International Policy Symposium on the Connection between Population Dynamics, Reproductive Health and Rights and Climate Change

Report of the Symposium, Ministerial Dialogue and Advocacy Kit for Integrated Approaches to Population, Climate Change and Sustainable Development

Report of a March 2010 Symposium organised by PSN in association with Commat, together with the BMA and PPD Africa.
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Introduction

An Advocacy kit for advancing integration of population dynamics into climate change and sustainable development policies and programmes.

This document records the key points from the International Policy Symposium on Population Dynamics and Climate Change that took place on 1st March 2010 in London. Benefitting from the participation of three government ministers from African countries, together with three UK politicians, one of whom is now in government as the UK Secretary of State for International Development, the conference distilled key messages relating to the importance of linking population dynamics to climate change.

This report has been written in the form of an advocacy kit; the presentations are recorded in easily digestible bullet-points, together with quotations, graphs, photos etc, so that, in effect, the report forms a handbook which collects the science, politics, programmatic and North/South dimensions of the importance of increasing understanding of the links between population dynamics and climate change.

As the world gears up to the November/December 2011 Climate Change Conference in South Africa, and the “Rio +20 Earth Summit” – the UN Conference on Sustainable Development taking place in 2012 – this Symposium Report has been designed to facilitate raising awareness of the links between population dynamics and climate change in particular, and sustainable development in general as the coming few years will be crucial for ensuring sustainable development, effective mitigation of and adaptation to climate change, and increasing investment in voluntary family planning programmes that respect and protect rights.

Symposium Organisers

- Population and Sustainability Network (PSN)
- The Commonwealth Medical Trust (Commat)
- The British Medical Association (BMA)
- Partners in Population and Development African Regional Office (PPD ARO).

Co-Sponsoring Organisations

- The All Party Parliamentary Group on Population, Development and Reproductive Health
- International Planned Parenthood Federation (IPPF)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Marie Stopes International (MSI)
- Population Action International (PAI)
- University College London (UCL).
Acknowledgements
The symposium organisers would like to thank other organisations that have provided support for the Symposium, particularly the UK Department for International Development (DFID) and the United Nations Population Fund (UNFPA).

Symposium Objectives
• To increase understanding among opinion leaders in the international development climate change community and within the communities most affected by climate change of the impact and significance of population dynamics on these issues;
• To craft consensus on the contribution that increased access to reproductive health, including rights-based family planning programmes can make to climate change mitigation, resilience and adaptation programmes;
• To reduce resistance to the inclusion of population dynamics in climate change and environmental protection work.
Executive Summary

This meeting was organised by the Population and Sustainability Network (PSN) and the Commonwealth Medical Trust (Commat), together with the British Medical Association (BMA) and Partners in Population and Development African Regional Office (PPD ARO). Co-sponsoring organisations included Population Action International (PAI), the All-Party Parliamentary Group on Population, Development and Reproductive Health (APPGPDRH), the International Planned Parenthood Federation (IPPF), the London School of Hygiene and Tropical Medicine (LSHTM), Marie Stopes International (MSI), and University College London (UCL), and the event was also financially supported by the UK Department for International Development (which made the attendance of three African ministers possible) and the United Nations Population Fund (UNFPA).

The symposium included a mix of policymakers, programme managers and implementers as well as researchers. The participant list included government ministers from Kenya, Uganda and Tanzania and UK parliamentarians representing the leading parties in the UK and including the Shadow Secretary of State for International Development.

The presence of senior policymakers at the symposium created an extraordinary opportunity to link research and programmes with policy options and challenges. It fostered discussions of responsibilities of developed and developing countries, national leadership and responsibility versus development assistance, and evidence-based programming and the challenges of scale up.

The agenda was divided into four sessions – first, an introduction to the issues, including the moral mandate, the links between health and climate change, how population dynamics fit into climate change mitigation and adaptation strategies, rights-based approaches and a view from the Ugandan Minister of Finance and Planning, the Honourable Professor Ephraim Kamuntu. He reminded the audience that the developing world contributes the least greenhouse gas emissions, that they will be most affected by climate change, and that they are least able to deal with the negative effects. Striking impressions from this session included a slide from Anthony Costello (UCL) showing “the end of geography” with the rise of the sea nearly engulfing Dhaka, and a slide showing deaths from HIV in South Africa due to slow mobilisation to deal with that pandemic. The message to climate sceptics: scepticism kills. Paul Wilkinson (LSHTM) explained how family planning is important in its own right – it doesn’t need climate change for justification, but climate change adds urgency. Moreover, things that are “good” for climate change tend to also be “good” for health.

Vivienne Nathanson (BMA) emphasised the importance of rights and said the key is “empowerment”. Jonathan Porritt (Founder Director, Forum for the Future, and Symposium keynote speaker) reminded the audience that we need to get beyond the “crass” consumption versus population debate. Inadequate funding for family planning, and the need for an increased investment in this area was mentioned in the first session, and was a theme that continually reappeared throughout the day.
The second session focused on programme priorities. Jotham Musinguzi from PPD ARO chaired and Siri Tellier (now retired from UNFPA) spoke about the connection between climate, population, family planning and women. She made the point that whether the global population reaches 11 billion or 8 billion in 2050 (the high and low variant projections) is important. She also compared the populations and emissions of the USA and Niger, saying that the population of Niger would need to reach 16 billion to reach the total emissions of the USA. At the same time, Niger will have a difficult time coping with its population that is doubling in size every 20 or so years. Karen Hardee (PAI) spoke about challenges of adaptation, including experience with National Adaptation Programmes of Action (NAPAs), the link between adaptation and sustainable development and the implications for family planning/reproductive health of adaptation funding. The point that population is recognised by NAPA countries but is not translated into projects was clear as was the need to understand adaptation funding, vis a vis development planning, as it relates to family planning/reproductive health.

Negash Teklu of the Consortium for Integrated Population, Health and Environment (CIPHE) spoke of integrating Population, Health and Environment (PHE) in Ethiopia. Participants were very interested in the PHE approach and asked about the role of community participation, women’s empowerment and the possibilities for scale up. Vik Mohan of Blue Ventures presented compelling evidence about combining family planning with marine conservation in Madagascar, and the importance of having a good relationship with the community.

The third session gave the floor to the policymakers from Africa and the UK. The Ugandan Minister of Finance and Planning noted that his country is already feeling the effects of climate change – they now have a ministry for Disaster Preparedness, which Uganda has never before needed. He also identified that family planning must be given greater visibility. The Minister of Health from Tanzania (Honourable Professor David Mwakyusa) said that he sees the health effects of climate change – eg malaria in new areas and emphasised that culture matters. He noted the importance of understanding people’s concerns, for example, that white bednets were considered “funeral shrouds” and had to be changed to another colour, and that mothers worried about their children sleeping under medicated bednets that killed mosquitoes. This made the point that technology is not always enough, and behaviour also needs to be addressed, and this point is relevant for family planning too. He said that the government of Tanzania has realised that family planning needs renewed attention and that the president will be announcing the renewed focus this month. The Minister of Medical Services from Kenya (Honourable Professor Peter Anyang Nyong’o) said that his government is ready to do integrated programming but that they need guidance on how to implement such programmes. If there is to be a holistic approach, how do we sequence and implement the interventions? He emphasised the need for global solidarity on climate change. Andrew Stunell, MP (Liberal Democrat) from the UK, noted that money for climate change is, in fact, Official Development Aid, which won’t change until the next funding cycle, although the financial crunch is likely to affect how much money is available. He assured the audience that the UK will reach the 0.7% target. The UK’s policy is to spend on the poorest countries (China is finally being taken off
this list). Another MP Sally Keeble (Labour) noted that it is difficult to separate climate and development policies and that it will be important to have policies from developing countries that developed countries can support. Andrew Mitchell, MP, (Conservative), outlined what a Conservative government would do for development. He emphasised that there is an agreement among the parties on the need for international development – and on the need to support reproductive health. Discussion included the issue of corruption, which the parliamentarians from Africa noted sometimes had Western complicity. Viscount Craigavon a cross-bencher from the House of Lords, gave a vote of thanks and closed this session.

In the final session, which was chaired by IPPF Director-General Dr Gill Greer, Jotham Musinguzi (Partners in Population), Susannah Mayhew (LSHTM), Malcolm Potts (University of Berkeley) and Karen Newman (PSN) gave provocative presentations concluding the issues that arose during the day, and considered an agenda for moving forward. Susannah Mayhew recognised that today everyone had been committed to a rights-based approach to the issue. But further to this, she emphasised the importance of the right to development, for developing countries. She also stressed that rapid population growth impedes poverty eradication. Jotham Musinguzi called for stronger leadership and political commitment from the South. He also suggested that lessons learned in the South need to be shared: If something is working in Kenya, it may well work in e.g. Uganda. Malcolm Potts asked the question “What is it that reduces fertility?” and argued that fertility decline is largely driven by a woman’s ability to access modern contraception. Karen Newman, coordinator of the Population and Sustainability Network, acknowledged that the relationship between climate change and population is complex, controversial and critical. She summarised the main points coming out from the day, including valuable consensus generated at the Symposium on the importance of a rights-based approach to tackling the links between population dynamics and climate change; the need to secure additional funding for family planning services that respect and protect rights; the need for climate change adaptation funding streams to be flexible enough to recognise family planning as part of effective adaptation strategies, and the need for political leadership to ensure that issues related to population growth are addressed in tandem with efforts to reduce consumption.

