

**AFRICAN DEVELOPMENT BANK  
AFRICAN DEVELOPMENT FUND**



**POLICY ON POPULATION AND STRATEGIES  
FOR IMPLEMENTATION**

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# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>i-iii</b>
<b>I BACKGROUND TO THE POLICY AND BANK GROUP'S EXPERIENCE</b>	
1.1 Rationale for the Revision	1
1.2 Organization of the Paper	2
1.3 Evolution of Population policies in Africa	2
1.4 Population Growth and Economic Development in Africa	3
1.5 Bank Group's Experience in Population and Lessons Learnt	7
<b>II POPULATION DYNAMICS IN AFRICA AND MAJOR CHALLENGES</b>	
2.1 Demographic Features	9
2.2 Implications of Africa's Demographic Features on Poverty Reduction	11
2.3 Challenges and Prospects for the Twenty-First Century	13
2.4 Constraints Facing RMCs in the Implementation of Population Programs	17
<b>III THE BANK GROUP POPULATION POLICY</b>	
3.1 Goal and objectives	19
3.2 Guiding Principles	20
3.3 Strategic actions	21
<b>IV OPERATIONAL GUIDELINES FOR IMPLEMENTATION</b>	<b>23</b>
<b>V CONCLUSIONS</b>	<b>27</b>
GLOSSARY OF POPULATION TERMS	28
BIBLIOGRAPHICAL REFERENCES	32
ANNEX 1 Bank Group Population Activities	34
ANNEX 2 Demographic Indicators for Major Sub-Regions of Africa, 1997-2025	35

## LIST OF ABBREVIATIONS

ADB	African Development Bank
ADF	African Development Fund
AIDS	Acquired Immune Deficiency Syndrome
APHRC	African Population and Health Research Center
CBD	Community Based Development
CDC	Cairo Demographic Center
DAC	Development Assistance Committee
DHS	Demographic and Health Surveys
DND	Dakar / Ngor Declaration
ECOWAS	Economic Community for West African States
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD-PA	International Conference on Population and Development-Plan of Action
IEC	Information Education Communication
IFORD	Institut de Formation et de Recherche Démographiques
MCH/FP	Maternal Child Health / Family Planning
NGO/CSO	Non Governmental Organization/Civil Society Organization
OAU	Organization of African Unity
PIU	Project Implementation Unit
PRB	Population Reference Bureau
RH	Reproductive Health
RIPS	Regional Institute for Population Studies
SADC	Southern African Development Community
RMCs	Regional Member Countries
STD	Sexually Transmitted Disease
TAF	Technical Assistance Fund
TFR	Total Fertility Rate
UAPS	Union for African Population Studies
UN	United Nations
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WFS	World Fertility Survey
WHO	World Health Organization
WID	Women-in-Development

## EXECUTIVE SUMMARY

1. This document describes the African Development Bank Group's policy on population and proposes specific strategies to achieve the goal of its policy. It builds on a previous policy that was approved in March 1993. This present version has been influenced by current developments, particularly the follow-up activities of the recent regional and global conferences such as, the World Population Programme of Action, based on the 1994 Cairo International Conference on Population and Development (ICPD), and the African Common Position as expressed in the Dakar/Ngor Declaration on Population (DND).
2. Within the context of the Bank Group's overarching goal of poverty reduction, as presented in the Bank's Vision document, the current policy deals with relevant issues of the relationship between population and socioeconomic development, such as: education and employment; reproductive health; migration, including the refugees and displaced persons. In addition, the interface between population and other crosscutting issues, namely environment, gender, and community participation, is highlighted, and emphasis is on the mainstreaming of population factors into sectoral policies and issues that are closely linked to poverty reduction. The policy further recognizes that sustainable growth cannot be achieved unless population issues are integrated into a variety of efforts related to poverty, the control of land pressure and natural resources, and environmental management.
3. The policy statement provides an analytical framework for the expansion of Bank Group support to Regional Member Countries (RMCs) in the population sector, in particular in the implementation of their population policies. It underscores the need to foster a dialogue with RMCs, and stimulate cooperation with bilateral, multilateral and civil society organizations. The policy is also intended to provide assistance to RMCs in their efforts to develop and implement successful population policies and programs.
4. The priority areas of Bank intervention and implementation strategies discussed in the policy closely reflect the population dynamics and challenges facing the continent. Africa's demographic features, most notably fertility, mortality, migration and urbanization are addressed in the policy vis-à-vis their impact on poverty reduction, in relation to education, employment and health, as well as key crosscutting areas such as environment and gender.
5. Recent studies indicate that Africa's current demographic features will result in a set of crucial population concerns that will dominate the continent's development agenda well into the 21<sup>st</sup> century. The key challenges highlighted in the policy include: the onset of fertility decline; a large and increasing youth population (given that 50% of the population will be under age 15 early in the 21<sup>st</sup> century) and their subsequent socioeconomic impacts. In addition, RMCs are faced with population-related challenges, such as the impact of HIV/AIDS on populations in their prime ages of productivity, and the current unprecedented rate of urbanization and its attendant social, economic, and environmental ills. All these trends will require the development of comprehensive, innovative and integrated strategies to ensure sustainable development.

6. The progress in the continent, in the area of population policy development and programming, especially during the past two decades is unmistakable. However, despite such achievements at the policy level, RMCs continue to face major constraints. The key constraints identified include: lack of sufficient funds, lack of awareness among public officials, inadequate intervention strategies, lack of training and skilled manpower, incompatible socio-cultural and religious practices, insufficient decentralization of population activities, and finally, inadequate inter-agency collaboration and regional integration.

7. In view of the current population features, trends, and challenges facing the continent, the main goal of the Bank's current population policy is to *assist RMCs to implement their population policies and programs, in pursuit of the attainment of a balance between population growth and economic growth. Specifically, the promotion of equal and universal access to basic education, vocational training and employment, and reproductive health by 2015, in conformity with the African common position will be the key targets.* This goal will be pursued with due regards to individual country needs and specificities, socio-cultural values and beliefs, in addition to each RMC's financial and institutional constraints.

8. In order to achieve this goal, the Bank Group, will utilize the following strategies:

- select priority areas for Bank Group population interventions to be in conformity with the defined population and economic development analytical framework. *As a result*, the Bank Group considers the development and adoption of a clearly defined policy on population as the basis for a meaningful intervention in the formulation of population-related projects and programmes. Besides, the Bank, in agreement with RMC decision-makers, will use the analytical framework of the relationship between population growth and economic development as the basic structure for designing meaningful interventions;
- mainstreaming population as a cross-cutting theme into Bank Group's sectoral policies and operations, in order to achieve sustainable development. These efforts will be made within the context of pro-poor population programs;
- promote policy dialogue and advocacy to help regional member countries develop population policies which are consistent with their overall development goals and have wide public support; and especially through the development of a sound data base and appropriate social indicators
- strengthen the institutional capacity building of regional member countries to develop and implement successful programs, including the improvement in the coverage and quality of reproductive health services, community based services and access to universal basic education.

9. The effectiveness of this policy largely depends on its popular acceptance by the intended beneficiaries. Towards this end, the Bank Group will play an advocacy role and employ participatory approaches in its population sector interventions in RMCs. Various stakeholders, including the governments, beneficiaries, civil society and private sector entrepreneurs will play a leading role, not only in the implementation of programs and projects, but also in the design and appraisal of Bank Group's intervention in this area. Where necessary, the Bank will provide capacity enhancing assistance towards these ends.

10. The Bank Group takes note of the complexity of the population issues, of the resource implications for implementing its policy, and is cognizant of the short-fall in funding for population activities in RMCs. It will therefore, in collaboration with other development partners, mobilize its own as well as external resources, to address population issues.

## **I BACKGROUND TO THE BANK GROUP'S POPULATION POLICY**

### **1.1 Rationale for the Revision of the Policy**

1.1.1 The present Bank Group's population policy is a revision of the former policy that was approved by the Boards of Directors of the Bank Group in March 1993. This version has been influenced by recent developments, most especially, the new International Development Agenda as set by the recent regional and global conferences. They include the United Nations Conference on Environment and Sustainable Development (Rio de Janeiro, 1992), the World Population Programme of Action, based on the 1994 Cairo International Conference on Population and Development (ICPD), the African common position as expressed in the 1994 Dakar/Ngor Declaration on Population (DND); the World Summit for Social Development (Copenhagen, 1995); and the Fourth World Conference on Women (Beijing, 1995).

1.1.2 These developments have succeeded in directing policy focus on population dynamics as important factors in sustainable development, with a re-emphasis on the important roles of women, youth and non governmental organizations (NGOs), and the urgency in promoting their status. Moreover, they have indicated major shifts in paradigm including: i) the shift from exclusive focus on family planning for fertility control to a broader and more inclusive concept of reproductive health; ii) the shift from quantitative demographic targets as measures of success in the achievement of population and development objectives to a new focus on qualitative indicators related to the improvement of the standards of living.

1.1.3 In addition, it was necessary to reflect in the present policy the population growth and socio-economic development framework to show the linkages between population growth and different social sectors, with a view to defining Bank Group's targeted population interventions in Regional Member Countries (RMCs). Consequently, the policy addresses demographic issues directly influencing population growth, as well as population accommodating factors, which operate in tandem with other social sectors.

1.1.4 The recently approved Bank Group Vision Document has selected poverty reduction as the overarching objective of Bank activities. Appropriate population policies and programs are considered important elements of the Bank's poverty reduction goal, and is imperative for the successful mainstreaming of gender issues and promotion of sustainable environmental management in Africa. More importantly, the Bank Group, in the context of recent reforms aiming at the promotion of poverty reduction and sustainable development, has positioned population matters as one of the crosscutting themes together with environment, gender, NGOs, and Civil society participation.

1.1.5 This policy statement is the result of extensive consultation within the Bank, as well as with stakeholders and beneficiaries from RMCs and development partners. It reflects current thinking in the population field that are relevant to the population and development problems of RMCs. It provides a consistent population and development framework on which the major population problems of RMCs are identified and the Bank's policy orientations are set. The Bank Group policy orientation and strategic actions are consistent with the Bank's Vision that focuses on poverty reduction as an over arching objective of Bank Group operations. The Bank's Vision and ADF policies recognize that appropriate population strategies and programs are important elements in the Bank's goal of poverty reduction and human capital development.

