between 2009 and 2013. The 2009

100 2009 Budget of the Ministry of Foreign Affairs, p. 31.

101 Ibid, pp. 95-98.

102 Ibid, p. 101.

allocation accounts for 9.7% of total Dutch ODA expenditure, compared with 8.4% in 2013.¹⁰³

Between 2007 and 2009, the allocations for MDGs 4, 5 and 6 will increase by 12%; between 2009 and 2013 they will decline by 3%. The 2009 allocation accounts for 9% of total Dutch ODA expenditure, compared with 7.8% in 2013.¹⁰⁴

V.4 The relationship between demographic trends, the MDGs and the Budget's operational targets

Clearly, the interrelationship between demographic trends such as birth (declining fertility) and death rates on the one hand and the MDGs and the operational targets (see above, section V.3) on the other, is a complex one. Operational targets 5.3, 5.4 and 5.5 correspond to MDGs 3 (gender equality), 6 (combat HIV/AIDS) and 4 and 5 (reduce child and maternal mortality and promote SRHR). MDGs 4, 5 and 6 in turn influence the abovementioned demographic trends, while MDG 3 strongly influences a country's ability to attain MDGs 4, 5 and 6. In sum, then, MDG 3 – like MDGs 4, 5 and 6 – also influences demographic trends, creating a potential 'demographic dividend' as described in chapter II. This in turn may have a significant effect on the ability to meet MDG 1.

MDG 2 (education for all) – notably for women and girls – should also be considered when examining these interrelationships. Thus, the MDGs as they relate to demographic trends might be classified as follows.

Demographic trends and MDGs on health: MDGs 4, 5 and 6 (child and maternal mortality, SRHR and HIV/AIDS)

The latter are influenced mainly by: MDGs 3 (gender) and 2 (education)

Self evidently, the health MDGs are also influenced by MDG 1 (eradicate poverty and hunger), and MDG 7 (environmental sustainability, including water and basic sanitation). This means that within policy article 5, account must also be taken of operational target 5.1: universal access to a good education giving all children, adolescents and adults the skills and knowledge they need to play a full part in society (six performance targets). This target covers education sector plans based on bilateral cooperation with 14 partner countries and the Fast Track Initiative (FTI) for education, which the Netherlands is working on with at least 40 developing countries. The budgetary implications of this operational target are as follows.

Budgetary consequences of 2009 policy in € million (all ODA)

Operational target	Expenditure			
	2007	2008	2009	2013
5.1 Education for all	465	458	515	501

Total Dutch development aid linked to demographic trends thus comes to €1,027 million

103 HGIS memorandum on the 2009 Homogeneous Budget for International Cooperation, p. 20.

104 Ibid.

(of which €1,025 million ODA) in 2009 and €997 million (of which €992 million ODA) in 2013: a decline of 3.3%. Development aid related to demographic trends rose by 15% in the 2007-2009 period. It accounts for just under 20% of total ODA in 2009 and 17% in 2013. In both 2009 and 2013, 54% of this ODA is earmarked for education and gender and 46% for the health MDGs.

V.5 Progress in attaining the MDGs (results in 2007-2008)

This section will briefly summarise the results achieved in the health MDGs (4, 5 and 6), MDG 3 (gender) and MDG 2 (education), primarily on the basis of the recently published *2007-2008 Results in Development* report.¹⁰⁵

The new *Results in Development* report concludes that great strides have been made in reducing child mortality. Whereas in 1960, the under-five mortality rate stood at nearly 13 million (out of a total under-five population of approximately 430 million), by 2007 it had fallen to 9.2 million (out of a total under-five population of 630 million): a remarkable improvement.¹⁰⁶

MDG 5 is the health goal on which least progress has been made. Since 1990 maternal mortality has fallen by less than 1% per year. Reducing maternal mortality relies heavily on the provision of effective regular health care. The results show that while progress has been made in a number of key areas, such as contraceptive use and antenatal support, the quality of care during and after delivery is still poor. The large unmet need for family planning is also still cause for concern.

Good progress has been made towards meeting MDG 6 (HIV/AIDS) in recent years. The number of people gaining access to antiretroviral treatment has increased by a factor of ten, from 240,000 in 2003 to nearly three million in 2007. The incidence of new infections has declined from three million in 2001 to 2.7 million in 2007.

Progress on attaining MDG 3 (gender) is slow. This is reflected in all ten indicators. All in all, there is much to improve in relation to this goal.¹⁰⁷

The results for MDG 2 (access to education) show that good progress is being made in this area. Exceptions include large parts of Africa (fragile states) and a number of countries in South and East Asia. Progress on improving the quality of education and reaching the poorest groups has been less impressive, however. More also needs to be done to increase the proportion of girls completing primary school.¹⁰⁸

While the AIV greatly values the number and quality of the overviews and analyses contained in the 2007-2008 *Results in Development* report, it questions the generally optimistic tone adopted with regard to the results achieved to date and the future

¹⁰⁵ *2007-2008 Results in Development* report, Directorate-General for International Cooperation, Ministry of Foreign Affairs.

¹⁰⁶ *Ibid*, p. 96.

¹⁰⁷ *Ibid*, pp. 72-80.

¹⁰⁸ *Ibid*, p. 68.

outlook. As mentioned in chapter I of this advisory report, the 2008 Global Monitoring Report warns of '[...] serious shortfalls in fighting hunger and malnutrition'. It goes on to state that 'on current trends, the human development MDGs are unlikely to be met. Prospects are gravest for the goals of reducing child and maternal mortality, but shortfalls are also likely in the primary school completion, empowerment of women and sanitation MDGs. Within this overall picture, there is considerable variation across regions and countries. At the regional level, Sub-Saharan Africa lags on all MDGs [...] South Asia lags on most human development MDGs. [...] At the country level, on current trends most countries are off track to meet most of the MDGs, with those in fragile states falling behind most seriously.'¹⁰⁹

The AIV would also highlight a study on ODA funding for reproductive health in 18 conflict-affected countries, which was published in June 2009. The study found that between 2003 and 2006, 53% more ODA was spent on reproductive health care in countries not affected by conflict than in conflict-affected countries, despite the far greater need in the latter.¹¹⁰

V.6 Dutch non-governmental, multilateral and bilateral funding for MDGs 2, 3, 4, 5 and 6

So far, this report has only discussed Dutch funding for relevant MDGs through the bilateral channel. In the context of this advisory report, it is of course also important to look at financial aid via the multilateral and non-governmental channels, as well as at non-financial inputs. Relevant information can be found in the 2007-2008 Results in Development report.