Many of the speakers make similar points: this serves to reinforce the importance, strength and urgency of the messages.
SESSION ONE

Setting the Scene: What are the links between population dynamics, sexual and reproductive health and rights and climate change in a post-Copenhagen world, and why are they important?

Chair: Toby Aykroyd, Chair, Population and Sustainability Network
**1A Population and Climate Change: the Moral Mandate, Jonathon Porritt**

Founder Director, Forum for the Future, and former Chair of the UK Sustainable Development Commission

In the Symposium keynote address, Jonathon Porritt acknowledged that the 1994 International Conference on Population and Development (ICPD) was an important milestone; but he posed the question about how it has weathered over time. Porritt also described the “either/or” debate in respect of linking population with climate change - people seemed to think that you are either concerned with over-consumption, or with over-population, - and characterised such an analysis as “crass” and simplistic. Critical points from Porritt’s address included:

- Regret that family planning, fertility management, population in general has been tainted by the historical aberrations that have gone on in many other countries;
- China’s one-child policy has coloured many people’s perception of “population” matters. But the policy averted an estimated 400 million births. It is difficult to feel unambiguously happy about China’s claim that this policy has averted 1.5 billion tons of CO2 per annum;
- Funding for family planning needs to be steadily increased; according to the 2009 UNFPA State of the World’s Population report, which focused on population and climate change, in 1995: the funding made available for family planning around the world was US$723 million; the 2007 equivalent figure was US$338 million;
- The issues themselves are not intrinsically alienating, but the synergistic effect they have on each other makes working with and linking population, family planning, climate change and sexual and reproductive health and rights particularly complex and challenging.

“We, the movement, failed to make the Moral Mandate for addressing climate change stronger than it is. We know what that Moral Mandate looks like; we know the disproportion between cause and effect regarding climate change, we know that the balance of cause lies with the rich developed countries and unfortunately the disproportionate balance of effect, as in impact on those countries, lies with developing and emerging countries. We know that population growth will make adaptation to those changes harder than it would be otherwise.”

**1B Health, Climate Change and Population Dynamics: What are the Links, and Why are they Important? Professor Anthony Costello**

University College London, Chair of the Lancet Commission on Managing the Health Effects of Climate Change

Anthony Costello highlighted the conclusion of the Lancet Commission on Managing the Health Effects of Climate Change¹ that “Climate Change is the greatest global health threat of the 21st Century”, noting at the same time that “The poorest and those who have contributed least to climate change will be first affected”, in a world where “The carbon footprint of the poorest 1 billion people is around 3% of the world’s total footprint”. Costello emphasised that “loss of life will be 500 times greater in Africa”.

In one of the most dramatic moments of the symposium, Costello showed a slide of the effects in Bangladesh of a sea-level rise of one meter. He noted that the world is striving to keep global temperature rise below 2°C, but that global carbon emissions are rising faster than the most dire of the Intergovernmental Panel on Climate Change (IPCC) emission scenarios. It is estimated that more pessimistic sustained global temperature rises of 5-6°C could raise sea levels by up to 13 meters: Costello described the effects of the obliteration of significant parts of the country by the sea as “the end of geography” in Bangladesh.

The Lancet Commission explored the health effects of climate change, and identified six critical pathways for managing the health effects of climate change:

1. Changing disease patterns  
2. Food security  
3. Water and sanitation  
4. Shelter and human settlements  
5. Extreme climatic events  

The commission also set out a framework for policy and action:

- **Informational**
  More information at global, national and local levels

- **Poverty and equity related**
  An accelerated drive to address poverty and equity

- **Technological**
  New approaches to food and water security, prevention of disease, better buildings and reducing vulnerability in poor communities

- **Sociopolitical**
  Stronger social and political engagement developing low-carbon living

- **Institutional**
  Greater co-ordination and accountability by governments to address the health effects of climate change.

Costello drew attention to population growth in India, noting that, in 2001, the state of Bihar had a population of 82 million – approximately that of Germany today. In 2061, it is projected to be 211 million – that of present-day Indonesia. Similarly, the 2001 population of Uttar Pradesh was 167 million – approximately that of Pakistan. In 2061 it is projected to reach 440 million – approximately the present population of the European Union.

Emphasising the value of community involvement and mobilisation, Costello summarised the value of investing in family planning, pointing to evidence suggesting that it:

- Reduces child deaths;
- Reduces maternal deaths;
- Prevents transmission of HIV;
Is cost effective: there are synergistic effects that longer inter-birth intervals and lower fertility have with other development goals;

Many women already have an unmet need for family planning. 23% in least developed compared to 9% in developing countries;

Demand is highest in sub-Saharan Africa, in countries with high fertility, and among the poorest women;

External funding is crucial for health budgets, but family planning funding has declined by 50% in 42 out of 49 countries.

*Family planning is low cost. And it works.*

**The importance of community involvement**

*Local knowledge, local capacity for adaptation*

Presentation slide of Professor Anthony Costello, UCL.

1c **Climate Change in a Post-Copenhagen World: What are the Priorities for Action, and Where do Population Dynamics Fit into Climate Change Mitigation and Adaptation Strategies? Dr Paul Wilkinson**

*Reader in Environmental Epidemiology, London School of Hygiene and Tropical Medicine*

Paul Wilkinson summarised what happened at the December 2009 Copenhagen United Nations Climate Change Conference, and underlined the inadequacy of progress thus far. There is a need for realism about the prospects for an early agreement on mitigation targets; national priorities vary so widely at present.

Wilkinson explained the complex interaction between increasing wealth, and different environmental burdens such as poor sanitation and urban pollution, but noted that as wealth
increases, so inevitably does energy consumption. This is the case both between countries and within countries over time.

He proposed an amendment to the $I = P \times A \times T$ (impact = population x affluence x technology) equation to read $I = P \times A \times E \times T$, to be understood as follows:

- **$I$** = Total greenhouse gas emissions (impact)
- **$P$** = Population
- **$A$** = Affluence - $ per capita
- **$E$** = Energy per unit of affluence
- **$T$** = Technology – carbon/greenhouse gas emissions per unit of energy

Wilkinson noted that some of the effects of climate change have direct impacts on health – (e.g. extreme weather, temperature), while some were less direct, associated with the contamination of pathways (e.g. crop production, air pollution). Temperature-related illness, sometimes leading to death can be caused by extreme weather-related health effects, air pollution-related health effects, allergies, water- and food borne diseases, vector-borne and rodent-borne diseases, and malnutrition. Diarrhoeal diseases and malnutrition are likely to be among the most significant impacts.

Wilkinson summarised the effects on health by highlighting the following issues:

- Health effects are uncertain (insufficient evidence, future projections);
- Extrapolations of well-understood weather-health relationships suggest generally ‘moderate’ burdens (by comparison with TB, malaria, HIV…);
- Potentially more worrisome are the effects of ‘non-linear’ changes:
  - social and economic dislocation
  - collapse of natural systems
  - feedback loops
- “One planet, one experiment”;
- Vulnerability is a function of the density of human settlements and the intensity of the use of the Earth’s resources.

Noting the correlation between increases in affluence and meat consumption, and the health benefits of active transport over vehicular transport, Wilkinson noted that doing things which are “good” for climate change, are very often also “good” for health such as reduction of meat consumption, exercise, etc.

Wilkinson demonstrated that family planning is “good” for health:

- Family planning can intensify the decline in maternal mortality;
- Birth spacing can reduce child mortality (13% reduction with birth spacing of > 2 years, 25% reduction with birth spacing > 3 years);
• Family planning is a cost-effective investment for achieving the MDGs;
• Least developed countries have most to gain by strengthening family planning;
• Demand is highest in sub-Saharan Africa.

Wilkinson concluded that:
• The magnitude of the threat to natural systems and human populations warrants major action in order to reduce in greenhouse gas emissions rapidly;
• Technology alone is probably insufficient; altered behaviours are needed;
• Although there are formidable barriers to achieving more sustainable & equitable use of energy, doing so can be expected to yield appreciable net benefits to public health;
• Provision of effective family planning services can make a contribution to both mitigation and reduction in vulnerability to the adverse effects of climate change;
• Such benefits provide a more immediate rationale for pursuing mitigation and family planning policies.

“…the rise of atmospheric CO2 above 450 ppmv\(^2\) can be prevented only by an unprecedented (in both severity and duration) depression of the global economy, or by voluntarily adopted and strictly observed limits on absolute energy use. The first is highly probable; the second would be a sapient action, but apparently not for this species\(^3\). … Family planning is already a sensible rationale. But climate change adds another reason to invest in family planning”

1D Rights-Based Approaches to Making the Links between Sexual and Reproductive Health and Rights and Climate Change, Dr Vivienne Nathanson

Head of Science and Ethics, British Medical Association

Vivienne Nathanson started by explaining that climate change is of significance to the British Medical Association (BMA) because doctors see the effects human rights abuses, social injustice, and the denial of health have upon patients, and on the communities in which those patients, and doctors, live.

Climate change is worsening social and health inequalities. It is the poorest countries which suffer disproportionately, as well as the poorest communities within countries. Even in a country like the UK, it will affect the poorest the most, and health inequalities in the UK have worsened over the last half century. Population levels are going to be a major factor in this and we have to bring discussion of this issue back, and to recognise this linkage with lifestyle, sustainability and so on, particularly, but not only, in the North.