## 1.2 Organization of the Paper

The paper is organized as follows: the remaining part of this chapter discusses the evolution of population policies in Africa, highlighting the current rationale for the shift in population policies. The chapter continues with the Bank Group experience in the population field and lessons learnt, and highlights the relationship between population and socioeconomic development. Chapter two examines the main features of Africa's population dynamics and the major challenges they pose for Africa's efforts, aiming at poverty reduction, into the next millennium. Against the background provided in chapter two, the third chapter outlines the goals, guiding principles and the strategies to support population activities in regional member countries. Chapter four highlights the operational guidelines for implementation and the last chapter provides a general conclusion of the policy.

## 1.3 Evolution of population policies in Africa

1.3.1 During the last 20 years, government support for official population policies has increased substantially in the region. Prior to the 1974 UN Population Conference held in Bucharest, population programs in Africa suffered from weak policy support and inadequate resources for implementation. Moreover, there was a manifest resistance among many African governments to the adoption of family planning as a strategy to effect socioeconomic development. African culture and social organization traditionally favor large families. There was also the perception, defended in Bucharest, that economic development *itself* would bring about lower fertility in the long run.

1.3.2 The World Fertility Surveys (WFS) carried out from the late 1970s to the early 1980s made available for the first time to African countries adequate data to assess and prepare their demographic profiles, as well as to make concrete population policy decisions. Subsequent to WFS, the Demographic and Health Surveys (DHS) revealed how the health status of women would improve as a result of family planning. This information helped to persuade a lot of African countries to adopt a more favorable attitude to family planning.

1.3.3 Since the previous decennial international population conference at Mexico City in 1984, there has been a major shift in attitudes among the world population and their leaders with regard to family planning resulting, inter alia, in the new comprehensive concept of reproductive health, including family planning and sexual health, and the empowerment of women in their family and economic roles. Closely related to this new thinking is the encouraging trend in the political commitment to population-related policies and family planning programmes by many governments. Indeed, at the Second African Population Conference in Arusha in 1984, prior to the Mexico conference, African governments almost unanimously passed a set of recommendations which included not only family planning as a human rights measure, but also the integration of population into development planning.

1.3.4. The shift of thinking in the interrelationship between population and development also led African Governments to realize that better policy implementation requires the creation of an institutional machinery for the integration of population variables into the planning process with adequate mechanisms for its monitoring and evaluation. It was also found important to ensure adequate provision of human and financial resources for policy implementation.

1.3.5 These developments have succeeded in directing policy focus of most African countries at population dynamics and their close relationship with economic growth, as

important factors in sustainable development. These policies more and more focus on the important roles of women, youth and NGOs, and the urgency in promoting family planning within the broader and more inclusive scope of reproductive health. In addition, the new emphasis on qualitative indicators, related to the improvement of the standards of living, is progressively substituting for the earlier emphasis on quantitative demographic targets as the end of population policy.

#### **1.4 Population growth and economic development in Africa: overview and theoretical framework**

1.4.1 The relationship between population growth and economic development is very complex, and the net effect of population factors on sustained economy is sometime ambiguous. A reduction in the population growth is believed to improve country's prospects for economic development, which in turn, is believed to enhance a country's ability to improve the lives of its citizens. This belief, while not accepted universally, is based on the reasoning that a reduction in fertility reduces the size and proportion in the 0 to 4-year age group and, therefore, reduces the demand made by education and health services for government resources. Thus with declining fertility, per capita availability of resources for education and health increases even in the absence of real increase in the allocation of government resources for these services. A reduction in the population growth rate implicitly has been assumed to improve human well being. In *the* final analysis, however, the actual impact of reduction in population growth on the improvement of human well being depends upon the way education, health and economic policies are formulated and implemented in a country.

1.4.2 With regard to poverty, two schools of population thoughts are considered here. There are those who view poverty and population programs as foes and point to Malthus' first essay, which suggests that laws to boost the poor's wages would self-destruct by inducing early marriage, greater fertility and ultimately, lower labor costs. Other skeptics may observe that high fertility is precisely a survival strategy by which the poor in developing countries attempt to meet their needs for labor, socio-economic advancement, and old-age security. Therefore, policies solely aimed at reducing fertility would do little to help the poor, and in fact, would deprive rural and low-income families of the very means by which they seek to escape poverty.

1.4.3 The threat posed by population growth in Africa is evident from two dimensions. First, at the micro level of individuals and families, where high rates of population growth are associated with high dependency ratios and low investment in the human capital of children and young adults. Second, at the macro level where high rates of population growth hinder investment in both human and physical capital formation, and exert pressure on the environment and often fragile resource base. It is recognized that fertility regulation and improvement of mortality rates through better health, education and employment opportunities will stimulate household saving and investment. This synergetic relationship is one of the main arguments for a population policy as an integral component of any poverty reduction strategy. In this section the key socioeconomic variables through which the relationship between population growth and economic development becomes operationally relevant are reviewed, and an analytical framework that summarizes these relationships is proposed.

## **Education and Health**

1.4.4 The education and health sectors are at the forefront of the policy debate regarding the relationship between population growth and economic development. Recent analyses suggest that education and health are catalysts of the development process, both at the individual and societal levels. The education invested in today's children is expected to determine the human capital skills of tomorrow's labor force. In addition, all things being equal, better-educated parents are themselves likely to have fewer children with regard to enhanced prospects for good health and survival. Therefore, the reduction of population growth will make it possible to reap the longer-term payoff of educational investments. Also, better-educated parents are likely to have fewer children because they are more likely to know about, and use, family planning. Looking at the reversed angle of the relationship, the adverse effect of rapid population growth is the pressure it places on existing educational resources, namely, unmatched funds to satisfy expressed needs, the low teachers/students ratio, and limited resources for pedagogic equipment and infrastructure.

1.4.5 With regard to health, rapid population growth reduces governments' *per capita* expenditure and affects the provision of adequate health services. In the same vein, poor health status causes mortality, which in return affects the supply of labor, production and economic growth. One of the most important links between population and health is the one with child spacing and maternal and child health. Studies have confirmed that illness and deaths are more likely among children when the duration of birth intervals are shorter than when births are spaced by at least two years. There is also evidence that maternal health is adversely affected by closely spaced intervals between births. Hence family planning can improve the health of both mothers and children. The scourge of HIV/AIDS and malaria in Africa and their concomitant impacts on health severely compromise the transition from high to low levels of mortality, which started during the late eighties and early nineties.

## **Employment**

1.4.6 Population growth affects the supply of labor and employment. It induces high dependency ratio when a proportionally lower active population is expected to support a growing segment of the population. At the micro level, household saving is, in part, dependent on the age structure of household members. Thus, one potential consequence of high population growth is to lower the rates of household savings, and this would imply lower rates of investment at the macro level. Given the fact that household net savings are significant only among high income families, in the specific case of African nations, the relatively low proportion of high income families in the population and the dominance of corporate savings in total savings makes it unlikely that household savings possess a great macro-economic impact. Therefore, lower fertility in addition to stimulating better education and employment opportunities would redress the dependency ratio, which in turn, improves savings and investment.

1.4.7 Rapid population growth does not only affect the capacity to create jobs and absorb the supply of labor, but could lead to tight competition for limited employment opportunities, and result in the violation of core labor standards: i.e the minimum age for employment and child labor, discrimination, etc. Job creation alone is not sufficient as quality, productivity, adequate remuneration and protection of fundamental rights are equally important for human capital development. The

mismatch caused by population growth in labor supply and demand adversely affects the promotion of International Labor Standards as well as issues of gender equality.

