POTENTIAL CONTRIBUTIONS TO THE MDG AGENDA FROM THE PERSPECTIVE OF ICPD: SUMMARY AND PROGRAMME IMPLICATIONS

Project RLA5P201

Research Paper 4

IPEA/UNFPA Project RLA5P201: Regional support to Population and Development in the implementation of the MDGs in the LAC Region

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Introduction

Population factors are not neutral with respect to the development process. Within the United Nations System, it is the responsibility of the United Nations Population Fund (UNFPA) and its partners to create the conditions to ensure that these factors are integrated in poverty reduction strategies and development planning processes, not only in those aspects directly related to health and reproduction, but across the full range of issues that constitute the Population and Development agenda. The Millennium Development Goals (MDGs), which originated from the Millennium Summit of 2000 and at present constitute the principal international guideline for the development process, share a broad thematic intersection with the International Conference on Population and Development (ICPD) and its Programme of Action (PoA), agreed upon in Cairo in 1994. The potential achievement of each of them depends, to some extent, on the attainment of the other. Former UN Secretary-General, Kofi Annan, has made this point on several occasions, like his message to the Fifth Asian and Pacific Population Conference and Regional Conference on ICPD+10 in Bangkok, in December 2002:[1]

> *"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning."*

It is important to take note of the various overlaps and reinforcements between the ICPD PoA and the MDGs. With respect to the spread of HIV/AIDS, both documents not only establish priorities, but they also set time-bound and measurable targets to combat - rather than simply prevent - the epidemic. In other areas, the ICPD PoA goes further than the MDGs, especially regarding population issues and reproductive health (RH). The empowerment of women, the third MDG, will not be realised without ensuring universal access to sexual and reproductive health (SRH) services, an explicit goal of the ICPD Programme of Action.

Although the Cairo goal of universal access to quality RH services by 2015 is fundamental to reducing poverty, child and maternal mortality, the spread of HIV/AIDS, gender inequalities, and environmental degradation – as outlined

[1] UN Press Release SG/SM/8562: http://www.un.org/News/Press/docs/2002/SGSM8562.doc.htm (last seen: March 2007).

above –, it was not originally spelt out as one of the MDGs.[2] This situation was, nevertheless, recently modified by the announcement of the former Secretary-General to the General Assembly, in October 2006, that four new Targets are being proposed, namely:

- Full and productive employment and decent work for all (under MDG 1);
- Universal access to reproductive health (under MDG 5);
- Universal access to treatment for HIV/AIDS (under MDG 6); and
- Significant reduction of the rate of loss of biodiversity (under MDG 7).

To the extent that the ICPD and the MDGs are not only complementary, but also parallel in time (both have 2015 as a deadline for meeting their targets), they should maintain a constant dialogue in the process of public policy formulation. Specifically, the MDGs should take the ICPD into consideration, in more than one way:

Politically: The Cairo PoA has mobilised major sectors of civil society around the promotion of issues that are also relevant in the context of the Millennium Development agenda; this is a potential that the MDGs should build on and reinforce.

Strategically: Most of the issues raised in the MDG agenda are causally linked to the objectives of the ICPD PoA. These linkages need to be taken advantage of, in order to expedite the realisation of the former by investing in the latter.

Analytically: As has been repeatedly observed, the monitoring of the MDG agenda involves a need to produce more and better social indicators on a variety of social issues, including the need to obtain better basic data from surveys and censuses. The ICPD PoA is one of the contexts in which these needs were addressed and quantifiable targets were proposed. The MDG indicators should build on this experience.

Contextually: The ICPD PoA addresses a number of issues that provide a context for the development of actions to achieve the MDG agenda. For example, programmes that seek the improvement of living conditions in urban slums (Goal 7) can hardly be formulated realistically without taking into account the realities of rural-to-urban migration.

With regard to issues of social equality: The MDGs make no explicit reference to the reduction of regional, racial, generational, or several other kinds of inequalities which are important social contexts for their realisation, as well as important objectives in their own right. The Cairo PoA addresses these issues more explicitly.

[2] Only the ICPD target of universal access to SRH services, including family planning, was not included in the original set of MDGs (Crosette, 2005; ESCAP, 2004), but specific Targets that are intrinsically related to it were, such as gender equity (MDG 3), maternal health (MDG 5), and HIV/AIDS prevention (MDG 6, Target 7). Finally, ICPD+5 added the need to prevent HIV/AIDS as a population concern, which also constitutes MDG Target 7, under Goal 6 (Prevention of HIV/AIDS, Malaria and Other Diseases).

Most of the present document will be concerned with the strategic and contextual issues, to provide the technical rationale for statements such as that of the former Secretary-General cited in the opening paragraph. Analysing population issues within the context of the MDGs may shed light on how aggregate demographic trends and individual reproductive behaviour can contribute or interfere with the achievement of these goals or how the implementation of the ICPD may offer shortcuts to their achievement.

> *"The ICPD Programme of Action's focus on population and development-related efforts, such as increasing access to reproductive health services, promoting gender equality, and nurturing a better understanding of the linkages between population dynamics, development and poverty, is a prerequisite to the achievement of the larger development goals of the MDGs, such as eradicating poverty and hunger."*

It is particularly important to consider that it is a real danger that all eight MDGs may be met while leaving behind the most disadvantaged sections of the population. As the MDGs are established as national averages, they lack a diversity perspective, such as the Cairo Programme of Action, which addresses the needs of specific groups; indigenous peoples, children, adolescents, people with disabilities and older persons.

> *"(…) Are national averages sufficient to evaluate progress towards meeting well-defined development objectives? Evidently, in one of the most unequal regions in the world, an analysis of averages is not enough to properly account for the living conditions and lack of opportunities present in large social groups. (…) Averages give a false sense of progress for to reach a goal on the average does not imply, necessarily, to improve the living conditions across broad sectors of the population or regions within the country. In fact, social progress often eludes the poor and the disadvantaged. Only disaggregated analysis can gage with greater accuracy the effort that the country must exert in order to provide minimal development opportunities to those who traditionally have been excluded in terms of education, health and living conditions. Disaggregate information aids in identifying where the resources need to be invested in order to close the existing social gaps."*

Four of the five quantitative targets of the ICPD PoA were echoed (some in attenuated form) in the MDGs. These are the following:

- Universal access to primary education: "All countries should further strive to ensure complete access to primary school or equivalent levels of education by girls and boys as quickly as possible and in any case before 2015" (Para. 11.6).
- Access to secondary and higher education: "Beyond the achievement of universal primary education in all countries before the year 2015, all countries

are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training" (Para. 4.18).

- Reduction of infant and child mortality: "By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under 5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further" (Para. 8.16).
- Reduction of maternal mortality: "Countries should strive to effect significant reductions in maternal mortality and morbidity by the year 2015 (…) to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socioeconomic and ethnic groups should be narrowed" (Para. 8.21).

Looking at the relationship from the vantage point of the MDGs, five of them demonstrate a clear overlap with the ICPD and the ICPD+5: Goals 2, 3, 4, 5, and 6. Goal 1 (Poverty reduction) is strongly related, but in a less straightforward manner. Arguably, Goals 7 and 8 are too, although less so. A UN Population Division seminar in November 2004, on the links between population and MDGs, concluded that particularly halving poverty and hunger, promoting gender equality, reducing child and infant mortality, and controlling HIV/AIDS will be more likely if the ICPD agenda is achieved. In other words, all the eight MDGs depend, directly or indirectly, on the ICPD.

Despite the recent addition of an Reproductive Health Target, it is a curious fact that population problems, as a development challenge in their own right, have not made it into the MDG agenda. This signals a break with past priorities. Had the Millennium Summit taken place in 1975, to set a development agenda for 2000, population would likely have been one of its central concerns. However, as fertility has declined, the nature of the "population problem" has changed, and because its public image as the need to curb the "population explosion" no longer applies as strongly, there is now much greater scepticism regarding the place population and RH deserve among the major development challenges of the 21st century.

Some alternative forums, like the NGO-driven Copenhagen Consensus (2004), did identify population, and particularly migration, as one of the world's top 10 challenges, even though it assigned a relatively low priority to projects in this area.[3] Former UN Secretary-General Kofi Annan has stated that the growth of the world economy depends on migration, and the present Secretary-General Ban Ki-Moon recently declared that:

[3] Four of the other nine challenges of the Copenhagen Consensus overlap with MDGs (malnutrition and hunger, education, communicable diseases, sanitation and water) and five do not (conflicts, financial instability, governance and corruption) or only in part (climate change, subsidies and trade barriers). Policies to deal with the needs of an ageing population are not mentioned by either.

> *"For many years, Member States of the United Nations found it hard to discuss the sensitive issue of migration in the international arena. So the topic was never too high on the UN agenda – until the High-Level Dialogue at UN Headquarters in New York last September. (...) For decades, the toil of solitary migrants has helped lift entire families and communities out of poverty. Their earnings have built houses, provided health care, equipped schools, and planted the seeds of businesses. They have woven together the world by transmitting ideas and knowledge from country to country. They have provided the dynamic human link between cultures, societies, and economies. Yet only recently have we begun to understand not only how much international migration impacts development, but how smart public policies can magnify this effect."*[4]

According to Skeldon, "every MDG has some linkage, direct or indirect, with migration." Other population issues addressed by the ICPD – such as rapid urbanisation, population ageing, and low social status of women – could impair progress towards achieving the MDGs, whereas the demographic bonus could be an important facilitator.

The case for the importance of population issues in development so far has been made mostly for SRH. Thus, the Alan Guttmacher Institute and UNFPA argue that universal access to SRH may help to achieve 7 of the 8 MDGs:

> *"Goal 1: Eradicate extreme poverty and hunger: Smaller families and wider birth intervals as a result of contraceptive use allow families to invest more in each child's nutrition and health, and can reduce poverty and hunger for all members of a household. At the national level, fertility reduction may enable accelerated social and economic development.*
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> *Goal 2: Achieve universal primary education: Families with fewer children, and children spaced further apart, can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority than that of boys in the family. In addition, girls who have access to contraceptives are less likely than those who do not to become pregnant and drop out of school.*
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> *Goal 3: Promote gender equality and empower women: Controlling whether and when to have children is a critical aspect of women's empowerment. Women who can plan the timing and number of their births also have greater opportunities for work, education, and social participation outside the home.*
>
> *Goal 4: Reduce child mortality: Prenatal care and the ability to avoid high-risk births (e.g. those to very young women and those spaced closely together)*

[4] Address to the Inaugural Global Forum on Migration and Development in Brussels, 10 July 2007.

help prevent infant and child deaths. Children in large families are likely to have reduced health care, and unwanted children are more likely to die than wanted ones.

Goal 5: Improve maternal health: Preventing unplanned and high-risk pregnancies and providing care in pregnancy, childbirth and the postpartum period save women's lives.

Goal 6: Combat HIV/AIDS, malaria and other diseases: Sexual and reproductive health care includes preventing sexually transmitted diseases, including HIV/AIDS. In addition, reproductive health care can bring patients into the health care system, encouraging diagnosis and treatment of other diseases and conditions.

Goal 7: Ensure environmental sustainability: Providing sexual and reproductive health services may help stabilize rural areas, slow urban migration and balance natural resource use with the needs of the population."

These interactions are echoed almost verbatim in a recent document from DANIDA, with the addition under MDG 1 that "reducing the burden of pregnancy and childcare on women allows them to engage in income producing activities to a greater extent thereby contributing on both a household and macroeconomic level." UNFPA also mentions that family-planning programmes produce tangible savings to health systems, and that family-planning and maternal-health services promote health and productivity.

Less often has it been pointed out, however, that the following also constitute crucial linkages between population issues and the MDG agenda:

- The link between fertility/family size and social mobility;
- The effects of the demographic bonus and other demographic transformations on economic inequality and thereby on poverty;
- The link between poverty and morbidity;
- The link between unwanted pregnancies, household composition, and poverty;
- The poverty effects of population ageing;
- The link between poverty and rural-urban migration;
- The link between poverty and international migration, through the economic growth, macro-economic equilibrium, and distributional effects of remittances;
- The link between macro-demographic trends and potential investments in education;
- The potential contribution of sexual and life skills education;
- The effects of migration on education through brain drain and brain gain;
- The economic costs and poverty effects of violence against women;

- The effects of migration on gender equality;
- The effects of women's roles on child health;
- The effects of women's employment opportunities on poverty reduction;
- The effects of migration on child mortality;
- The causal link between abortion and maternal mortality;
- The causal link between migration and the spread of AIDS;
- The effects of the medical brain drain on the prevention of child mortality and AIDS;
- Population and the sustainable use of space;
- The role of population distribution and migration on environmental vulnerability.

ECLAC notes that there is a limited account of demographic factors in poverty reduction strategies and other public policies. Leete and Schoch note the same about the final document of the World Summit on Sustainable Development:

> *"Just when the World Bank's World Development Report 2003 rediscovered the idea that demographic transition is central to poverty reduction and sustainable development, the main outcome documents of the World Summit on Sustainable Development ignore the analytical linkages between population, demographic dynamics and sustainable development."*

This also applies to the national MDG Reports (MDGRs) of which almost all the countries of the Latin American and Caribbean (LAC) region have now prepared at least one. These are valuable documents because they provide a picture of how the countries themselves, as the main stakeholders in the effort to achieve these targets, see the situation and provide information on the strategies they have devised for this purpose. However, with a few notable exceptions such as the regional MDGR produced by ECLAC, the MDGRs have so far paid very little attention to population and SRH issues. Even chapters devoted to maternal health often fail to mention the consequences of short birth intervals, unsafe abortion, and access to contraception. In several reports, infant health is presented in relation mainly to health services, vaccination, nutrition, and medicines – little is mentioned about reproductive patterns, breastfeeding, and the need for family planning. The 2003 *Human Development Report*, on the MDGs, is also exemplary for its scarcity of references to population and SRH issues. In its first chapter, it does recognise that:

> *"The Millennium Development Goals have been widely acclaimed, inspiring new energy for action against poverty, but they have also been criticized for being too narrow, leaving out development priorities such as strong governance, increased employment, reproductive health care and institutional reform of global governance."*

However, having said that, the report makes few further references to population related issues. More recently, the Maquette for MDG Simulations (MAMS), a model developed by UNDP and the World Bank, has set out to quantify the economywide implications of country commitments with 5 of the 18 MDG Targets and 6 of the 48 indicators, using the Computable General Equilibrium (CGE) methodology. An important merit of this model is that it goes beyond mere cost accounting and, in principle, allows the assessment of synergies between the different Targets. However, apart from the fact that it considers a rather limited set of Targets (excluding, for example, hunger, gender equity, AIDS and other major diseases, and environmental issues other than water and basic sanitation), the model considers few if any of the population interactions that are the object of the present document. The macro-simulation is entirely concerned with resource flows and the sensitivity of the Targets to the investments applied to them. Population appears only in the form of aggregate population growth. The micro-simulation that may be appended to the model does consider some household level interactions, but most of the causal links mentioned in the present document are not acknowledged. In practice, this places important limits on the capacity of the model to consider synergies between the Targets because these synergies do not depend only on the quantity of resources employed, but also on the specific strategies chosen. For example, the reduction of under 5 child mortality through actions that try to limit the number of pregnancies in girls under age 18 will have different implications for the reduction of maternal mortality than an equally successful campaign to increase the coverage of childhood vaccination.

More surprisingly, the in-depth needs assessment of the Dominican Republic, which constitutes one of the pilot studies supported by the UN Millennium Project for the evaluation of resources and public policy measures needed to comply with the MDGs, pays some attention to SRH and to sexual and reproductive rights (SRR) in the context of gender equity, but again ignores population issues in all other contexts. This is all the more remarkable because the Dominican Republic is one of the countries of the region with the largest proportions of migrants living abroad and a substantial proportion of its GDP is generated by remittances. Yet neither migration, nor urbanisation or ageing are ever mentioned in the study as obviously relevant conditioning factors in the achievement of poverty reduction, universal access to education, or environmental sustainability. Even the gender implications of international migration and trafficking of women are not considered.

One of the documents emerging from the MDG exercise that does pay attention to population factors is *Investing in development: a practical plan to achieve the Millennium Development Goals,* produced by the UN Millennium Project. Apart from suggesting access to SRH as a separate target under Goal 5, the latter document promoted various extensions to the concept of gender equity – several of

these intersect with the population area. In addition, it made several references to population factors in the outcome documents of the different Task Forces.[5] Giving further expression to the recommendations contained in this document, the World Summit of September 2005 confirmed the importance of RH in the attainment of the MDGs, as countries committed themselves in the outcome document to:

> *"Achieving reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty."*

Given all of the above, the present document intends to take a detailed look at each MDG, to assess how they are causally dependent on demographic trends, individual reproductive behaviour, gender issues, and the promotion of SRH. It is being published as one of the activities of Project RLA5P201 "Regional Support to Population and Development in the Implementation of the MDGs", which is being developed jointly with the Institute for Applied Economic Research (IPEA) of Brazil, located in the Brasília office of IPEA. Apart from contributions from consultants, the Guide incorporated research going on at IPEA, particularly in the chapters on poverty and education. The purpose is to demonstrate how progress in the goals laid down in the ICPD may actually contribute to achieving the MDGs. The Guide is primarily based on the experiences of LAC region, as reflected in national and regional MDGRs and various research documents, but much of it also applies to other regions, which is why it is being published in English.

In many ways, the document mirrors the recent document *Public choices, private decisions: Sexual and Reproductive Health and the Millennium Development Goals* by Stan Bernstein and Charlotte Juul Hansen, which constitutes one of the products of UNFPA's participation in the UN Millennium Project. The differences between both documents are basically two. To the extent that the present study is focused on the LAC region, it is in a position to be more specific with respect to some issues than the study by Bernstein and Juul Hansen, which has a worldwide scope. This also allows the present publication to present more detailed evidence, especially at the country level. On the other hand, this document dedicates more attention to wider Population and Development issues, especially migration and spatial distribution,

[5] The Millennium Project was established in 2002, under the leadership of Prof. Jeffrey Sachs, Special Advisor to the Secretary-General on the MDGs. Task forces were established on hunger; education and gender equality (2 groups); child health and maternal health; HIV/AIDS, malaria, TB, and access to essential medication (4 groups); environmental sustainability; water and sanitation; improving the lives of slum dwellers; trade; and science, technology and innovation.

than the study by Bernstein and Juul Hansen, which is more focused on SRH. It is hoped that users of the two publications, particularly in the LAC region, will find them to be complementary.

Now that RH has found its place in the MDG agenda as a separate Target, it becomes more necessary than ever to argue the case of these other population dimensions in the realisation of the MDGs, without necessarily abandoning the more traditional arguments supporting the contribution of SRH to the process. All of these issues, therefore, will be taken up in the present document, in addition to the more traditional ones.

The overview below summarises the target and indicator frameworks of both agendas, to facilitate the comparison of their scopes. The MDG indicators are the 48 standard indicators defined by the United Nations Secretariat, IMF, OECD, and the World Bank. The ICPD indicators are derived from the regional monitoring system for the LAC region designed by CELADE, complemented with additional indicators proposed in the minimum list of 17 prepared and agreed on by WHO.

Table I.1: Comparative framework for the ICPD, ICPD+5 and MDG targets

ICPD PoA	MDGs
Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education (Para. 4.18).	Ensure that all boys and girls complete a full course of primary schooling.
Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-5 mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further (Para. 8.16).	Reduce by two thirds the mortality rate among children under 5.
Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half by 2015. The realisation of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of maternal mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socioeconomic and ethnic groups should be narrowed (Para. 8.21).	Reduce by three quarters the maternal mortality ratio.

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate age as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication, and services for pre-natal care, safe delivery and post-natal care; prevention and appropriate treatment of fertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other RH conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health care programmes (Para. 7.6).	Access to reproductive and sexual health services, including family planning (Note: in the actual Target proposed in 2006 by former Secretary-General Kofi Annan, the formulation is limited to reproductive health: see section 5.5.)