Critical points from Nathanson’s address included:
• Climate change is worsening health and social inequalities, both within and between countries.
• Movements of populations: Internally Displaced People tend to have “bad” health.
• There are some things which people can do that both improves their health, and

\(^2\) parts per million by volume
\(^3\) Smil, V (2007). Long-range energy forecasts are no more than fairy tales. Nature, 453; (7192):154
improves their impact on climate change… active transport, eating less meat etc; these measures often also save money.

- If we increase education of women, we increase rights, and therefore increase living standards. This has an impact on fertility.
- The key is "empowerment" and the right of individuals to enact choices, in addition to ensuring women have the means to reduce their fertility.
- Education will bring about rights-based voluntary use of family planning.
- If we don’t recognise the risk of abusing people’s rights, both human rights and reproductive rights specifically, then we will inevitably see a curtailment of people’s rights in some way or form. So the basis of whatever we do has to be empowerment and the upholding of the rights of the individual.
- It has to be of great concern that, in many countries, women and girl children are being denied rights, and particularly denied the right to education. Yet education is the key to family health and wellbeing. It’s the key to decreasing family numbers. It is the key to the future economic and general wellbeing of the family, the community and the country.

“There are two ways, basically, that you can limit population growth. The first is about respecting human rights, and the second is by driving a coach and horses through them and saying that for the sake of the planet we will actually just stop people from having children. The key to this is about empowerment, it’s about giving people the rights and choices, and the power to enact those.”

### 1E Linking Climate Change with Population Issues: A View from Uganda, Honourable Professor Ephraim Kamuntu

*Minister of State for Finance/Planning, Uganda*

*This contribution is recorded in its entirety; the emphasis is that of the Report editors*

Mr Chairman, I want to thank you, and to thank the Partners in Population and Development Africa Region, and Commonwealth Medical Trust, the BMA and other partners for organising this very important Symposium on the Connection between Population Dynamics, Reproductive Health and Rights and Climate Change.

In my own judgement this is one of the most challenging factors facing our humanity in our century. Consequently, let me take this opportunity on behalf of my colleagues. I have a number of colleagues here, Dr David Mwakyusa, who is not only a medical doctor, but a Minister of Health, as well as of Social Welfare of Tanzania. He is an elected Member of Parliament. There is also the Honourable Professor Peter Anyang Nyong’o, from Kenya, previously Minister of Planning, now a Minister of Medical Services, also a Member of Parliament.

Mr Chairman, we thank you not only as professionals in our own rights, but as representatives of populations. Therefore we can speak with a sense of realism, because we live with these issues. We can tell you first hand the impact of climate change on the lives of millions we
represent in parliament. That is why we are very grateful that you invited us to join you and to enable us to participate in this very, very important Symposium.

Listening to the representatives this morning, and looking at the UN population projections, there is no doubt, if anyone in this audience doubts, that the greatest population growth is going to be happening in the developing world, in our part of the world. It is also true that we shall be, in the developing world, the most affected by climate change. It is also true that we have contributed least to global warming and greenhouse gases emissions. We also have least capacity for adaptation, this is the dilemma, and why we are grateful to you is for the realisation that, much as we are at different levels of development, we are in one world. What we do in our countries affects across borders and the rest of humanity, consequently, this Symposium.

Let me bring a sense of reality, using our country experience in Uganda, to add to these very professional groups, who theoretically have the greatest knowledge. In Uganda it is very clear that climate change is already impacting on us very negatively.

We have never before experienced floods – and when I’m talking about floods, I’m telling you about something I’m living with, it’s not theoretical – floods, hailstones, landslides, all never experienced before, all these are a result of climate change, and the consequences of these are the destruction of bridges, of roads, of houses. They have brought waterborne diseases, never before experienced. And then, it is followed by drought. We have floods with those consequences, some of which I have described, and then droughts. When the droughts come, of course there is crop failure. There is famine. There is water scarcity. There is even conflict, particularly in pastoralist communities; ethnic conflict arising from the struggle for water for animals. In our country we have the northern Karamojong; these are pastoralist communities and water for their animals is a matter of life and death, and consequently when we have drought as a result of climate change we have total chaos in those areas because of conflict. The destruction that results from all this is amazing, incredible.
Furthermore we had highlands in our country, known as the Switzerland of Uganda, very high, and the temperatures always were cold, no mosquitoes could survive in those areas. Mount Ruwenzori, that means mountains on the moon, it has snow on the cap. Never before would you have a mosquito there. The same with Mount Elgon, which borders with Kenya, but as a result of climate change, the temperatures have risen, mosquitoes have come, and the population are seeing diseases they have no experience of, such as malaria. These are real issues.

The incidence of malaria is now on the increase, as are a number of diseases, including typhoid, cholera, dysentery, and compounded with these are airborne diseases. There are now respiratory diseases and infections. These are now also on the increase as a result of emissions from second hand cars we have bought from Japan. We meet all sorts of things, particularly in urban areas, we have not met before: pollution, carbon dioxide discharge. I experience this firsthand; every time I am coming from rural areas and entering Kampala, you can see the difference in air as you are breathing it, it is very evident.

We have even been forced as a government to establish a ministry of disaster preparedness. We have never, since independence, had any need for a ministry for disaster preparedness, because none of the things we are experiencing and predicting now could have been predicted before. Now, in the portfolio of the prime minister is the coordinating of responses to disaster across the various sectors of the economy. Of course, they are limited in terms of the capacity for adaptation, but still this is one signal that you have a problem.

Now, everyone here who is in government, I would like to say where our perspectives are very different.

We are promoting awareness amongst our population, men and women, about their responsibilities and roles in the issue of sexual and reproductive health and rights. I have been very involved in the debate on these matters. The issue of sexual and reproductive health and rights is, ultimately, an individual decision, and unless this individual is aware of his responsibility and consequences, you can make condoms available but he will never use them, because, mentally, you have not reached him.

This is very important for us, and with this advocacy, we are also promoting universal primary and secondary education, going flat out to eliminate dropouts and ensure that the full course of secondary education is completed, particularly for girls, to stay in school. Of course education has an intrinsic value, but in addition, it is my conviction and I can use myself as personal testimony, that the moment people are educated we increase their adaptability, mentally, to accept change. Also by keeping young people in school, you avoid early pregnancies which afflict so many of our children when they drop out of school.

We are also advocating change in cultural and religious beliefs. Again we plead with you for help in this; because this sometimes poses difficulties.

Uganda is one of the most Christian countries, with a very strong belief in the Catholic view, where contraceptives are looked at as anti-Christian – you must “multiply and
fill the world” – and this needs to change. This requires advocacy, it can only change through advocacy and behavioural change. There also needs to be a change in the culture of appreciating children. “Children are a gift from God”, they will tell you, and how can you be acting against God’s gift? You need to change that from the cultural standpoint; it requires advocacy. Similarly, it must go in tandem with increased access to family planning services, clearly, even just in spacing children.

Incidentally, language really matters in perception. If I talk about child spacing for the benefit of the mother, the message is received warmly. If I talk about family planning and birth control, there is a resistance. Ultimately, both achieve the same result, but the language I have used is different. This time I am putting emphasis on the safety of the mother, consequently on the need to space your children because it is in your interest to do so; the other way we are talking about birth control, and the moment you say “control”, there is a resistance. We resist being controlled, it’s natural. So the way we package our message is very significant.

Related to this – now, again, we come from different professions, but the impacts we may have by bringing our different approaches to this symposium may be very useful – once we introduce access to electricity, that will make a difference. I want to bring this to the participants today, because I have seen this first hand.

In Uganda, only 6% of the rural population have access to electricity. The rest, the 94%, they will go to bed with the sunset. The sun is their lighting; the moment the sun goes to bed, so do they. I don’t need to elaborate, Mr Chairman, on this point ……

So if you tackled access to electricity, and had people working in shifts and during the night, clearly there would be an impact on population growth rate. I am submitting this to you. This is linked. Just as education helps, similarly, access to these services does help, but the medical profession sometimes do not see these linkages. They will tell you “condom availability, condom availability” … but, even if condoms are available, they do not have an impact because, in the first place, the guy needs light to put them on! If there is no light, the condom will not be used.

So increased rural electricity, increased access to financial services, because we talk about “safety nets”; “safety nets” translated in holistic terms, includes care for the old. In the absence of financial services, the “care for the old” is the number of children that you have. Consequently, if there could be increased insurances, and insurance as well as financial instruments, that could care for you, that would reduce the anxiety and need to have more children to care for you when you are old. I want to submit to this audience that population is a very complex and intricate matter, affecting other dimensions besides the physical ones.

In conclusion, I want to thank you, Mr Chairman and your colleagues for inviting us. I am sure I speaking on behalf of my colleagues. We live with these issues, they are affecting us right now and they will continue to do so in the future. Some of these matters are beyond our control as ministers in our respective countries, and we need international support. We live in one world and we look to you.

Thank you very much.
SESSION TWO

Programme priorities for adapting to the effects of climate change

Chair: Dr Jotham Musinguzi, Regional Director, Partners in Population and Development, Africa Regional Office

2A Climate, Population, Family Planning and Women: What is the Connection? Siri Tellier

External Lecturer, University of Copenhagen, School of Global Health and Former Director, UNFPA in Geneva

Siri Tellier posed some critical questions regarding the connection between climate change, population, family planning and women:

- Does family planning have an influence on world population growth?
- Does population growth have an influence on climate change?
- Have we done everything we can for sexual and reproductive health and rights, especially family planning?
- Is family planning enough?