Expenditure on MDGs 4, 5 and 6 per channel (in € million)¹¹¹

	2006	2007	2008
Non-governmental	140	154	160
Multilateral	199	229	259
Bilateral	131	138	148
Total	470	521	567

109 The World Bank, *Global Monitoring Report 2008*, World Bank, Washington DC, p. XVII.

110 'Tracking Official Development Assistance for reproductive health in conflict-affected countries'. This study was carried out by RAISE, a joint initiative between Marie Stopes International and Columbia University, Mailman School of Public Health, King's College London and the London School of Hygiene and Tropical Medicine.

111 *2007-2008 Results in Development*, p. 99.

Expenditure on MDG 3 per channel (in € million)¹¹²

	2006	2007	2008
Non-governmental	9.9	30.7	40.7
Multilateral	0.5	0.3	6.3
Bilateral	0.8	1.2	21.9
<hr/>			
Total	11.2	32.2	68.9

Expenditure on MDG 2 per channel (in € million)¹¹³

	2006	2007	2008
Non-governmental	76	60	73
Multilateral	213	190	69
Bilateral	203	301	312
<hr/>			
Total	492	551	454

First, it should be noted that the figures shown above cannot be directly compared with those presented in sections V.3 and V.4. The latter were taken from the 2009 Budget of the Ministry of Foreign Affairs and relate to budgets. The overviews presented in this section (V.6) relate to actual spending, that is, spending that has already been allocated or disbursed.

The overview above shows that total actual spending on MDGs 4, 5 and 6 through the multilateral, bilateral and non-governmental channels has remained stable in recent years. On average, the non-governmental channel has absorbed 29% of expenditure, the multilateral channel 44% and the bilateral channel 27%.¹¹⁴ Total spending on MDGs 4, 5 and 6 increased by 10% in 2006-2007 and by 9% in 2007-2008. This is in line with the 12% increase in the overall budget for MDGs 4, 5 and 6 (see section V.3) between 2007 and 2009. The *2007-2008 Results in Development* report states that the lion's share of this increase went to MDG 5 (primarily SRHR) and MDG 6 (HIV/AIDS).¹¹⁵ According to the figures shown in section V.3, the budget for MDG 6 increased by 7% and the budget for MDGs 4 and 5 by 22% in 2007-2009. This matches the figures quoted in *Results in Development*.

The relevant budgets (see section V.3) show that in 2007-2009, the Netherlands targeted most of its funding at MDG 6 (combating HIV/AIDS). This goal accounted for an average of 65% of the total budgets for MDGs 4, 5 and 6. Interestingly, the multi-year estimate for 2013 shows that this allocation has barely changed (66%). An evaluation of Dutch policy on HIV/AIDS and SRHR from 2004 to 2006 by the Policy and Operations Evaluation Department of the Ministry of Foreign Affairs also concluded that not enough was being spent on the more sensitive aspects of SRHR policy. The policy itself, and the

112 Ibid, p. 80.

113 Ibid, p. 52.

114 Ibid, p. 99.

115 Ibid, p. 99.

Netherlands' role as an international advocate, was regarded positively. However, both the IOB and the AIV feel that the allocation of funding is too heavily weighted towards HIV/AIDS at the expense of SRHR.¹¹⁶ The AIV recommends adjusting this allocation to the benefit of SRHR.

The Netherlands made little or no financial contribution to MDG 3 prior to 2007; such allocations as were made were confined to the non-governmental channel. In 2007 this commitment was trebled, with practically all of the increase again going through the non-governmental channel. In 2008 the Netherlands doubled its financial contribution to MDG 3, this time increasing the share of bilateral funding. Another key recipient of funding is the aforementioned 'MDG 3 Fund: Investing in Equality', which in 2008 awarded grants worth €70 million for 45 projects run by NGOs in Africa, Asia and Latin America.

With regard to MDG 2, bilateral cooperation with 14 education partner countries remains by far the most important channel for Dutch funding. Between 2006 and 2008, the bilateral channel accounted for 54% of total expenditure. However, following a 12% increase in 2007, this allocation fell by as much as 18% in 2008 due to disbursement problems in the multilateral channel.

Also noteworthy is that while bilateral spending rose by 48% in 2007 and by almost 4% in 2008, the budgets (see section V.4) presented a different picture. A 12% reduction in the bilateral budget for education was provided for in 2008, followed by a 26% rise in 2009. It is expected to decrease by 3% in 2013, compared with 2009.

V.7 Dutch non-financial inputs for the MDGs

The *2007-2008 Results in Development* report stresses the importance of the Netherlands' innovative, non-financial contributions toward meeting the MDGs. The AIV shares this view. Non-financial inputs include capacity building, advocacy and providing platforms for decision-making and sharing experiences.¹¹⁷

The Netherlands' membership of the Network of Global Leaders for the Health Millennium Goals is an important non-financial input in relation to MDGs 4, 5 and 6. One of the network's key achievements is that it has encouraged the G8 to advocate a broad approach to health care for the first time. The Netherlands also belongs to a number of organisations and working groups aimed at extending vaccination programmes as highly cost-effective prevention measures, strengthening healthcare systems in general, and promoting social protection and a more holistic approach to the impact of AIDS on children.¹¹⁸

Bilateral inputs include the embassy-based experts on health, education and institutional development who help formulate policy in partner countries, and Dutch NGOs that help their local counterparts to supplement public services. The Netherlands also supports

116 Policy and Operations Evaluation Department, *Beleidsdoorlichting seksuele en reproductieve gezondheid en rechten en HIV/AIDS 2004-2006* (Policy review on SRHR and HIV/AIDS 2004-2006), Ministry of Foreign Affairs, The Hague 2008, pp. 12-13, p. 104 and pp. 100-104.