### **Agriculture, environment and natural resources**

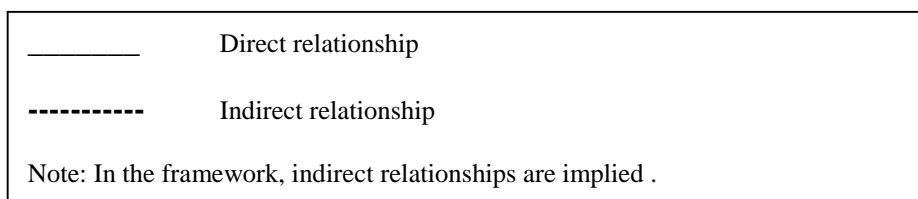
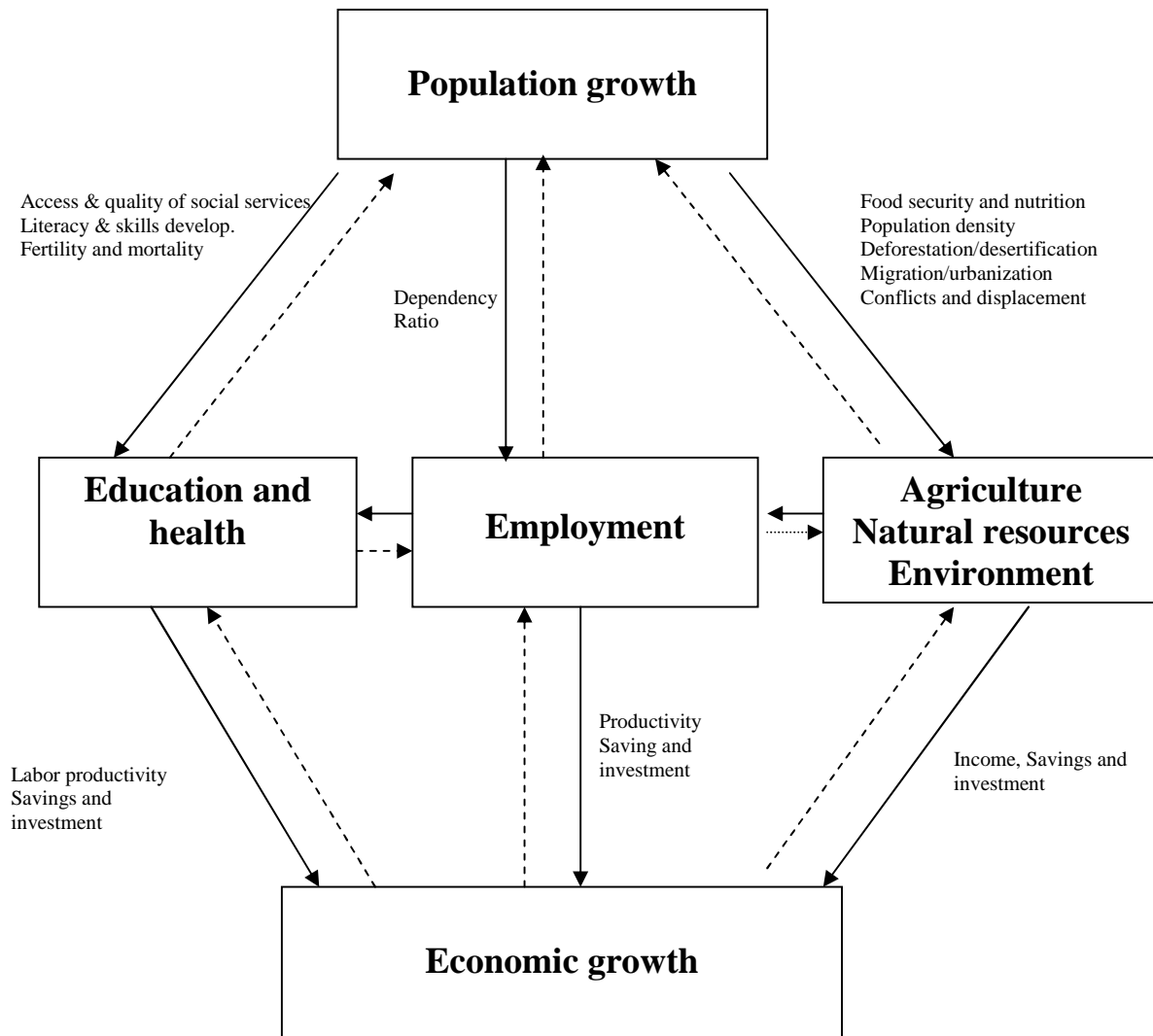
1.4.8 The combination of population pressure on the land and prevailing agriculture and land-use practices have accelerated deforestation across the continent. In most African countries, the cultivation of marginal lands has had a concomitant effect of environmental degradation, further eroding the soil, and depleting shallow water resources and creating greater poverty. From an economic standpoint, the pressure of rapid rural population growth on land in some countries erodes per capita output, through declining productivity. It is very likely that in densely populated rural areas, per capita incomes have either remained constant or have been declining. In the Sahel zone for instance, population pressures on land and the drought have resulted in declining rural incomes and accelerated rural/urban migration. Similarly, the limited growth in the demand for labor force in the urban informal sector has likely depressed earnings in the informal sector. Consequently, in the absence of adequate agricultural policies and land reforms especially in favor of women, rapid population growth has greatly contributed to increasing poverty in rural, as well as urban areas, by virtue of rural migration and rapid urbanization.

1.4.9 The world is steadily becoming more urban, as population grows and people move to cities and towns in search of better employment and educational opportunities, and higher standards of living. Some are driven away from land that can no longer support them or provide them with minimal subsistence while preserving the environmental sustainability. According to the United Nations and Population Reference Bureau's estimates, the proportion of urban population in Africa is expected to grow from 34% in 1995 to 58 in 2025. During the same period urban population growth rate will average 4.3% and 3.0% respectively, compared to growth rates of 2.4% and 1.8% for the total population.

1.4.10 In this respect, it becomes equally important to reduce the effects of the various push factors as they relate to migration flows, and achieve urban consolidation which is necessary for sustainable development. Countries should adopt such strategies as the growth of small or medium-sized urban centres or the development of rural areas, where appropriate, in view of expanding ownership or use of land and water, decentralizing government bureaucraties, improving social welfare services, and providing credit to small-scale farmers and potential business owners. Within cities, the strategies should emphasize programs that urge the integration of migrants through the provision of training and access to credit for small-scale businesses. Such strategies should also foresee the promotion of community-based social services, dealing especially with primary health care, basic education and basic principles of local environmental management.

1.4.11 In summary, the relationship between population and economic development is illustrated in the following framework. It implies that, in order to attain a sustained economic development, population should be controlled through a set of variables, including reproductive health, education, employment and rural/urban migration, and environmental management, leading to the development of human resources and skill building. A direct consequence is better economic opportunities, improved household savings, and subsequent poverty reduction. More importantly, the improvement of the standards of living and aspiration to better quality of life is expected to enhance the desire for small family sizes. These relationships are illustrated as follows;

**Population growth and economic development framework**



## **1.5 Bank Group Experience in Population and Lessons Learnt**

1.5.1 The African Development Bank, cognizant of the importance of population issues for sustainable economic growth and development, included population as one area of social sector interventions in regional member countries. In order to encourage broad debate concerning population policies and programs in Africa, the Bank Group organized a symposium followed by a technical conference on Population Growth and Sustainable Development in 1992 where policy makers, academicians and non governmental organizations participated effectively. The previous Bank Group Policy, which was adopted in 1993, benefited from both the outcomes of the symposium and the conference. While it fostered dialogue with RMCs and stimulated cooperation with bilateral, multilateral and NGOs, it also provided a framework for the expansion of the Bank Group's activities in the population sector.

1.5.2 The Bank Group's population activities following the adoption of the 1993 Bank Group Policy (for details, see Annex 2) consisted of: i) stand-alone institutional capacity building activities in selected countries financed through grants from the Technical Assistance Fund (TAF) and ii) mainstreaming reproductive health and other population activities in social sector projects and programs such as health, education, gender, and targeted poverty reduction projects. Population activities were also included in some integrated rural development and agriculture projects in the form of sensitization and awareness creation on family planning. The reproductive health activities that were mainstreamed in social and agriculture sector projects in a number of countries consisted of Information, Education and Communication (IEC), training, provision of equipment/supplies for MCH/FP, HIV/AIDS, etc.

1.5.3 The stand-alone institutional capacity building activities financed by technical assistance funds (TAF) grants include population studies in some selected countries. While these studies aimed at filling the gaps in demographic data and analysis necessary for the integration of population variables in national development planning, they also formed the basis of formulating appropriate projects and programs for Bank financing.

1.5.4 Information Education and Communication programs that cover a wide range of population issues such as, reproductive health, including HIV/AIDS and female genital mutilation (FGM), and girls' education have been integrated in women in development (WID) projects in several countries. The IEC programs, in most cases, aimed at raising women's awareness not only about their reproductive health but also about its relevance to their economic empowerment.

1.5.5 Population components have also been introduced in some education, health and poverty reduction projects in form of training activities in family planning and reproductive health (FP/RH). Other population activities that have been integrated in health and poverty reduction projects include the strengthening of FP programs through provision of supplies/equipment, and the establishment of civil registration systems to provide up-to-date demographic and socioeconomic data on a continuous basis for planning purposes.

1.5.6 A review of the ongoing population interventions of the Bank Group points to positive experiences as well as some constraints, which should serve as a guide to more appropriate design of future activities. The lessons learned from the review include the following:

- in general, Bank Group operations in the population field indicate that population interventions will have a greater poverty reducing effect if mainstreamed systematically in agriculture and social sector projects. The agriculture and social sector projects by targeting mostly the vulnerable groups such as women and the youth as beneficiaries are best situated to integrate population activities as components with a view to having positive impact on fertility reduction and enhance women's participation in productive activities;
- the stand-alone population interventions as well as those mainstreamed in the social and agriculture sector projects have enabled both the Bank Group and RMCs to implement key recommendations of international world conferences such as, ICPD Plan of Action, Beijing platform of action, Agenda 21, the Social Summit, etc;
- the financing of population sector studies through grants to initiate population projects and programs that could be financed through appropriate loans, is the most suitable approach to strengthening the national capacity of member countries to implement population activities in accordance with the Dakar/Ngor Declaration and the ICPD-PA. While such studies address the problem of paucity of demographic data in RMCs, they also help both the governments and the Bank Group to identify sustainable population and other social sector projects that meet the needs of the population. The development impact of such studies is undeniable; however, the delay experienced in the timely implementation of the studies calls for RMCs and Bank's renewed attention;
- the IEC programs that were integrated in selected WID projects targeted only women. However, the success of such programs especially the anticipated improvement in reproductive health situation in the project area was found to depend not on women beneficiaries alone, but also on the active involvement and support of men. Hence, future IEC components dealing with reproductive health issues will be designed to target both women and men in the project area;
- finally, previous Bank Group's population financed activities were characterized by insufficient utilization of national expertise, concomitant with the weak mechanism for national execution of population programs in most countries.

1.5.7 The above review underlines the necessity for revision of the Bank's current population policy in response to the shifting paradigms characterizing the population sector, as a backdrop to the new International Development Agenda. The adoption of a new Vision, where poverty reduction is the primary objective of Bank Group's operations as well as the specific lessons learnt from its experience with past population interventions, have also necessitated that the Bank revisit its population policy.

## II POPULATION DYNAMICS IN AFRICA AND MAJOR CHALLENGES<sup>1</sup>

### 2.1 Demographic Features

2.1.1 The current demographic features in Africa discussed below provide the context in which the Bank Group's population policy and the relationship between population growth and economic development will be applied. These features, therefore, also serve as the basis for the identification of priority areas of Bank intervention, and for defining clear-cut operational guidelines for policy implementation.

#### Population growth

2.1.2 A review of population growth in Africa indicates that the population of the continent has increased almost threefold since 1950, from 224 million to 758 million in 1997. Under the assumption of a moderate population growth rate, African population is projected to reach about 1.5 billion by 2025. While the rate of population growth in the Northern and Southern regions is relatively lower compared to West and East Africa, the sheer magnitude of the population increase poses a challenge to African governments in the near future, especially in terms of their existing resources and planning capacities. In spite of the recent increases in HIV infection and AIDS related deaths in many parts of the continent, and the considerable efforts to improve maternal and child health programs, the rate of growth is likely to stabilize at relatively high levels. It is estimated that mortality will not outweigh fertility in a foreseeable future.