ICPD + 5	**MDGs**
Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the Conference's goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90%, compared with an estimated 85% in 2000 (Para. 34). Governments, in particular of developing countries, with the assistance of the international community, should: (...) reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990 (Para. 35(c)).	Ensure that all boys and girls complete a full course of primary schooling.
Governments should strive to ensure that by 2015 all primary health care and family-planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods (such as male and female condoms and microbicides if available) to prevent infection. By 2005, 60% of such facilities should be able to offer this range of services, and by 2010, 80% of them should be able to offer such services (Para. 53). Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50% by 2005, 75% by 2010 and 100% by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (Para. 58).	Reproductive health care and unmet need for contraception.
By 2005, where the maternal mortality rate is very high, at least 40% of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50% and by 2015, at least 60%. All countries should continue their efforts so that globally, by 2005, 80% of all births should be assisted by skilled attendants, by 2010, 85%, and by 2015, 90% (Para. 64).	Reduce by three quarters the maternal mortality ratio.
Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90%, and by 2010 at least 95%, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15-24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25% in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25% (Para. 70).	Halt and begin to reverse the spread of HIV/AIDS.

Source: UNFPA, 2003 c

Table I.2: Comparative framework for the ICPD and MDG indicators

ICPD	MDGs
Contextual indicators for population and public policies Population structure Total population Population (male) Population (female) Population 0-14 (percentage) Population 15-64 (percentage) Population + 65 (percentage) Population + 80 (percentage) Total dependency ratio Youth dependency ratio Elderly dependency ratio Population growth Total growth rate Growth rate 0-14 Growth rate 15-64 Growth rate over 65 Growth rate over 80 Gross birth rate Gross mortality rate Population distribution Urbanisation (percentage) Primacy of main city (ratio) Urban population – Cities 2,000-20,000 Urban population – Cities 20,000-50,000 Urban population – Cities 50,000-500,000 Urban population – Cities 500,000-1,000,000 Urban population – Cities + 1,000,000 Urban female/male ratio Rural female/male ratio Demographic ageing Elderly population (percentage) Ageing index Households with elder people (percentage) Households with elder people 1 person (percentage) Single generation households with elderly people + 1 person (percentage) Multi-generational households with elderly people (percentage) Elderly female/male ratio	
Poverty Population under national poverty line Population under national poverty line (male) Population under national poverty line (female) Population under extreme poverty line Population under extreme poverty line (male) Population under extreme poverty line (female) Malnutrition in children Malnutrition under 5 (total) Malnutrition under 5 (male) Malnutrition under 5 (female)	Goal 1. Eradicate extreme poverty and hunger Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day Proportion of population below US$ 1 (1993 PPP) per day (World Bank) Poverty gap ratio [incidence x depth of poverty] (World Bank) Share of poorest quintile in national consumption (World Bank) Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger Prevalence of underweight children under 5 years of age (UNICEF-WHO) Proportion of population below minimum level of dietary energy consumption (FAO)

Education Illiteracy rate (male) Illiteracy rate (female) Primary education net ratio (male) Primary education net ratio (female) Secondary education net ratio (male) Secondary education net ratio (female) Higher education net ratio (male) Higher education net ratio (female)	Goal 2. Achieve universal primary education Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling Net enrolment ratio in primary education (UNESCO) Proportion of pupils starting grade 1 who reach grade 5 (UNESCO) Literacy rate of 15-24 year-olds (UNESCO)
Gender Gender parity index primary education Gender parity index secondary education Gender parity index higher education Households headed by women Economic participation rate (male) Economic participation rate (female) Employed according to qualification, female manual workers Employed according to qualification, female administrative personnel Employed according to qualification, female professionals and technicians Employed according to qualification, female in directing positions Gap according to qualification, female manual workers Gap according to qualification, female administrative personnel Gap according to qualification, female professionals and technicians Gap according to qualification, female in directing positions Female parliamentarians (percentage)	Goal 3. Promote gender equality and empower women Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015 Ratio of girls to boys in primary, secondary, and tertiary education (UNESCO) Ratio of literate women to men, 15-24 year-olds (UNESCO) Share of women in wage employment in the non-agricultural sector (ILO) Proportion of seats held by women in national parliament (IPU)
Maternal and child attention Child mortality rate Child mortality rate (male) Child mortality rate (female) Infant mortality rate Infant mortality rate (male) Infant mortality rate (female) Perinatal mortality rate Low birth weight prevalence Vaccination coverage against measles Vaccination coverage (complete) Maternal mortality ratio Antenatal care coverage Births attended by skilled health personnel Availability of basic essential obstetric care Availability of comprehensive essential obstetric care Positive syphilis serology prevalence in women Prevalence of anaemia in women Percentage of obstetric and gynaecological admissions owing to abortion Reported prevalence of women with FGM	Goal 4. Reduce child mortality Target 5: Reduce by two thirds, between 1990 and 2015, the under 5 mortality rate Under 5 mortality rate (UNICEF-WHO) Infant mortality rate (UNICEF-WHO) Proportion of 1-year-old children immunised against measles (UNICEF-WHO) Goal 5. Improve maternal health Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio Maternal mortality ratio (UNICEF-WHO) Proportion of births attended by skilled health personnel (UNICEF-WHO)
General mortality Life expectancy Life expectancy (male) Life expectancy (female)	

Sexually-transmitted diseases and HIV HIV prevalence rate among pregnant women HIV prevalence rate among population of fertile age Knowledge of prevention practices of STDs and HIV/AIDS	Goal 6. Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS HIV prevalence in pregnant women aged 15-24 years (UNAIDS-WHO-UNICEF) Condom use rate of the contraceptive prevalence rate (UN Population Division) Condom use at last high-risk sex (UNICEF-WHO) Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV-AIDS (UNICEF-WHO) Contraceptive prevalence rate (UN Population Division) (now under the new RH Target of MDG 5) Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNICEF-UNAIDS-WHO) Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases Prevalence and death rates associated with malaria (WHO) Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (UNICEF-WHO) Prevalence and death rates associated with tuberculosis (WHO) Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy) (WHO)
Fertility and family planning Number of births Total fertility rate Unwanted fertility (percentage) Contraceptive prevalence rate Unsatisfied demand for family planning Prevalence of infertility in women Adolescent sexual health Fertility rate, women 15-19 Adolescent mothers (percentage) Knowledge of contraceptive methods, men 15-19 Knowledge of contraceptive methods, women 15-19 Knowledge of fertile period, women 15-19	
Basic sanitation Access to safe drinking water Access to sanitary service	Goal 7. Ensure environmental sustainability Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Proportion of land area covered by forests (FAO) Ratio of area protected to maintain biological diversity to surface area (UNEP-WCMC) Energy use (kg oil equivalent) per US$ 1,000 GDP (PPP) (IEA, World Bank) Carbon dioxide emissions per capita (UNFCCC, UNSD) and consumption of ozone-depleting CFCs (ODP tons) (UNEP – Ozone Secretariat) Proportion of population using solid fuels (WHO) Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation Proportion of population with sustainable access to an improved water source, urban and rural (UNICEF-WHO) Proportion of population with access to improved sanitation, urban and rural (UNICEF-WHO) Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers Proportion of households with access to secure tenure (UN-HABITAT)

	Goal 8. Develop a global partnership for development Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally Target 13: Address the special needs of the least developed countries. Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 14: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 15: Official development assistance (ODA), market access, and debt sustainability Net ODA, total and to LDCs, as percentage of donors' gross national income (OECD) Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (OECD) Proportion of bilateral ODA of OECD/DAC donors that is untied (OECD) ODA received in landlocked developing countries as a proportion of their gross national incomes (OECD) ODA received in small island developing countries as a proportion of their gross national incomes (OECD) Proportion of total developed country imports (by value and excluding arms) from developing countries admitted free of duty (UNCTAD, WTO, World Bank) Average tariffs imposed by developed countries on agricultural products on textiles and clothing from developing countries (UNCTAD, WTO, World Bank) Agricultural support estimate for OECD countries as percentage of their GDP (OECD) Proportion of ODA provided to help build trade capacity (OECD, WTO)Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) (IMF, World Bank) Debt relief committed under HIPC initiative (IMF, World Bank) Debt service as percentage of exports of goods and services (IMF, World Bank) Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth Unemployment rate of young people aged 15-24 years, each sex and total (ILO) Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries Proportion of population with access to affordable essential drugs on a sustainable basis (WHO) Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications Telephone lines and cellular subscribers per 100 population (ITU) Personal computers in use per 100 population and internet users per 100 population (ITU)
Gender Unemployment rate (male) Unemployment rate (female)	

Justification

The present document summarises all the areas contained in the larger publication entitled *Potential contributions to the MDG agenda: a reference guide to evidence for policy dialogue in the LAC region*. As its title suggests, the original document was intended as a reference guide, with detailed information, evidence, and literature references to the population, gender, and RH issues relevant in the context of the attainment of the MDG agenda. The other key word is *policy dialogue*: the text was intended to be useful in reflecting on the importance of population and RH processes and interventions, both internally (in inter-agency programming efforts such as the UNDAF) and externally (with governments and civil society). Although not a textbook, it is expected to be a very useful resource in graduate programmes in population throughout LAC, to help students familiarise themselves with the recent literature on population and social policy relevant to the region, or for internal capacity building on PDS issues within UNFPA. The reason to have produced two documents is that they attend to different audiences with different needs.

Considering that the size of the present summary is smaller than the reference guide by about a factor eight, it does not contain the same detailed technical information reviewed in the latter, nor does it have its extensive bibliography; however, this information is available in the Guide. The utility of this documents resides in capturing the main conclusions that have emerged out of the more complete analysis and to advance in the task of translating these findings into recommendations for programming. Due to its character and objectives, the way it approaches the programming issues is still predominantly as a natural extension of the review (even if summarised) of the evidence, rather than as a comprehensive programming manual. It should be used, therefore, as a complement, not a substitute of other programmatic documents on UNFPA's role in the achievement of the MDGs.

The objective of the document, then, is to provide some simple guidelines to make the contribution of population and RH factors explicit in the reporting on the MDGs. For instance, when reporting on HIV/AIDS (Goal 6), the role of RH interventions (condom use, use of joint facilities for attention to STIs-AIDS and SRH) and population processes (migration) needs to be mentioned. Similarly, when reporting on environmental sustainability (Goal 7), the associated population factors (population stabilisation, population distribution, household composition) need to be identified. When reporting on poverty trends (Goal 1), estimates should be provided on the degree to which population trends have contributed to bring

about the changes. Reference should be made to core components of the UNFPA mandate in SRH, not only in the context of maternal health (Goal 5), but also in the context of gender equality (Goal 3). A few good examples are available based on existing Millennium Development Goal Reports (MDGRs) from the region. To the extent that no good examples were found in the MDGRs, they are suggested, in some cases based on previously published UNFPA documents, in other cases based entirely on the analyses carried out in the companion volume. The experiences of some countries (Mexico, Uruguay, Argentina) in extending the agenda and opening it up to additional concerns are also mentioned.

It is sometimes said that the case for population does not require extensive documentation and research because the basic interactions are self-evident. This is only partially true. Certainly, there is agreement about a number of basic relationships. Environmental scientists all agree that long-run sustainability is impossible without population stabilisation. Apart from some conservative religious groups, everybody agrees that undesired pregnancies are to be avoided. And there is no doubt that birth spacing improves child health. Other interactions, however, are not so self-evident. Econometric models that tried to establish an inverse relationship between population growth and economic growth have been bedeviled by specification problems. It is only fairly recently that researchers have realised that, in order to reveal significant effects, it is essential to separate the fertility and mortality contributions to population growth. The issue of the "demographic bonus" continues to be controversial in much of the LAC region, and the costs and benefits of international migration continue to be hotly debated. Even where there is agreement on the existence of statistical associations, there is often uncertainty with respect to the direction of causality and – even more so – on the strength of the relationships and their translation into economic terms. In a political context in which population programmes have to compete with alternative investment opportunities, none of these can be dispensed with.

To this end, this document, like the larger study on which it is based, will follow a number of methodological guiding principles. First of all, it seeks to be *specific*, i.e. it will not claim as ICPD contributions certain broader issues that are identified in the ICPD PoA, but not reflected in significant specific actions in programmes and policies. Instead, it will concentrate on those issues which have been central to the actual implementation of the ICPD PoA by governments and by UNFPA and on processes which clearly fall within the population domain, even though they may not have inspired programme actions.

A second guiding principle concerns the *direction of the relationships* between the ICPD and the MDG agendas and the need to go beyond the establishment of mere associations, e.g. to show how the RH characteristics and behaviour of the

population vary by poverty levels or other social characteristics, without defining a direction of causality. Documenting how access to SRH varies by population groups is certainly important. It is an element from a poverty perspective, that has to be taken into account in the design of national SRH strategies (e.g. for decisions with respect to focalisation or universal access to services) and UNFPA country programmes. But the mere differentiation of population characteristics by poverty level does not demonstrate the relevance of SRH interventions to reduce poverty. In a way, the emphasis on causality sets this Guide somewhat apart from the mainstream of current analytical exercises with respect to the MDGs within the UN System which have been more concerned with heterogeneity than with cause-effect relationships. However, it is a concern shared with the PSA Guide that is being elaborated at the same time as this document. The latter does not stop at the documentation of trends and differentials, but also contains a chapter on impacts, which is precisely intended to identify causal mechanisms and possible public policy interventions.

Bearing in mind the distinctions made in the previous paragraphs, there are two types of causal linkages of interest:

1. The first concerns linkages that directly involve the ICPD PoA, where it can actually be demonstrated that actions promoted by the ICPD have a direct impact on the realisation of specific MDG Goals or Targets.
2. A second type of linkage concerns population processes (e.g. trend towards a smaller number of children to support parents in their old age and the consequent effect on poverty of the elderly) that cannot or should not be directly influenced through policy action, but that require complementary actions in other domains (e.g. fiscal incentives to make it easier for families to take care of their elderly relatives) or that should be taken into account as background variables in the formulation of policies toward the realisation of the MDGs (e.g. specific focus on poverty trends among the elderly in poverty reduction policies).

A third general methodological guideline concerns what might be called the *transversal nature of population issues* in the MDG agenda. Population and SRH issues, in their various dimensions, were not originally (before the recent inclusion of the reproductive health Target) contemplated as distinct Goals or Targets in the MDG agenda, but to a much greater extent than some of the existing Goals and Targets, they are implicitly present in the entire MDG agenda. Therefore, it is important that the interactions linking population and SRH issues to the MDG agenda be made *explicit* with respect to the entire range of the latter and not only the two or three issues in which UNFPA has traditionally had more visibility, even though obviously the strength and relevance of the linkages varies.

Wherever possible, it has been attempted *to quantify the strength of the interactions.* The MDGs interact with a wide range of social issues and phenomena and it is easy to come up with conceptual arguments, in the form of schemata and diagrams, why any of them may affect the achievement of any number of Goals and Targets. However, the argument is much stronger if it can be quantified, particularly if it can be cast in the form of projections, as a first step towards the analysis of costs and benefits that is a necessary ingredient of results-based management. It is one thing to say that population trends affect poverty reduction; it is a different, more powerful thing entirely to say that current population trends in the LAC region, resulting from the fertility reductions of the past 3-5 decades, may generate a poverty reduction effect that is roughly equivalent to 1-1.5% of additional economic growth per year. Policy decisions usually have to be made on the basis of the costs and expected benefits of alternative intervention strategies. It is therefore essential to quantify them, to make the benefits of population programmes comparable with alternative investments. This is particularly true to the extent that the conclusions of this study will be shared with core economic Ministries which are usually not convinced by general conceptual arguments, but insist on hard numbers.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 1)

The link between unwanted pregnancy, fertility, population growth, and aggregate economic growth

General conclusions

- The reduction of poverty – in the wider sense of reducing the proportion of people whose quality of life falls below some critical limit – is the central objective to which all MDGs must contribute in one way or another. Interpreted in this way, one should consider all the Targets as dimensions of poverty reduction lato sensu, of which the reduction of monetary poverty (Target 1) and hunger (Target 2) are central, but by no means the only components. At the same time, the realisation of the other Goals will benefit importantly from the achievement of Target 1.
- For the purposes of Target 1, the central question is whether increasing access to primary health care and particularly SRH – apart from its role in improving the quality of life with respect to problems such as infant, child, and maternal mortality – may also contribute more directly to alleviate (monetary) poverty. There are different categories of arguments as to why this may be so.
- Changes in population size and age structure affect poverty, in that they alter:

1. The rate of growth of income and consumption per person through, for example, the effect of increased investment and savings (the *growth effect*);
2. The distribution of income and consumption due to differential rates of advance in the demographic transition process (the *distribution effect*); and/or
3. The ability of the poor, especially women and children, to convert a given level of consumption and income into nutritional requirements and to access, for example, basic social services (the *conversion effect*).

- While traditionally research in this area has focused mostly on component 1, more recently there has been increasing attention for 2 and, to a lesser extent, 3. In addition, econometric analyses on component 1 have become more sophisticated, overcoming some traditional obstacles that in the past made it difficult to detect major population effects.

The link between unwanted pregnancy, fertility, population growth, and aggregate economic growth

- Universal access to SRH leads to lower fertility rates, slower population growth, a more favourable age structure (lower dependency rates), a more productive labour force, increased economic growth, and thereby ultimately to poverty reduction.
- While the theoretical relevance of this linkage is largely beyond dispute, the causal chain is fairly long and several obstacles may intervene. For instance, while economic growth theoretically creates opportunities for poverty reduction, these opportunities do not always materialise as actual reductions of the number or proportion of poor. The final verdict on poverty effects cannot be pronounced without considering the distributive impact of population change, which is to be analysed in the next sections.
- The analysis of population in connection with economic growth has two main tenets: one related to population growth per se, the other related to the population composition resulting from different growth rates, and more particularly the aggregate economic effects of the so-called "demographic bonus" or "demographic window (of opportunity)". The putative chain of causality is: less unwanted pregnancies, leading to lower fertility, hence lower population growth, and – by way of a number of intermediate variables such as diminishing needs for investments in an expanding social infrastructure and increased labour force participation – to higher aggregate economic growth.
- Admittedly, the macro level debate on correlations between aggregate population growth and economic growth has been marked by controversy. Most representatives of neo-classical growth theory have even concluded that there is no demonstrable statistical relationship between the two, while most economists of the structuralist tradition of ECLAC are sceptical about some of the linkages, such as the effect of increased household savings (see next point). Others, particularly economists of the Inter American Development Bank, conclude that, to the contrary, health and demographic variables play an extremely important role in determining economic growth rates.
- One of the reasons why cross-country analyses of demographic change and economic growth have often failed to register any major effects is that these analyses have generally failed to distinguish between fertility and mortality effects. More recent analyses which do make this distinction have noted that slower population growth due to lower fertility has substantial positive effects on economic growth, whereas slower population growth due to higher mortality has the opposite effect. Because the two tend to be inversely correlated, the overall effect is often not apparent.

- One of the most traditional and at the same time most controversial intermediate variables in the causal link between population growth and economic growth is the amount of household savings. Economic growth is related to investment and more indirectly to savings, which is, in turn, related to the growth of the labour force and the composition of households by the stage of the life cycle they are in. It is thought that these transformations have been crucial in generating the necessary capital accumulation that allowed the expansion of the East Asian economies in recent decades.
- Largely based on these experiences, the basic idea behind the "demographic bonus" is that of a one-time dividend arising from a favourable age structure molded by past fertility trends, which creates a window of opportunity for increased savings and investment for economic growth, at a time when relatively fewer resources are required for investment in education and in care for the elderly.
- In the LAC region, the benefits of the demographic bonus so far have been well below their potential contribution. The reservation most frequently expressed is that relatively rapid growth of the labour force is advantageous only for those countries that can, inter alia, increase employment opportunities with sufficient speed to match the growth in labour supply, maintain growth in labour productivity, improve public health, including RH and invest in physical infrastructure.
- However, without denying the validity of the basic argument that complementary investments will be necessary in order to draw the greatest benefit from the demographic bonus, it also needs to be pointed out that the fear, expressed by some researchers in the region, of a demographic bonus turned into a possible demographic catastrophe seems somewhat misplaced. In particular, the demographic bonus does not increase the burden on governments to expand employment. Statements to the contrary usually fail to make appropriate distinctions between absolute and relative numbers and/or between proportions and rates.
- A recent study on Costa Rica concludes that almost all of the meagre economic growth of the country during the past quarter century could be due to a first dividend rooted in the rapid growth of the population in the working ages relative to consumers.
- The demographic bonus has, nevertheless, a limited duration. Theoretically, as soon as the proportion of the population over age 60 begins to increase significantly, as is already happening in some countries of the LAC region, the window of opportunity begins to close and the economic costs of the ageing process become predominant. In recent years, however, it has been suggested

that this conceptualisation of the ageing process is too pessimistic and that, given the right circumstances, there may actually be a "second demographic bonus". This second dividend arises because population ageing provides a powerful force for saving and asset accumulation which, in turn, stimulates economic investment and growth.