117 *2007-2008 Results in Development*, p. 113.

118 *Ibid*, p. 105.

organisations that are not afraid to address sensitive or controversial subjects such as sexual rights, including abortion.

The Netherlands' main non-financial contribution to MDG 3 is gender mainstreaming; that is, ensuring that gender perspectives are central to policymaking. The AIV endorses the view that attaining MDG 3 calls for a broad approach which is not confined to development cooperation but also includes political dialogue and diplomacy. The Netherlands also urges multilateral organisations to focus more attention on gender.¹¹⁹ The AIV believes that such public diplomacy is a key element of the Netherlands' efforts in this area and recommends that it be continued.

Dutch financial assistance aimed at MDG 2 is supplemented by an active policy dialogue with bilateral, international and multilateral partners and with civil society.¹²⁰ Topics include policy, quality of education, strengthening institutional capacity and creating equal opportunities for girls, women and other vulnerable groups. Harmonisation (greater policy coherence), donor coordination and division of labour are also discussed. The lobbying activities of civil society organisations are another notable example of non-financial inputs.

It is important to bear in mind the comparative intrinsic advantages of the bilateral, multilateral and non-governmental channels in different development cooperation activities.

V.8 Concluding remarks

In the AIV's view, policy to promote social rights such as SRHR (notably access to family planning), health and education for women and girls in particular could serve as a springboard for social and economic development. On the basis of the 2009 Budget and the *2007-2008 Results in Development* report, the AIV believes that the minister has set the right priorities but that even more could be done, both nationally and internationally, through bilateral, multilateral and non-governmental channels. Important work is already being done to promote SRHR, including the right to choose how many children to have and when to have them, and the right to access to the necessary information and resources. Now, Dutch efforts should also focus strongly on a *broader* approach that takes account of the consequences of demographic transition processes for developing countries.

Active measures should be taken to increase awareness among political leaders and officials in developing countries of the impact of high fertility rates (and the associated population increase) on economic growth, sustainable development and political and social stability. Unfortunately, some political leaders regard rapid population growth as a way of extending their power base. In reality, it only heightens the risk of poverty, hunger and social unrest.

Demographic trends, and in particular transition processes and the associated population increase, are an urgent issue for development cooperation and should form an *integral* part of the minister's modernisation agenda. In addition to policies for the

¹¹⁹ *2007-2008 Results in Development*, p. 80.

¹²⁰ *Ibid*, p. 54.

immediate future, long-term strategies are required to enable the Netherlands to provide an effective response to the demographic transition.

Together with climate change, demographic changes will be among the greatest challenges facing mankind in the 21st century. Both will have far-reaching consequences in a range of areas. The AIV believes that far more attention should be focused both nationally and internationally on how demographic trends relate to economic growth and sustainable development, peace and security, scarcity, energy consumption, the environment, migration and mobility, and human dignity. Demographic trends and transition processes should also be given much more government-wide attention so that the Netherlands can respond positively and effectively to the global changes that will occur between now and 2050.

The AIV recommends that the Netherlands place demographic trends high on the agenda as a *global issue* within the new structure of the Ministry of Foreign Affairs, which is now being created. To avoid a one-sided focus on any single policy area, it should not be the preserve of any one specific social, economic or environmental department. On the contrary, an integrated approach that addresses all these dimensions and guarantees policy coherence is essential. The AIV therefore recommends that the minister appoint a high-level Ambassador for Population Issues and Sustainable Development. From this overarching position, the Ambassador could ensure that the issue is integrated into the full spectrum of national policy and receives significant international attention. Once the issue is sufficiently embedded in policy, the post could be discontinued.

The anticipated decline in GNP in 2009 and possibly also in 2010 will inevitably also reduce the ODA share of the Netherlands' development cooperation budget (0.8% of GNP). This means that cutbacks will be unavoidable. The AIV would urge the government when considering where to apply these cost-cutting measures, to maintain its vital contribution to SRHR, health, education and gender as far as possible. Otherwise, the direct effects of such cutbacks could inhibit sustainable development in developing countries for years to come.

VI Summary, conclusions and recommendations

Request for advice

On 15 January 2009 the Minister for Development Cooperation asked the Advisory Council on International Affairs (AIV) to prepare an advisory report on population and development cooperation. The AIV was invited to formulate recommendations indicating how the Ministry of Foreign Affairs could respond more effectively to demographic trends, in the interests of sustainable development. More specifically, the minister asked the AIV to answer the following questions:

1. What major problems and opportunities do demographic trends present for the attainment of the Millennium Development Goals (MDGs)?
2. How can Dutch foreign policy respond more effectively to these problems and opportunities in respect of each of the eight MDGs, with special attention for innovative approaches (IS 2.0), including making innovative use of existing foreign policy instruments and putting forward suggestions for new instruments?

Demographic trends require renewed national and international attention

Major demographic changes have occurred since the end of World War II in 1945. During that time, the global population has more than doubled. In the twentieth century, almost 90% of this increase occurred in less developed countries. Between 2008 and 2050, the world population will continue to grow, from 6.8 billion to 9.2 billion, despite an overall decline in the global fertility rate. The population will grow by 2.3 billion in less developed countries and by 0.1 billion in more highly developed countries. Less developed countries will thus account for almost all of this growth. The population of 29, largely least developed countries is likely to double and in some cases treble. Africa, which has the world's highest regional birth rate, is likely to record the most rapid population growth between now and 2050.