#### Fertility and Nuptiality

2.1.3 Of the three components of population change (fertility, mortality and migration), fertility is the major determinant of population growth in Africa. In that regard, levels and trends in fertility, as well as underlying factors sustaining fertility changes, need to be carefully examined for the purpose of policy formulation and implementation. Nuptiality is one of the factors influencing levels and trends in fertility. Indeed, the change in nuptiality patterns, mainly through the increase of age at first marriage resulting from improved levels of female education, and economic hardship leading to a delay in the age at marriage, is expected to be one of the driving forces of fertility decline in Africa. This could be achieved, provided that governments put in place aggressive programs regarding non-marital fertility, primarily targeting adolescents.

2.1.4 The level of fertility in Africa, currently at 5.1 children per woman, is considerably higher than in other developing regions. Within Africa, there is a regional variation of fertility. North and Southern Africa have a relatively lower fertility rate (3.5), than East and West Africa, (5.8). In Central Africa, despite the fact that some populations in the tropical forest belt suffer from pathological sterility caused principally by sexually transmitted diseases, average fertility levels are 6.2 children. Recently, there have been falls of 10% or more in fertility in Zimbabwe, Kenya and Botswana, according to demographic and health surveys (DHS) results, mainly because in these three countries, current use of contraception among married women is well above the region's observed levels, averaging 35%.

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<sup>1</sup> *Data utilized in this section are derived from, UN Department of Economic and Social Department (Population Division); World Population Prospects, the 1998 Review; WHO-World Bank (Maternal Health around the World), 1999; and UNFPA-The State of the World Population, 1999, and projections in Annex 1.*

## **Mortality**

2.1.5 The risk of death remains markedly higher at all ages in Africa than in other parts of the world. Life expectancy at birth in Africa is currently estimated to be 51.4 years, a considerable improvement from an expectation of life of 38 years in 1950. It is nonetheless below the estimated 56 to 60 years, owing to the HIV/AIDS epidemics, which has now become the leading cause of death in Africa. Recent DHS surveys in at least three countries of West and Central Africa (Central African Republic, Mali and Niger) indicate that the levels of infant and maternal mortality rates are on the rise. Mortality rates for children under five years of age are among the world's highest, averaging 140 per 1000. Africa also records a high incidence of maternal deaths. With around 640 deaths per 100,000 live births, maternal mortality rates in Africa are much greater than in Asia, the region with the next highest rate. In some countries of East and West Africa, a woman's lifetime risk of dying as a result of pregnancy and childbirth is as high as 1 in 20.

## **Sex composition and age structure**

2.1.6 Africa's population is characterized by near equality between sexes, as depicted by the sex ratio of 99 men to 100 women. From a demographic point of view, such a situation permits births to compensate for losses from mortality. However, imbalances in the sex composition are likely to be due to wars and HIV/AIDS in the continent.

2.1.7 Age structure in Africa is the consequence of prolonged high fertility in the past, as well as a major factor responsible for the currently high population growth rates. Owing to the population momentum effect, population growth, will remain high for a long time before birth rates will begin to drop significantly. As a result, the region will continue to have very large proportions of children and young people. Even with the projected fertility declines, the percentage of the population below 15 years of age is expected to increase from 45 to 55% between 1995 and 2025. Currently, the population aged 15 years and below represents 45% of the total population, compared to 37% in Asia, and 40% in Latin America. This has important implications in terms of social infrastructure, school and employment projections.

2.1.8 Related to the age structure is the concept of demographic bonus, also referred to as the demographic dividend. The demographic bonus is the result of changes that accompany the fall in mortality and fertility. Specifically, it refers to the increase in the working-age population relative to the population in the young age groups and before the old-age population begins to increase appreciably. The increase in the working-age population relative to the dependent population provides an exceptional opportunity for countries in transition to take advantage of, in order to invest in education and health and build up the human capital, which is key to initiating and maintaining sustainable development. By making good use of this demographic dividend, through savings and investment, African countries would be able to lighten the burden that will be imposed later by an aging population.

## **Migration and Urbanization**

2.1.9 Africa has a very mobile population, both within and between countries. Within countries, rural-urban migration contributes significantly to the rapid rate of urbanization and the concentration of population in the largest cities. Between countries, unequal levels of economic development and opportunities, political instability and civil wars combine to make

large-scale population movements a notable feature of the demography of Africa. This situation could be exacerbated if the war, economic crisis and famine in some regions of the continent continue to make a number of individuals vulnerable and in constant need to migrate.

2.1.10 With respect to urbanization, intra-regional variations also exist. Thus, in Southern Africa 55% of the population live in urban areas. In Northern, Central, and Western Africa, the rates are 46, 39 and 33% respectively. Eastern Africa records the lowest rate of 29%. The observed rates of urbanization result from a combination of demographic factors including rural-urban migration, natural increase in urban population, and reclassification of rural land into urban or peri-urban areas. Migration induced by political unrest and ethnic conflicts is a major contributor to city growth in some sub-Saharan African countries. Generally, millions of people in African cities live in un-hygienic and overcrowded slums and squatter settlements. The formal planning system in most African cities has failed to provide adequate housing, infrastructure and services to a vast segment of the population, causing major environmental pollution and health problems which call for the intervention of decision-makers and local authorities in urban planning and management.

### **Refugee and Displaced Populations**

2.1.11 Among the population dynamics that merit increasing attention in Africa are the refugees and displaced persons. According to the United Nations estimates, the number of refugees has more than doubled, from 8.5 to 19 million, over the past ten years. The persistent situation of war and political instability in the Great Lakes region, parts of West Africa and the Horn of Africa have brought about massive displacements of people into neighboring countries. This has had immediate and indirect impacts on macro and household economics, environmental health (including the spread of STDs and HIV/AIDS due to economic vulnerability and subsequent prostitution), additional pressure on urban social and physical infrastructures, and increased pressure on the already limited resources of the host countries. The resulting economic crisis and famine in some regions of the continent make a number of individuals (especially the elderly, women and children) vulnerable and in constant need of international assistance, hence the urgent need for peaceful resolution of conflicts, provision of reproductive health services, and the physical protection of the refugees against exploitation, abuse and all forms of violence.

## **2.2. Implications of Africa's Demographic Features for Poverty Reduction**

2.2.1 A notable dimension of population and development in the African context is the manner in which large family size resulting from rapid population growth contributes to exacerbating the effects of poverty on people as manifested in their marginal access to food and water supply, education and health services; and their increased exclusion (especially women) from social and economic life of the community. It is important to note at this juncture that despite recognition that slower population growth is no panacea for solving all development problems, integrating reproductive health in a broad range of poverty reduction efforts which include other investments in human resources, is the most likely option for attaining sustainable growth. In such a light, therefore, the present section examines the implications of Africa's demographic features on a set of factors which are crucial for poverty reduction. These are education, health, environment and gender.

## **Education**

2.2.2 In the education sector, most African countries made impressive progress in increasing school enrolment in the 1960s and 1970s. But the 1980s have seen many countries' efforts overwhelmed by rapid increases in school age populations. And during the last decade, fully half of low-income African countries experienced declines in primary school enrolment ratios. The future problems, and the cost burden of tackling these, can be illustrated by making projections of school age populations in order to calculate the costs to governments of providing education under different population growth rate scenarios.

2.2.3 Another issue arising from rapid population growth is the trade-off between accommodating growing numbers of children in school and satisfying quality of education. Evidence is increasingly showing that all things being equal, high-income families are reducing their family size and hence would be able to maintain the capacity to send their children to high quality schools. Therefore, appropriate policy measures consisting of income-generating programs for the low income rural populations, and increasing access to modern family planning services will create, among other things, the enabling and conducive environment to achieve smaller families. Moreover, measures to raise girls enrollment will have a considerable impact on fertility and subsequent family sizes.

## **Health**

2.2.4 High population growth rates affect the health sector in terms of excess demand for existing resources which are limited. Indeed, health conditions significantly improved in Africa in the 1960s and 1970s, but the pace of improvement slowed in many countries starting in the 1980s, including a reduced access to health services. Less than half of the population of the region, and less than a third of rural populations, have access to some form of modern health care. While rapid population growth is not the only relevant factor in the decline of the health situation, having children in quick succession without adequate spacing also affects the health of women and their children.

## **Environment**

2.2.5 Although the interaction between population, development and the environment is mediated by a host of other factors, a large part of the environmental degradation threatening Africa's sustainable development is linked to the situation of rapid population growth in conjunction with poverty. Given the imperatives of immediate survival of the poor (e.g. the low domestic productivity in food production and relatively high cost of food), the poor whose access to food is usually the most limited, have been confronted with little choice but to cultivate more marginal lands for subsistence food production.

2.2.6 Moreover, the combination of population pressure on the land and the prevailing often unsustainable agricultural land-use practices have accelerated deforestation across the continent. In most parts of the region, the cultivation of marginal lands has the concomitant effect of environmental degradation, further eroding the soil and depleting shallow water resources and creating greater poverty.

## **Gender**

2.2.7 The World Bank study carried out in 1998 reveals that whereas Africa has the largest number of the poor in the world and confirms that poverty is on the rise across the continent,

it is also increasingly taking on a female face, a phenomena that has been termed as the feminization of poverty. In the continent sex ratio is 99 men for 100 female, yet, compared to men, women have a higher incidence of poverty, and its degree of severity exacerbated by, lack of access to and control over productive resources; lack of access to education and support services; lack of opportunity to exert power over economic structures.

2.2.8 Available data show that on average 24% of women are represented in the formal sector of the economy; these figures become significantly higher (between 50 to 60 %) when the informal sector is considered. With regard to education, gender differences, in the specific case of sub-Saharan Africa, exist at all levels. According to UNESCO (1998), 88% of boys were enrolled in primary education, compared to 73% of girls. The gap persists at secondary and higher levels, where the figures are 37 to 31 and 5 to 9, respectively. Finally, the statistics reveal that women are at higher risks of health and death hazards, considering especially the risks related to reproduction. According to WHO (1996), maternal mortality rates in Africa range from 112 to 1500 maternal deaths per 100,000 births.