- To a much greater extent than the first demographic dividend, this second bonus depends on behavioural factors and institutional arrangements, especially the way in which the livelihoods of the population over age 60 are funded. In particular, it will not be realised if old-age security relies entirely on inter-generational transfers. Nevertheless, given the right policies, population ageing would lead to wealthier and more prosperous societies.
- The notion of a second demographic bonus once again introduces the issue of household savings as an instrument of economic growth. Household savings rates, particularly voluntary savings, in the LAC region have historically been quite low. Although some countries have introduced forced savings mechanisms to fund their pension systems, a substantial number of countries still depend wholly or partially on pay-as-you-go transfer systems. In addition, expanded opportunities for consumption credit may further erode the propensity to save. Therefore, while the second demographic bonus is a real possibility, it is doubtful if its potential beneficial effects will materialise in the LAC region.
- The health and nutritional status of individuals has a direct impact on individual wage, their labour productivity, and aggregate productivity. It is known, for example, that children that receive better nutrition frequently demonstrate superior performance in terms of physical growth, educational achievement, and other human capital characteristics.
- Poor health significantly impairs economic growth. With respect to SRH issues, one of the main links to be considered in this regard is the one between economic growth and the incidence of AIDS. AIDS deaths are depleting the labour forces of some countries. Since AIDS is a chronic and debilitating disease, workers may have decreased labour productivity during several years. In addition, expensive treatment deviates resources that might otherwise be invested more productively. The loss of GDP growth due to AIDS is estimated at 0.2% p.a. in Honduras and the Dominican Republic, 0.3% in Belize and Guyana, 0.4% in the Bahamas, 0.5% in Trinidad and Tobago, and 0.9% in Haiti.
- Another major cost factor which contains an important SRH component is violence. According to some estimations, the cost of health care expenditures arising from violence (of all kinds), expressed as a percentage of the 1997

GDP, was 1.9% of the GDP in Brazil, 5.0% in Colombia, 4.3% in El Salvador, 1.3% in Mexico, 1.5% in Peru, and 0.3% in Venezuela. This cost does not consider other economic effects, such as absenteeism from work as a consequence of violence, or decreased labour productivity.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 2)

The importance of distributional effects

General conclusions

- An analysis in terms of aggregate economic growth offers only limited insights into the impact of population and SRH factors on the incidence of poverty. The impact of debilitating diseases on poverty, for instance, even if measured in conventional monetary terms, is much more tangible for those persons directly affected than for the population in general, which only suffers its consequences in a diffuse and indirect manner, through the intermediation of macro-economic factors such as the growth of the GDP. The overriding concern with respect to the burden of disease implied by debilitating diseases is individual human welfare, which, regardless of its macro-economic impact, clearly will be reduced.
- Until recently, the economic literature has been relatively silent on the issue of distribution, focusing instead on aggregate growth. To a large extent, this silence can be attributed to the fact that economic theory is much better equipped to handle issues of aggregate growth and resource flows between aggregate economic actors than to analyse the internal variations of these phenomena. In recent years, however, poverty researchers have begun to recognise their importance more explicitly.
- There is a risk that the MDGs are met but only in terms of national averages, without considering the special needs of specific groups. In the book, this issue is addressed, among other aspects, by discussing the special needs of particular population groups like youth, women, the elderly, racial and ethnic groups, the disabled, and the internally displaced. Different mechanisms underlying the vulnerability of specific population groups to poverty need to be addressed by public policies.

The importance of distributional effects

- Distributional effects play an important role in different ways and at different levels, which can be roughly classified as follows: effects associated with the differential population growth of the poor and the non-poor; effects associated

with differential rates of economic mobility, depending on family size; effects associated with the relative availability of unskilled labour, skilled labour, and physical capital, and its implications for the distribution of income; effects associated with differences in household composition and their direct impact on per capita incomes, including unwanted childbirths; effects of the differential costs associated with an extra child in the household, resulting from the extra burden of child care and losses associated with infant mortality; the special characteristics of poverty in specific population segments.

- From a policy viewpoint, it is important to distinguish between structural poverty and transitory poverty: the former refers to those who permanently live at a level well below the poverty line, whereas the latter refers to a substantial proportion of the population close to the poverty line that moves in and out of poverty, depending on momentary improvements or setbacks in their living conditions. In Peru, for example, it was found that 37.0% of the urban population declared as poor in 1998 were no longer poor in 1999, whereas 19.4% of those who had not been poor in 1998 had become so in 1999. Based on these kinds of transitions, it is estimated that between 1997 and 1999 only 13.0% of the urban population of Peru was permanently or structurally poor, whereas 35.2% moved in an out of poverty.
- Transitory poverty requires a different set of solutions (e.g. social safety nets and temporary assistance measures) than the structural poverty concerns emphasized in the PRSPs, which require investments in human capital, creation of permanent employment opportunities, etc. Designing poverty reduction programmes based on a one-time assessment of the poor population may run the risk of wasting resources and creating a false image of success as some transitory poor overcome their poverty by their own means and others, who were previously non-poor, fall into (temporary) poverty.
- Often the factors that bring about a transitory poverty spell are associated with temporary job loss, illness or disability, and bad harvests. A particular form of transitory poverty is life-cycle poverty, which is caused by particular stages in the life cycle, such as young adulthood or old age. For example, poverty spells tend to be concentrated as well in periods when household members are pregnant or lactating, or when there are many children under age 5 in the household.
- One of the events often associated with a transition into poverty is the entry of a newborn child into the household. Households with a newborn child face two constraints that might affect their income generating and income diversification potential and, thereby, their risk of falling into transitory poverty: the income-generating capability of one of the members (the mother)

may be constrained, and they often face additional expenditure requirements due to the presence of a new child.

- The issue of transitory poverty is intimately linked to the issue of social and economic mobility, to the point where it is almost impossible to identify the former without making reference to the latter.
- Rapid population growth contributes to the increase of inequality and getting out of poverty becomes more difficult as family sizes increase. In Nicaragua, for instance, the proportion of individuals who escaped from extreme poverty between 1998 and 2001 was substantially greater among families who had less than four children under age 15.
- Similarly, in Peru it was found that, after controlling a range of other factors, large family sizes are still associated with a lower probability of belonging to the permanent non-poor. More significantly, the probability of falling into poverty is also highly correlated with large family size, whereas the chance of escaping poverty is diminished by it, but not significantly so.
- In countries where social and economic mobility has been low during the past few decades, it also tends to be true that a larger percentage of the next generation will be come from poor families than is the case with the present generation of adults. Even though they may not be poor themselves, this is a significant social fact.
- The Guide presents two models – RAMSEY and the *Demographic Module for Poverty Analysis and Projection* (DMPAP) – that may be used to analyse the effect of population dynamics on poverty. The two are complementary, but have quite different structures. RAMSEY is a theoretical growth model at the macro level that captures the interaction of a large number of economic variables in stylised form, but does not provide any easy way to project poverty in actual country settings. It does not disaggregate results down to the household level and consequently does not yield poverty estimates, just aggregate indicators on the wellbeing of two groups, identified as the Rich and the Poor. It is, however, well suited to the analysis of multiple interactions at the macro level, such as those involved in the analysis of the demographic bonus. DMPAP is a micro-simulation model with a much simpler structure, based on only a few economic variables, and therefore has to make more assumptions. It is more suited to poverty projections because it focuses on income changes at the level of individual households.
- The (theoretical) simulations carried out in RAMSEY suggest that aggregate fertility decline implies significant improvement in the living conditions of the Poor. These improvements are more pronounced if they narrow the fertility differential between Rich and Poor, but persist to a large

extent under a scenario of divergent fertility decline. They are also more pronounced if appropriate adaptive measures are taken with respect to investments, particularly in human capital. However, even if such measures are not taken, the demographic bonus still favours the Poor, albeit to a lesser extent. This result goes counter to the notion that the beneficial effects of the demographic bonus on poverty alleviation are significantly reduced in the context of strong inequality.

- The essential idea underlying DMPAP is that, even if the demographic bonus does not generate any benefits in terms of aggregate economic growth, it may impact on poverty rates by way of the expected changes in household compositions.
- According to DMPAP, the potential contribution of demographic trends in both Venezuela and Brazil (the two examples presented in the Guide) to the reduction of poverty up to 2015 is very substantial. The effect of population dynamics on inequality generally points in the same direction as the effect on the head-count index of poverty: more demographic inequality generally implies more economic inequality. Depending on the characteristics of the fertility change from 2005 until 2015, poverty in 2015 may be as low as 9.4% or as high as 17.9% in Brazil. The fact that a reduction in the order of 4-6 percentage points by 2015 is already implicit in the current demographic evolution of Brazil and other countries should stimulate the setting of more ambitious political targets, whose attainment will require actual public policy intervention, rather than simply riding the demographic tide.
- Poor health and malnutrition reduce the physical capacity and mental faculty of workers, thereby causing lower productivity, which is reflected both at the aggregate level (lower economic growth) and at the individual level (lower personal income). Illness may be one of the most common reasons why families fall into poverty. It is also appropriate to pay attention to the impact of individual health or sickness on the poverty of those affected by it and their immediate social environment.
- Two issues must be considered: the influence of health expenditures on poverty lines and the issue of catastrophic health expenditures. From a public policy viewpoint, there is a strong dependence of the incidence of catastrophic disease episodes on the percentage of out-of-pocket health expenditures – which is still quite high in some countries of the LAC region. High rates of catastrophic spending are to be expected in countries with high rates of poverty, significant exclusion from financial risk-protection mechanisms such as social insurance, and moderate to high levels of health-care access and use. Several Latin American countries fulfil these criteria.

- HIV/AIDS is the SRH component for which there is more information and at the same time the most important in this context, given the size of the resources involved and their weight among the totality of SRH expenditures. The existence of government sponsored AIDS programmes plays a crucial role in determining the amount of out-of-pocket expenditures on HIV/AIDS.
- The Guide also investigates the important issue to what would poverty levels would be affected if those children whose births were not wanted by their mothers were omitted from their respective households. Applications developed for Honduras and Bolivia estimated that the elimination of unwanted fertility leads to a 4.7% poverty reduction, equivalent to the effect of a 23.5% increase of all incomes. This is based purely on the *direct effect* of having fewer household members sharing the same income. The *indirect effect*, i.e. the greater income generating capacity of mothers with less dependent children, is estimated (for the case of Bolivia) as being roughly of the same magnitude as the direct effect.
- Young people are affected in a specific way by current demographic trends, in that they are the least likely to benefit from the demographic bonus, even as it generates benefits for the population at large. Based on their critical stage in the life cycle, young people constitute a special case that requires additional measures. The compounding effects of the hurdles young people often encounter, in particular girls, in their transition from dependence to independence, need to be highlighted.
- Women are the ones most directly affected by declining fertility rates and household sizes as well as by compensatory policies that socialise some of the more time consuming tasks of household reproduction. There is a great concentration of women who work in the informal sector in very precarious employment conditions, who receive low and unstable wages and do not count with any kind of social security system. Poor women have higher adolescent fertility rates, despite the reduction of fertility rates in the aggregate. They also dedicate an important part of their time to house work, which is duplicated when it has to be complemented with paid work outside the home, leading to long workdays and little availability of personal time.
- The elderly are generally not among the poorest population segments, but they face special vulnerabilities that may be aggravated in the future, as traditional family structures become weaker under the influence of declining fertility and increasing geographic mobility. At present, what draws attention to the issue of old age social security in the region is not primarily the problem of population ageing, but the coverage and organisation of many of the programmes, which makes it difficult for them to face up to the challenges of

population ageing that lie ahead. Consideration should be given to include targeted income transfers to the older poor in poverty programmes.

- In the LAC region, women account for the majority of the oldest old and are more likely than men to spend time as widows; these demographic trends have an impact on gender equality since women's activities often are not covered by formal pension programmes. Male vulnerability, on the other hand, is related mainly to more precarious informal social support networks, which are part of the social capital assets accumulated by older persons in the course of their lives and are therefore important factors for their wellbeing. The informal support networks of men are at greater risk of being lost or shrinking after their retirement than those of women.
- Several racial and ethnic groups are disproportionately affected by discrimination and social exclusion. In their original conception of national averages, the MDG indicators did not consider the diversity (and inequality) among population segments, and the needs of minorities are not specifically mentioned. However, from the viewpoint of a non-discriminatory human rights-based approach, the countries of the LAC region should reach the MDGs in the context of equality of opportunities for all its citizens, regardless of race or ethnicity.
- One demographic factor to consider in the context of the greater incidence of poverty among indigenous groups is that they also tend to have higher fertility rates. Although a variety of factors may influence fertility rates among indigenous peoples in LAC, researchers and policy makers usually present convergences with respect to the need to improve availability for SRH services.
- People with physical and mental disabilities constitute a vulnerable group similar to the elderly in that their risk of poverty cannot be adequately addressed through policies that seek greater labour productivity or education. Their special needs require public transfers, promoting and supporting family care, special educational institutions, and facilitated access to infrastructure. Governments and partners must develop the infrastructure to address the needs of persons with disabilities, in particular with regard to their education, training and rehabilitation.
- Finally, in some countries of the LAC region, especially Colombia, internally displaced persons constitute a population group with specific needs and vulnerabilities vis à vis poverty. An effective poverty reduction policy should take account of these different mechanisms and devise specific social policies to tackle them. There is no consensus about the nature and magnitude of the assistance that would meet the needs of this vulnerable group. In some countries there is no special legislative framework for their protection and, in countries with such a legislation, its application faces various difficulties.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 1 (Parts 1 and 2)

Issues:

1. The link between unwanted pregnancy, fertility, population growth, and aggregate economic growth

2. The importance of distributional effects

The implications of natural population growth for (monetary) poverty reduction can be divided into four categories. On the part of population dynamics, the division has to do with the relative importance given to population *growth* as such or to the *age-structural effects* brought about by population growth. On the poverty reduction side, the division concerns the effects on economic *growth* versus those associated with the *distribution* of income. Historically – certainly before the ICPD, but to some extent even afterwards -, the emphasis has been on the effects of population growth on economic growth. Points 42 and 45 of the Strategic Plan 2008-2011 state, for instance:

> *"The UNFPA mandate remains central to poverty reduction (MDG 1), especially in view of the projected population growth in the developing world, where more than 90% of this growth will occur in the poorest of these countries, and in the poorest population groups within these countries. (...) With population growth most marked in the poorest countries and among the poorest groups, the imperative of achieving the MDGs and the ICPD goals becomes urgent."*

With respect to population growth, an important conclusion to emerge out of the recent literature is that it makes little sense to speak of population growth in the aggregate, without distinguishing between the quite different effects caused by fertility and mortality. Similar growth rates caused by high fertility and high mortality, on the one hand, and low fertility coupled with low mortality, on the other, have very distinct impacts. In the context of SRH, this conclusion may be obvious, but it has now been confirmed that it also applies to the implications for economic growth and poverty reduction.

The Strategic Plan also mentions (under point 49) that the changing age structure of the population is an important topic of attention. Age-structural effects have been considered mostly in terms of specific population groups requiring attention because of their special needs and vulnerabilities, particularly youth and the elderly. From a programmatic viewpoint, this is an obvious choice because the age-structural transformations themselves do not lend themselves to policy interventions in the short term, except perhaps for actions with respect to mortality which are undertaken

for other reasons.

From the viewpoint of advocacy and policy dialogue, however, these effects can provide very useful arguments to underscore the importance of population processes, even if mostly from a historical perspective. Analyses of the contributions of age-structural population change to recent poverty declines, for example, can be a highly effective instrument to convince governments of the need to consider population factors in their poverty-reduction strategies. In this context, it is good to remember that promoting the use of population data and considerations in public policy analysis is itself one of the central objectives of the Population and Development area. This is reiterated once more in point 46 of the Strategic Plan:

> *"The comparative advantage of UNFPA lies in the effective utilization of population analysis for poverty diagnosis and scenario building; addressing universal access to reproductive health for poverty reduction; and the ability to provide cross-cutting thematic analysis and linkage with economic data (for example, the cost benefits of investing in reproductive health)."*

In terms of the first point of this quote, therefore, making sure that population dynamics are taken into account in the preparation of poverty diagnosis and scenarios is an important programmatic priority by itself. Policy makers should be convinced that population is not merely a sectoral concern, but that population dynamics should be an integral part of all public policy analysis, particularly with respect to poverty reduction.

The programmatic implications of the demographic bonus that are most often pointed out have to do with the complementary policy measures needed to take full advantage of the opportunities it provides. In some circles within the LAC region, there is a lot of skepticism in this regard, and at times it is suggested that, for lack of a favourable policy environment, the bonus in the region may be wasted or even turn into a liability. From a public policy perspective, it is important in these discussions to make clear distinctions between the different categories of effects:

1. *The "pure", "mechanical", or "autonomous" effects of the age-structural transformations that occur independently of any deliberate policy response.* In theory, these may be negative, but as far as can be detected with the use of the RAMSEY model, it seems that, even in the absence of complementary policy measures, the impact is positive, though relatively small. To the extent that this small positive effect is due to previous programmatic actions leading to fertility reduction, it constitutes an additional credit to these past actions, but otherwise it has no immediate programmatic implications.
2. *The added benefit that can be achieved by "planning ahead", i.e. stimulating behaviour in accordance with the new opportunities.* This is undoubtedly

the most relevant effect for UNFPA country programmes because it calls for action. Increased per capita educational spending, for example, may help to optimise the opportunities created by a larger proportion of the population in the economically-active ages. However, what else, besides investing in human capital, should governments do and how much of it? Some economists argue that increased investments in physical capital are just as necessary to take advantage of the demographic bonus as investments in education. Intuitively, it would seem that the period of the demographic bonus is also a particularly appropriate one for delaying adolescent fertility, although this link has not been investigated in the literature. In this and other respects, there is still a lot of uncertainty about the optimal composition of the "package" of complementary policy measures that are needed.

3. *The pre-existing institutional setting, which may facilitate or hamper the adaptation to a new decision environment.* For instance, a deficient market structure or institutional corruption can stand in the way of long-term planning and obstruct the promotion of necessary changes in investment behaviour to take advantage of the new demographic setting. The original "demographic bonus literature" places a lot of emphasis on determinants of this kind, as the main enabling factors of the demographic bonus. From the viewpoint of UNFPA programmes, it may be argued that women's empowerment is a critical institutional factor that conditions the capacity of societies to benefit from the demographic bonus, to the extent that the existence of a large contingent of women in the productive age groups who are unable to enter the labour force, because of cultural impediments or insufficient child-care alternatives, limits the impact of the bonus.

In addition, there may be unintended behavioural consequences of the benefits generated by the bonus, similar to those that can occur when the windfall profits of newly discovered natural resources, like natural gas and oil reserves, are unwisely invested. It has been suggested, for example, that the savings and consequent liquidity generated by the demographic bonus in the East Asian countries may actually have contributed to the financial excesses that brought about the Asian economic crisis of the late 1990s. Finally, wholly unrelated economic or social trends (e.g. increased unemployment caused by factors such as worsening terms of trade in the world markets or labour-saving technological change) may eliminate some or even all of the benefits generated by the demographic bonus.