The population explosion that will take place in some countries and regions between now and 2050 will not only seriously compromise our ability to meet the MDGs, including the poverty reduction goal, but will more generally pose a threat to the environment and peace and security. In some countries, it will also strongly intensify pressure to migrate, directly affecting both South-South and South-North migration. As mentioned, this population increase will take place almost exclusively in developing countries, notably in Sub-Saharan Africa, South Asia, the Middle East and North Africa. Yet despite this substantial population rise, these regions will see a decline in their annual population growth rates from approximately 2% in 2000 to 1% in 2050. By 2030-2035, another demographic trend – the progressive ageing of the population – will become a relevant factor in these regions. It is already playing a role in industrialised countries and in a number of big emerging economies such as China and South Africa. By 2050, 22% of the global population will consist of people aged 60 and over, compared with just 10% in 2000. Approximately 80% of people aged 60 and over will be living in developing countries, compared with 60% in 2000.

Demographic trends such as high fertility rates (that is, a high average number of children per woman) and the resulting high population growth will have major consequences for developing countries, including fragile states. Not only will these developments hamper our ability to meet the MDGs by the target date of 2015, they will also make it difficult for us to attain future development goals after 2015. So in addition to pursuing a policy

for the immediate future, the Netherlands must also develop strategies which offer an effective long-term response to population issues.

In view of its importance, it is therefore remarkable that the issue of demographic trends is still so low on the international agenda and plays no significant role in national policymaking. On the other hand, it is implicitly taken into account in Dutch policy relating to specific MDGs. However, it is rarely addressed in the wider context of economic growth and sustainable development or of peace and security.

Demographic transition

Demographic transition is the shift that populations make from high birth and death rates to low birth and death rates. A decline in mortality rates (which always occurs first) combined with high continued fertility rates initially leads to population growth. This is the start of the demographic transition process. The phase a country has reached in the transition process is reflected in the age composition of its population: young, rapidly growing populations, followed by populations with a low dependency ratio, and finally a progressively ageing population. The changing ratio of young people (aged below 15) to the working population (15 to 65) and the elderly (over 65) during the demographic transition has major implications for both government policy and development prospects.

Urgent themes

The AIV has identified and examined a number of urgent, development-related themes, which are not necessarily all directly linked to the demographic transition, but in which demographic variables do play a role: maternal mortality, education for girls, HIV/AIDS, sex education, migration/mobility and urbanisation, the risk of conflict in connection with a young population with no training or job prospects, and ageing and poverty.

The different phases of demographic transition and their policy implications

Each phase of the demographic transition has its own specific profile and therefore requires a specific government policy. At the same time, account must be taken of the next phase in the transition process so that a timely response can be provided to the changes that are about to occur. Good governance and enhancing institutional quality are also necessary preconditions for ensuring a favourable outcome of the demographic transition.

Phase I Young, rapidly growing populations

Countries that have entered this phase are characterised by high fertility rates and *large youth populations*. Annual population growth is generally at least 2%, and over 40% of the population is aged below 15. Most developing countries, including fragile states, are in this phase.

There are clear links between high fertility rates and poverty. Countries where a higher proportion of people are living in poverty often have high fertility rates. Women who are frequently pregnant and spend a large part of their lives looking after children find it difficult to participate in education or the formal labour market. High fertility rates are also associated with a higher prevalence of child and maternal mortality. Lack of access to contraception (an unmet need for family planning) is a major factor underlying the high fertility rates of countries with this profile.

Education of girls has a strong beneficial effect on development and health and is closely linked to reduced fertility rates. Better educated and informed women are likely to use contraceptives earlier and have fewer children, are less likely to die as a result of

pregnancy or childbirth (lower risk of maternal mortality) and make a greater and more productive contribution to economic growth. Their children are also less likely to die in infancy or to spend their lives in poverty.

In this phase, government policy should as a rule concentrate on reducing the fertility rate through promoting social rights such as SRHR (notably access to family planning), health and education, especially for girls. SRHR (public information and family planning) should be made an explicit part of an integrated health system and be built into education and other development programmes.

Another policy priority is to create better prospects for the high proportion of young people aged below 15 through education and training and by boosting productive employment. A large youth population, especially of young men, with no training or prospects is a potential source of political and social conflict: in other words, a threat to regional as well as national peace and security. Lack of means of livelihood will also increase migratory pressure.

Countries with young, rapidly growing populations include the world's most fragile states. These countries are also the focus of other kinds of international cooperation programmes which provide emergency aid, help with reconstruction, aid in strengthening institutions and the rule of law, and 'soft power' for the military and peace missions. Such programmes should also make structural provision for SRHR, with specific attention for access to family planning.

Phase II Populations with a low dependency ratio

Populations with a low dependency ratio are characterised by a declining proportion of young people under 15 and a growing proportion of people of economically productive age. This is caused by a decline in fertility rates. The 'demographic dividend' to which this gives rise can help to accelerate the growth of per capita income, national savings and the national economy. This is the point at which a country has an opportunity to both significantly accelerate its economic growth and invest in the future; in other words, to create the provisions it will need at a later stage in the transition process when its population starts to age. However, the benefits of the demographic dividend are not realised automatically. The large potential workforce that is created during this phase must be matched by a corresponding demand for labour and a supply of productive employment. Without the right policy, the extra supply of labour could lead to unemployment, with a potential risk of political and social instability. The pressure to migrate would also increase.

One prerequisite for generating a demographic dividend is for countries to practise good governance and invest in institution building. The ability to benefit from the demographic dividend and reduce the negative future impact of an ageing population is enhanced by improved health care and a more secure food supply, increased access to education and training, efficient labour markets, private sector development, free global trade, a stronger financial sector and better pension systems through the creation of pension funds.

Phase III Ageing populations

In this phase, an ageing population can result in a substantial decline in per capita income, especially among older people themselves. The effects of this decline are mitigated by the fact that despite this loss of income, per capita consumption among the older population can be maintained by a net income transfer to this group via the

government. Other welfare-promoting factors that could offset the decline in income among older people include a healthier population, increased labour participation by women and older people, and immigration.