2.2.9 The statistics presented above imply that the full participation and partnership of both women and men is required in productive and reproductive life as a prerequisite for a truly sustainable development. However, in most African societies today, women as a group are much more disadvantaged by poverty, ill-health, malnutrition, illiteracy and poor education, inferior legal status, landlessness and the overwhelming responsibilities for household management and family care.

2.2.10 The additional burden of frequent pregnancy, and child rearing associated with rapid population growth makes it doubly difficult for women to participate fully in the development of their economy. Poverty is also disproportionately concentrated among women and children, who jointly account for the majority of people living in poverty, and are the victims of currently high indicators of child, maternal mortality and morbidity, and high fertility in the continent. Therefore, without improving the economic security, health and educational status of women, and also involving men's support, population will not slow and poverty reduction efforts will not be sustainable.

## **2.3 Challenges and Prospects for the 21<sup>st</sup> Century**

2.3.1 Analyses indicate that the current demographic features of Africa, as already discussed will result in a set of crucial population concerns that will remain on the development agenda well into the 21<sup>st</sup> century. These are outlined below.

### **The onset of fertility decline**

2.3.2 Despite the incipient decline in the total fertility rate in some RMCs, population continues to grow at a high rate in the continent as a result of the in-built demographic momentum emanating from the age structure. The continuously growing population under the regime of declining fertility in Africa in the 21<sup>st</sup> century will continue to pose a burden on the existing scarce resources, part of which is required to meet the special needs of the young. Hence, it is very crucial to turn around the demographic momentum through policies and programs that enhance contraceptive prevalence. The delay of marriage and childbearing, within the context of improved reproductive health services and women's empowerment, is a plausible option to help bring about fertility declines.

## **Youth population**

2.3.3 The population of Africa, projected from 1995 to 2025 shows that mortality levels, especially maternal and infant deaths are steadily declining over the time period. From the population momentum effect described earlier (i.e., close to 50% of the population is under age 15), derives a major challenge to African governments in terms of the future provision of social services, viz.: education, employment and health. Indeed, there is need to promote the health and well-being of all children, adolescents and youth, to ensure that they have equal access to education, employment, reproductive health services, as well as family and community support.

## **Aging**

2.3.4 Because fertility is at an early stage of its transition in Africa, the implications of aging will take a long time to manifest themselves, especially in sub-Saharan Africa. According to the UNFPA's state of the World population, significant population aging is still a long way off in Africa. On average, in most African countries there will still be more than five youth for each older person in 2050. However, there are regional differences that need to be considered. North Africa, with an annual population growth rate of 2.0% between 1995 and 2000, a total fertility rate of 3.6 children per woman, and a proportion of 38% below the age of 15, will be faced with the issue of the elderly relatively quicker than sub-Saharan Africa, where the figures are 2.4, 5.9 and 45 % respectively. While the issue of the elderly should not be neglected, as long as the number of adolescents dwarf those of the elderly in the continent, the issue of the youth should be of a greater import in any policy.

## **HIV/AIDS**

2.3.5 HIV/AIDS has become one of the leading causes of deaths in Africa. Africa with only 10% of the world population is a home for 70% of the world HIV/infected people and 95% of the global AIDS orphans. According to UNAIDS estimates of June 2000, there are 24,5 million HIV/AIDS infected people in Africa. While the prevalence rate among adults in most of the countries has been rising, regional variations have also been observed. Southern and Eastern Africa remain the hardest hit with HIV prevalence rate rising up to 35% of the 15-49 adult population, followed by Central and West Africa with 13.8%. Northern Africa has lowest rate, 0.9%. In some of these countries 50% of the 20--29 years age group pregnant and breastfeeding mothers are infected.

2.3.6 Among the reasons that could explain the significant variation in prevalence rates among the various regions in Africa, one can cite: i) differences in the level of socio-economic development, in particular, that of access to and quality of education, family planning and reproductive health services, and employment; ii) differences in socio-cultural norms and practices relating to sexuality, marriage (polygamy, female genital mutilation, prostitution, etc.); iii) differences in the volume and pattern of population mobility; and iv) the possibility that there could be differences in the type of virus.

2.3.7 The epidemic is reversing Africa's progress in human capital formation by affecting individuals in their prime ages of productivity. It also has an impact on the age and sex structure of the population. Africa's hard won gain in life expectancy, an important measure of human development, is being eroded in most of the severely affected countries. In some of these countries, life expectancy has declined from 45-60 years in 1985 to 38-50 years in 2000. Some countries like Senegal and Uganda have demonstrated that there is a window of

hope to control the spread of the epidemic through effective prevention, control program and political commitment at the highest level.

2.3.8 HIV/AIDS is to have a significant impact on the social service delivery system. Due to an estimated 5 to 10-year time lag between infection and death, the number of people infected with AIDS will continue to grow even assuming a decline in new HIV infections. The implication could be very costly both in terms of direct costs for treatment as well as indirect costs for productivity and human suffering. Direct costs of the epidemic are the huge medical expenses to care for AIDS patients, and indirect costs are the increasing number of young people who no longer participate in productive activities. The losses in labor power and income will ultimately affect savings at all levels of the economy, which in turn will reduce investments over the long run. The underlying causes for the spread of HIV/AIDS in Africa are pervasive poverty, limited access to public education and FP/RH services, gender imbalance, etc. In order to meet the challenges brought about by the epidemic, mainstreaming of HIV/AIDS preventive and care activities in relevant social sector policies, programs and projects is imperative. While mobilization of resources to meet the challenges is of utmost importance, governments can also play an important role by prohibiting discrimination against people living with HIV/AIDS in health care settings and in the work place.

### **Adolescent sexuality**

2.3.9 Under the demographic regime of early marriage and high fertility that characterized Africa until recently, adolescent reproductive health received scant attention. With rapid social changes including the advent of HIV/AIDS, the cost of raising children and the nuclearization of the family, continued ignorance of the conditions influencing adolescent choices and sexual behavior can no longer be justified. In Africa, 15 to 19 year olds account for a large and growing segment of the population.

2.3.10 Adolescent sexual activity has, until recently, been so controversial that some communities, including religious leaders, health care providers and government officials chose to ignore the issue, rather than come up with a solution to satisfy the unmet need for family planning among the adolescents. Indeed the youth of the 80s and 90s engaged early in sexual activity, while facing socio-cultural barriers and the bias against providing them with contraception services and advice. Consequently, the response of societies to the youth's reproductive health needs should be based on information that helps them make responsible decisions. Countries should, where appropriate, remove legal, regulatory and social barriers, and make information and services available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risks of infertility. This should be combined with the education of the young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

2.3.11 Given the young age structure of the African population, the future size of the continent, projected both in relation to mortality (including the impact of STDs and AIDS) and in relation to fertility (including the effect of unplanned and unwanted pregnancies) will be largely dependent upon the current sexual behavior of the youth. Among school going female adolescents, early and unintended pregnancy is a major cause for discontinuation of education. Opportunities that would have otherwise been available become foreclosed for the young girl due to unintended pregnancies in school years.

## Unmet need for family planning

2.3.12 With the realization of the constraints posed by a large family size, there are more women or couples who are not using contraception but who wish to control their fertility—either to postpone the next wanted birth or to prevent unwanted childbearing after having achieved their desired number of children. Being unable to do so results into unmet need for family planning, which is a combination of several factors: lack of information and communication, infrastructure or services, socio-cultural barriers, and insufficient or adequate income. Unmet need poses a great challenge in pursuit of controlling fertility and population growth and calls for measures to address the issue. According to the Demographic and Health Surveys, the percentage of demand for family planning not satisfied in sub-Saharan Africa varies between 85 and 60%, with the exception of Botswana, South Africa and Zimbabwe, whose levels of unmet need are below the threshold of 50%.

2.3.13 The introduction of community based distribution (CBD) of family planning in particular marked the first consistent effort to de-medicalize and, therefore, expand family planning by bringing information and services outside of the medical and health setting into a social and community setting. Over the past two decades since its introduction in Africa, the CBD approach has proven very effective in helping individuals and couples meet their contraceptive needs. More importantly, it provides women *with* opportunities for self-enhancement, increased autonomy and decision-making power both within the household and within their communities at large.

## Malaria

2.3.14 Malaria is among the leading causes of mortality in Africa. In addition to causing immense suffering and death, malaria slows economic development by about 1.3 percent a year. That effect is compounded over time, meaning the longer malaria plagues a country, the farther it falls behind similar but malaria-free nations. One specific example is the production time lost by parents and/or elder siblings to take malaria-stricken children to clinics and health centers. In response to the estimated costs incurred by governments as a result of malaria, including missing schools, neurologic damage to the children, and loss of productivity, the World Health Organization aims to cut malaria deaths in half by 2010 through its "Rollback Malaria" campaign unveiled in 1998.

2.3.15 During the African Summit on Roll Back Malaria held in Abuja, Nigeria, in April 2000 Health Ministers resolved to take appropriate and sustainable action to strengthen the health systems to ensure that by the year 2005:

- at least 60% of those suffering from malaria have prompt access to, and are able to correctly use, affordable and appropriate treatment within 24 hours of the onset of symptoms;
- at least 60% of those at risk of malaria, particularly children under five years of age and pregnant women, will benefit from the most suitable combination of personal and community protective measures such as insecticide-treated mosquito nets and other interventions which are accessible and affordable to prevent infection and suffering; and
- at least 60% of all pregnant women who are at risk of malaria, especially those in their first pregnancies, have access to chemoprophylaxis or presumptive intermittent treatment.

## Urbanization

2.3.16 The current rapid urbanization in Africa is expected to continue well into the 21<sup>st</sup> century, and will lead to the development of mega cities with serious social and environmental health problems. There are now over 20 cities with more than 1 million inhabitants and soon more than 50 per cent of the region's population will be living in urban centers. At the onset of the 21<sup>st</sup> century, it is appropriate to strengthen central and local government institutions which are presently too weak to cope with these problems effectively, and to devote more of available public resources to urban development, formulation and implementation of national housing strategies, and integrated rural development; programs that have synergetic effects with population policy.