In the LAC region, problems of the latter kind are sometimes cited as a sign that countries are "wasting" their demographic bonus, but this does more to obscure than to clarify the issues. At the very least, it should be recognised that the negative trends may be attenuated to some extent by demographic change and that an alternative

scenario, without a demographic bonus, would have been even worse. "Wasting the demographic bonus" is an appropriate term only when countries fail to take the right complementary policy measures, as under point 2 above, or when the lack of a favourable institutional environment keeps them from having access to the benefits of the bonus, as under point 3. Nevertheless, it is probably fair to state that the prospects for a "second demographic bonus" in the region do not look favourable and that UNFPA should probably not promote this concept in LAC.

With respect to the distinction between economic growth and income distribution, it should be pointed out that until recently economic poverty analyses paid very little attention to distribution effects. This has changed now and recent poverty projections such as those prepared by ECLAC/IPEA/UNDP have demonstrated the importance of the poverty reduction that can be achieved by social and economic policies directed at even modest income redistribution. This also has implications for the way in which population effects are incorporated into poverty analyses. Under the right circumstances, the demographic bonus generates economic growth and thereby reduces poverty. But even without economic growth, the transformation of age structures within households affects dependency ratios at the household level. Using the DMPAP methodology, one can compute the effect that this has on poverty reduction, the so-called inertial poverty trend. The importance of this trend consists in the fact that governments should take it into account when setting poverty reduction targets. If a 3% poverty reduction, for instance, is already implicit in current demographic trends, then clearly the government should define a goal for its poverty reduction policies that goes beyond 3%. UNFPA is in a position to quantify these effects and bring them to the table as a population-based contribution to poverty analysis and poverty-reduction strategies.

The same trend of looking not only at aggregate growth, but also at how population factors affect poverty at the individual level is evident in recent studies on issues such as "catastrophic health expenditures" and variations in the economic mobility of households due to their different compositions. The notion that small family sizes favour upward economic mobility has often been stated without much empirical evidence. The fact that there is now increasing evidence to sustain these ideas helps UNFPA to make a more forceful case for the relevance of population factors to audiences that normally do not pay much attention to population factors, such as planning ministries and government agencies in charge of poverty reduction which are not likely to buy into these ideas unless hard data can be provided.

Terms like the "youth bulge" should be used with caution, despite their intuitive appeal. In the LAC region as a whole (though not in all individual countries), the percentage of the population aged 15-24 peaked at 20.3% in 1980 and has been

declining ever since; it will be 17.8% in 2010 and 16.4% in 2020. The number of young people (15-24 years) as a percentage of the population over age 15 under the present "demographic bonus" scenario is also smaller than it would have been if high fertility trends had persisted. This should allay fears that an exploding population of young people is about to become a source of social unrest. The real significance of the "youth bulge" consists in the fact that the 15-24 age bracket is increasing relative to the population under age 15. This means that resources traditionally targeted to young children should increasingly be redirected to adolescents and young adults. It is in this context that UNFPA should be an advocate of the needs and interests of young people. Policies must be designed in order to: empower youth to think critically and negotiate risky situations; provide access to SRH services and information; connect young people to employment programmes; recognise their right to a fair share of education, skills, and services.

The Strategic Plan anticipates that the upcoming five-year review process of the Madrid International Plan of Action on Ageing will ensure that ageing remains high in global discussions and national policy formulation over the next several years. A major age-related challenge for the LAC countries is to cope with the vulnerability of a large proportion of the population due to the fragility of social security systems. Low coverage, fragmentation, deficient quality, limited access, and reliance on contributory mechanisms – that do not address the extended labour informality – are common in the region. The ECLAC Session in Montevideo, in March of 2006, focused on the need for a new approach to social protection, given the structural changes the region is experiencing in its age structures, labour markets, and family dynamics, among others. It proposed a new rights-based social covenant based on integral solidarity that combines contributory and non-contributory mechanisms and emphasizes the efficient use of the resources, with a view to expanding the coverage and raising the quality of services, especially for the lowest-income groups. A number of countries have made advances in this direction. Bolivia, for instance, has introduced universal pensions through the Bonosol.

UNFPA can contribute to the development of a knowledge base and advocate for mainstreaming of these population issues into planning processes. In addition, UNFPA has a policy niche with respect to two specific aspects of the social covenant above. One relates to the special situation of women. Although elderly women in the LAC region are not necessarily poorer than elderly men, they have less financial autonomy because traditional social security systems based on past economic participation discriminate against them. Consequently, they are among the main potential beneficiaries of the concept announced above. Belize has already put in place a non-contributory pension for all women over 65, whereas Costa Rica has improved women's position in the welfare system by conferring a value to unpaid

domestic work in terms of contributions. Similar initiatives in other countries of the region should be technically and politically supported by UNFPA. On the other hand, older men, while better placed with respect to their social security coverage, tend to be more socially isolated and receive less family support than women. Consequently, depending on the specific design of the interventions, they may stand to gain more from programmes to promote inter-generational solidarity at the level of the extended family. This is another area in which many of the elements of UNFPA's mandate (ageing, gender, family structure, migration) come together.

Some analyses have proposed using Disability Adjusted Life Years (DALYs) lost as a measure of the poverty impact of poor health and particularly the impact of SRH measures. This practice, however, does not seem promising because the DALYs were not designed for this purpose and using them in this way runs into significant conceptual difficulties. Alternative measures have been proposed that consider mortality, primarily to correct the distortion resulting from the premature death of the poor, but the practical application of such measures does not seem forthcoming. Similarly, attempts to define UNFPA's role in poverty reduction in terms of the reduction of disease-induced poverty spells do not seem promising, except perhaps in the case of AIDS prevention.

Although the ICPD PoA dedicates considerable attention to the issue of people with disabilities, relatively little has been done to implement policies from a population perspective. Among other things, assistance should be provided to persons with disabilities in the exercise of their family and reproductive rights and responsibilities. In some countries of the region, there is a growing awareness that these issues should be addressed, including their implications for poverty reduction strategies. The adoption by the UN General Assembly, on 13 December 2006, of the Convention on the Rights of Persons with Disabilities and its Optional Protocol should provide another stimulus to the development of initiatives in this area.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 3)

The link between poverty and migration

General conclusions

- Both internal migration and international migration play a role in reducing poverty and promoting development, even though both processes are complex and do not lend themselves to easy generalisations. Under some circumstances, the social and economic costs of migration may even outweigh its benefits.
- Economists have generally emphasized the positive side of the migration process: it plays a role as a balancer and optimiser of human resources and other production factors, supposedly to the benefit of both the migrants and society as a whole. Geographically static populations are likely to be economically stagnant populations, whereas geographic mobility enhances economic growth and improves productivity.
- Both internal and international migration, however, may also have negative consequences.

The link between poverty and internal migration

- The impact of internal migration on poverty is due to three main mechanisms: it is a livelihood strategy for the poor that supplements earnings through off-farm labour in urban areas; it is a means of income security through diversification of its sources; finally, it may constitute a process through which small communities accumulate collective capital.
- Labour migration constitutes a livelihood strategy inasmuch as residential relocation is linked to the search of alternative sources of income that entails remittances of earnings back home, investments from afar, return home and entry into self-employment, high-skilled employment circulation, and the impact of social networks and knowledge exchange in sending and receiving areas. Remittances – the economic and social effects generated by the earnings migrant workers send back home – and circular migration are the main processes in which poverty reduction effects may take place. Unfortunately, in the LAC region there has been very little investigation on the poverty effects of internal, as opposed to international, remittances.

- In both popular discourse and scientific research, there is a long-standing tendency to attribute part of urban poverty in the developing world to the effect of rural-to-urban migration. Prominent academic manifestations of this sentiment are the "urban bias" literature and the Harris-Todaro model with its later extensions. However, the rationality of policy recommendations that tend to keep rural-to-urban migrants "down on the farm" squarely flies in the face of most analyses of poverty determinants in urban and rural areas. Although there can be negative consequences to migration, on balance its contribution towards poverty alleviation appears to be positive. Rural poverty levels are clearly higher than urban ones, even after controlling for a range of other relevant factors. The weight of the evidence also demonstrates that rural poverty is not transferred to the city. Simple decompositions of the change in national poverty levels suggest that in several countries a significant proportion of this change is directly associated to increased urbanisation levels.
- In recent years, econometricians have begun to prepare estimates on the income benefits that internal migrants derive from their moves. They found that, even though migration does not result in monetary benefits for all migrants, more likely than not the benefits will be positive. In Brazil, for instance, it was estimated that 70.2% of unskilled workers improved their income as a result of a rural-urban move.
- When migration is essentially circular in nature, it is likely to support the communities of origin. Even when migrants spend more time at destinations, they rarely cut off relations with their areas of origin: they go back at regular intervals and send goods and money to relatives in their home country, village or town. However, internal migration may also negatively affect the communities left behind: the process may result in the permanent or temporary shortfall of local monetary and human capital in sending areas and thus can intensify poverty in the origin, at least in the short term.
- Potential negative effects of internal migration include:
- The distribution of social basic services and the labour market opportunities in urban spaces may occur to the disadvantage of the poor.
- Even if it is not the poorest who migrate from the villages, relative to city people in destination areas they are often poor and their concentration may be a drag on urban development.
- Migration may negatively affect the communities left behind, particularly such vulnerable groups as the elderly and children.
- Remittances may aggravate income inequalities in the areas of origin.
- Initially, many of the jobs filled by migrants, particularly those held by poorly educated migrant women, are badly paid, insecure and often require work under appalling conditions.

- The 2007 *State of the World Population* Report emphasizes that, contrary to popular perceptions, most urban growth is endogenous and not due to migration. It suggests that, if well managed, urbanisation can be a highly dynamic force in the development process, placing much emphasis on its two-faced nature, as both a source of problems and a key to their solution. Cities concentrate poverty, but they also represent poor people's best hopes of escaping it. To take advantage of these opportunities, cities need to be proactive because the changes are too large and too fast to allow planners and policymakers simply to react. An example of proactive measures needed is providing minimally serviced land for the poor, because providing infrastructure after the fact can be extremely costly.

The link between poverty and international migration

- The mechanisms relevant to poverty reduction related to international migration in and from the LAC region are brain drain, brain gain, diaspora organisations, and remittances. If adequate migration policies are forwarded by national governments and multilateral bodies, international migration certainly represents a potential to advance development.
- The current stage of globalisation presents a high degree of liberalisation of financial capital and international trade of goods, services, and technology, while still protectionist with respect to the free transit of labour, not only because of legal and economic considerations, but also because of psychological and cultural barriers. Since asymmetric globalisation exacerbates inequalities, these barriers have implications for the incidence of poverty worldwide.
- Industrialised countries have already undergone their demographic transition, presenting below replacement fertility rates and ageing populations; therefore, these countries may face trouble supplying the labour force that sustains its economies. Conversely, almost all projected world population growth to 2050 will be credited to reproduction in the developing countries, which have been failing to create job opportunities, particularly for young people. In theory, the developed world's demographic insufficiency could be compensated to some extent by workers from developing countries, and the economic inequality gap between the two worlds could be narrowed with the support of international migration. However, the numerical importance of the transfers of migrants needed to meet these goals goes well beyond what the developed countries can realistically be expected to absorb.
- Despite its numerous benefits, international migration may also deplete the labour force of its most productive individuals and generate an age structure heavily biased toward the elderly in the sending area. In addition, the infusion

of money from emigrants may cause inflation in the local economy, especially in land and real estate prices, and increase income inequality.

- Upon arrival in a new country, migratory flows may be subjects of prejudice or violation of rights. Unfortunately, the main instruments of international law designed to provide measures of protection, such as the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (approved by the General Assembly in 1990), have so far had only very limited incidence in this sphere, among other reasons because almost all of the countries that have ratified it are senders, rather than receivers of international migrants.
- Experts seem to agree that the most unambiguous connection between international migration and poverty reduction lies in the economic and social effects generated by the international remittances.
- Remittances are said to function as an instrument of social protection much more effective and encompassing than the social programs of the migrants' homeland governments. They constitute a critical source of income to around 20 million families in the LAC region, constituting up to half of these households' annual income. According to ECLAC, in El Salvador poverty in the receiving households is 26 percentage points and extreme poverty 31 percentage points below what it would be in the absence of this income source. In Mexico, the differences are 20 and 27 percentage points, respectively; in Paraguay 18 and 25, and in Ecuador 20 and 19. In Bolivia, the Dominican Republic, Guatemala, Honduras, Nicaragua, Peru, and Uruguay, the reductions vary in the range of 7 to 20 percentage points.
- Most studies seem to concur in that remittances are much less pro-cyclical, and therefore more stable and predictable, than other sources of foreign exchange, being less affected by short-term economic cycles, in that they generally do not decline when the country goes through a recession period. They also tend to be more evenly distributed within a country than foreign investment.
- Remittances may have economic multiplier effects, which depend on how they are used. In a study of 13 Caribbean countries, each percentage point increase in remittances was associated with 0.6% increase of private investment. In El Salvador it was estimated that the effect of international migration on the establishment of micro and small enterprises to be in the order of 3%.
- A cross-sectional study on the incidence of poverty in 74 low and middle income countries based on 190 observations found that, on average, a 10% increase in the share of international remittances in a country's GDP will lead to a 1.2% decline of people living in extreme poverty, as measured by

the head count method. If the share of migrants living abroad, rather than remittances, is used as a criterion, the poverty reduction effect is 1.6%.

- Remittances are not always good news, however. The city of Cuenca, in Ecuador, is a good example of their downside. It is estimated that between 1999 and 2003, about half of the remittances found their way to the construction sector and the price of urban land and construction labour escalated. This eroded the affordability of housing for families that had no international migrants and for the Peruvian and, to a lesser extent, Colombians who had come in to fill the jobs left open by the Ecuadorian emigrants.
- Besides remittances and brain drain or brain gain, two other aspects of international migration may affect economic growth: diasporas and transnational activities. Diasporas may be defined as the dispersion of populations among various foreign countries, which may stimulate the development of transnational activities that link host and home countries.
- Proper policies such as granting dual citizenship may help home countries to benefit from their diasporas by allowing naturalised to invest back home as citizens and circulate freely between countries. Taiwan and India are often cited as two successful models in this regard, where diasporas have helped to foster economic development and establish close economic and political linkages between countries of origin and of destination. In the LAC region, little work has been done to evaluate the costs and benefits of the strategies followed, but the general impression is that they have been less successful than in Asia.
- Mexican *Home Town Associations* in the US, of which there are about 170, are organising themselves in federations that have gained prominence in the affairs of their home communities. In 2001, the government of El Salvador established a partnership with Comunidades through the National Corporation of Municipalities, to match funds for rural development projects. Jamaican HTAs abroad are also a relatively important source of funds for local development projects in the country.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 1 (Part 3)

The link between poverty and internal and international migration

In the policy realm, the focus should be on mainstreaming internal relocations in all government levels with a view towards making migration work for the poor. Policies should address the maximisation and diffusion of the benefits of the movements as well as the protection of the individuals. There is a clear need to regulate the informal sector in ways that support multi-locational livelihood strategies and that promote

the provision of basic services, specifically for migrants.

The ICPD PoA recommends the following policies to influence population flows: strengthen networks of small and medium size cities to relieve the pressure on the large towns; set up economic and social programmes to improve rural areas; provide access to social services and support for production; enhance employment opportunities in rural areas; guarantee land tenure; provide information to the rural population concerning economic and social conditions in the urban areas.

The 2007 edition of the State of the World Population Report emphasizes that evidence-based policy dialogue is needed to help convince policy makers that urbanisation is not only inevitable, but that it can be a positive force. Although it may increase the visibility and political volatility of poverty, it has definite advantages over dispersion. With economic competition increasingly globalised, cities are better able to take advantage of globalisation's opportunities and to generate jobs and income for a larger number of people. Cities are also in a better position to provide education and health care — as well as other services and amenities — simply because of their advantages of scale and proximity. Poor governance, and decisions prompted by a negative attitude to urbanisation, explain why these advantages do not always materialise.

A large proportion of urban growth, whether from migration or natural increase, is made up of the poor. But poor people have both a right to be in the city and an important contribution to make. A background paper produced as part of the SWOP process, as well as a recent World Bank analysis, go as far as stating that on average about 15-20% of national poverty reduction in recent years has been due to rural-urban migration. However, this varies considerably from country to country and it is fairly common for urban poverty to increase even as national poverty diminishes. Nevertheless, it suggests a break with traditional views, including within UNFPA, according to which urbanisation increases overall poverty and the solution is to promote ways of keeping migrants in their rural areas of origin.

The primary component of urban growth is usually not migration but natural increase in the cities themselves. The most effective way to decrease rates of urban growth is to reduce unwanted fertility in both urban and rural areas. Poverty, coupled with gender discrimination and sociocultural constraints, shapes the fertility preferences of the urban poor and limits their access to quality RH services. Neither history nor recent experience gives any support to the notion that urban migration can be stopped or even significantly slowed. Opposing migration and refusing to help the urban poor for fear of attracting additional migrants merely increases poverty and environmental degradation. From a demographic standpoint, urbanization accelerates the decline of fertility by facilitating the exercise of reproductive health

rights. In urban areas, new social aspirations, the empowerment of women, changes in gender relations, the improvement of social conditions, higher-quality RH services and better access to them, all favour rapid fertility reduction.

According to point 49 of UNFPA's Strategic Plan 2008-2011,

> *"International migration, has become urgent in view of the magnitude, growth, and diversity of current global migration flows. International migration is also related closely to other issues which concern UNFPA, such as poverty reduction and social equity, human rights, gender equality and a focus on the marginalized, in particular, young people, HIV/AIDS and sexual and reproductive health. UNFPA work in this area will focus on building a body of knowledge on migration, data collection, capacity development, and policy advocacy in support of national efforts to better respond to the issue of international migration."*

Since migration may either impact positively or negatively on poverty, formulas and policies must maximise the benefits of international migration and remittances, while finding ways to minimise their negative impacts. Among the ICPD recommendations, one will find, among others: the encouragement of the adoption of favourable exchange rates, monetary and economic policies, the facilitation of the provision of banking facilities that enable the transfer of migrants' funds, the promotion of the conditions necessary to increase domestic savings and its channeling into productive activities, and the facilitation of return migration by adopting flexible policies, such as the transferability of pensions and other work benefits.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 4)

Conversion effects

- The conversion effect is the third channel (after growth and distribution effects) through which population factors influence poverty. It has to do with capacities, i.e. the efficiency of the use households and individuals make of their resources to attain a certain standard of living. As such, it is especially relevant to MDG Target 2 (hunger) and Target 3 (education).
- With respect to hunger, conversion effects are related to the ability of families to choose cheap, safe, and nutritious food, and to their ability to seek adequate help in the case of any ailments that may affect the efficiency of food intakes. One component of it, therefore, has to do with access to information and the ability to act upon it.
- Very large families create rising marginal congestion costs, rapidly reducing net marginal returns from once-public goods and causing them to compete for resources; external economies are offset by diseconomies from infection; and both sequences are likeliest in poor households. Sib crowding is likelier to do harm in their small, crowded dwellings; and, since over 70% of consumption/income near the poverty line is food consumption, there is less room for economies of scale.
- In addition, as infant mortality rates are higher for poor households, it is more costly in terms of 'wasted pregnancies' for these households to generate an additional household member. This is an empirical question that warrants research at the "micro" level to complement the macro-level demographic bonus work. Those groups in society at the leading edges of such change and able to take advantage of change by educating their children and finding good jobs will benefit in income and asset accumulation.
- High fertility may affect poor households' abilities to translate a given level of consumption or income per person (or adult equivalent) into welfare or capabilities (e.g. health and schooling). In the case of education, the number of siblings in the household affects parents' ability and motivation to invest in education. Gender effects may also be relevant. Although direct evidence to this effect until recently has been somewhat thin in the LAC region, it seems plausible that women are more efficient domestic resource managers than men

when it comes to converting resources into desired health and educational outcomes. Finally, migration may affect the efficiency of conversion: the notion of misapplication of technology is sometimes invoked to refer to the use by migrants, unfamiliar with their new surroundings, of inappropriate technology and innovations to extract natural resources.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 5)

The link between population growth and hunger

- The reduction of hunger and undernourishment has a positive impact on all other MDGs, since it improves people's health and boosts productivity at work and study, helping to break the intergenerational cycle of poverty. Therefore, attaining the target to halve hunger worldwide would play a role in meeting all other goals.
- Out of 24 countries evaluated in the LAC region, 7 have already succeeded in achieving the 2015 Target, 1 is on track (above 90% of progress rate), 4 are lagging (70-90%), 3 are left behind (less than 70%), and 9 are completely off-track – even so, regrettably, this is the best performance worldwide (countries reducing the number of hungry, 2003 estimates of the 1999-2001 period).
- Although the concern with population growth as a major factor underlying food shortages is much smaller now than in the past, it cannot be entirely discarded. It affects local food production arrangements, maybe more perniciously than its effects at the highly aggregate level. Rapid population growth fuelled by high fertility desire and/or poor implementation of preferred family sizes can lead to the sub-division of land holding. Migration is another factor that may affect food security. Some studies support the idea of a negative impact of rural out-migration on farm production.
- Turning from the macro level to the micro level, there is considerable evidence that reproductive patterns – number of siblings, short birth intervals, maternal age, and wantedness of the child – contribute significantly to the incidence of malnutrition in both mothers and children.
- Proper spacing of births allows the mother to recover fully from the previous pregnancy. It also reduces competition for food within the household and improves the nutritional status of children. Although conventionally the minimum interval between births has been set at 24 months, recent evidence indicates that actually malnutrition in children under age 5 is minimised if their previous birth interval is at least 36 months.

