

The World Bank and Population Policies: A Note

Ever since the Bell Commission report of the mid-nineteen sixties, the World Bank has taken a keen interest in the population policies of India. Indeed, the it has been suggested that the 1965 reorganisation of the family planning programme – to de-link MCH from family planning in order that ANMs concentrate on the latter – was carried out at the behest of advisers from the Bank. Since this period, the World Bank was increasingly interested in the population policies of developing countries that were prospective borrowers:

All such activity (in regard to family planning programmes) arises out of the concern of the Bank for the way in which rapid population growth has become a major obstacle to social and economic development in many of our member states. Family planning programmes are less costly than conventional development projects (Robert McNamara cited in Mass 1974:665).¹

By the mid-sixties, the Bank joined the “ small group of men and women” in the United States, many of them bankrolled by Rockefeller, giving shape to the global population movement (Connelly 2003:128).² The Bank’s most obvious involvement came after the droughts and economic crises of 1966 when it pressurised the Indian government to intensify population control measures and the USAID replaced the Ford Foundation as the leading agency providing assistance to population control in India (Harkavy 1995).³ Indeed these foreign advisors were described as being “at the elbows of Indian administrators” (Harkavy 1995: 143).⁴ Since then the Bank’s lending policies have often been tied to population control programmes in a host of countries (Hartmann 1995, Asdar Ali 2002).⁵

As is well-known, the Bank was one of the mid-wives of the Cairo Programme of Action. When the Bank made a “paradigm shift” to reproductive health – abandoning in the process Primary Health Care as enunciated at Alma Ata – indebted countries were quick to follow suit.

India has a population policy, the National Population Policy 2000 (NPP), based on a rejection of the neo-Malthusian understanding of the population-resource question. One undoubtedly

¹ Mass, Bonnie (1974), “An Historical Sketch of the American Population Control Movement”, *International Journal of Health Services*, Vol.4, No.4.

² Connelly, Mathew (2003), “Population Control in History: New Perspectives on the International Campaign to Limit Population Growth”, *Comparative Study of Society and History*, Vol.45, No.1.

³ Harkavy, Oscar (1995), *Curbing Population Growth: An Insider’s Perspective on the Population Movement*, Plenum, New York.

⁴ *Ibid.*

⁵ Hartmann, Betsy (1995), *Reproductive Rights and Wrongs*, South End Press, Boston; Asdar Ali, Kamran (2002), *Planning the Family in Egypt: New Bodies, New Selves*, University of Texas Press, Austin.

positive feature of the NPP is that it resolutely affirms the “commitment of the Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services” (GOI: 2000:2)⁶. Committing itself to respect for human rights and the freedom and dignity of women, these were translated into a non-target oriented family welfare programme, which explicitly abjured incentives and, in particular, disincentives. This was largely an outcome of the discourses that came centre stage at the third decennial International Conference of Population and Development (ICPD) at Cairo in 1993.

Yet a range of moves, both at the Centre and State levels would lead us to believe that the NPP was a will of the wisp. Indeed even before the NPP was formulated, and passed by consensus in Parliament, some State governments, led by that favourite state of the World Bank, namely Andhra Pradesh, had initiated population policies of their own, completely at variance with it. This is doubly ironic: although health is a subject on the State List, not one State had passed a state health policy; while family planning on the Concurrent List, since it is also completely centrally funded, is a matter of Central policy concern. On the other hand, it could well be related to the fact that the winds of ICPD had blown over New Delhi, finding some converts, but not the state governments, relatively far from Cairo. Indeed, the World Bank, whose commanding role in the health sector had reached an apogee – the Bank’s lending for one programme, malaria, exceeds the entire budget of the WHO - had, not perhaps coincidentally, brought out a document entitled *India’s Family Welfare Programme: Towards a Reproductive and Child Health Approach* in 1995 (World Bank:1995)⁷. The 1995 document was an influential reprint of the 1993 one. The obeisance paid to reproductive health notwithstanding, the Bank that suggests “targets based on micro-level planning be...continued”; “an innovative package of incentives/disincentives ... be linked to various benefits being made available under different plans of the government”; “a suitable plan of disincentives...for government employees...and the organized sector” (World Bank 1993: 50-51).⁸ Given the reach and influence of the World Bank in India’s policies, it is not surprising that state governments drafting their state population policies carried these policy prescriptions.

⁶ Government of India (2000) Ministry of Health and Family Welfare, *National Population Policy 2000*, New Delhi.

⁷ World Bank (1995), *India’s Family Welfare Programme: Towards a Reproductive and Child Health Approach*, New Delhi.

⁸ The World Bank (1993), *India’s Family Welfare Programme: Towards a Reproductive and Child Health Approach*, New Delhi.

Taking the lead from Andhra Pradesh, other state governments then proceeded to announce population policies as if the NPP did not exist. Some of these state governments took the help of an American consultancy firm, Futures Group, whose function it has been in the past to create fears of a “population explosion” among policy makers in the Third World (Hartmann *op cit*).⁹ That a state government would have taken the assistance of an American firm to draft its population policies would have been unthinkable in earlier times, when we in India had some ideas of national pride, self-sufficiency and sovereignty. Perhaps even more importantly, many states have passed laws that impose a two-child norm for contestants to elections to the Panchayati Raj institutions (PRIs). Challenged in court, these laws have been upheld by the Supreme Court of India in a profoundly troubling decision.

Many of the policy prescriptions today – the disincentives in particular – are not new, and we should not lay all blame on the Bank, although of course the Bank must share some of the blame. Indeed their antecedents can perhaps be traced even earlier to the Minority Report of the Mudaliar Committee as early as 1961 which prescribed a fertility norm and recommended stiff penalties for those not adhering to it (Rao 2004).¹⁰ What is moot, however, is these were minority opinions in 1961 but are today widely shared among the middle classes in India today, from the media to bureaucrats to the medical profession. My fear is that it is these middle classes, who have ceded from the nation, who are making policies in sectors such as health, with or without the Bank’s blessings. That they have the command of the Bank’s considerable power of funds makes the difference.

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⁹ Hartmann, Betsy (1995), *op cit*.

¹⁰ Rao, Mohan (2004), *From Population Control to Reproductive Health: Malthusian Arithmetic*, Sage, New Delhi.