Clearly, if insufficient provision is made for the effects of ageing in the second phase of the transition process, older people will experience a dramatic reduction in their economic and social security later on.

The demographic transition will eventually lead to smaller families. Fewer children and continued poverty could undermine care for, and the income security of, older members of the population. This is especially true in developing countries, where it is mainly younger family members who support and care for their older relatives. The traditional family support system could thus come under pressure, particularly as a result of migration and HIV/AIDS.

For most people in developing countries, the absence of any pension provision creates a substantial lack of income security in later life. This is especially true of small farmers, rural labourers and people working in the informal sector. Often it means having to carry on working to an advanced age for lack of an alternative source of income. More attention must be given not only to income security but also to health care for older people.

A policy to mitigate the effects of an ageing population must also take account of the fact that most of the countries concerned have a disproportionately high number of older women, a disparity that widens with age. Many of these women were already more vulnerable when they were younger and were therefore unable to make any provision for their old age. Reasons include lack of training, the fact that they had to spend most of their lives caring for their families, and social and cultural deprivation, such as lack of access and titles to land.

Demographic transition and its consequences for the MDGs and national policy in developing countries

These developments and trends have major implications for the countries concerned. They affect the national budget, health care, education, the environment and climatic conditions and domestic social and political stability. In contrast to what was once assumed, the demographic transition influences economic growth and hence per capita income growth. Changes in the age composition of the population are a central factor. The MDGs are particularly likely to be met in countries whose population structures are characterised by falling dependency ratios and where the positive effects of the demographic dividend can be realised.

If countries are to successfully enter this phase, they must promote social rights such as SRHR, health and education, especially for women and girls, and pursue policies promoting good governance and higher quality institutions. An integrated healthcare system with attention for preventive care, sex education and family planning is crucial, as is integrating SRHR into education and other development programmes. This will reduce both fertility rates and maternal and child mortality. The resulting decline in the proportion of young men could eventually also yield a peace dividend.

If the MDGs are to be met in the phase in which the demographic dividend can be realised, the following policy areas must be tackled alongside the priorities mentioned above:

- education and training;
- creating productive employment;
- widening access to financial services;
- equal access to training, financial services and the labour market for women.

Demographic trends and Dutch policy on the MDGs

The Netherlands does not explicitly address demographic trends in either its foreign or development cooperation policies. An exception is policy on gender (MDG 3) and on SRHR (MDG 5), which is partly geared to meeting the goals set by the Cairo agenda.

Earlier sections of this report clearly show that MDGs 2 (universal primary education), 3 (gender equality), 4 (reduce child mortality), 5 (reduce maternal mortality and promote SRHR) and 6 (combat HIV/AIDS) are highly interdependent and play a key role in influencing demographic trends such as birth (declining fertility rates) and death rates. Working towards these MDGs will ultimately lead to a reduction in birth and death rates, enabling a country to enter the phase in which the dependency ratio declines and the possibility of a demographic dividend arises, with – under the right conditions – positive benefits for poverty reduction (MDG 1), peace and security and the environment. However, most developing countries are still at the stage of declining mortality rates combined with high continuing fertility rates. The AIV believes that the Netherlands' policy to promote social rights such as SRHR (notably access to family planning), health and the education of women and girls in particular can act as a springboard for the further development of these countries.

In 2007 the current Minister for Development Cooperation announced that he would be stepping up policy on equal rights and opportunities for women (MDG 3) and on sexual and reproductive health and rights (MDG 5). This would be done as part of a wider focus on health care, to include measures to combat child and maternal mortality (MDGs 4 and 5). The minister said that reducing maternal mortality and promoting reproductive health for everyone would remain spearheads of Dutch policy. The Netherlands' contribution will primarily take the form of helping to strengthen healthcare systems, with specific attention for SRHR and HIV/AIDS prevention (MDG 6). The AIV believes that the minister has made the right decision in choosing this policy intensification on SRHR, which is an internationally sensitive issue.

Between 2007 and 2009, bilateral budgets for the three budget items (5.3, 5.4 and 5.5) corresponding to MDGs 3 (promote gender equality), 6 (combat HIV/AIDS) and 4 and 5 (reduce child and maternal mortality and promote SRHR) rose by 20%. The budgets for MDGs 4, 5 and 6 were increased by 12% and the budget for MDG went up by more than 800%. The total projected bilateral budgets for 2009 are €475 million for MDGs 4, 5 and 6 and €37 million for MDG 3.

Total actual spending on MDGs 4, 5 and 6 through the multilateral, bilateral and non-governmental channels has remained stable in recent years. On average, the non-governmental channel has absorbed 29% of expenditure, the multilateral channel 44% and the bilateral channel 27%. In 2008, actual expenditure on MDGs 4, 5, and 6 through the multilateral, bilateral and non-governmental channels came to €567 million. The Netherlands made little or no financial contribution to MDG 3 prior to 2007; such allocations as were made were confined to the non-governmental channel. In 2007 this commitment was trebled, with practically all of the increase going once more through the non-governmental channel. In 2008 the Netherlands doubled its financial contribution to MDG 3 and increased the share of bilateral funding. In 2008,

actual expenditure on MDG 3 through the multilateral, bilateral and non-governmental channels totalled €68.9 million.

The relevant budgets show that in 2007-2009, the Netherlands targeted most of its policy efforts at MDG 6 (combating HIV/AIDS). MDG 6 accounted for an average of 65% of the total budgets for MDGs 4, 5 and 6. Interestingly, the multi-year estimate for 2013 shows that this allocation has barely changed (66%). Despite the links between HIV/AIDS and SRHR, the allocation of funding in the context of Dutch policy appears to be heavily weighted towards HIV/AIDS at the expense of SRHR.