Population projections for 2050 are uncertain; the medium projection is for a global population of 9.1 billion, up from the 2010 figure of 6.9 billion. Currently, global fertility is at 2.6 children per woman. The medium variant assumes that fertility will continue to decline, and will be 2.05 children per woman by 2050. If fertility were to remain at 2.6 children, the global population in 2050 would be 11 billion.

The question of whether or not population growth has an impact on climate change is controversial, principally because of the huge differentials in per capita consumption across the globe. The present population of the USA is 318 million; it is projected to reach 404 million in 2050; an increase of 82 million people. The present population in Niger is 16 million, which is projected to reach 58 million in 2050; an increase of 42 million people. The 2007 CO2 emissions, in tonnes/capita were 19.1 for the USA, and 0.1 for Niger. On those figures, that means that it would take 16 billion additional people from Niger to generate the impact on climate change of the additional 82 million people in the USA. This illustrates the complexity and sensitivity of these issues.

Progress has been uneven with respect to reconciling the right not to have children, with the right to have children. In Chad, the proportion of demand for family planning that is satisfied is lowest within the poorest sections of society; while demand increased between 1997 and 2004, family planning programmes are not keeping up with increased demand, and the decrease in the proportion of demand satisfied is most marked within the poorest quintile.
Official Development Assistance (ODA) for global health has increased dramatically over the past decade, principally as a result of the Millennium Development Goals (MDGs). But funding for family planning has stagnated or decreased, whereas demand is increasing. There is massive unmet need in a world where, according to the 2009 Guttmacher Institute estimates, there are 215 million couples who say they do not want a child in the next two years, but are not using any method of family planning. There are an estimated 186 million pregnancies; 75 million of which are unintended, including 35 million which result in abortions, and yet support for family planning is decreasing; according to one estimate, from US$ 652 million in 1997 to US$ 378 million in 2006.

Family planning is important but not sufficient; there are several other key development interventions that are also important, including, critically, girls’ education. Data suggests a positive association between contraceptive use and girl’s schooling, a fall in maternal mortality as contraceptive prevalence rises, and higher infant mortality where fertility is high.

“Have we done everything we can for sexual and reproductive health and rights and family planning?”

2b Adaptation Challenges: Review of National Adaptation Programmes of Actions (NAPAs), Dr Karen Hardee

Vice President of Research, Population Action International

Karen Hardee focused on the National Adaptation Programs of Action (NAPAs). These reports provide a recognised process by which least developed countries can identify and articulate their priorities for climate change adaptation. She outlined available funding mechanisms for adaptation, noting that the NAPAs are the major mechanism for adaptation funding for 49 Less Developed Countries (LDCs) and small island states. NAPAs are also intended to respond to urgent and immediate adaptation needs, and to link to development strategies.

Of the first 41 NAPAs analysed, three sectors make up half of the plans: Food security, water resources and terrestrial ecosystems; only 7% of them address health. Acting in tandem with other factors, rapid population growth increases vulnerability to food insecurity, water resources scarcity, natural resource degradation or depletion, poor human health, and migration.

37 NAPAs out of 41 analysed recognised a relationship between population and climate change: six specified that family planning should be part of the national adaptation strategy, and two identified family planning or reproductive health projects as priority elements within the national adaptation strategy. However, and critically, none of the projects were funded. Only 10 of the 41 NAPAs analysed were clearly linked to national development plans, including poverty reduction. The unmet need for family planning in the NAPAs countries is greater than 20% in 80% of the countries; of the top five, it is 51% in Yemen, and 41% in Uganda. Twenty-seven of the 49 NAPAs countries, including Yemen and Uganda, are set to double their populations by 2050.
Climate Change Adaptation Funding faces the following challenges:

- Funds mobilised are insufficient
- Procedures are lengthy and cumbersome
- Country ownership means that reproductive health / family planning has to be a priority within national adaptation plans
- With some funds’ interpretation of “additional costs,” reproductive health may not eligible.

“... if a family has limited children, he will have enough land for his kids and hence we can protect the forests. ...In earlier years we had a lot of fallow lands, but now as a result of population growth we don’t have adequate fallow land. Therefore, limiting number of children will help us to cope with the change in climate”

Young rural woman, Southern Region, Ethiopia, 2009

**2c Reproductive Health and Climate Change Adaptation in Ethiopia, Negash Teklu**

*Coordinator, Consortium for Integrated Population, Health and Environment in Addis Ababa*

Negash Teklu introduced his presentation with some background on Ethiopia; its population size is 80 million, and unmet need for family planning is 34%. The main impacts of climate change on the natural environment in Ethiopia are water shortages, variable rains, drought, temperature increase, and changes in disease patterns, while the social impacts of these changes include increased poverty, decreased food production, conflicts over scarcer resources, increased food insecurity and migration to urban areas. Ethiopia – a country that has contributed nothing to climate change, will suffer the brunt of the impact.
Teklu described the Ethiopian Wetlands and Natural Resource Association (EWNRA) project in Metu, the objectives of which are to:

• Improve farm productivity and livelihoods;
• Restore forests and wetlands;
• Help achieve desired family size using a right based approach.

The project interventions are:

• Awareness creation about the project
• Food security
• Water and sanitation
• Family planning
• Livelihoods
• Land productivity
• Watershed restoration
• Microfinance.

In the project sites, the percentage of women using family planning is much higher, often approximately double the percentage in non-project sites. In addition, there is much less migration in project sites, as they are better able to deal with droughts, adverse weather conditions.
Key lessons learned from the project underlined the following observations and messages:

- An integrated approach including family planning can effectively address diverse problems within communities;
- The importance of local participation including women in decision-making;
- The importance of working with youth and schools;
- Women’s empowerment and education are crucial;
- The importance of partnership with local government offices.

Teklu concluded that Africa in general, and Ethiopia in particular, needs adaptation support. Developed countries must provide leadership on climate change: a binding accord is needed, as is the contribution of additional funds, outside ODA, together with changes in consumption patterns.

“The complexity of problems requires innovative solutions that meet the complex needs of communities while also building resilience to future climate change adaptation.”

2d Population Health and Environment: an integrated approach to Family Planning and Marine Conservation in Madagascar, Dr Vik Mohan

Blue Ventures

Vik Mohan introduced Blue Ventures as a marine conservation organisation, dedicated to working with coastal communities to conserve threatened marine environments, protect biodiversity, and safeguard the livelihoods of these communities. Madagascar is the world’s 4th largest island and is home to 5% of the world’s biodiversity. 80% of its flora and fauna is endemic to the island, and it is classified as a least developed country. Madagascar has one of the fastest growing populations in the world; at present it has a population of 18.9 million, 44% of which is under the age of 15. Maternal mortality is high – 469 per 100,000 births; only one in five women at risk of pregnancy has access to contraception, and the country has some of the highest incidences of sexually transmitted infections (STIs) in the world.

Mohan described Blue Ventures’ work in Adavadoaka – a coastal community in the South-West of the island: the first community-managed Marine Protected Area in Madagascar, and the largest in the Western Indian Ocean. The project found that fertility rates were high, with women having up to 16 children, and that there was limited access to sexual and reproductive health services or education. The project also found that the population was growing so fast that the demand for resources was outstripping supply: locals had already identified the link between population and unsustainable resource use; fishermen had reported that they were not catching as much as they used to. In addition, there were anecdotal reports suggestive of high rates of untreated STIs.
In August 2007, the first family planning clinic was opened; in 2010 there were three weekly sexual and reproductive health service clinics in operation in the region, with additional outreach services to cover all 26 villages. A comprehensive programme of community education is also in place. Community education/social marketing activities include:

- Peer-led education programmes
- Focus group discussions
- Education films
- Community theatre
- Community events, such as sporting and cultural events
- Branding of Blue Ventures service and promotional merchandising.

Results show that contraceptive prevalence has risen significantly in the project area, and that the crude birth rate has dropped in comparison to the region as a whole. Project experience has shown that integrating sexual and reproductive health services into a conservation project has enabled the project to meet health care needs. The project has experienced no resistance from the community to offering this service.

“Good relationships with the community have enabled effective introduction and rapid uptake of this service. An integrated approach offers the greatest chances of enabling sustainable development”.

The fishing community of Andavadoaka, Madagascar, where Blue Venture’s integrated Population, Health and Environment initiative is addressing the links between public and environmental health.
Meeting the need

- August 2007, first family planning clinic opened, in Andavadoaka
- In 2010, three weekly SRHS clinics in operation in the region, with additional outreach clinics, to cover all 26 villages
- Comprehensive programme of community education

Presentation slide of Dr Vik Mohan, Blue Ventures.
SESSION THREE

Ministerial Dialogue on Political Options for Progress

Chair: Catherine Budgett-Meakin, Senior Advisor, Population and Sustainability Network

This session consisted of two panels; the first benefiting from the perspectives of the three African ministers present, and the second giving the opportunity to British parliamentarians from the three main parties to give their perspective on the issues discussed. It was a fairly interactive session, with questions from the floor allowing the panellists an opportunity to amplify some of the points they had made. Since this Symposium was fortunate enough to bring together such high-level participation from Africa, their comments are reproduced in this report in their entirety.

Session 3 panel, including from left to right: Honourable Professor David Mwakyusa, Minister of Health and Social Welfare Tanzania; Andrew Mitchell MP 4, UK; Honourable Professor Ephraim Kamuntu, Minister of State.