MAIN IDEAS ON MDG 1
Eradicate extreme poverty and hunger (Part 6)

A new Target under MDG 1: full and productive employment and decent work for all

- In October 2006, the existing Target on developing decent and productive work for youth, until then contained under MDG 8, came to be encompassed by the new Target under MDG 1– after the presentation of the Report on the Work of the Organisation to the General Assembly by the former Secretary-General.
- The question of youth unemployment is a serious matter in the LAC region, where joblessness in this age group reaches much higher rates than among the general population: the youth unemployment rate is twice the overall unemployment rate and three times the rate for adults, and in some countries it is as high as five times the rate for adults over age 45.
- Although the demographic bonus is a potentially beneficial phenomenon for the population in general, these benefits apply less to young people than to other age groups. If the young are not equipped with all skills required, they will face greater obstacles for entry into an already crowded and highly competitive labour market. On the other hand, in order to reap the full benefit of the demographic bonus, societies must educate and equip their young people. This does not mean, however, that the labour situation of young people would be any better if the high fertility of the past had persisted.
- The question of youth unemployment is a strategic one that requires an integrated effort including action in the areas of education, skills development, job supply and support for young, and low-income entrepreneurs. Such initiatives must involve various stakeholders: public and private, NGOs, local authorities, youth leaders, media, and parent's associations. This integrated effort should prioritise vulnerable groups in the secondary school so that the young members of these groups are able to enter higher education. It is also essential to promote the use of computers and information technologies in order to narrow the digital divide.
- Macro level actions must promote employment policy (coordinated with economic policy) for the young and the regulation of labour markets. Proactive labour policies must be based on awareness that job creation is

sustainable only when the economic activities concerned are competitive in the long term. Public investment, productive innovation, and macroeconomic stabilisation policies should place greater emphasis on job creation.

- Besides the youth, governmental policies must be designed in order to ensure other population groups' access to labour market and social security systems. Women's ability to earn income beyond traditional occupations must be improved, aiming the achievement of economic self-reliance. Gender differences between mean levels of labour income in the LAC region persist and they do not diminish at higher levels of education, meaning that the real or potential opportunity costs of reproduction may increase as the economic environment becomes more competitive and human capital costs increase. Compensatory social policies to correct the imbalances underlying these perceptions on the part of employers may be a better way to attack the problem than to attempt to solve it by legal means.
- A high proportion of poor, unskilled women – particularly those who have migrated from rural areas – are found in domestic service, often 'living in' with employers. While conditions of work vary, wages tend to be very low for those who live in. In addition, hours of work are long, with few opportunities for social life. In the early 1990s, 25% of women workers in Honduras and 14% in El Salvador were estimated to be in such work. In urban Mexico, it was the single largest category (32%) among working female household heads as well as spouses.
- It is not entirely clear if, in the LAC region, a majority of the working poor are women, as estimated by ILO at the world level. The latter estimate is based on rather strong assumptions. An illustrative analysis for Brazil (2005) arrived at an estimate of just under 40%. Interestingly, the percentage of working women who are poor, compared to working men in the same situation, bears a strong relationship to differences in the household structure and the household status of the working men and women.
- Women are also at a disadvantage in terms of their access to commercial credit. Because of that, gender oriented economic policies – such as microfinance programs for micro enterprise – become needed, in order to assist poor and landless women to start their own business, also generating profits and creating income opportunities.
- The issue of child labour and child employment has attracted special interest in some countries of the LAC region. The economic literature reflects widespread concern with the relationship between child labour and family sizes. However, the nature of this relationship defies easy generalisations. While it is possible to make a case for the argument that larger family sizes

make it more difficult for families to invest in the education of children and more attractive to exploit their income generating capacity, it is also possible that income generating opportunities for children end up providing an incentive for families to have additional children. Most economists, therefore, consider that child labour and family size are jointly determined and that simple multivariate analyses that take one or the other as their dependent variable tend to yield biased results.

- When birth order, rather than the total number of siblings, is analysed, the pattern may be different from what one would expect intuitively. A study on PNAD data from Brazil found that first born boys were least likely to be in school and last born boys are least likely to work. First born girls were less likely to attend school, but no more or less likely to work. The mother's age was negatively correlated with the probability that a male child would work and a larger family implied a higher probability of work for both males and females. The analysis hypothesized that poor families can send a child to school only if at least some of them work and that parents tend to send the oldest one to work because he or she commands the highest wage and, therefore, the opportunity cost of an educating older children is higher than for younger ones.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 1 (Parts 4-6)

Issues:

1. Conversion effects

2. The link between population growth and hunger

3. A new Target under MDG 1: full and productive employment and decent work for all

The promotion of birth intervals of at least 24 and preferably 36 months continues to be a major programmatic priority, not only for reducing infant mortality, but also for combating infant malnutrition. Supplemental feeding programs for pregnant women, improving women's knowledge of the nutritional requirements of themselves and their children, and increasing women's power to negotiate access to needed nutrition must be part of a multi-intervention strategy. As was pointed out by the Task Force on Hunger of the UN Millennium Project, access to SRH services, especially for birth spacing, is needed to improve the nutritional status of both women and children, whereas supplemental nutrition programmes are needed for both.

As was already pointed out previously, terms like the "youth bulge" should be used with care, despite their intuitive appeal. The number of young people (15-24 years) as a percentage of the population over age 15 years under the present panorama of the "demographic bonus" is smaller than it would have been if high fertility trends had persisted. Similarly, the gross labour force entry rate under the present scenario is lower than it would have been under a scenario of continued high fertility, as in the past. That, however, should not be a motive for complacency, given the high rates of youth unemployment registered in the region. The benefits of the demographic bonus apply less to young people than to other segments of the population. The change in the structure of the population below 25 years, with less children and more young people, should be translated into a change in resource flows, with greater emphasis on programmes that benefit the entry of young people into the labour market. UNFPA should be an advocate of such processes.

MAIN IDEAS ON MDG 2
Achieve universal primary education

General conclusions

- While enhancing education is a development goal by itself, it is also widely recognised as the main avenue of social mobility and, therefore, of escaping poverty (MDG 1).
- Education must not be discriminatory and should always promote equality and specifically gender equality. On the other hand, as was discussed in the previous chapter, much of the social disadvantage of minority groups (but not of women, at least not in the LAC region) can be attributed to educational disparities which may be related to discrimination of access to education.
- Education has important and often ignored ramifications for MDG 4, in that maternal education has consistently been demonstrated to constitute one of the most important determinants of infant and child mortality.
- Educational planners throughout the LAC region are increasingly aware of the macro effect associated with the demographic bonus, which is reducing the demographic pressure on educational systems, as enrolment rates are no longer increasing or may even start to decline

The link between macro-demographic trends and potential investments in education

- Aggregate demographic trends in the LAC region during the next 2-3 decades have implications for investments in education. As the need to keep up with constantly increasing school age cohorts gradually diminishes or disappears, countries are now in a position to invest in the coverage and quality of education.
- While it is true that declining demographic pressure on the educational system makes it easier for young people to prolong their education, such a prolongation is also becoming more and more necessary, as today's young people face stiffer competition from older workers than in the past, due to the same demographic bonus that is also responsible for lower demographic pressure on the educational system.
- Demographic change can help or hamper, but it is certainly not the only determinant of educational attainment. The case of Bolivia, for instance,

shows that it is possible to swim against the tide. It is particularly interesting that such a poor country can increase its enrolment rates considerably, in spite of high demographic growth. Guatemala, Honduras, and, to a lesser extent, Venezuela and (surprisingly) Costa Rica exhibit similar behaviour.

The link between educational achievement and reproductive patterns in the families of origin

- Children from large families do less well in school than children from small families, even though there are econometric issues with respect to the correct model specifications to measure the strength of these relationships. Families with fewer children tend to invest more in the education of each of them. In developing countries (here Brazil, Nicaragua, and Venezuela are analysed in some detail), most empirical studies on educational attainment have found that on average children from large families attain less schooling than children from smaller families, even after appropriate controls are introduced. By ensuring that families have only the children they want, SRH therefore contributes to universal primary education.
- In countries where education is mostly public and free of charge, enrolment rates are less sensitive to family size, but educational attainment is still significantly linked to it, as older children are increasingly exposed to the risk of being pulled out of school to contribute to household responsibilities.
- There is some evidence that the degree to which mothers wanted the birth of their children also contributes to their educational achievement. A longitudinal study in Finland of women who said they did not want to be pregnant at the time which pregnancy occurred similarly showed that unwanted children are less likely than wanted children in the same cohort to progress beyond 9 years of schooling. Similarly, in the Dominican Republic (among others), children from families that have had one or more unwanted child births during the past 5 years performed significantly worse in terms of completed years of education than children from families where all births were wanted. In both cases, these relationships held up after appropriate statistical controls were introduced. A study on the US, formulated in the context of abortion, argued that unwanted children who were not born due to the legalisation of abortion in that country would have systematically been born into less favourable circumstances, including a 50% higher chance of living in poverty. After including the necessary statistical controls, lower educational results were found for these children, in case the pregnancy was carried to full term.

The link between educational outcomes and the SRH of adolescents

- Accurate and comprehensive gender-sensitive sexuality education provides young people with the skills and knowledge they need to protect themselves from unwanted pregnancy and sexually transmitted infections (STIs), including HIV.
- Sexuality education programmes promote the capacity to take responsible and informed decisions (empowerment), with a positive effect on the delay of sexual initiation, the reduction of number of partners, as well as unwanted pregnancies, abortions and the incidence of STIs and HIV. There is little evidence to support claims that sexuality education stimulates sexual experimentation among adolescents.
- Adolescents drop out of school for more than one reason which jointly determine the number of years of education that will be lost. Estimating the effect of any of these processes in isolation from the others, without introducing appropriate statistical controls, may generate spurious results.
- In secondary education, SRH issues present new challenges to guaranteeing the completion of education of the 12-18 year-olds. Unplanned pregnancies affect the educational outcomes of adolescent mothers, although so far there has not been a lot of scientific research in the LAC region on the precise strength of the effects. Unfortunately, the data generated on this issue by the DHS surveys are rather limited, but a somewhat crude estimation of the effects suggests that the average education of women in the LAC region would increase by 0.3-0.6 years if all women had their first birth after age 20.
- Most of the formal sexual education programmes developed in different countries of the world are oriented towards formation within an explicit ethical framework; in addition to presenting scientific contents about human sexuality, they promote the development of individuals capable of choosing their own way of life, with freedom of conscience, thought and belief, and respect for other cultures and the life options that other people have chosen.
- In various countries, sexual education has been integrated in the formal educational curriculum as a transversal issue. Contemporary education tries to answer the demands through a humanistic integral formation of the student.

Brain drain and brain gain

- Some researchers state that the brain drain represents the loss of a high proportion of a country's total educated population, which implies adverse economic consequences to it. The outcomes of the emigration of specialised professionals demonstrate the ambiguous nature of migration, as it can be at the same time harmful to one country that is left shy of qualified professionals, while bringing benefits to another, turning itself, in fact, into a brain gain.

- In the absence of a strong research and development environment or a scenario of a rapid economic growth, skilled workers and professionals tend to migrate. Since those conditions are often hard to find in developing countries, retention will be very difficult to achieve. Even when the appropriate conditions exist, the opposite possibility, of a brain drain, is also significant.
- Recent research promotes the idea of "optimal brain drain"— that is, that an increase in the emigration of skilled migrants may actually benefit the source country in some cases, but much depends on the particular circumstances of the country. Positive outcomes have been found in some Asian countries, but in the LAC context the outlook is less promising.
- Some level of migration (or brain drain) might stimulate a brain gain not only by the return of even more specialised staff and their role in special training programmes, but also because people feel motivated to study harder and longer in order to migrate and enhance their chances of prosperity, even if in the end they do not move overseas.
- All analysts are unanimous in pointing out two distinct realities of the brain drain in the LAC region: one for Central America and the Caribbean and one for South America. In the latter, the outflows are not large enough to seriously deplete the national stock of highly educated individuals. In the former, however, the loss may be quite significant, whereas Mexico represents an intermediate case.
- The brain drain may hamper the combat of poverty, as the outflow of professionals at a rate faster than that of replacement would likely result in a shortage of available skills in the sending country, even more if it is a small developing nation.
- Governments should encourage temporary migration programmes, such as short-term and project-related migration, as a means of improving the skills of nationals of the countries of origin, especially developing countries.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 2

In recent years, there has been greater awareness regarding the need for UNFPA to present its case in terms of the effect of population, SRH, and gender on poverty reduction. With respect to educational outcomes, however, this need has not been manifested to the same degree, even though several of the arguments presented with respect to poverty reduction have their parallel in the area of education. For example, UNFPA has supported the preparation of population projections in many countries of the region, including functional population projections that estimate future educational needs and results. Rarely do these projections take into account that population itself is one of the determinants of age and sex-specific enrolment

rates. Similarly, the case for the effect of undesired fertility on poverty, which was made in the previous chapter, could also be presented for education, even though the effects of undesired fertility on educational outcomes are less direct and likely to be smaller than in the case of poverty. Conversely, in the case of teenage pregnancy, the impact on education is more direct than its impact on poverty and it can be quantified in terms of years of education added. Finally, with respect to sexuality and life skills education, the effects have been evaluated mostly in terms of changes in sexual and reproductive behaviour. It would be desirable, however, to move beyond this and to obtain estimates on ultimate results, such as educational achievement, employment, and quality of life.

This involves a change of perspective in the way UNFPA makes its case with respect to its contribution to education. If the only objective is to appeal to education simply as one of the many social processes that may ultimately be affected favourably by greater investments in SSR, without a major interest in exactly how this favourable effect manifests itself, the argument can be presented simply in a qualitative manner. Conversely, if UNFPA wants to be recognized as a development agency that, by its actions in SSR, contributes to MDG 2, it needs to refine its analysis. Rather than simply presenting the arguments in a qualitative manner, this requires measuring the impact of action in SSR on the number of years of education added and other ultimate benefits. This would make it possible to compare the costs and benefits of different strategies to prolong education and thereby give UNFPA greater projection as an actor in this area.

In addition to quantifying the impacts, under such a perspective it would be necessary to pinpoint where UNFPA can have the greatest educational impact and how actions in this area produce synergies with other, more properly educational strategies. For example, in some segments of the population, where school attendance is already high, avoiding teenage pregnancies may, by itself, have an appreciable impact on years of schooling. In others, increasing access to contraception may not, by itself, have much impact on education because girls tend to drop out of school before they become sexually active. At the same time, attempts to raise and prolong school attendance may be partly wiped out by high teenage pregnancy rates. In these cases, only a strategy which addresses both issues simultaneously will be effective in increasing the number of years of schooling in the short run. In others still, teenage pregnancy may be so concentrated among adolescents aged 18 or 19 that its reduction will have no major impact on primary and secondary education, although it may affect entry into college. Greater specificity and quantification in the analysis and programmatic approach to these issues would enhance UNFPA's profile as an agency with a contribution to make to education.

MAIN IDEAS ON MDG 3
Promote the quality between genders and the empowerment of women

General conclusions

- The ICPD PoA is broader than the MDG agenda in its proposals for the attainment of gender equality. Both agendas commit societies to challenges such as gender equality in education, elimination of gender disparities in the workforce, equal control over resources, and equal representation in public and political life, but the ICPD PoA raises additional issues about women's SRRs, the eradication of gender-based violence, and migration and trafficking of women. The accomplishment of the Cairo agenda is fundamental for the promotion of gender equality. However, in order to fully account for these contributions, the MDG indicators proposed for Goal 3 are insufficient.
- Target 4 has serious limitations with respect to the LAC region. Being restricted to education, it does not address some key issues of gender equality in the region. The LAC region, unlike other developing regions, does not show major gender inequalities in access to education. In fact, net enrolment rates by level suggest that the LAC region, as a whole, has already met the target on all three levels of education, and that coverage is higher for girls than for boys, especially in secondary and tertiary education – with the exception of Bolivia, Guatemala, Haiti, Peru, and the Bahamas. Target 4 is thus not the most adequate one to tackle inequalities, since its restriction to education makes it largely irrelevant as a portrayal of the gender disparities that still exist in the region.
- Issues such as female labour force participation, access to credit, violence against women, and SRRs are a much needed complement to Target 4.

Reproductive rights

- Respect for SRRs underpins not only MDG 3 but also other MDGs.
- Significant changes in gender roles and relations are broadly related to men's and women's control over their sexual and reproductive lives. SRH services contribute toward improving the social position of women, since they increase opportunities for women to participate in both private and public spheres, bringing alterations of a social, political, and cultural nature.

- The need for national investments in RH services, in order to guarantee women's decision-making power, is increasingly emphasized in MDGRs, e.g. the national reports of Chile (2005) and Mexico (2005).

Gender-based violence

- Gender-based violence impairs the achievement of gender equity. It jeopardises women's health and may have profound effects on their sexual and reproductive lives, such as chronic pain syndromes, muscle aches, pregnancy complications, unwanted pregnancies, unsafe abortion, sexually transmitted infections (including HIV), gastrointestinal and gynaecological disorders, headaches, asthma, psychological problems, drug and alcohol abuse. Traumatic consequences of violence can persist for many years and may have serious long-term psychological effects.
- Most women who suffer any physical aggression generally experience multiple acts over time, resulting in the intensification or perpetuation of physical and mental health problems.
- Domestic violence has significant repercussions both for women's empowerment and the broader social and economic growth in the LAC region. In Nicaragua, for example, a study about the socioeconomic impact of violence against women concluded that violence reduces aggregate income by 1.6% of the GNP.
- MDGRs increasingly mention gender-based violence as a policy issue under the heading of MDG 3, as is the case of Honduras (2003), Uruguay (2003), the Dominican Republic (2004), Peru (2004), Chile (2005), Colombia (2005), and Mexico (2005).
- In the last two decades, 28 countries in the LAC region have adopted legislation against domestic violence and reformed laws on rape.