The Netherlands must nevertheless be congratulated on its efforts to promote SRHR, especially in the context of what is a highly sensitive ideological international debate. The Netherlands provides a unique added value in this regard due to the credibility earned from the results of its own domestic policy: a very low prevalence of teenage pregnancies and HIV/AIDS and low levels of abortion, despite the fact that abortion is both legal and offered largely free of charge.

The AIV notes that between 2007 and 2009, bilateral budgets for major Dutch commitment to universal primary education (MDG 2) have risen by 15%. €515 million was set aside for MDG 2 in 2009, almost 20% of total expenditure that year. Of this ODA, 54% was spent on education and gender and 46% on the health MDGs. These breakdowns will remain unchanged for 2013. The AIV observes that the Netherlands' substantial investments in MDG 2 in recent years are crucial in enabling developing countries to respond to demographic trends.

The latest Global Monitoring Report (2008) shows just how timely these efforts continue to be. It concludes that urgent action must be taken to meet the MDGs by 2015. The prospects are poorest for achieving MDGs 4 and 5 (reduce maternal and child mortality). Progress in attaining universal primary education, food security, gender equality and basic sanitation is also seriously behind schedule. The situation in fragile states is the most critical. Sub-Saharan Africa is lagging behind in meeting all the MDGs, including MDG 1, despite the fact that many countries in the region are achieving higher growth rates. South Asia is on track to attain MDG 1 but is not making enough progress to meet the human development MDGs.

The complex interrelationship between demographic trends and the MDGs shows how significant these developments are for a country. Only through an active response to demographic trends, partly through measures designed to meet the MDGs, can sustainable development be achieved. Failure to respond will have a direct adverse effect on poverty reduction and on social and political stability. An active approach to good governance and the quality of institutions is also essential.

Recommendations

Together with climate change, demographic trends will be among the greatest challenges facing mankind in the 21st century. Both will have far-reaching consequences in various ways. The AIV believes that far more attention should be focused both nationally and internationally on how demographic trends relate to economic growth and sustainable development, peace and security, scarcity, energy consumption, the environment, migration and mobility, and human dignity. Demographic trends and the associated transition processes should also be given much more government-wide attention so that the Netherlands can respond positively and adequately to the global changes that will occur between now and 2050.

The AIV recommends that the Netherlands place demographic trends high on the agenda as a global issue within the new structure of the Ministry of Foreign Affairs, which is now being created. It should not be the preserve of any one specific social, economic or environmental department, to avoid a one-sided focus on any one of these policy areas. An integrated approach that addresses all these dimensions and guarantees policy coherence is essential. The AIV therefore recommends the appointment of a high-level Ambassador for Population Issues and Sustainable Development at the Ministry of Foreign Affairs. From this overarching position, the Ambassador could ensure that the issue is integrated into the full spectrum of national policy and given international prominence. Once it is sufficiently embedded in policy, the post could be discontinued.

In the AIV's view, *policy to promote social rights such as SRHR (notably access to family planning), health and education for women and girls in particular could act as a springboard for social and economic development.* In the light of the 2009 budget and the 2007-2008 Results in Development report, the AIV believes that the Minister has set the right priorities but that even more could be done, both nationally and internationally, through bilateral, multilateral and non-governmental channels. In addition to the important work being done by the Netherlands to promote SRHR, Dutch efforts should also focus strongly on a *broader* approach that takes account of the consequences of demographic transition processes for developing countries.

Active measures should be taken to increase awareness among political leaders and administrators in developing countries of the impact of high fertility rates and the associated population increase on economic growth, sustainable development and political and social stability. Unfortunately, some political leaders regard rapid population growth as a way of extending their power base. In reality, it only heightens the risk of poverty, hunger and domestic unrest.

Demographic trends and transition processes should be included in the Netherlands' policy dialogue with partner countries and should form part of the Multiannual Strategic Plans, country profiles and PRSPs. This will make it easier for countries to respond more effectively and swiftly to demographic trends.

Demographic transition processes have major implications for government policy and development outlooks. Account must be taken of the changing age composition of the population (the ratios between young people under 15, a working population between 15 and 65 and an ageing population over 65) that occurs in the different phases of the demographic transition process. Good governance and enhancing institutional quality are also necessary preconditions for ensuring a favourable outcome of the demographic transition.

Policy to promote social rights such as SRHR, health and education for women and girls in particular can act as a springboard for development. Integrated healthcare systems with a focus on preventive care, sex education and family planning are vital, as is integration of SRHR into education and other development programmes. This will reduce both fertility rates and maternal and child mortality. The resulting decline in the ratio of young men could eventually also yield a peace dividend.

Peace operations and policy on fragile states must allow sufficient scope for a structural approach to SRHR, with a specific focus on family planning. This increased scope should also be reflected in additional financial resources.

Despite the substantial efforts being made by the Netherlands to promote SRHR and the close links between SRHR and HIV/AIDS, the allocation of funding for Dutch policy appears to be heavily weighted in favour of HIV/AIDS at the expense of SRHR. The AIV recommends allocating a higher proportion of funding to SRHR.

If the MDGs are to be achieved in the phase in which the demographic dividend can be realised, men and women must be given better access to the labour market, training and financial services. Equal access for women and girls plays a major role in this respect.

The AIV has formed the impression that the mainstreaming of ageing in national development strategies, as advocated in the Madrid International Plan of Action on Ageing, is not progressing well. The Netherlands should therefore address this problem in its policy. It should also offer technical assistance to developing countries to help them establish public and private pension funds and other provisions for old age. Investments in institutional structures are needed to provide for the large number of vulnerable elderly people, including a disproportionately high proportion of women, who will soon be in need of income security. Microinsurance policies could also be introduced as part of a microfinancing system.

The Netherlands could call on the European Union to specifically address the consequences of demographic trends for sustainable development and include the issue on the agenda of its political dialogue with developing countries.