## 2.4 Constraints facing RMCs in the implementation of population programmes

2.4.1 Dealing with the above challenges will, however, require developing appropriate and sustainable strategies for handling the various constraints faced by member countries in developing and implementing population interventions. Some of these are listed below.

2.4.2 There has been progress in many African countries in the area of population policy development and programming especially during the last two decades. This is evident from a) the rising number of countries that have recently adopted and formulated comprehensive national population policies; b) the rising number of population-related programmes at national and international levels; c) the fact that the population mandate is increasingly being accepted as part of the poverty reduction mandate; d) and the recognition of the work of NGOs and community groups at the grass-root level in the area of population and development.

2.4.3 Despite such achievements, Africa continues to face major constraints. These constraints hinder major development agencies from putting in place mechanisms for ensuring the well-being of the people and reaching the best means for integrating population issues into poverty reduction efforts. In light of the above, the following constraints have been identified:

- lack of sufficient funds from government budgets devoted to population-related activities, coupled with declining levels of official development assistance to Africa;
- lack of a clear theoretical framework presenting the relationship between population growth and economic growth and the resulting implications for poverty reduction and standards of living;
- lack of awareness among government officials, concerning population issues, especially the implementation of the Dakar/Ngor Declaration and the ICPD Plan of Action;
- inadequate strategies for integration of reproductive health and family planning into primary health systems;
- lack of training and skills among government officials, NGOs and other development agencies in the integration of population issues into poverty reduction policies and programmes;

- socio-cultural and religious factors e.g. resistance to the empowerment of women, values placed on large family sizes and polygamy that constrain effective implementation of population programs;
- insufficient decentralization of population activities and limited involvement of the population at the grass-root level in the process of formulation and implementation of population programs;
- finally, lack of effective inter-agency collaboration to promote the coordination of population activities in the African region.

### III THE BANK GROUP POLICY ON POPULATION

#### 3.1 Goal and objectives

##### Goal

3.1.1 The discussion of the first two chapters brings up the fact that the policy on population deals with two specific domains. The first one addresses policy issues that directly influence the demographic processes, namely fertility, mortality and migration, and is referred to as direct policy intervention. The second domain relates to issues that indirectly address demographic processes by responding to consequences of population dynamics, and how they relate to, and indirectly influence other social sectors and policies. The former addresses the enabling environment of policy implementation and the second the conducive environment. As population *is* being defined as a crosscutting theme in Bank's operations; a practical approach is to integrate both domains in the formulation of the policy.

3.1.2 The Bank's support to population issues will be in line with its overall mandate, which is to contribute to the economic and social development of its member countries. More specifically, it will be inspired by the Bank's Vision. Consistent with the Dakar/Ngor African plan of action, the following concerns are identified: first of all, the demographic specific goal of the policy will focus on access to reproductive health services, with an emphasis on maternal and child health care, adolescent sexuality and satisfying the unmet needs for FP, IEC, community-based service delivery and social marketing. Then poverty reduction will address population issues that influence indirectly the demographic processes: universal primary and girls' education, vocational training and employment; urbanization; economic empowerment of the vulnerable groups; capacity building and research.

3.1.3 The *overarching goal of the Bank's population policy*, therefore, is support to RMCs in developing and implementing integrated population policies and programs in the context of poverty reduction. This signifies that strategies other than population control will be critically needed. An integrated package that simultaneously addresses the economic, environmental and poverty issues will be required due to the relevant synergies outlined in the framework. Specifically, the Bank will assist member countries a) to reach a desirable population growth in conformity with the common position endorsed by African leaders; b) to achieve population-related targets in other social sectors that lead to a better quality of life, and c) to enhance human resources and the reduction of poverty among grass-root populations.

##### Objectives

3.1.4 The specific objectives are to:

- support programs and direct interventions aimed at reducing fertility based on the fact that fertility has been recognized as the main driver of population growth, which in turn is seen as a major constraint on poverty and sustainable development and consequently, support programs that directly address unmet need for family planning;
- ensure the quality and enhancement of human resources through implementation of appropriate education and health programs, skills building for better job opportunities, with the aim to stimulate household income generation and savings and support gender balanced socioeconomic opportunities;

- assist governments develop appropriate legal framework and policies that affect attitudes and practices that continue to subordinate adolescents' and women's sexual and reproductive health and rights, including gender-based discrimination and cultural practices that increase women's risks of illness or death and economic marginalization;
- assist governments and specialized institutions to set up policies and strategies for the management and empowerment of the refugee population, by addressing their immediate needs for FP and RH services, skills building and access to productive assets; and
- assist African countries achieve a balance between population growth and economic growth, by making available to RMCs relevant information on the population and development interrelationship through training and awareness creation.

### **3.2 Guiding Principles**

In order to facilitate the achievement of the above specified goals, the Bank Group will be guided by the following principles:

- first and foremost, population issues in member states vary due to the diversity of their economic and socio-cultural settings. Due to financial and human resource constraints, the Bank Group will, therefore, be selective in its operations, taking into account comparative advantage and complementarity with other key partners in the field;
- secondly, population will need to be treated as a crosscutting issue in relevant Bank projects, particularly in social, agriculture and infrastructure projects, given the magnitude and multi-faceted nature of population problems in Africa;
- thirdly, an understanding of the relationships between population growth and economic growth and its subsequent impact on poverty and sustainable development is critical to the successful implementation of any population policy. Therefore, all Bank staff and RMC high-level officials need to be sensitized on these issues through specific training and programmes;
- economic empowerment of women is a pre-requisite to the successful implementation of maternal and child health, and reproductive health programs. In order for family planning services and maternal and child health to have desirable effects, they must be provided as part of an integrated package along with economic empowerment and productive concerns. Finally, satisfying the unmet need for family planning is key to ensuring that women and couples in general do effectively control their desired family size and are able to reconcile their occupations with family or maternal obligations;
- in the same vein, adolescent sexuality and services adapted to the specific needs of the youth should be given serious consideration. In Africa, 15-19 year olds account for a large and growing segment of the population, and among school going girls, unwanted pregnancies constitute a major cause of school dropout. The prevalence of sexually transmitted diseases and HIV/AIDS is also high among the youth. Yet, cultural barriers and biases among health workers often limit their access to reproductive health facilities;
- partnership with other key institutions enhances skills mix in a range of population-related issues, and cost sharing. New and emerging issues such as the increase in female-headed households, the result of civil wars and men's economic migration, HIV/AIDS and the refugee situation have not only affected family structures and the age pyramid,

but they have also worsened the overall quality of life of the populations. A concerted and pro-active action between ADB, UNAIDS, UNFPA and UNHCR is required in order to provide a holistic response.

### **3.3 Strategic actions**

3.3.1 In order to achieve the goal and specific objectives outlined in the previous section, and consistent with its guiding principles, the Bank will adopt the following strategic actions:

#### **Population policy formulation and implementation**

3.3.2 The Bank Group considers the formulation and adoption of a clearly defined policy on population as the basis for a meaningful intervention in the formulation of population-related projects and programmes. This derives from the recognition that most African countries are experiencing rapid population growth with its concomitant effect on the quality of health, education and employment opportunities. The establishment of a database and the provision of socio-demographic indicators are also key to formulation and implement of a population policy.

#### **Access to Reproductive Health Services and Rights**

3.3.3 In order to make reproductive health services and information available to the majority of the population, this policy will complement the Bank's health policy by focusing on IEC programs on sexual and reproductive health and rights, including maternal and child health, HIV/AIDS, non-clinical services such as, social marketing and community based interventions. Attention will *focus* on providing different groups with access to high quality services, which offer a range of choices for addressing their unmet need for family planning, adolescent sexuality and teen age pregnancy; female genital mutilation.

#### **Integrated population activity providing social, economic and political empowerment**

3.3.4 The Bank Group strategic action will also focus on integrated population intervention that provide social, political and economic empowerment to vulnerable groups of the society such as women, youth, etc. who have a major role in the population and poverty nexus. There is a need to put in place a legislation to protect the rights of children (sexual and labor abuse), and women (legal age at marriage, and laws regarding gender equity), as well as special programs that focus on the most vulnerable groups, including the youth, the refugees and the displaced persons, and the disabled. An integrated population intervention *will* focus on the provision of a combination of the following: i) quality reproductive health services and education as a social empowerment measure; ii) access to resources and technology as economic empowerment measure and, iii) appropriate legislation as a political empowerment measure.

#### **Management of migration, urbanization and environmental issues**

3.3.5 The Bank will support programs aimed at curbing rural to urban migrations and improving the management of cities with the view to minimizing problems related to city growth and planning; food security; management of natural resources and environment caused by population pressure. These programs include integrated rural development, which allow the provision of appropriate rural technologies. Such programs are population-

accommodating programs, which are to be implemented in conjunction with other social policies.

### **Youth empowerment**

3.3.6 The youth in Africa has a major share in the total population, since individuals under the age of 15 represent about 45 to 50% of the total population. It has also a major role in influencing the population dynamics and, subsequently, the socio-economic development of African nations. Hence, it is important to focus on population activities that directly take account of the demographic features of the youth population with a view to influencing its fertility, mortality and migration pattern. Such programs will include effective legislation addressing youth socio-economic and political rights, support to youth organizations through youth economic and social empowerment by providing them with access to productive resources (credit, technology) and quality reproductive health services. The youth empowerment activities will enhance countries' productivity, slow population growth and contribute to poverty reduction if such programs focus on a) prevention of delinquency, drug, prostitution and STDs, FGM, unwanted pregnancy, and b) provision of social protection, including appropriate legislation.

### **Research and capacity building**

3.3.7 Research and capacity building activities will be done through Bank's support to workshops, seminars and regional consultations, where major decisions on emerging population issues are discussed and voted. With regard to research on population issues, the Bank will collaborate with regional population training and research institutes (IFORD, RIPS, CDC, UAPS, APHRC, etc.) to carry out studies to understand the complex interrelations between population, environment and development, the result of which will assist to fill the gap in information. While the research output would help the RMCs to access adequate demographic data and information for decision-making, it could also help the Bank Group to identify relevant population and social sector projects for intervention.