The link between reproductive and economic empowerment

- In Brazil, research indicates gender differences in the length of time until an employee gets to be promoted, in favour of men.
- Without access to modern contraceptive methods, women may find it considerably harder to remain economically active. DHS analysis suggests that Bolivian women using modern contraceptives are more likely to have paid jobs, a relationship which holds up even after controlling for other factors. This points to the need of investing in SRRs in order to guarantee women's economic empowerment.
- Even though there is a social stereotype that employing women implies an increased cost for employers, this stereotype does not correspond to the reality

of the costs and is based much more on discriminatory values than on statistical analysis – as a study about Argentina, Brazil, Chile, and Mexico asserts.

- Cross-national differences in the impact of children on women's labour supply among 13 European countries can to a large extent be attributed to differences in public arrangements supporting the employment of mothers. That policy matters is shown by the strong significant effect of public child care, which explains one third of the observed country differences. Governments may affect female labour supply through publicly supported institutions, offering child-care places to children of working mothers, or through the market by subsidising private childcare facilities.
- In the LAC region, relatively little empirical work has been done on studying reconciliation mechanisms between the economic and reproductive roles of women. However, the few case studies that exist in countries like Guatemala and Peru confirm that these policies hold the potential to increase the income of poor women, particularly if they are heads of households.

Migration and gender equality

- The LAC region was the first in the developing world to reach virtual parity in the male/female migrant ratio, although there are some exceptions in some countries. Many women have been migrating as heads of families, independently from men. Since the relationship between migration and gender equality is not single-edged, the process may either promote empowerment or disempowerment.
- Migration can reduce poverty and induce development, as well as enhance women's opportunities and autonomy. About 64% of remittances to El Salvador are received by women, thereby affecting their economic roles. Migrant women tend to be more independent and to marry later, which contributes to gender equality.
- Some of the negative results of female migration are related to deprivation, prejudice, trafficking, and sexual exploitation, all elements of women's disempowerment. As both women and foreigners, they may face discrimination to enter the labour market in the new country. They are also more vulnerable to sexual exploitation and human trafficking. Combating the trafficking of women requires a human rights approach, combining both repressive actions against perpetrators and empowerment strategies for potential victims.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 3

This document is certainly not the first to point out that the standard MDG indicator framework for the achievement of MDG 3 is too limited, particularly in

the context of the LAC region, where indicators on inequalities in education provide a limited or even distorted image of the disadvantages faced by women. Efforts made by some countries in the region, such as Brazil and Mexico, to extend this framework to inequalities in the labour force, SSRs, and gender violence are certainly to be encouraged. Similarly, the observation that domestic violence against women is not only a private matter, but a public policy issue that requires intervention at the public policy level is increasingly being recognised, among other instances in the national MDGRs of the LAC region. Gender-related violence has consequences, not only at the level of the individual wellbeing of women and their children, but also at the national level, where it may entail considerable losses to the economy. A focus on this area is also mandated by the Strategic Plan 2008-2011, which explicitly mentions the promotion of reproductive rights and addressing sexual and gender-based violence in the context of SRH as issues in which UNFPA has a comparative advantage and strategic niche.

A relatively new and promising area for UNFPA is the issue of policies to facilitate the reconciliation of the productive and reproductive roles of women. There are at least four mechanisms through which public policies may be instrumental in this respect:

1. The most traditional role for UNFPA is to facilitate the access of women who are working or would like to do so to SRH, so that these women only have the children they actually planned to have, thereby facilitating their labour force participation. Specific information activities in this respect could be developed in collaboration with public or private employment agencies. In principle, this could also be done in collaboration with the businesses that employ women, but in this case care has to be taken that women will not be pressured into the use of family planning services by employers desiring to minimise their expenses on maternity leave.
2. UNFPA, possibly in collaboration with partner agencies such as ILO, may promote the provision of government subsidised child care, where the facilities are either maintained directly by public agencies or where private agencies are subsidised in order to keep down the cost of their services.
3. Similarly, UNFPA may promote the organisation of community-based self-help solutions for the same purpose, as is already being done in some countries of the region.
4. Finally, UNFPA can work with the employers themselves to demonstrate the benefits in terms of employee satisfaction and productivity of making child-care services available in the work place. Unlike the previous two items, this is only viable in formal sector businesses of a certain size.

A fair amount of literature has already been produced on the policy implications of trafficking for purposes of labour or sexual exploitation and of different forms

of violence and discrimination against migrant women. Less attention has been paid to the interventions that might be developed in order to help women to maximise the potential benefits of migration. For instance, to the extent that most of the recipients of remittances are women and many of these women have taken on the responsibility for family businesses, it would be possible to provide them with technical support in order to make the most rational use of the resources they receive from abroad.

MAIN IDEAS ON MDG 4
Reduce child mortality

General conclusions

- In recent years, infant health in the LAC region has improved considerably, and the region as a whole is on track to meet this Target – except for Haiti and Paraguay. With an average annual reduction of 4% during the 1990s, the region's under 5 mortality rate fell from about 56 to 33 deaths per 1,000 live births between 1990 and 2003. Even though it is still far behind the industrialised countries' average of 6 child deaths per 1,000 live births, it has the lowest under 5 mortality rate of any of the world's developing regions.
- There are a number of analytical frameworks available to systematise the ways in which socioeconomic factors (individual productivity of fathers and mothers; income/wealth; ecological setting; political economy; health system) and specific health interventions interact to produce results on infant and child health and mortality. In the well-known framework of Mosley and Chen, the primary determinants operate through five proximate variables (maternal factors, such as age, parity, and birth interval; environmental contamination; nutrient deficiency; injury; and personal illness). Similarly, UNICEF's triple-A approach – Assessment, Analysis, and Action – classifies the immediate, underlying, and basic causes of malnutrition in infants. The immediate causes include inadequate dietary intake and disease. The underlying causes are adequate access to food; adequate care of children and women; and adequate access to preventive and basic health services, together with a healthy environment. The basic causes are ecological/technical conditions of production; social conditions of production; political and ideological factors, including habits, beliefs, cultural preferences, and all ideas that legitimate social actions.

Health care versus economic determinants of infant and child mortality

- There is some divergence in the literature on the determinants of infant and child health, with some authors arguing in favour of the predominant influence of general socioeconomic determinants, while others give much more weight to specific health interventions.

- The thesis (based on the historical work of McKeown) that social and economic transformations, rather than interventions in the health area, are responsible for reductions of infant and child mortality had much acceptance in the 1970's. It has resurfaced in the late 90's, when some authors argued that virtually all inter-country variation in child mortality could be explained by a set of development indicators (including GNP per capita) and that adding a health expenditure variable to the model added little explanatory power.
- This finding has been contested by studies which demonstrate that the conclusions depend on the explanatory variables the researcher chooses to include. By running all possible regressions and observing which ones consistently yield significant results, these studies argue that, while income per capita is a robust determinant of infant and child mortality, so are indicators of health, education, and gender inequality. The results are consistent with the view that much health spending in developing countries may be poorly targeted or otherwise ineffective, but do not support the position that public health strategies should not be given too great a role in pursuing improvements in human welfare.

Reproductive patterns and child mortality

- That reproductive patterns are closely linked to the health of children is extensively documented by the literature.
- Infant and child mortality levels are related to births spaced too close to one another, to large families, and to high birth orders. Better timing and spacing of pregnancies improves child health outcomes.
- More recent research has yielded dramatic results with respect to the under 5 mortality rate. A multi-country study indicates that children born after birth intervals of 24-29 months still face under 5 mortality risks that are 70-90% higher than children born after intervals of 36-41 months. Family planning can reduce infant mortality, by reducing the incidence of short birth intervals.
- Several studies from a variety of countries, relating maternal age to various aspects of pregnancy and child development, suggest that maternal age is a central variable influencing pregnancy outcome. Child mortality increases, to an important extent, with births to very young or to very old mothers.
- Children born to very young mothers are more likely to be premature, to be low-birth-weight, and to suffer from complications at the time of delivery – particularly if the woman is younger than 15 years. These relationships are robust with respect to controls for several confounding factors such as income and education. According to estimates by the UN Population Division,

postponing all first births until the woman is at least 20 years old would, by itself, reduce under 5 mortality by up to 21.3% in Mexico and 17.2% in the Dominican Republic.

- In the LAC region, there are high adolescent fertility rates, as well as unmet need for contraception among adolescents. There is no reason to expect adolescent fertility rates to fall at the same rate as fertility in other age groups.
- Babies born to women older than 35 and especially 40 are also at risk. Very early fertility, however, has received the most public attention, and little information is usually available about the problems of very late fertility. Nevertheless, older women face biological risks of poor birth outcomes, such as an increased likelihood of health conditions like hypertension and diabetes, as well as shorter duration of pregnancy. The problem is compounded by the fact that in general they have already had several children. They are also more likely to have stillbirths or to bear children with congenital abnormalities. Down's syndrome, for instance, is well known to be correlated with age.
- The wantedness of births makes a difference in the children's health status: undesired children are more likely to be in poorer health compared with children born as a result of other pregnancies. Some studies indicate that the intendedness appears to affect the odds of obtaining adequate prenatal care. Other analyses suggest that wantedness affects the likelihood of receiving treatment, of contracting acute respiratory infections of diarrhea, and of receiving vaccinations.

Other life-saving effects of SRH

- Broader access to SRH, independently of whether it alters reproductive patterns, holds other kinds of relationships with the reduction of child mortality.
- Adequate antenatal care strongly impacts on infant and child health. A Bolivian study indicates that antenatal care received from a physician or other health care professional reduces the odds of death, including the neonatal period, by a factor 1.2, as compared with the children of women who received no care at all. Brazilian data suggest that if the percentages of mothers with fewer than five antenatal care visits could be reduced by half, one would theoretically prevent 16.2% of all perinatal-caused deaths in the country. Research from Jamaica shows a 50% greater infant mortality for children whose mother had not received any iron supplementation during pregnancy.
- Breastfeeding and oral re-hydration therapy alone can prevent an estimated 13% and 15% of all under 5 deaths, respectively. Also, 6 other interventions could each further prevent a significant percentage of under 5 deaths: insecticide-treated materials (7%); complementary feeding (providing food

in addition to breast milk) (6%); antibiotics for sepsis (6%); antibiotics for pneumonia (6%); anti-malarials (5%); and zinc to reduce diarrhea and pneumonia deaths (5%).

- Analyses based on recent nationally representative surveys for 16 of 36 countries in the region indicate that about 55% of infant deaths from diarrhea disease and acute respiratory infections could be prevented by exclusive breastfeeding among infants aged 0-3 months and partial breastfeeding throughout the remainder of infancy. Among infants aged 4-11 months, 32% of such deaths could be prevented by partial breastfeeding.

Women's roles and child health

- The idea that maternal (but not paternal) orphanhood greatly increases the risk of death of children has great intuitive appeal, but there are relatively few data to support it. The few existing studies are mostly from Europe, Asia and Africa, especially from areas with high AIDS mortality. In the LAC region, one study, based on Mexican PROGRESA data, concludes, after controlling for family consumption levels, that the loss of either parent significantly raises the risk of child mortality. During the first semester, the effect of a maternal death is stronger (a factor 3.49) than that of a paternal death (1.54). The latter becomes more important over time and reaches 2.68 in the third semester. But because paternal deaths are much more common than maternal deaths, the number of child deaths attributable to the loss of a father is probably greater.
- Mother's education impacts on child survival and on the management of childhood diseases. This relationship has been shown to hold up even after controlling a range of indicators of income, social status, and access to health services. There are at least five potential pathways linking maternal education and child health: 1. Improved socioeconomic status; 2. Health knowledge; 3. Modern attitudes towards health care (for example, there is a positive correlation between the formal education of the mother and the use of prenatal care and delivery assistance); 4. Female autonomy; and 5. Reproductive behaviour. Consequently, investments in women's education are important for lowering infant and child mortality.
- Even though there is some controversy regarding the way in which the health of children is affected by the employment of their mothers, research from Nicaragua, Chile, and the Dominican Republic indicates that children of employed mothers are more likely to have better weight/height than those whose mothers are not employed.
- Children of women who experience physical or sexual violence are more likely to have poor health outcomes. Violence impacts on child health through maternal

stress, anxiety, depression, or care-giving behaviour. A greater propensity towards low birth weight has been found in children of abused mothers, as well as a decrease in their access to life-saving routine immunisations.

Migration and child mortality

- Migration plays a role in infant and child health. The impact of migration on child mortality is mostly conditioned by the social and economic situation of the emigrants' household. A study from Mexico demonstrates that the reduction also depends on which spouse migrates. When the mother migrates, the risk of child mortality rises, whereas when both parents migrate, the risk tends to be reduced.
- A study in rural Mexico indicates that children in migrant households have lower rates of infant mortality and higher birth weights. They are also more likely to be delivered by a doctor. In its initial stages, migration may be disruptive to communities and families; with time, however, it eases household survival as it becomes part of local institutions and community life. Remittances to communities and the institutionalisation of migration over time diminish the its effects. Mortality risks fall when remittances are high, and the change may be related to technological and structural advancements made gradually to facilitate incoming migradollars and their use and investment in local infrastructure.
- In general, internal migration also impacts positively on child health, as is confirmed by a study with DHS data on 17 countries, on the survival chances of children who migrated with their mothers from rural to urban areas during the late 1970s and 1980s. Migrating children younger than 2 years experienced a decline in mortality from 110 deaths per 1,000 live births before to 82 deaths per 1,000 live births after migration.
- There are exceptions though. In transit area municipalities, for example, vulnerability of children may increase – as seems to be the case of the triple border region of Brazil, Argentina, and Paraguay.
- The migration of qualified health personnel to developed countries is a significant problem in several sectors of the health system which arguably impacts more on infant and child health than on other population groups. In the Caribbean sub-region, which is particularly affected, it is known as the "nursing crisis".

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 4

As was the case with respect to infant and child malnutrition (MDG 1), recent evidence strongly suggests that the traditional recommendation of birth intervals

of at least 24 months may, in fact, be too conservative and that infant and child mortality could be reduced significantly if all birth intervals had a length of 36-47 months. Other factors, such as the importance of breastfeeding and prenatal care, are also strongly supported by the research literature, but these findings do not suggest any change of current practices.

A priority for governments must be to improve SRH information and services for adolescents. In addition, it is also important to design and provide sensitive and confidential RH services that respond to young peoples' particular needs. The evidence that young maternal age (under 20) increases the chances of infant and child mortality is quite consistent, more so than the evidence that childbirth in the same age group raises the risk of maternal mortality.

From the viewpoint of policy interventions relating directly to UNFPA's mandate, it should be emphasized that several problems which affect women also have strong effects on the health and survival probabilities of their children. Two of these factors that stand out are low female education and domestic violence against women, both of which have been shown to generate adverse effects on infant and child morbidity and mortality. Maternal mortality and the death of mothers in general also has a substantial effect on the probability of death of their children, particularly newborn children. It should not been forgotten, however, that the death of a father (which is statistically more frequent) also affects the probability of death of his children and that this effect becomes increasingly important as children age beyond the first six months. With respect to the economic activity of women, it should be emphasized that, while the effects may be both positive and negative, on the whole the first category of effects seems to predominate. More research is necessary in order to detail how specific public policies may contribute to attenuate the second category of effects.

MAIN IDEAS ON MDG 5
Improve maternal health

General conclusions

- In the LAC region, it is estimated that MMRs have remained constant at about 190 per 100,000 births for the last ten years, whereas the number of maternal deaths remained close to 22,000 a year, revealing insufficient progress on the MDG Target. At present, only Argentina, Brazil, Chile, Costa Rica, Cuba, St. Lucia, and Uruguay present levels below 50 deaths per 100,000 births. In Haiti, the MMR is as high as 520 per 100,000, whereas in Bolivia the decline from 390 to 310 per 100,000, between 1994 and 2000 still leaves the MMR well above the ICPD target of 125 per 100,000 set for 2005.
- The risk of maternal mortality is markedly higher in poor households, particularly if they are geographically isolated. It seems plausible that a maternal death may also aggravate the poverty of a household, although the number of maternal deaths, in most countries, is so small, in comparison with the number of poor households, that it is unlikely to cause a major effect on poverty as such. One should be careful, however, not to attribute high maternal mortality primarily to adverse living conditions, as the primary determinant of maternal mortality in developing countries nowadays, as well as historically in the now developed countries, is the ability of the health system to adequately deal with obstetric complications.

Additional Targets in national reports

- Even before the introduction of the new RH target in 2006, several countries in the LAC region had decided to widen the scope of Goal 5, adding new Targets and indicators to be monitored within their national MDGRs. The health status of women, and not only maternal health, is receiving attention. Brazil, for example, has included the Target of ensuring universal access to SRH services and of reducing breast and cervical cancer mortality. Argentina, Colombia, Costa Rica, and Peru, also have adopted new Targets or indicators, which include: attendance to prenatal exams, births carried out in hospitals, family planning, and prevention of cervical cancer.

The link between reproductive patterns and maternal health

- Changes in reproductive patterns may greatly impact the reduction of maternal mortality and the improvement of women's health in general.
- Maternal morbidity and mortality are associated with inter-pregnancy intervals. Very short birth intervals have long been associated with increased risk of various adverse health outcomes, both for mothers and their infants. They increase the risks of maternal death, third trimester bleeding, premature rupture of membranes, puerperal endometritis, and anaemia. Conventionally, the critical limit has been placed at 24 months, but more recently there is a trend toward moving the limit to 36 months.
- DHS data confirm that, in many countries of the LAC region, women desire considerably longer birth intervals than they achieve, reflecting a large unmet need for birth spacing. Optimal birth spacing requires continuity of care and access to family-planning programmes.
- There is some evidence regarding the substantial increase of maternal mortality at higher birth orders (5 or more), but due to the scarcity of birth-order specific information on maternal mortality the issue has not received as much attention, particularly in the LAC region, as the issue of birth spacing.
- The link between maternal mortality and contraceptive use has also been emphasized in the maternal health literature. Reducing the unmet need for contraception must be (and recently has been) recognised as a major Target for reaching MDG 5 in the LAC region.
- Very young or very old maternal ages (less than 16 or more than 35) are associated with substantially higher maternal mortality risks. DHS data from several LAC countries support this statement. In terms of the number of maternal deaths involved, the importance of either extreme is about the same, but in practice the first has attracted much more attention than the second.

The link between abortion and maternal mortality

- WHO estimates that 20% of maternal deaths in the LAC region (more than the world average of 13%) are caused by unsafe abortions. WHO also suggests that 10-50% of the women who undergo unsafe abortion have complications, such as cervical tears, perforation of the uterus, fever, infection, septic shock, and severe hemorrhaging.
- Concerns over the high level of clandestine abortion in the LAC region are presented in much of the literature, and it has often been considered a critical public health problem. The MDGRs of Argentina, Brazil, Mexico, and Nicaragua, for example, have emphasized the seriousness of health complications due to unsafe abortions.

- A 1990 study in four countries (Bolivia, Colombia, Peru and Venezuela) suggests that most Latin American women having induced abortions are in their 20s or older, married, and already mothers. This contrasts with the pattern typically found in the developed countries, where it is more common for young, unmarried women without children to seek abortions.
- The availability of high-quality contraceptive services would be associated with lower levels of abortion, since women who use an effective method of contraception simply are much less likely to face an unintended pregnancy and the possibility of an unwanted birth or abortion.
- Policies concerning induced abortion prevention alone are not enough for reducing maternal mortality. Women who have undergone an abortion need to be fully assisted in RH services in order to avoid complications that jeopardise their health and lives. Therefore, comprehensive post-abortion care must be considered a priority.

The link between maternal mortality and access to SRH services

- High use of facilities for birthing and the level of maternal mortality are inversely related. SRH services deliver several benefits, including prevention of illness and death.
- A case study that on Honduras' maternal mortality reduction showed a correlation between improvement in maternal health and improved availability of emergency obstetric care (EOC) services. A World Bank study suggests that, if all women had access to the interventions for addressing complications of pregnancy and childbirth, in particular emergency obstetric care, 74% of maternal deaths could be averted.
- Governments' investments in RH services and rights policies result in further social advantages and even in financial savings.
- In the LAC region, often considered to be the most unequal region in the world, access to SRH services is still heavily skewed in favour of the non-poor.
- The 2005 Brazilian MDGR highlights the difference of access to RH services between residents of rural and urban areas. While only 9% of the women living in urban areas had no prenatal care, the number rose to 32% in rural areas. The Panamanian report also identifies that it is necessary to bridge the maternal attention gap (prenatal and birth) between urban and rural areas, particularly in regard to indigenous communities.