Demographic trends, especially transition processes and the resulting age composition of the population, are an urgent priority for development cooperation and should be made an integral part of the Minister for Development Cooperation's modernisation agenda. Most developing countries, including fragile states, will continue to experience high fertility rates and rapid population growth for some time to come. This will impede their progress in meeting the MDGs by 2015 and will undoubtedly also undermine efforts to attain future targets after 2015. So in addition to pursuing a policy for the immediate future, the Netherlands must also develop strategies which offer an effective long-term response to population issues.

The anticipated decline in GNP will inevitably also reduce the ODA share of the Netherlands' development cooperation budget (0.8% of GNP). This will require choices in making the unavoidable cutbacks. The AIV urges that when considering where to apply these cost-cutting measures, the government maintain its vital contribution to SRHR, health, education and gender as far as possible. Otherwise, the direct effects of such cutbacks could inhibit sustainable development in developing countries for many years to come.

Annexes

Request for Advice

Mr F. Korthals Altes
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Re Request for advice on population and development cooperation
Cc

Dear Mr Korthals Altes,

Changes in the size and composition of a country's population significantly affect its development potential. These population dynamics are caused by interaction between the birth, death and migration rates and a multiplicity of cultural and economic factors. Over the next forty years, 99% of total population growth will take place in the developing countries. The age structure of populations is changing all over the world. In addition, migration is becoming easier and more attractive because of the globalising economy.

In view of the political and power issues related to population and the tension between individual and macroeconomic interests, integrating the population theme into Dutch foreign policy is a delicate matter. At the same time, the international debates on food scarcity, energy, climate change and security are increasingly focusing on population, albeit mainly in terms of the macroeconomic aspects of population size. Dutch policy remains founded on the principles of the 1994 International Conference on Population and Development and the right of individuals to decide how many children to have, and when.

To supplement the various international studies and in line with the ongoing efforts to update Dutch development cooperation policy, the Advisory Council on International Affairs is hereby requested to recommend ways in which the Ministry of Foreign Affairs could more effectively incorporate demographic change into its policy in order to effect sustainable development. The questions to be investigated are as follows:

- With a view to achieving the Millennium Development Goals (MDGs), what major problems and opportunities are presented by demographic change?

- For each of the eight MDGs, how can Dutch foreign policy address these problems and opportunities more effectively, emphasising innovative methods ('International Cooperation 2.0') and particularly innovative use of the current foreign policy instruments? Suggestions for new instruments are also invited.

I would appreciate the Council's deliberation about these matters and its advice in relation to them.

Yours sincerely,
[signed]

Bert Koenders
Minister for Development Cooperation

TABLE 1

Selected demographic rates for a number of African countries (and the Netherlands), 1997-2008.

Country	r ⁽¹⁾		TFR ⁽²⁾		MMR ⁽³⁾		e ₀ F ⁽⁴⁾		IMR ⁽⁵⁾		% HIV M/F 15-49 ⁽⁶⁾
	1997	2008	1997	2008	1997	2008	1997	2008	1997	2008	2008
<i>The Netherlands</i>	0.5	0.2	1.55	1.72	12	6	80.6	81.9	6	5	0.3/0.1
East Africa	2.9	2.3	6.05	5.21	n.d.	n.d.	55.3	52.0	99	81	n.d.
Ethiopia	3.2	2.5	7.00	5.24	1400	720	51.6	54.4	107	86	1.6/2.4
Kenya	2.2	2.7	4.85	4.92	650	560	55.7	55.3	65	64	4.2/8.0 (2007)
Mozambique	2.5	2.0	6.06	5.06	1500	520	48.4	41.9	110	95	10.1/14.9
Tanzania	2.3	2.5	5.48	5.11	770	950	52.8	53.7	80	71	5.0/7.6
Uganda	2.6	1.9	5.49	5.13	940	830	46.8	42.5	103	92	12.4/18.0
Zambia	2.6	1.9	5.49	5.13	940	830	46.8	42.5	103	92	12.4/18.0
Zimbabwe	2.1	1.0	4.68	3.15	570	880	51.8	42.8	68	57	12.2/18.7
West Africa	2.8	2.4	5.95	5.25	n.d.	n.d.	52.8	51.2	90	105	n.d.
Benin	2.8	3.0	5.83	5.37	990	840	57.2	58.0	84	97	0.9/1.6
Burkina Faso	2.8	2.9	6.57	5.96	930	700	47.0	53.9	97	104	1.5/1.7
Côte d'Ivoire	2.0	1.8	5.10	4.40	810	810	52.2	49.3	86	116	3.1/4.7
Ghana	2.8	2.0	5.28	3.79	740	560	59.9	60.6	73	56	1.6/2.3
Mali	3.0	3.0	6.60	6.46	1200	970	49.7	56.7	149	128	1.2/1.8
Nigeria	2.8	2.3	5.97	5.27	1000	1100	54.0	47.4	77	109	2.5/3.8
Senegal	2.7	2.5	5.62	4.63	1200	980	52.3	65.3	62	65	0.8/1.2
Southern Afrika	2.2	0.6	3.92	2.69	n.d.	n.d.	66.8	49.1	50	46	n.d.
Namibia	2.4	1.3	4.90	3.15	370	210	56.6	52.6	60	41	12.2/18.6
South Africa	2.2	0.6	3.81	2.62	230	400	68.3	49.6	48	45	14.5/21.8

Sources: UNFPA State of the World Population, 1997, 2008. New York: UNFPA. **n.d.** = no data.

(1) Annual growth rate (%); (2) Total fertility rate; (3) Maternal mortality rate (per 100,000 live births); (4) Life expectancy during childbirth (women); (5) Infant mortality rate (per 1,000 live births); (6) HIV prevalence in men and women aged 15-49.

