

## Population and the MDGs: The missing link<sup>i</sup>

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The Millennium Development Goals (MDGs) have provided a significant mobilising force for efforts to address world poverty, but neglect a critical factor which offers great potential to make the goals easier and less costly to achieve. This factor, which received no mention in the MDG Framework, relates to population dynamics – migration, urbanization etc, as well as growth. As the international community begins to consider a post-2015 development agenda, now is a good time to examine what difference to development progress a focus on population could make, and to reflect on the significance of population dynamics for new and emerging development priorities.

At the start of the millennium the world population was 6.1 billion. By 2015 it is expected to reach 7.3 billion and exceed 10 billion by the end of the century, with the vast majority of growth taking place in the developing nations which are already struggling to meet their citizens' basic needs.<sup>1</sup> For this reason population is too important to ignore. Population dynamics, and particularly population size, determine the scale and shape of the development challenges we face. Taking population projections for Africa, between now and 2100 the population is expected to more than triple.<sup>1</sup> While development prospects are dependent on governments' capacities to increase access to health, education and other basic services, this rate of population growth is sure to outpace these investments and exacerbate poverty.

It is commonly assumed that nothing can be done to change the course of population projections, or that any interventions to do so would be intrinsically coercive, necessitating restrictions on women's and couples' individual freedom to have the number of children they desire. While this concern is understandable given the history of coercive 'population control' programmes of the 60s and 70s, this need not and absolutely should not be the case. What is required is the political will to enable all women and men to have the access to family planning that people in the developed world take for granted. There is a vast unmet need for contraception in developing countries, meaning that real opportunities exist to reduce population growth, by reducing unplanned pregnancies. This can be achieved by giving women access to voluntary family planning services, which women want and need in order to plan and space their pregnancies as they choose. In the developing world an estimated 215 million women say they are at risk of an unwanted pregnancy are not using contraception.<sup>2</sup> The role this unmet need plays in driving high rates of population growth should not be underestimated. Women who have an unmet need for effective contraception account for 82% of all unintended pregnancies in developing countries.<sup>3</sup>

The importance of family planning was belatedly acknowledged by the addition of MDG Target 5B – achieve universal access to reproductive health by 2015. Yet this issue has not been effectively addressed, for it is estimated that simultaneously fulfilling the unmet need for family planning and maternal and newborn services in developing countries would require a doubling of current global investments.<sup>2</sup> This investment would deliver dramatic achievements towards MDGs four and five, averting an estimated half of all newborn deaths and two-thirds of all maternal deaths in developing countries. Furthermore it would support considerable progress towards the other MDGs, by averting two-thirds of all unwanted pregnancies, thereby easing population pressures.<sup>2</sup> Cost-benefit analysis shows just how cost-effective investing in family planning is. For every dollar spent in family planning, between 2 and 6 US dollars can be saved in interventions aimed at achieving other development goals, including education, maternal and child health, HIV/AIDs and environmental sustainability.<sup>4</sup>

With just four years left before 2015, the 'population issue' hasn't gone away; it's more significant than ever. By the end of the century the population of the countries with the highest

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fertility rates is set to triple<sup>1</sup> and population can be seen as the common denominator of a range of new and emerging development priorities and crises. Be it food or water security, conflict and instability, climate change, environmental degradation or sustainable development– which of these issues aren't heightened by increasing numbers of people placing greater pressure on the earth's finite resources? The challenges developing countries face in feeding and providing for their growing populations, while seeking to lift millions out of poverty, are even more daunting with the onset of climate change. The poorest countries which have contributed the least to climate change are being hit the hardest, and these are the same countries facing considerable population pressures. Ninety-three per cent of the 40 least developed countries affected by climate change identify rapid population growth as heightening the effects or making coping harder. Climate change adaptation issues exacerbated by population growth include: soil erosion, fresh water scarcity, deforestation, and migration to environmentally fragile areas.<sup>5</sup>

With population presenting such a significant yet missing link between so many pressing development priorities, the silence on population issues must be addressed through the post-2015 development framework. To achieve this governments and donors must be called on to embrace rights-based reproductive health approaches as part of wider development priorities that are threatened by population increase, including poverty alleviation, climate change and sustainable development. This offers a 'win-win' approach: achieving universal reproductive health while reducing the cost and difficulties of achieving other development goals. Lastly, if population issues are to be brought in from the cold, we must ensure that women's choices, needs and rights are at the centre of sexual and reproductive health policies.

## References

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