## **IV OPERATIONAL GUIDELINES FOR IMPLEMENTATION**

4.1 This section provides the general overview for operationalization of the population policy. A detailed operational guideline will be prepared under a separate cover, as the immediate follow up action. For the purpose of implementing, the Bank will channel its interventions in the population field by supporting the collection of demographic data, mainstreaming pro-poor population programmes, promoting participation, and advocating policy dialogue with regional member countries. As one of the key players in the development field in the continent, the Bank will collaborate with, and complement the interventions of, specialized institutions in the design, execution, and financing of appropriate programs.

### **Mainstreaming of Pro-poor population programmes**

4.2 In conformity with the Bank's Vision, population policy and programmes will be aimed at poverty reduction in RMCs as the over-arching objective. This implies that emphasis will be placed on demographic information and those population programmes and operational activities that facilitate the participation of the poor socio-economic groups, including women and the youth, in the process of economic development and social progress in Africa. In this regard, mainstreaming of population issues, which are highly correlated with poverty reduction, into sectoral policies and operations will take into account reproductive health activities that directly and indirectly contribute towards lowering the burden of childbearing and rearing among women, e.g. pro-choice family planning services, programmes for reducing maternal mortality, and IEC programmes on better methods of childcare for health and survival.

### **Participation in Operations project cycle**

4.3 The Bank formulates a Country Strategy Paper (CSP) for every RMC. The CSP contains a definition of Bank objectives and strategies for intervention. The availability of demographic indicators will give an indication of the socioeconomic trend, and how population factors are likely to influence economic decisions. Therefore, based on the defined objectives, the population components in a CSP will focus on: current population size and fertility trends, age structure and geographic distribution; estimated population projections concurrently with macroeconomic projections; education and employment; health indicators.

4.4 In addition to the CSPs, the Bank will pursue the undertaking of stand-alone, as well as population-related projects. These include institutional capacity building for the integration of population issues in national development planning; information, education and communication on reproductive health; provision and effective use of RH equipment and services; socioeconomic impact of HIV/AIDS among specific age groups; economic impact of regional migration (for example in SADC or ECOWAS); land reform and rural urban migration in farming and pastoral countries and implications for poverty and the environment. In the context of the preparation of the project cycle operations, the Bank Group will ensure the active participation of population specialists in relevant economic and sector work, from identification, preparation, appraisal and supervision. These may be stand-alone projects or components of other projects, whose impacts and development effectiveness will be greatly enhanced by the addition of the population component.

## **Participatory approach**

4.5 Since the effectiveness of population policies would ultimately depend on popular acceptance of, and participation in, programmes and operational activities, the Bank Group will employ participatory approaches in its population activities in RMCs. This will involve stakeholders, including the governments, civil society and private sector entrepreneurs to play lead roles not only in the implementation of programmes and projects but also in the design and appraisal of Bank Group's intervention in the population field.

## **Regional integration**

4.6 The facilitation of economic co-operation and regional integration is an integral part of the Bank's mandate to promote poverty reduction, economic growth and social development in Africa. The Bank policy on Economic Cooperation and Regional Integration seeks to assist member countries' development efforts aimed at: the establishment of common educational standards and curricula; the development of a coordinated approach on HIV/AIDS; family planning; and cross-border migration and environmental protection. The collaboration with other regional organizations, sub-regional organizations and other development partners to ensure that the mainstreaming of crosscutting issues therefore is seen as an important strategy. The Bank will therefore promote population programs whose effectiveness and development impacts are enhanced by their regional or sub-regional nature of interventions, such as migration and HIV migration and HIV/AIDS.

4.7 Accordingly, the Bank will collaborate with regional institutions dealing with population issues, in the continent, such as the African Population Advisory Commission (ACAP) and the Union for African Population Studies (UAPS). Such interventions will represent very strong signals of regional integration and the recognition of multi-dimensional problems in the area of population and socioeconomic development.

## **Policy Dialogue and Advocacy**

4.8 During country programming missions, the Bank Group will continue to assess the population situation in RMCs, placing emphasis on the character of each country's population policy and programmes, the relationships between population and development, and areas where sufficient and relevant demographic data and analysis are lacking. This will then serve as the basis for policy dialogue with the countries within the context of recommended Bank Group Strategy.

4.9 The Bank Group will organize and/or support conferences, workshops, seminars and other meetings, as appropriate, to inform RMC policy makers, senior officials and planners, targeted social groups on the relationships between population and development. Emphasis will be on the benefits which can be gained from innovative population research output and programs; and to disseminate best practices, lessons learnt, gaps and constraints in implementing population programs in other countries and regions

## **Inter-Agency Collaboration**

4.10 Strengthening partnerships between the Bank Group, RMCs, the donor community, NGOs and civil society will improve the effectiveness of the Bank interventions in the population field. This institutional arrangement will help the Bank to avoid duplication of

efforts, encourage co-financing of, and joint participation in, programmes and projects of mutual interest with other agencies, and the sharing of relevant information. Therefore, the Bank Group will particularly strengthen its collaboration with the UNFPA, the lead international agency on population issues.

4.11 With UNFPA, therefore, joint projects will be undertaken in the following areas, in accordance with the 1997 Memorandum of Understanding signed between the two Institutions:

- Population information, education and communication. This activity targets all segments of the population, local and official leaders. It seeks to create widespread awareness of demographic factors and population issues; to encourage active participation of the public in population campaign; and to develop the learner's decision-making skills and voluntary change in behavior in areas that affect the quality of life of the individual, his/her family and community. Specific actions include the establishment and support of population education Units in the appropriate ministries; develop and modify curricula and training methodologies on population-related issues, including socio-cultural factors.
- Reproductive Health, including adolescent sexuality, maternal and child health, HIV/AIDS, and family planning: specific actions include community-based (as opposed to clinical) service delivery; mobile-teams in charge of prevention information and counseling. In conformity with Cairo plan of action, IEC programs on adolescent sexuality will help curb the incidence of sexually transmitted diseases, unwanted pregnancies and youth school dropouts.

4.12 The Bank will also continue to participate effectively in the regional OAU/ECA/ADB Population Commission, set up to coordinate the activities of donor agencies working in RMCs in the population field. Finally, the Bank will liaise with the World Bank, UNHCR, Regional Training Institutes and NGOs, in order to maximize both institutional efficiency and operational viability in RMCs.

4.13 With the World Bank, the focus will be on institution and capacity building. The Bank will take advantage of the Joint Africa Institute to organize training for Bank staff and high-level government officials on i) the integration of population variables into development projects; ii) the relationship between population growth and economic growth and its implications for poverty reduction, building on the analytical framework proposed in this policy paper. The Bank, in collaboration with the World Bank will also assist in strengthening national-level institutions, including national statistical offices and vital registrations systems, by providing technical training and logistical support, in order to improve data collection, processing and analysis of demographic and socio-economic indicators necessary for the formulation of national policies and plans of action.

4.14 Finally, with UNHCR, joint actions will be undertaken in favor of the displaced persons and the refugees. Bank's intervention will focus on the improvement of refugees' living conditions through economic empowerment and the provision of basic social services, specifically integrated RH services.

### **Resources arrangements and implementation**

4.15 With respect to the funding of population activities in the RMCs, the Bank Group is aware of the short-fall between the resources anticipated for population activities according to ICPD-PA and the resources already committed to these efforts within the past five years. The

Bank is also aware of the recent call on the international community to increase their level of funding of population activities, given the ongoing economic crisis facing most of the RMCs and other developing countries. Therefore, the Bank Group will, through donor agencies with whom it has shared objectives, mobilize external resources, for population activities. In addition, with a view to providing support to RMCs, the Bank Group will also strengthen its own capacity to address population issues in its lending program by ensuring that staff are aware of the interrelations between population and poverty reduction and are in a position to integrate population concerns into the Bank's programming and project cycle activities.

4.16 The Bank will make use of the Technical Assistance Fund (TAF) and Project Preparation Facility (PPF) to facilitate and integrate population concerns into project cycle activities. The Bank will also utilize a variety of funding sources to implement the policy. These include in-house resources, as well as bilateral financing. Specific and concerted efforts will also be made to co-finance specific interventions and studies in population-related concerns in such projects as education, health, agriculture, fishery and forestry, rural development, drawing funds from the respective core projects.

## V CONCLUSIONS

**5.1** This policy emanates from the current population debate as expressed in the African common position discussed at recent regional and international fora on population, especially the Dakar/Ngor Declaration and the International Conference on Population and Development. It highlights the relationship between population growth and economic development, as proposed in the analytical framework.

**5.2** One of the primary implications of ICPD for population policies is to shift the responsibility for controlling population growth by means of family planning to reproductive health, and to other sectors of development, mainly through universal access to education, primary health care and equal employment opportunities. This highlights the progress made during the ICPD in linking population growth with economic development through a more coordinated approach aimed at reaching out *to the* grass root populations and ensuring a strong alliance across gender, class and geographic boundaries.

**5.3** In the same vein, and consistent with the Bank Group's Vision, appropriate population policies and programs were recognized among the key elements that will contribute towards achieving the Bank Group's overarching goal of poverty reduction in the region. Therefore, emphasis will be given to the mainstreaming of population issues into sectoral policies and operations, which are closely linked to poverty reduction. In this regard reproductive health activities that contribute to the promotion of women's status in society, such as the lowering of the burden of childbearing, the reduction of maternal mortality, and IEC programs will be promoted. In addition, the inclusion of other social factors and policies, such as infant and child mortality, girls and women's education, employment and empowerment, migration and urbanization are integrated in order to address population concerns in a more holistic manner.

**5.4** Given the above context, the Bank Group's strategy focuses on: assisting RMCs in the formulation and implementation of an appropriate population policy framework; institutional capacity building in RMCs; improved access to reproductive health, including information, education and communication, and the crucial issues of unmet need for family planning, maternal and child health; and meeting the needs of vulnerable groups, particularly refugees and displaced persons.