TABLE 2

Selected demographic rates for a number of Asian countries (and the Netherlands), 1997-2008

Country	r ⁽¹⁾		TFR ⁽²⁾		MMR ⁽³⁾		e ₀ F ⁽⁴⁾		IMR ⁽⁵⁾		% HIV M/F 15-49 ⁽⁶⁾
	1997	2008	1997	2008	1997	2008	1997	2008	1997	2008	2008
<i>The Netherlands</i>	0.5	0.2	1.55	1.72	12	6	80.6	81.9	6	5	0.3/0.1
East Asia	0.9	0.5	1.78	1.68	n.d.	n.d.	73.1	76.4	34	29	n.d.
China	0.9	0.6	1.80	1.73	95	45	71.7	74.9	38	23	0.1/0.1
Japan	0.2	0.0	1.48	1.27	18	6	82.9	86.2	4	3	< 0.1
South East Asia	1.6	1.3	2.86	2.31	n.d.	n.d.	67.7	73.0	46	27	n.d.
Cambodia	2.2	1.7	4.50	3.13	900	540	55.4	62.1	102	63	1.2/0.5
Indonesia	1.5	1.2	2.63	2.16	650	420	67.0	72.8	48	26	0.3/0.1
Malaysia	2.0	1.7	3.24	2.57	80	62	74.3	76.8	11	9	0.8/0.3
Philippines	2.0	1.9	3.30	3.20	280	230	70.2	74.1	35	23	< 0.1
Singapore	1.5	1.2	1.79	1.26	10	14	79.5	82.0	5	3	0.2/0.1
Thailand	0.8	0.7	1.74	1.85	200	110	72.3	75.0	30	10	1.7/1.2
Vietnam	1.8	1.3	2.97	2.12	160	150	69.6	76.4	37	19	0.8/0.3
South Central Asia	1.8	1.5	3.42	2.86	n.d.	n.d.	62.9	66.3	72	57	n.d.
Afghanistan	5.3	3.9	6.90	7.03	1700	1800	46.0	43.9	154	156	< 0.1
Bangladesh	1.6	1.7	3.14	2.81	850	570	58.2	65.3	78	51	< 0.1
India	1.6	1.5	3.07	2.78	570	450	62.7	66.6	72	54	0.4/0.3
Nepal	2.5	2.0	4.95	3.24	1500	830	57.1	64.5	82	53	0.7/0.3
Pakistan	2.7	1.8	5.02	3.46	340	320	65.1	65.9	74	67	0.1/0.1
Sri Lanka	1.0	0.5	2.10	1.88	140	58	75.4	76.3	15	11	< 0.1

Sources: UNFPA State of the World Population, 1997, 2008. New York: UNFPA. **n.d.** = no data.

(1) Annual growth rate (%); (2) Total fertility rate; (3) Maternal mortality rate (per 100,000 live births); (4) Life expectancy during childbirth (women); (5) Infant mortality rate (per 1,000 live births); (6) HIV prevalence in men and women aged 15-49.

TABLE 3

Selected demographic rates for a number of Latin American countries (and Netherlands) 1997-2008

Country	r ⁽¹⁾		TFR ⁽²⁾		MMR ⁽³⁾		e ₀ F ⁽⁴⁾		IMR ⁽⁵⁾		% HIV M/F 15-49 ⁽⁶⁾
	1997	2008	1997	2008	1997	2008	1997	2008	1997	2008	2008
<i>The Netherlands</i>	0.5	0.2	1.55	1.72	12	6	80.6	81.9	6	5	0.3/0.1
Brazil	1.2	1.3	2.17	2.23	220	110	71.2	76.2	42	23	0.4/0.2
Costa Rica	2.1	1.5	2.95	2.08	60	30	79.2	81.3	12	10	0.5/0.2
Cuba	0.4	0.0	1.55	1.50	95	45	78.0	80.5	9	5	0.1/0.1
Guatemala	2.8	2.5	4.90	2.66	200	290	69.8	73.9	40	16	0.4/0.2
Mexico	1.6	1.1	2.75	2.19	110	60	75.5	78.7	31	16	0.4/0.2
Nicaragua	2.6	1.3	3.85	2.72	160	170	70.6	76.2	44	21	0.3/0.1
Venezuela	2.0	1.7	2.98	2.53	120	57	75.7	76.9	21	17	1.1/0.4

Sources: UNFPA State of the World Population, 1997, 2008. New York: UNFPA. **n.d.** = no data.
(1) Annual growth rate (%); (2) Total fertility rate; (3) Maternal mortality rate (per 100,000 live births); (4) Life expectancy during childbirth (women); (5) Infant mortality rate (per 1,000 live births); (6) HIV prevalence in men and women aged 15-49.

Official list of MDG indicators

All indicators should be disaggregated by sex and urban/rural as far as possible.

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Goal 7: Ensure environmental sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums

Goal 8: Develop a global partnership for development

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i>
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Target 8.B: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Official development assistance (ODA)

- 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
- 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
- 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes
- 8.5 ODA received in small island developing States as a proportion of their gross national incomes

Market access

- 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
- 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product
- 8.9 Proportion of ODA provided to help build trade capacity

Debt sustainability

- 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 8.11 Debt relief committed under HIPC and MDRI Initiatives
- 8.12 Debt service as a percentage of exports of goods and services

- 8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

- 8.14 Telephone lines per 100 population
- 8.15 Cellular subscribers per 100 population
- 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

Source: United Nations Millennium Development Goals Indicators, January 2008 (<http://mdgs.un.org/unsd/mdg/>).

List of frequently used abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIV	Advisory Council on International Affairs
CICRED	Committee for International Cooperation in National Research and Development
CO₂	Carbon dioxide
EU	European Union
FTI	Fast Track Initiative
GMR	Global Monitoring Report
HIV	Human Immune Deficiency Virus
ICPD	International Conference on Population and Development
IMF	International Monetary Fund
KITLV	Royal Netherlands Institute of Southeast Asian and Caribbean Studies
MDG	Millennium Development Goals
MSP	Multiannual Strategic Plans
NGO	Non-governmental organisation
NIDI	Netherlands Interdisciplinary Demographic Institute
ODA	Official Development Assistance
PRB	Population Reference Bureau
PRSP	Poverty Reduction Strategy Paper
SRHR	Sexual and Reproductive Health and Rights
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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