4 UK Secretary of State for International Development from May 2010.
Good afternoon, everyone.

When I was invited to this meeting I was told it was going to be an interactive session, but I have a few notes which I wanted like to share with you. I will speak the obvious first. My colleague from Uganda has already said everything I want to say; if I repeat it, it's just for emphasis.

The climate of the world has always been balanced, for human and ecological existence. It has maintained temperatures conducive to the development of the ecosystem. All along, temperatures and humidity have been predictable but today the situation has changed. Strong evidence by the scientific community shows that the recent extreme weather events and the rise in the world's temperatures have been caused by human activity. Weather and climate affect the key determinants of human health: air, water and food. Climate-induced natural disasters have already caused deadly floods and droughts, displaced thousands, depleted fresh water resources and accelerated the transmission of infectious diseases. In the year 2008 alone, floods from cyclones and torrential rains in Southern Africa affected 300,000 people in Madagascar, about 100,000 in Mozambique, and over 62,000 in Namibia, prompting disease outbreaks. The snow caps that characterise the tips of Kilimanjaro and the Kenyan mountains have melted away, causing drain of the rivers that depend on them as a source of their water. Droughts have affected several countries, especially in the Horn of Africa and the Sahel.

As a result, much malnutrition has worsened in most western African countries. Ethiopia's food crisis has been deepening, and about 70,000 severely malnourished children in the drought-stricken areas needed assistance in 2008. Climate change has also changed the epidemiology of diseases; in 2007 my country experienced torrential rain which came out of the normal season. With it came an outbreak of rift valley fever, which killed more than 100 people and thousands of cattle, sheep and goats. This is a disease I never came across at medical school. Most highland areas and arid locations in the central plains were traditionally mosquito-free, because mosquitoes could not breed there, but now following global temperature rises and unpredictable rains, 93% of the population is prone to malaria attacks.

In 2006 I had to go to two districts that were previously malaria-free, but there were outbreaks. I had never seen a malaria outbreak. In those areas, because of low immunity, we lost 286 children in a period of 3 months.

We need to note that developed countries have produced the overwhelming share of greenhouse emissions, but it is the developing nations which have to bear the brunt with regard to the impact of climate change. It is these same developing countries which have the
weakest infrastructure, and which are least able to cope without assistance to prepare and respond. We, in Africa, have come up with a framework for action, for protection from climate change. This we developed in the year 2008. The actions include:

- Increasing awareness and placing public health concerns and health protection from climate vulnerability and change at the centre of national, regional and international action on climate change;
- Strengthening health systems capacities to provide protection from climate-related health risks;
- Ensuring that health concerns are included in development strategies in other sectors;
- Strengthening the institutional capacity of the health community to provide guidance and leadership in this area.

The key concern in responding effectively to climate change is lack of funding for sustenance of the core capacities of country and intra-country activities. Other challenges include weakness of coordination between social sectors in countries in joint policy formulation, planning, implementation and monitoring and evaluation. We emphasise that climate change is a global concern. It therefore requires coordinated international action to address issues regarding adaptation, mitigation and capacity-building. We urge the industrialised countries to provide funds as well as to facilitate the technological transfer necessary to mitigate the impact of climate change. You can note that what I spoke about most is health, because I am the health minister, but I’m not oblivious to what else is happening.

As I was sitting on that chair in the audience, my neighbour asked me about condom use in my country. As in most African countries, when condoms were introduced, they were both for family planning but also in the control of STIs. Their use was much towards control of STIs, at that time gonorrhoea, trichomoniasis and syphilis, but later HIV came on the scene and then took over the use of condoms from gonorrhoea and so forth, so family planning was sidelined. In our countries, to talk about sex is taboo, you cannot talk about sex in the open. And when you use a condom, you use it in sex. More than 90% of our HIV is transmitted through heterosexual sex. So, if you have a condom which can help you avert infection from HIV then you can’t talk about it in public; that is not seen as the right thing to do. So, we are not talking about it openly. Some of us are courageous, and being a politician, I talk about it: that irresponsible sex is a cause that has brought us to this point. There is also some religious resistance, particularly amongst Catholics and Muslims, they do not like us to talk about it. I, as a doctor, have grown-up girls; even I cannot talk about sex with my kids. So you can see the problem we are facing.

In terms of availability of condoms, we have some, but 90% of my people live in the rural areas. In the urban areas we have condoms but in the rural areas they are very far apart, very hard to find. We visited a village somewhere in the middle of nowhere, and a young man raised his hand to ask if he can cut something from a plastic bag and use that as a condom. And you just know that they’re not there, he knows that a condom can help, but it’s not there and he
was asking us if he could use a rubber band and a plastic bag. Also we have a lot of fishing communities, we have three big lakes and a coastal line with the Indian Ocean, so a lot of people go there for two weeks or a month to fish, and some beautiful young women go there to cook for them, and of course that is one of the risk to populations.

Sometimes condoms are reused, you can hire one for 100 shillings, and it is washed and used again. So there are things you can take for granted, but these are real facts that we face in our country. Even the purchase of condoms, you cannot just walk into a shop and ask openly for them to sell you a condom. You go in, you look around, and sometimes you go in and buy something else because someone else is in there. This is because of sex, if you use a condom people think you are a sexual athlete and you don’t want that, even if you have HIV you don’t want to divulge that because it is related to sex.

I sidetracked slightly, because that question was posed to me this morning, but family planning is something that has been integrated into sexual and reproductive health. In Maputo about 3-4 years ago, we came up with the Maputo Plan of Action for Sexual and Reproductive Health, and now we have added rights as well. But family planning seems to have been swallowed in this. It seems not to be spoken of. A lot of things are spoken of in sexual and reproductive health but family planning has not been giving the emphasis that it should. We know, and it has been echoed this morning, that investment in family planning can give us big gains in terms of achieving MDG 5, but family planning has been marginalised, and what we have decided, in my country, is to give it visibility. We talked about political will, and political will, in my country, is to give it visibility, in terms of budgeting, implementation and advocacy, and actually during the second week of this month we want to launch this initiative nationally. When I do that I want to use the President. The President is very sensitive to health issues, he’s hugely popular, what I would say sounds very different if he says it, so I am going to use him and it may be in the papers and you will see.

Thank you very much.

3b Honourable Professor Peter Anyang Nyong’o

Minister of Medical Services, Kenya

This contribution is recorded in its entirety; the emphasis is that of the Report editors

When I was asked to come to this conference today, it was the first of its kind that I was attending as Minister of Medical Services, a unique meeting on population, climate change and health. I’ve never been to one like this before and I thought it an important and appropriate meeting to attend.

As you will remember, family planning is quite an old policy in Kenya, Thomas Joseph Mboya, who was the first Minister for Planning and National Development, started a very vigorous and imaginative family planning policy in Kenya as early as 1963. Being a Catholic himself, this was
quite a daring thing to champion as the then Minister for Planning and National Development. At that point in time, Kenya was growing at the rate of 3.4% per annum, which was pretty high by world standards, and by the time that Tom Mboya was assassinated in 1969, that had come down to 3% or less. At the moment, as we talk, the rate of population growth in Kenya is about 2.4% per annum.

But that doesn't mean that the population is under control, because although the average rate is 2.4%, the rate of growth amongst the poor never holds, it is pretty high, much higher than the heads of family there can afford to keep. And thirdly, given the recent pandemic of HIV/AIDS, we have very large families that are being looked after by people who are poorer today than they were then, grandmothers, children who are now heads of families and so on.

So the idea of controlling the size of families, so that those who are born can enjoy a reasonable standard of living, is still an issue to government and to society as a whole. But that doesn’t mean that government gives as much priority and concern to family planning as was done by Tom Mboya at the time of independence. Indeed, what is now called “family health options” is something that is done by the NGO or a quasi-NGO called the Family Planning Association of Kenya, now Family Health Options Kenya, which is essentially funded by donors. My wife happens to be the chairperson of Family Health Options, and I happen to know the financial problems that they have, and although I live in the same house as her, and I am a minister of the government, I do not seem to be of much help.

If you wind the clock forward to today, you’ll find that there are bigger families in poorer neighbourhoods, there is a poorer quality of life in these neighbourhoods, there is more dependence among these poorer neighbourhoods or communities on government health services which are fewer and more difficult to access, and in these communities people tend to spend more on out-of-pocket expenses to have access to health care, than in better-to-do communities. This means that access to health care is extremely inequitable in our society.

Now, what does this have to do with climate change? Over the last couple of years the climate has been changing rather drastically. We are having rains at times when we never expected them before; and when they come, they come in ferocious quantities, and sometimes for too short a period. We also tend to have dry weather when we didn’t expect it before; and when the dry weather strikes it is more ferocious than it ever was before. This has affected food production, livestock production, and it has adversely affected soil management. It has also affected vegetation in general particularly the growth and sustainability of certain trees and plants, which in the past either preserved the soil for purposes of agricultural production or provided fodder for the animals for the purposes of livestock production. These changes in climate and ecological conditions have also led to the spread of new diseases, as has been said here today, particularly waterborne diseases during floods. North-eastern and northern Kenya is a generally dry place, but when drought is followed by torrential rains, the end result is that you get extremely bad and ferocious waterborne diseases like cholera and so on.
During drought, animals die in large numbers; they are not necessarily given decent funerals as human beings are, so they tend to die and scatter in the countryside. When it rains and the water flows, and then people drink that water, that water is likely to be contaminated by those carcasses, and not be good for human consumption, and that leads to the waterborne diseases we are talking about.