A new Target under MDG 5: full access to RH

- The new Target of achieving universal access to RH by 2015, introduced by the former UN Secretary-General in 2006, recognises the centrality of RH

in addressing core issues of the MDGs. It will galvanise better monitoring, policy dialogue, and the availability of RH services.

- More in particular, it offers a great opportunity to give appropriate attention to the unmet need for contraception.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 5

Even before the introduction of the new RH target in 2006, several countries in the region had decided to widen the scope of Goal 5, adding new Targets and indicators, relating, for instance, to the health status of women, and not only maternal health. Brazil had included the Target of ensuring universal access to SRH services and of reducing breast and cervical cancer mortality. Argentina, Colombia, Costa Rica, and Peru had adopted new Targets or indicators, including attendance to prenatal exams, births carried out in hospitals, family planning, and prevention of cervical cancer. These efforts on the part of countries should be encouraged and technically supported by UNFPA.

Despite the strong statistical correlation between maternal mortality and poverty, one should be careful not to attribute high maternal mortality primarily to adverse living conditions, as the primary determinant of maternal mortality in developing countries nowadays, as well as historically in the now developed countries, is the ability of the health system to adequately deal with obstetric complications. This is one of the key factors to be targeted in any maternal mortality reduction strategy. A World Bank study suggests that, if all women had access to the interventions for addressing complications of pregnancy and childbirth, in particular emergency obstetric care, 74% of maternal deaths could be averted.

As in the case of infant and child mortality and malnutrition, there is a shift towards the recommendation of 36 months as the preferred minimum birth interval that optimises the suvival chances of mothers giving birth, rather than the more traditional norm of 24 months. Effective contraceptive use is one of the best ways to prevent clandestine abortions, which account for 20% of maternal mortality in the region. But the prevention of induced abortion alone is not enough to bring down maternal mortality rates. Women who have undergone an abortion need to be fully assisted in RH services in order to avoid complications that jeopardise their health and lives. Therefore, comprehensive post-abortion care must be considered a priority.

Differentials of the level of maternal health care between rural and urban areas in the LAC region are still a major determinant of the high maternal mortality rates found in rural areas, particularly those with predominantly indigenous populations. This suggests that UNFPA should continue to work towards the rationalisation of rural maternity care and towards making this type of care more

accessible to indigenous populations, overcoming any physical or cultural barriers that may still exist in this regard.

The introduction of the RH Target under MDG 5 has given formal expression to the consideration of RH in the context of maternal health, something that in practice was already happening and that in some countries was even being recognised explicitly in the MDGRs. Two political limitations of the manner in which the issue has been incorporated are that it has been introduced strictly under the title of reproductive health, rather than sexual and reproductive health, and that its inclusion under MDG 5 does not cover issues related to male reproductive health, except in the sense that male behaviour may impact on female RH problems such as AIDS or the consequences of domestic violence.

MAIN IDEAS ON MDG 6
Combat HIV/AIDS, malaria and other diseases

General conclusions

- The number of people living with HIV in the LAC region in 2006 has risen to an estimated 1.7 million – compared to a 2003 estimate of 1.6 million. Approximately 65,000 died of AIDS, and 140,000 were newly infected. The Caribbean is considered the second most affected region worldwide, with an estimated 19,000 fatalities in 2006, making AIDS the leading cause of death among adults aged 15–44 years. The total number of people living with HIV in the CAREC countries in 2003 was estimated at 109,395.
- In most countries of the LAC region, the highest levels of HIV infection are found among men who have sex with men. Sex between men has been estimated to account for 25–35% of reported AIDS cases in countries such as Argentina, Brazil, Guatemala, and Peru. Female sex workers have the second highest HIV levels, with prevalence ranging from less than 1% in Nicaragua and 2% in Panama, to more than 10% in Honduras.
- AIDS impacts negatively on all the other MDGs. The epidemic affects poverty outcomes (MDG 1) and impairs the universal access to education (MDG 2) – especially in countries with high prevalence rates. It also has forceful consequences on maternal and child health, since the HIV infection increases the frequency of obstetrical and neonatal problems. Therefore, while combating AIDS is a goal in itself, it underpins other development goals.

Gender aspects of HIV/AIDS

- The HIV/AIDS epidemic has increased rapidly in women in the LAC region, particularly in the CAREC countries. The male/female ratio among reported AIDS cases has shrunk substantially in the last two decades and, in some of the countries, women are now more likely than men to be infected.
- Women are socially and physiologically more vulnerable to HIV infection and gender inequalities are a major force driving the epidemic.
- As studies in Argentina, Mexico, and Nicaragua report, unprotected sex with non-monogamous husbands profoundly affects women's vulnerability to HIV, to the point where in Chinandega, Nicaragua, it is estimated that married women are twice as likely as sex workers to be living with HIV.

- Gender-based violence reduces women's autonomy and impairs HIV prevention and access to health services. Evidence from several studies attests that women who suffer intimate partner violence are at an increased risk of being infected.
- The second highest HIV levels in the LAC region are found among female sex workers. As suggested by evidence, active policies designed to this segment must include the promotion of condom use as well as the implementation of substance-abuse services.

Integrating SRH and HIV/AIDS-related services

- As the percentage of women living with HIV is increasing among the total number of HIV/AIDS victims, actions focused on women as a part of SRH services become increasingly important. There is some evidence of the feasibility and effective synergy of integrating on-site primary care services into HIV VCT, but this structure has not been widely implemented.
- In practice, the following problems create obstacles for articulation: leaders in both fields have different agendas and entrenched disciplines; bilateral and multilateral donors have separate departments for HIV/AIDS and for SRH, and have been funding programmes and services separately; responsibility for programmes, budgeting and funding for the two specialities is separate in national health systems; vertical programme structures have been initiated or maintained; the remit of the Global Fund to Fight AIDS, TB and Malaria has exacerbated this situation because AIDS funds have become so abundant that they tend to favour a vertical approach over efforts at integration with SRH and other related health areas.
- In terms of the assignment of resources, there has been some competition between SRH and HIV/AIDS programmes. While investments in family planning and SRH declined in real terms between 1995 and 2001, support for HIV and STIs rose eightfold. From a more practical viewpoint, combining SRH and HIV services requires special efforts to ensure that the integration does not overburden existing services and compromises the quality of services. The initial costs of integration, including staff training to meet the complex SRH needs of HIV-positive clients, also tend to be high.
- Prevention and management of STIs, and their early detection and treatment, are important not only in themselves, but also for HIV prevention – since some STIs increase the likelihood of HIV transmission during unprotected sex.
- Integrating services improve awareness and knowledge about HIV/AIDS, and it may also promote voluntary counselling and testing and condom use. Counselling women in SRH services has been demonstrated

to promote communication with husbands concerning HIV risk and preventive behaviour.

- Integrating services may also contribute to widening the use of dual protection, by signaling that the risk of STIs should be considered in contraceptive choice.
- A study based on data from 14 high prevalence countries estimates that the cost per child death averted could be reduced from US$ 2600 under conventional MTCT strategies to a mere US$ 360 if a family-planning component were added. The cost per averted infection would fall from US$ 1300 to US$ 660. It is estimated that in Subsaharan Africa family-planning services are preventing HIV infection in more infants than the provision of nevirapine and are more cost-effective for this purpose.
- Estimated prevalence of HIV-infected pregnant women in the LAC region is considerably high. Expanded SRH services are ideal settings for addressing strategies for MTCT prevention. Comprehensive and confidential health care for women living with HIV/AIDS and their infants must be guaranteed.

The need to focus on youth

- The high prevalence rates of HIV infection among young people require approaches to prevention designed for their specific needs and demands.
- Programmes must consider that more young people are having sex at earlier ages and with more partners. Evidence from Brazil, Jamaica, and St. Maarten point out to both early sexual activity and unprotected intercourse.
- Young women must be given special attention since they are highly vulnerable to HIV infection.
- Sexuality and life-skills education must be strengthened, in a way that it fully promotes sexual and SRRs, the adoption of safe and responsible sexual behaviour, as well as gender equality and skills development. Most school-based interventions have proven to be very effective in increasing knowledge and in promoting protective behaviours.
- Expanding access to youth-friendly health services is another demanded intervention, since adolescents and young people are less likely to seek treatment for STIs than other segments of the population. Training for service providers, improvements to clinic facilities, and implementing activities in the community increase young people's use of health services.

The link between migration and the spread of AIDS

- Regions with higher seasonal or long-term mobility (border towns, port cities, areas where mobile populations congregate) report higher infection

rates. Labour migrants have been found to have higher infection rates than non-migrants, independent of the HIV prevalence at the site of departure, or the site of destination.

- Many men who emigrate to work with the goal to send remittances to their homes engage in extra-marital encounters without due protection, contracting the virus and even contaminating their spouses on going back. An illustrative case of all those claims about the impact of migration on HIV/AIDS epidemics is that of Mexican migrants.
- Migrant women and sex workers are particularly vulnerable in contexts of migration. Transactional sex, sex for survival, rape and non-professional commercial sex happen in conditions that increase the risk of the transmission of STI/HIV, such as infrequent condom use.
- Upon arrival in a new country, migrants not unusually face the consequences of harsh travel conditions, aggravated by sudden weather changes and by the risk of consumption of unsavoury food. At the same time, their legal status in the new country is not always defined, making full access to public health services more difficult.
- In some countries of the LAC region, the brain drain is undoubtedly a serious issue that needs to be addressed by public authorities. The flight of health professionals from areas with a high incidence of HIV/AIDS cripples the quality of attendance, as the health-care worker-to-population ratio plummets, at the expense of patients.

A new Target under MDG 6: universal access to treatment for HIV/AIDS

- The new Target under MDG 6 is important, but polemic since it requires a solution to the conflict with respect to the intellectual property rights on AIDS drugs which are already being distributed in generic formats in some countries, such as Brazil.
- Indeed, a generic drugs policy may be an effective means to facilitate technological transfer. It requires combined efforts by governments and public-private partnership.

RH, migration, and malaria

- With respect to pregnancy and malaria, the effects run in both directions. On the one hand, pregnancy reduces women's immunity to malaria. On the other hand, malaria increases the risk of maternal mortality, since it may lead to anaemia, involuntary abortion, intrauterine growth retardation, and cerebral malaria. The health and survival chances of infants are also affected by malaria, which increases the risk of stillbirth and low birth weight.

- People living with HIV are particularly vulnerable to malaria. In areas of malaria transmission, both malaria and HIV/AIDS control programmes must be integrated.
- Universal access to SRH services would help to ensure that pregnant women in malaria-endemic areas receive preventive treatments during their pregnancy (intermittent preventive treatment).
- Human migration is one of the determinants of the reemergence of malaria. In addition, programmes for malaria control/eradication, and for the improvement of public health in general, are hindered when applied to populations which are in whole or in part mobile.
- When accompanied by adequate housing and sanitation, urbanisation can lead to a decrease in malaria. Nevertheless, urbanisation in most developing countries usually take place in a rapid, unregulated fashion which leads to an increase in or resumption of malaria transmission because of poor housing and sanitation, lack of proper drainage of surface water, and use of unprotected water reservoirs that increase human-vector contact and vector-breeding.
- The conditions of rural migrants, particularly temporary migrants, contribute to their vulnerability. The movements of people for resettlement in "frontier/pioneer" areas are particularly favourable for increased malaria transmission. The Amazon, for example, has witnessed a resurgence of malaria associated with frontier settlement, recording more than a half of all malaria cases in the Americas.
- Agreements are necessary to avoid malaria transmission. In Latin America, the most satisfactory of these agreements is the Southern Cone Pact involving Bolivia, Brazil, Paraguay, Uruguay, Argentina and Chile. Malaria is endemic in the first three and in a small area of northern Argentina, but the greater part of Argentina, Uruguay and Chile are malaria-free. The Pact provides for the exchange of information on malaria and resources for its control.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 6

Women are more vulnerable to HIV infection and have the right to have access to confidential, voluntary counselling and testing treatment, care and support. Women should have full access to female-controlled HIV prevention methods which may greatly enhance its effectiveness. Programme and general health policies need to incorporate a gender perspective into HIV/AIDS agenda, since gender norms and roles also have a profound effect on transmission and prevention of the epidemic.

Integration of SRH and STI-related services may optimise efforts in combating HIV/AIDS among the female population. This has been highlighted in policy

pronouncements like the Glion Call to Action. Aside from the direct link in terms of sexual transmission and transmission from mother to child, HIV/AIDS and SRH issues share many of the same root causes, including gender inequality, poverty, stigma and marginalisation of vulnerable groups. Family-planning and maternal and child-health services may be ideal settings for providing information and for counselling about appropriate prevention behaviour, contraceptive development, and condom use. Therefore, comprehensive, confidential and effective prevention, diagnosis, examination, and treatment for STIs should be available in maternal and child-health, antenatal care, and family-planning services.

Providing the opportunity to access other health services at the same time and under the same roof greatly enhanced the up-take of HIV testing and counselling. Some moments may offer particularly good opportunities to bring about this integration, such as the post-partum period, the time when patients are informed about their HIV/AIDS status, the aftermath of a child death, and during post-abortion care. When integrating SRH, STI and HIV/AIDS services, there should be joint information strategies. Programmes and policies must be adapted to meet the growing SRH needs and rights of people living with HIV.

The incidence of mother-to-child transmission (MTCT) can be reduced significantly through the use of anti-retrovirals by women living with HIV during pregnancy and delivery, and by recently born infants. Women and their infants should have access to a comprehensive postpartum follow-up and care, especially when living with HIV/AIDS. Counselling about the vulnerability related to breastfeeding and provision of substitutes for breast milk should be a regular part of HIV counselling in SRH services. Also, CVT for pregnant women must be available in health services and it should be applied with a rights-based and comprehensive approach.

Since there is a growth of the AIDS epidemic among young people, policies should be oriented towards the need of access to information and education for both young men and women. Programmes must consider that more young people have sex at earlier ages and with more partners. The young people must be provided not only adequate SRH services and information, but also sexuality and life skills education, in a way that it fully promotes SRRs.

The relation between HIV and migration has been widely documented and so, transit stations should have multi-sectoral and sustainable interventions in order to promote the human rights of various groups, including women and people living with HIV. There remain several challenges in this area, such as the collection of data to better understand the links between HIV/AIDS and migration. For some countries in LAC, the brain drain of health personnel is a serious issue which deserves attention. Otherwise, migration could be addressed through: integration of

migrants and mobile people into HIV/AIDS policy and programming; outreach in a cultural and linguistically appropriated manner targeted to migrants and mobile people; support associations of migrants and assist them in integrating HIV/AIDS work; focus HIV/AIDS prevention efforts in transit areas; implement cross-border programmes; improve legal status of and legal support for migrants; work with those who employ migrants to improve living and health conditions; make local health care accessible and user-friendly to migrants and mobile people.

When considering the different belief system concepts and values, it is important to focus on different configurations, beliefs, representations and forms of social organisation of behaviour in the implementation of public policies, education and campaigns.

There should be greater integration between malaria control and HIV and SR programmes. On the one hand, people living with HIV are particularly vulnerable to malaria and HIV-positive pregnant women at risk for malaria should always be protected by insecticide-treated nets.

MAIN IDEAS ON MDG 7
Ensure environmental sustainability

General conclusions

- Although the notion of a strong linkage between environmental sustainability and population processes is intuitively appealing, historically it has proven difficult to act upon this idea.
- The ICPD PoA recognised the relationships between the environment and demographic phenomena, such as the environmental impacts of rural to urban migration, population growth rates, poverty reduction and resource consumption. Para. 3.29 (d) of the ICPD PoA highlighted the need for preservation of natural resources and encouraged particularly the sustainability of production and consumption patterns, although it did so without mentioning quantifiable time-bound targets. In addition, Para. 3.25 of Chapter IX illustrated how the ICPD PoA relates *population distribution*, particularly the rural-urban dichotomy, to *environmental preservation*. For the most part, however, ICPD left environmental considerations to Agenda 21 and other Earth Summit documents, and the population and environment lobbies continued to operate more or less independently. On the whole, it must be concluded, therefore, that population and environmental concerns have mostly been addressed in separate policy fora.
- The political problems associated with the separate policy settings in which population and the environment have typically been discussed are reinforced by the analytical difficulty of establishing direct and unambiguous relationships between the two. While it is easy to agree that, in general, any conceivable environmental problem is likely to be aggravated by population growth, the precise mechanisms of this impact are not so easily established, particularly at the local level where many other factors come into play. The two main difficulties are that 1. Some environmental problems are caused by processes in which population admittedly has no or at best only a minor role; and 2. In those environmental problems in which population has a major role, the eventual outcomes may depend very much on institutional and other conditioning factors.
- Perhaps the most evident consensus regarding population among scholars and policy-makers is that long-term environmental sustainability cannot

be achieved without the stabilisation of population growth. However, this idea has not necessarily translated into a systematic concern with population factors as integral elements of environmental policy.

- In spite of hosting Earth's greatest biodiversity heritage, receiving the largest inflow of freshwater and lodging the Amazon rainforest, the LAC region's most critical environmental problems were only marginally approached by the MDG indicators. It is true that Target 9's indicators 25 – proportion of land covered by forest - and 26 – ratio of area protected to maintain biological diversity to surface area – touch upon the preservation of forests, evidently a crucial environmental protection issue for the region that houses the Amazon forest, but MDG 7 does not address such issues more consistently.
- Building government institutions to look after the preservation of the environment, to raise awareness, and to change production and consumption patterns has been a trend observed in Latin America throughout the 1990s, but rarely have the appropriate bureaucracies been granted more than 1% of the countries' GDP to shape environmental policies.

The link between population growth and environmental sustainability

- To some, population dynamics are not a significant factor in the availability of exhaustible resources. To others, the limits of sustainable development have already been surpassed and the world population maintains itself at the cost of depleting non-renewable resources. However, one need not go so far to be aware that there are good reasons to assume that rapid population growth is an aggravating factor to many environmental problems.
- Environmental sustainability in the long run cannot be achieved without stabilisation of population growth. The questions that continue to stir up controversy are how far away the long run is and what resource constraints may impose limits to population growth before then.
- In the long term, for instance, population stabilisation is a necessary condition to ensure the success of any global climate plan.
- The MDG agenda has been criticised for defining its indicators 27-28 only in per capita terms, thereby ignoring the effect of population growth on the overall environmental impact. The indicators of the Kyoto Protocol are defined in terms of overall, rather than per capita emissions; this at least allows the assessment of population impacts, even if they have not been made explicit in the Protocol.
- Some projections of greenhouse emissions stipulate that, in the short run, income and technological change will have a greater impact than population growth; in the long run, however, the contribution of the latter will increase.

- According to some estimates, currently 505 million people suffer water stress or serious water scarcity and this may accumulate to 2.4-3.2 billion people on moderate or high water stress in 2025. Water stress is significantly correlated with population distribution patterns.
- Besides being a matter of rights, stabilising population growth by providing access to SRH and family planning is an instrument to curb the pressures of demographic factors on environmental resources and available infrastructure in a more immediate future.
- At the local level, the implications of population growth and density may be very different. The mainstream macro-argument is that population generates pressures that accelerate the exhaustion of environmental resources. At the local level, however, this is not always true. It has been argued that, in some cases, higher population density may actually benefit the ecological sustainability of ecologically vulnerable regions.
- It is difficult to provide clear estimates of the long-term impact of population growth on environment sustainability. Population is one among many important factors on environment sustainability; it rarely acts alone to produce outcomes such as deforestation.
- Aggregate growth is not the only population factor to affect the environment. Others, such as space, timing and life cycle of population settlement, also have significant impacts. For some environmental impacts, the number of households is a more significant determinant than the number of people.