**5.5** In order to effectively address these issues, the Bank will focus on the following operational guidelines: mainstreaming of population-related issues into Bank's project cycles, including CSPs; promoting a participatory approach and advocating policy dialogue with regional member countries; enhancing partnership and interagency collaboration. The Bank Group will utilize its core resources, bilateral financing and cost-sharing with key partners and governments in implementing population activities in RMCs.

**5.6** The Bank Group's population policy framework and its proposed strategic actions are in line with the major international conferences' recommendations in the social sector. Their timely and appropriate implementation will contribute to lifting RMCs from the current challenges that they face; the most important among them being poverty, HIV/AIDS and social conflicts.

## **GLOSSARY OF POPULATION TERMS**

### **Age-Dependency Ratio**

The ratio of persons in the ages defined as dependent (under 15 years and over 64 years) to persons in the ages defined as economically productive (15-64 years) in a population.

### **Age-Sex Structure**

The composition of a population as determined by the number or proportion of males and females in each age category. The age-sex structure of a population is the cumulative result of past trends in fertility, mortality, and migration. Information on age-sex composition is essential for the description and analysis of many other types of demographic data. See also population pyramid.

### **Age-Specific Rate**

Rate obtained for specific age groups (for example, age-specific fertility rate, death rate, marriage rate, illiteracy rate, or school enrollment rate).

### **Aging of Population**

A process in which the proportions of adults and elderly increase in a population, while the proportions of children and adolescents decrease. This process results in a rise in the median age of the population. Aging occurs when fertility rates decline while life expectancy remains constant or improves at the older ages.

### **Contraceptive prevalence**

Percentage of couples currently using a contraceptive method.

### **Demographic Transition**

The historical shift of birth and death rates from high to low levels in a population. The decline of mortality usually precedes the decline in fertility, thus resulting in rapid population growth during the transition period.

### **Demographic bonus or dividend**

The result of changes that accompany the fall in mortality and fertility. Specifically, it refers to the increase in the working-age population relative to the population in the young age groups and before the old-age population begins to increase appreciably.

### **Demography**

The scientific study of human populations, including their sizes, compositions, distributions, densities, growth, and other characteristics, as well as the causes and consequences of changes in these factors.

**Dependency Ratio**

The ratio of the economically dependent part of the population to the productive part; arbitrarily defined as the ratio of the elderly (ages 65 and older) plus the young (under age 15) to the population in the working ages (ages 15-64).

**Family Planning**

The conscious effort of couples to regulate the number and spacing of births through artificial and natural methods of contraception. Family planning connotes conception control to avoid pregnancy and abortion, but it also includes efforts of couples to induce pregnancy.

**Fertility**

The actual reproductive performance of an individual, a couple, a group, or a population. Specifically, General Fertility Rate is the number of live births per 1,000 women ages 15-44 or 15-49 years in a given year.

**Growth Rate**

The number of persons added to (or subtracted from) a population in a year due to natural increase and net migration expressed as a percentage of the population at the beginning of the time period.

**Infant Mortality Rate**

The number of deaths of infants under age 1 per 1,000 live births in a given year.

**Life Expectancy**

The average number of additional years a person could expect to live if current mortality trends were to continue for the rest of that person's life. Most commonly cited as life expectancy at birth.

**Migration**

The movement of people across a specified boundary for the purpose of establishing a new or semi-permanent residence. Divided into international migration (migration between countries) and internal migration (migration within a country). In-migration is the process of entering one administrative subdivision of a country (such as a province or state) from another subdivision to take up residence. Immigration is the process of entering one country from another to take up permanent or semi-permanent residence.

**Mortality / Natality**

Deaths / Births as components of population change.

**Natural Increase (or Decrease)**

The surplus (or deficit) of births over deaths in a population in a given time period.

**Nuptiality**

The frequency, characteristics, and dissolution of marriages in a population.

**Population Control**

A broad concept that addresses the relationship between fertility, mortality, and migration, but is most commonly used to refer to efforts to slow population growth through action to lower fertility. It should not be confused with family planning. See also family planning.

**Population Density**

Population per unit of land area; for example, persons per square mile or persons per square kilometer of arable land.

**Population Distribution**

The patterns of settlement and dispersal of a population.

**Population Increase**

The total population increase resulting from the interaction of births, deaths, and migration in a population in a given period of time.

**Population Momentum**

The tendency for population growth to continue beyond the time that replacement-level fertility has been achieved because of the relatively high concentration of people in the childbearing years.

**Population Policy**

Explicit or implicit measures instituted by a government to influence population size, growth, distribution, or composition.

**Reproductive Health**

Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

**Social Marketing**

The provision of services and delivery of family planning goods, outside clinical settings. In most cases, family planning providers and counsellors reach out grass-root population through other community-based, social and economic activities, such as women's cooperatives or youth organizations.

**Total Fertility Rate (TFR)**

The average number of children that would be born alive to a woman (or group of women) during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year. This rate is sometimes stated as the number of children women are having today.

**Urban**

Countries differ in the way they classify population as 'urban' or 'rural.' Typically, a community or settlement with a population of 2,000 or more is considered urban. Specifically, urbanization refers to the growth in the proportion of a population living in urban areas.

**Unmet need for family planning**

This situation occurs when women or couples are not using contraception, but wish to control their fertility: they either want to postpone the next wanted birth or to prevent unwanted childbearing after they have achieved their desired number of children.

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**DEMOGRAPHIC INDICATORS FOR MAJOR SUB-REGIONS OF AFRICA, 1997 – 2025**

INDICATORS	AFRICA (f)		WEST AFRICA (a)		CENTRAL AFRICA (b)		EAST AFRICA ©		SOUTHERN AFRICA (d)		NORTHERN AFRICA (e)		DEVELOPED REGIONS (g) 1997
	1997	2025	1997	2025	1997	2025	1997	2025	1997	2025	1997	2025	
POPULATION (IN MILLION)	758.4	1453.9	221.8	446.6	88.1	187.5	234.3	480.2	49.5	82.9	164.7	256.7	1178.4
PER CENT URBAN (1995)	34.5	57.8	33.1	58.9	39.6n	64.7	22.4	48.0	55.6	74.2	44.3	65.3	75
DEPENDENCY RATIO (PER 100 AGED 0-14)	46	55.5	48.0	58.6	49.0	63.7	49.0	61.1	39.0	42.1	38.0	39.8	19.0
ANNUAL POP. GROWTH RATE (TOTAL, 1995-2000)	2.7	1.85	2.9	1.93	3.4	2.1	2.7	2.06	2.3	1.27	2.1	1.31	0.3
ANN. POPULATION GROWTH RATE (URBAN)	4.3	2.98	4.9	3.11	4.9	3.07	5.3	3.6	3.3	1.86	3.1	2.19	0.7
TOTAL FERTILITY RATE	5.3	3.05	6.0	3.14	6.0	3.46	5.9	33	3.9	2.44	3.7	2.3	1.7
INFANT MORTALITY RATE (PER 100)	86	48	90	54	92	50	99	52	50	26.0	55	29	0.9
LIFE EXPECTANCY AT BIRTH (BOTH SEX)	53.8	65.2	50	61.7	52.1	64.2	51.8	64.6	62.2	72.2	61.1	70.7	74
POPULATION DENSITY (Square Km)	24	52	35	86	13	27	36	82	18	29	19	32	22

a) Includes: Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, St Helena, Senegal, Sierra Leone, Togo.

b) Includes: Angola, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe, and Zaire.

c) Includes, British Indian Ocean Territory, Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mozambique, Reunion, Rwanda, Seychelles, Somalia, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

d) Includes, Botswana, Lesotho, Namibia, Swaziland, and South Africa.

e) Includes, Algeria, Egypt, Libyan, Arab Jamahiriya, Morocco, Sudan, Tunisia and Western Sahara.

f) Refers to the UN medium variant of population projection.

g) Includes the United States, Canada, Western Europe, the Nordic Countries, and Japan.

**SOURCE:** United Nations, 1989. World Population Prospects Assessed in 1988, New York.  
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**BANK GROUP POPULATION ACTIVITIES**

	Approved date	Start up date status	Loan/Grant in Million UA	Type of activity
<b><u>A. Stand alone population activities:</u></b>				
1) Burkina Faso Population study	1991	1993 completed in 1998	TAF 0.74	- Compilation of information and identification/preparation of priority areas if intervention by the Bank Group as well as for the Govt.
2) Senegal Population study	1993	1996 near completed	TAF 1.00	- Compilation of information - Identification of priority areas of intervention for the Bank Group/Govt.
3) Togo Population Study	1997	1997 ongoing	TAF 1.00	- Institutional capacity building for integration of population issues in National Development Planning. - Operationalization of the population policy.
<b><u>B. Population activities as Components of other Projects</u></b>				
1) Senegal "Women's community development project"	1991	1992 completed in 1998	ADF 3.7 NDF 2.9	- Child care (promotion of goals & adult women education) - IEC on reproductive health.
2) Gambia "Skills development Project for women"	1990	1991 completed in 1998	ADF 0.461 TAF 1.943	- IEC on reproductive health. - Promotion of women education
3) Ghana "Women's community development project"	1991	1992 near completion	ADF 1.824 TAF 0.437	- IEC on reproductive health - Training on MCH - Girls education
4) Mali "Promotion of women's economic activities and poverty reduction"	1995	1996 on going	ADF 2.76	- IEC on Reprod.Health , - STD/HIV-AIDS
5) Bénin "Promotion of women's economic activities"	1996	1998 on going	ADF 2.20	IEC on reproductive health & HIV-AIDS
6) Guinée	1997	1998 on going	ADF 3.00	- IEC on reproductive health, environment
7) Nigeria "Multi-state Health Project"	1992	1993 on going	ADF 55.26	Training of health staff in RH Provision of RH equipment and supplies;
8) Burkina F. "Poverty Reduction"	1998	1999 on going	ADF 14.00 TAF 1.50 AMINA 0.16	- Civil registration system at the community level - Reinsertion of migrants
9) C.I "Human Resource Development"	1998	1999 on going	ADF 20.00	- IEC on reproductive health - Training on child care/breast-feeding and nutrition