Unfortunately, the government, which is the body which should do something about this, is not always well prepared for this kind of tragic eventuality; government often responds too late, or rather ineffectively, and quite often The Red Cross or other NGOs are relied upon for intervention. By the time these bodies intervene, lots of lives have been lost, and once they intervene, that intervention is not necessarily institutionalised for the next season, and knowledge is lost and the problem keeps recurring in a tragic way. The communities that are affected most are the poorer communities, either in livestock production or peasant/agricultural areas.

It means therefore that there is quite a strong correlation between climate change, and health provision, and poverty. So if there is indeed an increasing threat to the provision of health services by a climate change that doesn’t seem to be under the control of any public body, and a climate change that affects productivity in both livestock production and agricultural production, what needs to be done so that we can make things better for our citizens?

I have listened to the suggestion this morning that we need to have what is called a “holistic” approach; that there cannot be any meaningful intervention unless it is holistic. Then I ask myself, if it is holistic, how are you going to sequence intervention so that that holistic thing can be managed by somebody, or shall we just leave holistic as an appealing word which appeases, without necessarily giving a government bureaucrat terms of reference on how to implement these so-called holistic approaches?

We need to have certain priorities and to sequence them logically. If indeed climate change is related to poverty, and eventually related to health provision then there must be a set of priorities that deals with all these three parameters; that deals with poverty, deals with climate and also deals with health provision. This conference is about population, health and climate change. By population, we mean people. It is not something abstract. People, health, climate change.

We must understand that these challenges give us an opportunity to do something. It gives us an opportunity to change the mode of production in agricultural and livestock production. It tells us the way that we have been producing in the past, looking after animals in the past, can no longer be sustained in conditions where climate is changing, and we cannot easily control that climate. So there must be a change in agricultural and livestock production that responds, creatively, to climate change.

I propose that in agriculture, in a place like Kenya, or most of Africa, we can no longer avoid adopting greenhouse farming in rural farming. In other words, a more capital-intensive form of agricultural production, rather than a loose, peasant-based large-scale production, where
people can move around from one area to another when the soil gets poor, or people can take animals from one area to another because there is no longer fodder to feed them.

In agriculture, greenhouse farming is the only alternative:

- It will force people to use less land more intensively, but more productively. It will also force government to put money in agriculture into much more determinable and measurable productivity than before;
- We need to introduce more technology and knowledge in both agricultural and livestock production;
- It will help us to use knowledge and technology to harvest and conserve water much more effectively than we are doing at the moment. If we harvest and conserve water, we shall be in a position to prevent that water from pooling around, driving animal carcasses, which then spread waterborne diseases;
- It would help us speed up domestic agro-forestry, and intensify our forestation. At the moment, because the soil is loose and we don’t intensify our forestation and agro-forestry, we are not really conscious on a day-to-day basis what happens to our forest. An example – when I went to Israel, I found that they plant a lot of trees. But those trees are very carefully managed; each one of them has a pipe of water going to feed that particular tree, the growth of a tree is not taken for granted. In our country, growth of trees is taken for granted, so when there is torrential rain, and we don’t know how strong those trees are, they are brought down rather fast, and people don’t really remember that we need to help those trees to grow once again. Intensification of forestation and agro-forestry using technology will make it possible for us to conserve our environment and therefore eventually provide fodder for the animals;
- We need to conserve waterways particularly rivers;
- We will therefore need to bring people to live in clusters, in villages or townships, provided with services such as electricity, housing and water; what are known as “urbanised rural settlements”.

It is only when we do that, that government will be able to enact “empowering of individuals” to control their own lives. Individuals cannot be empowered unless they are given realistic means to empower themselves. And it is only within these parameters that individual freedoms can be exercised in the interests of the society. At the moment we are trying to give people “individual freedoms” without the holistic measures or framework to use that freedom within a socially well-managed system. But if we indeed know these things, why is it that we do not behave rationally? Why is it that both governments and individuals do not behave rationally?

I think the only way you can answer that question is to read David Landes’ book, The Wealth and Poverty of Nations®, why some are so poor, and some are so rich.

Thank you.

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3c  **Honourable Professor Ephraim Kamuntu**  
*Minister of State for Finance/Planning, Uganda*

Since Professor Kamuntu had already addressed the conference during the morning, he took the floor again to emphasise the following points:

Uganda’s population is growing at 3.2%. This has implications for health, education etc.

- In terms of strategies, we need a holistic approach.
- We are promoting “awareness” about sexual and reproductive health and rights.
- We need to improve access to facilities. Child mortality is too high.
- We also need to integrate population variables into national planning programs.
- There needs to be a political commitment.
- How do we increase capacity of developing countries? We are limited in our capacity to address this issue.
- We need to share responsibility for addressing this issue as one world.

**UK Parliamentarians Respond**

3d  **Andrew Stunell MP**  
*Liberal Democrat Member of Parliament for Hazel Grove  
Member of the International Development Committee*

Andrew Stunell opened by confirming that there is a deep consensus in the UK that the government needs to invest in international development. Addition key points:

- The UK is striving to reach the recommended 0.7%. Currently we are at 0.5% so there is further to go.
- This is also recognition of the need to invest in climate change, but there is a lack of clarity about whether the pledged money was new/additional, or old.
- How much should be spent directly on a project, and how much should go through UN agencies as multilateral aid? Should it go through NGOs and civil society?
- The UK has a commitment to spending on the poorest countries, which means that some other countries (e.g. China) miss out.
- Greenhouse farming – it makes sense to grow stuff in Kenya and fly it to UK, rather than grow in Holland under lamps and drive it to UK. These are interesting findings. If we are combating climate change, we need to make sure the solutions are not worse than the problems we’re trying to cure.
• Cultural barriers to contraception are the same in UK as elsewhere in the world!
• We need to maintain belief in the UK that international development is important use of resources.

3E Sally Keeble MP

Labour Member of Parliament for Northampton North
Secretary All Party Parliamentary Group on Africa

Sally Keeble affirmed that the UK has been good at addressing climate change, e.g. Stern Report, and funding research. Additional key points:

• We cannot separate climate change policy and development policy.
• We must reaffirm commitment to reach 0.7% funding. This must remain a priority, in order to achieve the MDGs.
• Tribute was paid to Clare Short’s work in respect of realising women’s rights.

3F Andrew Mitchell MP

Conservative Member of Parliament for Sutton Coldfield
Shadow Secretary of State for International Development (at the time of publication in Government as Secretary of State for International Development)

Andrew Mitchell emphasised that International development commands the support of most politicians, and this is good. He said that the Conservative party will remain committed to development because there is a moral reason to address it, and also because there is a national self-interest too. If a Conservative government is elected later on in the year in the UK, they will address the following issues in the following ways:

• We have developed a health partnership scheme, so our UK personnel can go overseas.
• We want to do hospital twinning (as with school twinning).
• Population – will be important on the conservative agenda. It went badly wrong, e.g. China. We would go through UNFPA if they can promise to use funds carefully. Giving choice is absolutely vital.
• Budget support is the way to do development, as long as the receiving country has the mechanisms and capacity to deliver.
• A Conservative government would spend £500 million a year on malaria until it is eradicated.
Vote of Thanks

**Viscount Craigavon**

*All-Party Parliamentary Group on Population, Development and Reproductive Health*

Viscount Craigavon, in moving a vote of thanks to the Parliamentarians on the panel, remarked that it was important to remind the UK Government about the 0.7% commitment, and also, in respect of the unmet need for family planning. He stated that “the more the Ministers from the Global South articulate this, the better”.
**SESSION FOUR:**

Conclusions: an agenda for moving forward

Chair: Dr Gill Greer, Director-General, International Planned Parenthood Federation

**Overview of Key Priorities for Linking Population Dynamics to Climate Change, Dr Susannah Mayhew**

Senior Lecturer in Reproductive Health Policy, London School of Hygiene and Tropical Medicine

Susannah Mayhew’s presentation focused on climate change mitigation and adaptation, and also on migration, which has a significant impact on both mitigation and adaptation. With respect to mitigation, it is important to clarify that climate change is caused by consumers, not people, but also important to remember the right to development – a process that, if successful, leads to the production of consumers.

![CO2 Emissions per person by country. 2004](presentation-slide)
There is a significant difference between per capita emissions, and total absolute emissions; while the CO2 emission per person in the USA is approximately 18 times the per capita emission figure in India (2004 figures), the percentage rise in India between 199-2003 was more than 55%; the comparable figure for USA/Europe/Japan was just over 10%. Consumption must be addressed as a global priority issue. Proposed mitigation solutions include:

- Reductions in consumption patterns & greenhouse gas emissions globally, led by West;
- Addressing reproductive and population patterns in developed countries & emerging economies; it is important to remember that each child born here will contribute much higher GHG emissions than a child born in a developing country;
- ‘Green’ development technologies.

Key points on adaptation include:

- Rapid population growth impedes poverty eradication – the critical factor in climate change vulnerability. Apart from a few oil rich countries, no country has grown economically with high population growth;
- Rapid population growth therefore undermines adaptation efforts.