Population and the sustainable use of space

- Another perspective on the relationship of population and natural resources is the *ecological footprint* (related to the earlier concept of *carrying capacity*), i.e. what per capita land is needed to sustain a population with a given living standard in the long run. According to some analyses of this kind, given present consumption, the world has exceeded its maximum level of sustainable use of space by about 20% or even more. In LAC, most countries are within their sustainable population limits, but some (Costa Rica, Cuba, Dominican Republic, El Salvador, Haiti, Jamaica, Mexico, and Trinidad and Tobago) have exceeded this limit.
- According to some, the relationship between population and environment needs refocusing. Indeed, population growth tends to make matters worse but there is not necessarily a linear relationship between the two. Spatial patterns of production and consumption play an important role.
- Since *demographic inertia* and *population momentum* would likely thwart the efficiency of interventions in demographic growth for the next half century

or so, policy-makers would enjoy more success in acting on *how* a territory is used than attempting to determine merely *how many* use it. At the local level, the overwhelming majority of policy decisions involve the spatial dimension. Rationality of occupation is the key to sustainable use of space, and the potential of city planning for changing urban environments is fundamental.

- Urban population concentration may actually be a solution to accommodate people in cost-effective ways. Urban planning is about taking into account population needs and the environmental conditions of a particular setting. Even in the rural context, population concentration is preferable to dispersion, since dispersed settlements can actually be quite harmful.
- Although urbanisation is generally a positive factor in ensuring long-term sustainability, urban life and affluence are also associated to some environmental problems. The emission of greenhouse gases, for example, tends to increase with urbanisation.
- The sustainable use of space requires integrating demographic factors to any territorial planning policy at national or local level. There is much confusion with respect to the maximum limits of population density and, at the same time, romanticism concerning the merits of low population densities, as in the case of indigenous populations.
- Increasing population density can sometimes lead to innovation but sustainability generally requires interventions, such as improved roads, off-farm income opportunities, and new technology. According to the so-called Boserup thesis, population has contributed to the intensification of agricultural production methods. This thesis has to be qualified, however, because there are also examples of societies where an excessively rapid process of densification led to technological and demographic collapse. In LAC, agricultural densification is an issue of lesser importance because the region is so heavily urban.
- Even if migration is declining in LAC, it is another demographic factor which still plays an important role on the use and preservation of natural resources. Agricultural expansion, for instance, is a cause for deforestation and research points to the conclusion that half of it can be explained by population pressure. Natural population growth, as opposed to migratory growth, has a much smaller impact as a driver of deforestation. Studies of ecologically fragile areas show that there is immense geographical variation in population pressure, which may bear little relation to population density. However, in-migration of colonising settlers into sparsely populated forest areas shows a distinctly negative influence through increasing population density. Also, migration into previously empty countries has significantly more impact on the environment than in previously occupied areas.

- Overall, it is difficult to generalise on whether migration is beneficial or harmful to the environment. A greater degree of migrant incorporation mediates the impact of a migrant's detrimental effect on the environment. Some of the problems associated with migration include:

1. Migrants often fail to consider long-term effects of resource extraction.
2. As migrants are more likely to be poor, they tend to over-harvest and degrade their surrounding environment to survive.
3. Migrants do not necessarily have the knowledge of the context in order to use the appropriate technology, which may be unsustainable.
4. Away from their families and social norms and pressures, migrants can take risky decisions regarding sexual behaviour.

- The integration of the migrant may be important to the protection of the environment as well. If incorporated to the community, the migrant may rely on community members to satisfy short-term needs of survival, not making unsustainable decisions that endanger the environment. Integrated migrants have more access to appropriate technology, local knowledge, and also may be under social pressure to comply with norms.
- Some negative impacts of environmental problems are stronger for women than for men, either due to an increased amount of time to be allocated to traditional tasks, to health consequences for the woman and her children, or even due to differential susceptibility to health consequences of certain environmental factors. Other environmental effects are stronger in men, particularly certain environmentally related cancers and musculoskeletal diseases.
- Women's full participation as managers is essential for the attainment of sustainable development for it is argued that women tend to practice sustainable agriculture. Men tend to be engaged in cash crop cultivation (usually mono crops), while women tend to be in charge of subsistence crops. While this adequately describes gender roles in many parts of the world, some eco-feminists have gone further, arguing that women have a privileged relation with nature stemming from the caring, nurturing, sustaining, and non-violent attributes, said to be innate to women, which would predispose them to conserve the environment. This contradicts the very concept of gender, in that, if biology determines the relation of men and women to nature, it would also determine universal and innate gender roles.
- Even if women affect the environment differently, this impact may be relevant at the local level, but not necessarily at the global scale. Although some studies show that women tend to express higher levels of concern with the environment, this does not necessarily apply to global environmental

problems. Due to their higher consumption, the countries with the greatest reduction in gender gaps are actually characterised by high levels of resource depletion and environmental degradation.

- In order to promote a sustainable use of space from a population perspective, it is important to identify populations at risk of falling victims to natural disasters. The analyst should search for connections between risk and socioeconomic condition, even though some studies indicate that the notion of risk changes according to social group as well as over time.
- LAC governments always resisted rural-urban migration, forcing migrants to occupy marginal, ecologically fragile or dangerous lands. These options tend to become increasingly less available in the future and contribute even more to the ecological degradation of cities, through rural-urban migration. If governments try to provide minimal services, due to lack of planning, inadequate location, lack of access to roads, and miserable conditions, costs could soar.
- Metropolitan areas tend to be subject to serious risks of natural disasters due to disorganised urban growth. Human settlements on the outskirts of cities contribute to environmental degradation of unprotected ecosystems and biomes. Poorer families are more prone to becoming victims of natural disasters because they live in more precarious housing without infrastructure or public services.

Population and access to safe drinking water and basic sanitation

- LAC countries are expanding the coverage of safe drinking water. The region should be in a favourable situation to surpass the MDG target of 92%. However, there are differentials in terms of urban-rural distribution, which greatly favour the first over the second.
- Not only there are differences between urban and rural settings, but also between cities. It is argued that water and sanitation is worse in small urban centres, especially those with less than 100,000 inhabitants.
- Large-scale management and provision of services through public-private partnerships and community participation can help reduce the cost of supply and increase the possibility of cost recovery.
- In the case of Brazil, the deficit of access to water and sanitation services is larger in less populated areas of the North, Northeast and Centre-West regions. In order to tackle these regional disparities, regional planning measures are paramount. Not only there are regional differences but also social and racial ones.

- In LAC one other under-privileged group are the indigenous peoples. The social gap that separates them from the general population will not be bridged without specific policies.
- All major cities of LAC are facing problems of water supply, such as contamination of water, situation which is aggravated in the mega-cities of the region. Supply issues are also related to the unequal distribution of water over time, with periodic water scarcity limiting access even where adequate infrastructure is in place.
- Even if there is progress regarding water and sewage, sanitation measures are still a high priority, due to the considerable differences of the situation between countries and between rural and urban areas. Also health and mortality issues are related to water and sewage treatment in the region. Piped water may be available but, if it is stored inadequately, it creates the necessary conditions for the reproduction of the disease vectors.
- In the the LAC region, WHO and UNICEF project that by 2015 the absolute number of people without access to improved drinking water will have diminished by 25 million and the number without improved sanitation by 24 million. These are, however, only extrapolations based on current trends. Actual projections should consider at least two important causal factors related to the coverage of water and sanitation systems:

1. The relationship of the expansion of water and sanitation networks to economic inputs. LAC countries invest 1-7% of their GDPs in infrastructure. According to data announced at the Third World Water Forum in Kyoto (2003), the annual investment of developing countries in water services needs to expand from US$ 75 billion to US$ 180 billion to meet the water and sanitation MDGs. In countries like Brazil, where investments have declined in recent years, a slow-down of the growth of coverage is expected, whereas the opposite happens in Chile.
2. The relationship between the coverage of water and sanitation networks to demographic trends, such as population redistribution and changes in household structures, including the potential impact of factors such as residential segregation and intra-urban mobility.

- A study on urban Brazil shows that, after controlling per capita income and education of the head of household, as well as geographic region and type of administration of the local network, coverage still varies significantly by sex of the head of household (17% lower among households with male heads), age of the head of household (1% increase per 5-year age category), marital status of the head of household (higher coverage among household with married heads), and by household and community size. Coverage is

highest among households with less than 4 members and in communities with 20,000-50,000 members.

The link between population growth and the growth of urban slums

- Slum incidence varies. Central America is the least urbanised sub-region. It is experiencing the highest urban growth and highest slum prevalence. Slum prevalence in the Caribbean is about half as large, while South America, with very high urbanisation levels, finds itself in between.
- In keeping with the increasing urbanisation process all over the world (LAC region should reach 84.6% by 2030), the number of slums residents is increasing as well. However, the MDG targets are stipulated for a period in which population will also grow. The challenge ahead consists in reducing urban slums while population is growing. The natural population increase will be a significant factor in population growth of slums in the near future. Better access to SRH would therefore contribute to improve urban quality of life.
- The phenomenon of mega-cities (over 10 million inhabitants) is long known by LAC countries and this experience may actually contribute to international urban policies. In LAC, massive urbanisation has taken place since the 1950s and since 1970 urban population increased 240%.
- There are spatial differentials within metropoli; the suburban areas normally face more critical situations, for instance regarding sanitation services.
- In LAC, demographic expansion and urbanisation were not followed by sufficient economic growth and wealth distribution, which led to the formation of *favelas* and *tugurios*. In particular, land and housing policies have failed to provide affordable housing to the urban poor.
- The spatial distribution of people is also important when analysing services and social programmes and the eventual need of transportation. Costs of transportation are high for the poor which can virtually render those services and programmes inaccessible. Spatial misallocation of services is a common phenomenon, for instance: schools in areas with a high concentration of older people, as well as services intended for the latter in regions with more children.
- Poor neighbourhoods are often located near waste disposal facilities, polluting industries, and other locational health hazards, facing environmental risks and not necessarily having access to social services.
- Nevertheless, urban slum dwellers generally face better living conditions than the rural poor, because they have better access to public services and face fewer obstacles. Slum populations may even experience considerable social

and economic mobility. In a follow-up of some favelas of Rio de Janeiro, it was found that 30 years later about two thirds of the inhabitants that could be located had moved either to formal housing projects or to regular neighbourhoods. As many as 18% of the children had completed university education.

- Although they are often confused, urban poor and slum dwellers are not synonymous terms.
- As MDGs are inter-related, efforts regarding Target 11 would have a spill-over effect on poverty, both urban and rural.
- Although migration has been important historically, more recently high levels of rural-urban and inter-regional migration have declined in the LAC region. By 2005, only three countries in the region have more than half their population living in rural areas. Overall, this means that the pool of potential migrants has declined and the migration waves of the 20th century will not be repeated.
- This is also caused by the fertility decline, as migrants absorb urban norms and behaviour, so that the urban poor also end up having fewer children. At present, the fertility in urban slum areas tends to be intermediate between rural and urban non-slum areas. Nevertheless, the growth of the slums as a percentage of the total population in cities like São Paulo and Rio de Janeiro has continued unabated.
- Therefore, although migration is historically important, much of the growth of slums is provoked by other factors, such as under- and unemployment, a difficult housing market, and no access to reasonable credit for construction.
- With a lower population growth, investments in middle-sized cities seem more viable. Migration is now turning to smaller cities, where planners believe that growth will be easier to manage.

A new target under MDG 7: the protection of biodiversity

- A newly introduced target, the protection of the biodiversity aims at the extinction process, accelerated by human activities.
- Some estimates suggest that the human population would be 1/30 than the present without the adoption of agriculture. Human population, consumption and technology are altering global biophysical and atmospheric processes in a way that 2-13% of the world's species could become extinct between 1990 and 2015. This number can increase due to the action of diseases, pollution, over-harvesting, and human-induced climate change.
- Environmental problems of the other MDG 7 issues can also cause the loss of

biodiversity. Migration, for instance, is said to be more damaging than natural population growth, in the case of deforestation which, in itself, contributes to the loss of biodiversity.

- Over-exploitation, the introduction of invasive species, and habitat alteration are the main proximate causes of loss of biodiversity. The movement of human population (through travel or migration) spreads "invasive" or "alien" species which manage to reproduce in a new environment, competing with native species for resources and often out-competing them. Habitat alteration is the most significant cause of global species decline; as habitats dwindle, so does the possibility for species to move and migrate. Should weather patterns change, plants and animals cannot shift their range as they once did, and become more vulnerable to extinction.
- The Convention on Biological Diversity, which entered into force in 1993, seeks to conserve biological diversity and promote its sustainable use in an equitable sharing of benefits. Population issues have been treated in the context of limits to residence and economic activities in officially protected areas, which have grown in number since 1992. Some countries of the region have regulated these areas with systems and legislation in order to enhance environmental protection.
- The coming decade in the LAC region will witness efforts to expand the protection of biological diversity through the creation of additional protected areas, as well as regulation of existing ones.

POLICY AND PROGRAMMATIC IMPLICATIONS MDG 7

The environment is one of the issues classified by the Strategic Plan 2008-2011 as "emerging population-related issues" which "have received increased international attention", so that "UNFPA should enhance its efforts to incorporate them appropriately in its programming." Historically, the preferred approach to this issue has been associated with the perceived problems of aggregate population growth, particularly at the world level. This led to policy recommendations that called for the reduction of fertility, but because this was already being done for many other reasons, their impact on programming was minimal. Studies such as the UNFPA-funded IIASA-FAO analysis of carrying capacities by ecological zone, while interesting from an academic viewpoint, contributed relatively little to change this situation. Now that population growth rates are falling, particularly in the LAC region, it is time to give more systematic consideration to the spatial distribution of population and to migration as two population factors that impact the environment in more specific and more localised ways. The impact of population growth on deforestation, for example, is much greater when it derives from migration than when it is based purely on natural growth.

As stated in the 2007 State of the World Population Report, urbanisation helps to hold back environmental degradation by offering an outlet for rural population growth that would otherwise encroach upon natural habitats and areas of biodiversity. Cities are worse polluters than rural areas, simply because they generate most of a country's economic growth and concentrate its most affluent consumers. But many environmental problems could be minimised with better urban management. The interactions between urban growth and sustainability will be particularly critical for humankind's future. This calls for a proactive approach, aimed at preventing environmental degradation and reducing the environmental vulnerability of the poor. It is particularly critical in developing countries, whose urban population will soon double, and in low-elevation coastal zones.

Most urban growth is occurring in small and medium sized cities. This trend will continue into the foreseeable future. Governance issues in these cities are critical. Small and medium-sized cities have greater flexibility in dealing with rapid growth but at the same time they have fewer resources of all kinds. More emphasis thus needs to be placed on helping these cities grow sustainably.

One of the main conclusions of the *State of the World Population* Report 2007 is that many cities could reduce social problems by planning ahead for the needs of the poor. In particular, poor people need serviced land to build and improve their own housing. In this, greater attention must be given to securing the property rights of women. Having a secure home and a legal address is essential for people to tap into what the city has to offer. The most effective way to achieve this is to provide land and services for the poor *before the fact*. This requires learning to live with inevitable growth and planning for it. Planning for the land needs of the poor is only one aspect of the broader issue of land use, which will become more urgent as the urban population grows. The aim should be to minimise the urban footprint by regulating and orienting expansion before it happens.

While the issue of urban sanitation and water supply is too far removed from UNFPA's mandate to be of direct programmatic relevance, the same principle from the Strategic Plan that was alluded to in earlier chapters is relevant here, namely that making sure that population dynamics are taken into account in the preparation of policy analyses and scenarios is an important programmatic priority by itself. The viability of current Targets in this area depends critically on population factors. By incorporating such factors into current scenarios, UNFPA ensures not only that these scenarios will gain an additional dimension of realism, but also that the population dimension itself gains recognition from policy makers. Apart from sanitation and drinking water, other issues of urban planning that require more guidance from demographic analysis are the localisation of urban services with respect to the population distribution and the analysis of environmental hazards in connection with settlement patterns.

MAIN IDEAS ON MDG 8
Develop a global partnership for development

General conclusions

- One of the most important means of international cooperation, ODA should be assured at least at the 0.7% of GDP as proposed at Monterrey. ODA must be better targeted, since only 4% of the LAC population is covered by the Highly Indebted Poor Country (HIPC) initiative, while it leaves out another 42% which lives under similar conditions.

Official development assistance (ODA) and population issues

- One issue deserving attention in ODA is population and SRH. Nonetheless, the four components included in ICPD were underestimated and the resources were insufficient to meet the intended ends.
- The growth of ODA in population activities has happened largely due to a higher resource flow towards HIV/AIDS initiatives. Only five donor countries gave more than 4% of ODA to population activities, as agreed at Cairo: Finland, Luxemburg, the Netherlands, Norway, and the US. Without ODA towards AIDS, donor support for health has actually been declining in recent years.
- ODA neither meets its demands, nor meets ICPD provisions or reaches the 0.7% parameter of the Monterrey Conference. International remittances, on the other hand, reached US$ 56.4 billion in 2005, surpassing ODA and Foreign Direct Investment (FDI). Even if ODA has reached the highest gross volume ever, it is still low as a proportion of GDP, lagging behind the proportion of ODAs that were common during the 1990s.

Essential RH drugs and supplies

- Providing access to RH drugs and supplies is crucial for the achievement of the MDGs. Cost-efficient delivery systems must be in place, provided with well trained providers of information and services, awareness creation and information, education and communication activities, and effective programme strategies with a reproductive health commodity security component.
- It is very difficult for developing countries to afford such drugs and medical supplies. The expenses with commodities are increasing, due to growing

demand and the rising costs of offering them. The cost of commodities (for 5-year periods) for the LAC region was estimated to be around US$ 1440 million between 2001-2005, moving to US$ 1712 million for the 2006-2010 period and finally to US$ 1990 million for 2011-2015.

International agreements on migration as instruments to achieve MDG 8

- Both the European countries – with below replacement fertility rates – and developing high fertility countries can benefit from the immigration of people from the latter. This can contribute to maintaining the development of industrialised countries and also to the promotion of a better quality of life for the developing world (through remittances and diaspora effects).
- A mechanism mentioned to offset ageing in developed countries, the replacement migration, seems unrealistic due to its modest impact. The number of migrants needed to achieve the desired result would be too overwhelming and it would result in a marginal decrease of the proportion of the aged 65 or older, because migrants tend to adopt the fertility rate of the host country.
- Migration may not be the only answer to counter population ageing in developed countries but, it can assist and also facilitate development in developing countries. Governments should attempt to regulate the level and composition of replacement migration to reach a desired population size or age structure, also bearing in mind the necessities of the migration sending countries.

International agreements on remittances and cooperation on new technologies

- Migration can lead to remittances and the LAC region – the first in the world on the proportion of people living in countries other than their countries of origin – can benefit from it. However, it would be important for both sending and receiving countries to elaborate agreements in order to reduce the transfer costs of remittances.
- The diplomatic group World Leaders for Action Against Hunger and Poverty put forward a series of proposals to finance the reduction of poverty and hunger in the world, among which, optimising international remittances through: reducing its costs, democratising access to financial services and encouraging the investment of remittances in productive activities. This could facilitate collection of remittances for family members, enhance its scale and invigorate access to financial systems for the poorest.

- The Mexican government has been facilitating the collection of remittances by immigrants and their access to banking services through consular identification. Mexican authorities have also stimulated financial institutions to cut transactions costs.
- Migration also engenders other phenomena such as the digital diasporas that can be useful in cooperating on new technologies, e.g. through the promotion of presence and use of ICTs in the countries of origin. This can also be of importance to the private sector, through the establishment of migrant-owned businesses, investments or training, and transfer of knowledge to the countries of origin. Close cooperation between the private sector and both countries of origin and destination can contribute to the establishment of a global partnership to work successfully towards achieving the MDGs.