Noting that future population trends leave no room for complacency, water stress will become a significant issue, with the percentage of the world’s population facing water stress or scarcity projected to rise from 8% in 2000 to 38% by 2025.
Proposed adaptation solutions include:

- Review National Adaptation Programmes of Action (NAPAs) and adaptation funding mechanisms to include social sectors;
- Tackle population growth as part of adaptation strategies: NAPAs;
- Reverse declining investment in Family Planning programmes – family planning funding has stagnated, leading to an ever-widening gap between contraceptive supplies and demand;
- Scale-up support for community-rooted multi-sector adaptation initiatives e.g. projects we have heard about in Ethiopia and Madagascar.

With respect to migration and urbanisation, key points include:

- Sea-level rises expected; 1/3 the world’s population lives w/in 60 miles of the coast; 60% world’s largest cities are on the coast.
- Water stress and desertification could also lead to migration esp. of rural populations.
- Urbanisation will increase; by 2050 80% the world’s population is expected to be urban:
  - Increased populations vulnerable to sea-level rises
  - Increased consumption/carbon emission rates
  - Slums make adaptation harder
  - It is important to develop “climate-safe cities”.

![Presentation slide of Dr Susannah Mayhew, LSHTM](image)
Proposed migration solutions include:

- Tackle causes through mitigation & adaptation including fertility reduction
- Review urban development strategies; promote growth in ‘climate-safe cities’
- Plan for global and national potential mass-migration

Conclusion:

- Sensitivities and Rights: today, there is widespread consensus within the international development community respect of the need for a rights-based approach
- Accountability in global climate change governance:
  - Contraction and convergence (Global Commons Institute)
  - ‘Climate-resilient’ development technologies
  - Increase investment in family planning
- Robust research to understand the links:
  - Inclusion of population dynamics in climate change modelling
  - Climate impact of population dynamics.

"As responsible members of the international community, we recognise our obligation to preserve and protect our environment. But climate change cannot be addressed by perpetuating the poverty of the developing countries."  

4b Advancing these issues in the South, Dr Jotham Musinguzi

Regional Director, Partners in Population and Development, Africa Regional Office

Jotham Musinguzi focused on three key issues in his presentation: the need for stronger leadership and political commitment - and he commended the leadership shown by the African ministers present at this symposium - accountability for spending development funds effectively, and the need to share lessons learned more effectively within the Global South.

Key points included:

- With **stronger leadership and greater political commitment**, more resources may be forthcoming at the country level, from our own national budgets, within the obviously scarce resources in the South, as we have the chance to direct our resources - and among the donor community. Once donors see more national resources committed, we are more likely to see more donor support.

- **Focussed stewardship** is important: as we ask for more money, whether at a national level or from donors, it should be more money, new money, but better spent. I think the political leaders in the South need to pay attention to the need for better accountability.

- We need **closer working relationships between strategic partners**, and here I have in mind that countries themselves should look at how they work with multilateral,
bilateral and UN aid agencies, as well as civil society organisations; their role in terms of the mandate that they have, but also their comparative advantage. Working together with them, we can see better results at the country level, and they can also help in ensuring that countries are delivering on the commitments they have made, and they can also hold the developed countries to their commitment to 0.7%.

- We also need to make sure that we in the South are able to share best practices. If there is something that is going on very well in Kenya, and we know it is working there, it is likely to work very well in Uganda, in Tanzania. To some extent, of course, we are aware that issues of replication cannot always be 100%, but we are able to move effectively on these things, so that we are not reinventing the wheel, but we are able to transfer what works from one country to another as long as it is possible, and there we build capacities along the line.

“We have seen the declarations like Abuja⁷, where the countries of Africa committed themselves to devoting at least 15% of their national budgets to the health sector. We need to make sure that countries are held accountable, and working with the political leaders, especially the parliamentarians, we can see movement here. Some countries in Africa are making a move: some of them were at 7% two or three years ago, they are inching up a little bit to 8%, 9%, but if they can go to 10-12% and towards 15%, I think this is progress on the right lines.”

4c Population Advocacy: what have we learned? Professor Malcolm Potts

_Bixby Professor of Population, University of California, Berkeley_

*This contribution is recorded in its entirety; the emphasis is that of the Report editors.*

Malcolm Potts was asked to give his perspective on the topics discussed in the symposium.

This has really been an excellent meeting and it is a privilege to be here. I want to make four points with which I hope we can all agree:

1. I think the Copenhagen talks collapsed because of western greed; we don’t want to consume less.

2. There are about 200 million women in the world who would like to be able to limit their family size but don’t have access to contraception.

3. The two billion poorest people on this planet contribute only 3% of the carbon footprint of our world.

4. When you avert an unintended pregnancy, you avert a lifetime of carbon emissions, and that is very significant. Family planning happens to be the most cost effective way that we know of averting carbon emissions. That’s enormously important in the north and even a subsistence farmer has some sort of carbon footprint with a lifetime of carbon emissions.

So if those four points are scientifically plausible, is there an ethically acceptable way of linking them together so that everyone can benefit?

I think we can only answer that question if we can agree on what it is that reduces family size. I’d like to take the privilege of an older person and read something that I wrote forty years ago, when

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I was invited to give the Darwin lecture here in London, and my last words were the following:

“Some writers are asking, what is beyond family planning? They are talking about incentives, where previously they spoke of “motivation”. Reports of transistor radios are becoming tales of compulsory sterilisation, or hormones in the drinking water. I think this trend is dangerous and unnecessary. The ideal of voluntary parenthood is an exceptionally important freedom to preserve. I fear it is threatened with erosion, because we are failing to make free choice of contraceptive methods available.”

I think that everybody I worked with in the IPPF, and internationally, bought into a total commitment to voluntary family planning. The tragedy was that in 1977, the Indians engaged in a brief but terrible, obscene episode of coercive family planning. I think we should ask why did they do that? Did Indira Ghandi wake up one day, as Prime Minister, and say “I’m going to forcibly vasectomise thousands of men so I can lose the next election”? That’s exactly what happened. I think that she made this mistake because she had the wrong model of what it is that leads to a reduction in the birth rate. And a lot of people, including Jeffrey Sachs, the economist, still cling to a flawed, inappropriate model. Jeffrey Sachs says that poor people choose to have many children. I think that’s an insult to poor people. The whole discussion of population advocacy is befuddled by this consistent but flawed belief that people need to be rich and educated in order to have fewer children.

Poor people are not stupid. Education is an unfettered good, but education cannot keep pace with very rapid population growth. The developing world needs two million new teachers every year just to keep class size constant. I think poor and illiterate people have the same right as rich and educated people to plan their families. Education enables people to overcome the many barriers of information and access to family planning that prevent people planning their families. If we remove those barriers, then poor and under-educated people will also have smaller families.

The past 40 years have taught us that if we respect women, if we counter the great deal of misinformation that exists, and if we give them access to modern methods of contraception, backed up, when possible, by safe abortion, then family size always falls. There are no exceptions. This has been true in Thailand, in the Islamic republic of Iran, in Sri Lanka, in Columbia, in Ethiopia. It’s really very simple. Sadly, the minister from Kenya told us how difficult it is sometimes for poor people to get access to family planning, and the lack of focus on family planning in Kenya is a sad example of this, and is proving very, very costly. The decline in total fertility rate in Kenya stalled in the 1990s, and as a result of that, the projected population for Kenya in 2050, instead of being 53 million is now 83 million. When I first went to Kenya there were 12 million people in that beautiful country, and that growth will be an enormous challenge. We have to act quickly, and we have to act boldly. Poor people don’t choose to have a lot of children; they can’t get over the barriers that we place between them and the information and technology that they need. Family planning is not telling people what to do; it’s listening to what they want. If you remove the non-evidence-based barriers to family planning, and you ensure correct information, then we can slow population growth within a human rights framework.

If this is true – and I believe passionately that it is – then how can we link population dynamics to climate change? We cannot, we should not and we must not ask people in developing
countries to have fewer children so we can continue to pour pollution out of our power stations and our SUVs. Let’s begin in the United States of America, where half of all pregnancies, **half of all pregnancies, are unintended.** In California, we have a well funded federal programme which takes family planning to people within 200% of the poverty line. It’s been well evaluated, it averts 100,000 unintended pregnancies a year. Those pregnancies, each one, would have led to a lifetime of carbon emissions; they would account, those 100,000 pregnancies, for 156 million tonnes less carbon. That is a very large number, and we must first of all pay attention in the whole of the rich world and particularly in America, which has very unfriendly family planning services, to avoid unintended pregnancies. Carbon markets are intended to reduce carbon emissions by making them expensive to those people who pollute. If there are 200 million women in the world who would like to have fewer children but don’t have access to family planning, and if averting an unintended pregnancy mitigates carbon emissions, can we link those two? That’s a very difficult question, and I don’t think we can give all the answers.

But I have a dream. I have a dream that in about eight years’ time, whatever bureaucrat handles the voluntary carbon markets, will come along to each of the ministers in this room with a cheque for a hundred million dollars, and they will say that this is not so that your women have fewer children tomorrow, but because they had fewer children yesterday. It wouldn’t be to buy fewer pregnancies, or to pay off the guilt of the west, but to recognise that prudent couples in Africa or other parts of the world who have chosen to have fewer children because that’s what they want, are also contributing in a valuable way to the problem of carbon emissions at a global level, and I think that they should be and can be rewarded. But as Toby Aykroyd said in the very first session, this we hope will be one in a sequence of conferences, and we have the language to begin to handle very difficult questions. There will be mistakes on the way, but I think that this is important because we want to be able to bring together these issues, and even to look at the financial implications. And why shouldn’t the west charge polluters money, so they pollute less, and why shouldn’t we transfer some of that money to the people who deserve it and need it and who are adopting voluntary family planning to which we are all committed?

Thank you.

**4d Key Issues that have Emerged during the Day, Karen Newman**

*Co-ordinator, Population and Sustainability Network*

Karen Newman gave a brief overview of the issues discussed at the symposium, and summarised the key themes that emerged from the presentations and discussion.

Despite UN population projections that indicate that the global population continues to grow, there is still reluctance to discuss this issue in the current international development discourse, although this is slowly changing. Karen mentioned a few factors that might be responsible for this, including donor boredom with family planning, which has led to acute contraceptive commodity shortages in some parts of the world.
Recapping on issues discussed during the Symposium, key facts included:

- In November 2011 the world's population stood at 7 billion people; the medium term projection for 2050 is 9.3 billion.
- If fertility remains constant, the 2050 figure will be 11 billion people on the planet.
- The world did not have one billion people on it until about 1800; it passed the two billion mark in 1930. Thirty years later it had reached another billion. The most recent billion was added in 12 years.
- The increase in Greenhouse Gas Emissions over the last 150 years has already significantly changed climate;
- The twelve warmest years on record have all occurred in the last thirteen years;
- IPCC reports best estimate temperature rises of 1.8°C to 4°C. However, global carbon dioxide emissions are already rising faster than the most dire of the IPCC emission scenarios.

With respect to rising sea levels:

- We have seen a sea level rise of over 40 mm and significant retreat of Arctic sea ice and nearly all continental glaciers.
- At the moment:
  - One third of the world’s population lives within 60 miles of a shoreline and
  - 13 of the world’s 20 largest cities are located on a coast.

Meanwhile, an analysis of the National Adaptation Programmes of Action (NAPAs), within which developing countries outline top priorities for adaptation and specific localised vulnerabilities to climate change revealed that, of 40 analysed, no fewer than 37 specifically mentioned population growth as one of the factors confounding their attempts to adapt to climate change.
To take the issue of water scarcity, in respect of the River Nile, demand for water is increasing in all ten countries of the Nile basin:

- The Nile is already severely depleted by the time it reaches the Mediterranean;
- The population of the Nile basin is set to double by 2050.

Or, to take the example of the top 20 failing states in 2006:

- 17 have rapid rates of population growth, many of them expanding at close to 3% a year, or 20-fold per century;
- In 5 of these 17 countries, women have an average of nearly 7 children each;
- In all but 6 of the top 20 failing states, at least 40% of the population is under 15.

It is, however, important to recognise the mistakes of the past in order to move forward constructively. The “yuck” factor - whereby people sometimes are not even sure why, but they connect transistor radios with population in ways that leads to associations with coercive programmes - is ever-present, and must be countered by an emphasis on voluntary family planning programmes which respect and protect rights.

**Key themes emerging from the Symposium were the following:**

*Climate change is happening now*

- “Floods, Cyclones, Drought” (Uganda) “Floods, Hailstones, Landslides” (Kenya) – while climate change is still being debated in some parts of the world, in others it is being directly experienced.
- “The end of geography” in Bangladesh – sea levels are projected to rise to alarming levels in that country.
- Climate change will exacerbate health and social inequalities.
- The Ugandan Minister of State for Finance and Planning reminded us that those who will be most affected by climate change have contributed the least to it, and have least capacity for adaptation.
Population and consumption pressures are great and increasing

- “The Green revolution is over in India” – food scarcity is looming there and elsewhere
- Population growth drives unsustainable resource use.
- Things that are good for climate change are good for health – lifestyle transport choices, reducing meat consumption etc.
- Population dynamics are not just about growth – other issues, including urbanisation, household composition, and migration need to be better understood.

Increasing access to voluntary family planning brings many benefits

- Increased investment in voluntary family planning programmes makes sense for several reasons, including as part of efforts to adapt to the effects of climate change.
- Reductions in child mortality are associated with lower fertility.

Promoting integrated population, health and climate change approaches

- The argument that if you care about reducing consumption, then to focus on population is a distraction is “crass”; it isn’t an either/or issue – both elements are important.
- Family Planning already makes sense; climate change adds another reason for investing in it.
- An integrated approach to working directly with communities, including family planning with environmental or conservation project activities can make a significant difference.
- People at the local level are seeing the links; where community relations are good, no resistance has manifested itself at community level.
- Three elements – People, Health and Climate Change – must be addressed simultaneously.

Working in partnership with communities

- It is important to work with faith-based groups.
- Young people are important and their perspectives and needs must be included and addressed.
- The importance of good community relations cannot be overstated.
- Global Social Solidarity will be particularly important in addressing population and climate change effectively and equitably.

The necessity of right-based approaches to advancing sexual and reproductive health

- Will programmes “Respect rights or drive a coach and four through them?” We must ensure that rights are fully respected and protected.
- How good are we at respecting, protecting and promoting the right to information about sexual and reproductive health and rights?
• More must be done to increase awareness of men’s and women’s roles and responsibilities with respect to sexual and reproductive health and rights.
• Unmet need for family planning is greatest among the poor.

**Political leadership and funding is needed**

• Within the UK, international development commands wide assent among all major political parties.
• NAPAs – while 37 out of 40 explicitly recognised population growth as an important factor confounding efforts to adapt to climate change, no family planning projects have been funded through the NAPAs process. There are significant shortcomings in adaptation funding mechanisms.
• Political leadership on this issue is vital.
• Leadership from developed countries is needed for a binding accord at the international level.

The link between population and climate change is clearly complex and controversial, but it is critical to a comprehensive analysis of the issues. We need to ask ourselves how useful the silence is on population? Can we bring this issue in from the cold? Can we find a language that recognises, reflects and addresses the need to emphasise resource consumption in the North at the same time as advocating increased access to sexual and reproductive health care services in the South?

Karen's concluding remarks are shown in the slide below:

*We won’t find the answers…*

- If we don’t have the courage to ask the questions
- If we don’t increase awareness that we have learned from the mistakes of the past; we *know* how important it is to respect and protect the rights of women, men and children
- If we continue to believe that caring about rights is intrinsically incompatible with searching for equitable ways to harmonize global population with consumption of the world’s non-renewable resources, and global efforts to mitigate and adapt to climate change
- If we remain complicit in the silence about population.

*Presentation slide of Karen Newman, Population and Sustainability Network*
APPENDIX

Organisations represented at the symposium

• Abortion Review
• Africa Health Journal
• Blue Ventures
• British Pregnancy Advisory Service (BPAS)
• Christian Aid
• The Commonwealth Medical Trust (COMMAT, co-organiser)
• Consortium for Integration of Population, Health and Environment, Ethiopia
• Department for International Development (DFID, funder)
• Ealing Liberal Democrats
• Forum for the Future
• Institute for Development Studies (IDS)
• Interact Worldwide
• International Planned Parenthood Federation (IPPF, co-sponsor)
• London School of Economics and Political Science, Department of Sociology (LSE)
• London School of Hygiene and Tropical Medicine, Centre for Population Studies and Department of Social and Environmental Health Research (LSHTM, co-sponsor)
• Marie Stopes International (MSI, co-sponsor)
• Ministry of Finance, Planning and Economic Development, Uganda
• Ministry of Health, Malawi
• Ministry of Health and Social Welfare, Tanzania
• Ministry of Medical Services, Kenya
• Overseas Development Institute (ODI)
• Partners in Population and Development African Regional Office (PPD ARO, co-organiser)
• Planet 21
• Population Action International (PAI, co-sponsor)
• Royal College of Obstetricians & Gynaecologists (RCOG)
• Royal Commission on Environmental Pollution
• Royal Society for the Protection of Birds (RSPB)
• Save the Children UK
• Science Magazine
• The All-Party Parliamentary Group on Population, Development and Reproductive Health (co-sponsor)
• The British Medical Association (BMA, co-organiser)
• The David and Lucile Packard Foundation
• The Guardian
• The Margaret Pyke Trust
• The New Economics Foundation (NEF)
• The Optimum Population Trust (OPT)
• The Population and Sustainability Network (PSN, co-organiser)
• University College London, Centre for International Health & Development, Centre for Sexual Health & HIV Research and Centre for Infection & Population Health (UCL, co-sponsor)
• United Nations Population Fund (UNFPA, funder)
• University of Bristol, Faculty of Medicine and Dentistry
• University of California Berkeley, School of Public Health
• University of Cape Town, School of Public Health and Family Medicine
• University of Copenhagen, International Health Unit
• University of Kent, School of Social policy, Sociology and Social Research
• University of Oxford, Department of Social Policy and Intervention
• University of Sussex, Poverty Research Unit
• Venture Strategies for Health and Development
• Women and Children First UK
• World Health Organisation (WHO)
• World Wildlife Fund (WWF) UK
Mikea Forest, Southwest Madagascar, where a project by Blue Ventures is taking an integrated approach to population, health and environmental issues — see section 2D.
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This report was compiled by Karen Newman, Population and Sustainability Network.

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Population and Sustainability Network
Margaret Pyke Trust
73 Charlotte Street, London, W1T 4PL
Tel: +44 (0)20 3317 5497  Fax: +44 (0)20 7580 7432
Email: info@populationandsustainability.org
web: www.populationandsustainability.org