EMERGENCE OF POPULATION POLICIES AND PROGRAMS IN THE REGION

Compared to countries in other developing regions, African countries have only recently begun to formulate population policies and implement family planning and related programs. Beginning in the 1980s, however, African governments have increasingly come to appreciate the individual and societal benefits of smaller families. Most governments in the region now actively seek to improve access to family planning and other reproductive health services and to lower high rates of population growth.

Emergence of Population Policies

Following independence in the 1960s, African leaders showed little interest in the links between population growth and development. At the time, natural resources were more abundant than today, and economies were growing fast enough to outpace the increase in population size. Policymakers lacked basic demographic information, and a strongly pronatalist culture discouraged leaders from promoting fertility reduction. Moreover, religious and ethnic rivalries within many newly-independent states magnified the importance of population size and made any attempt to promote smaller families politically sensitive.

Africa lagged behind other regions in articulating population policies. Kenya in 1967 and Ghana in 1969 were the first countries in the region to view population growth as an obstacle to development, and remained the only countries with national policies for almost two decades.

Government attitudes towards population growth and family planning began to change in the 1980s. Leaders became increasingly aware that high rates of population growth threatened economic progress. Surveys gave policymakers a more complete picture of Africa's health problems, fertility behavior and use of family planning. Throughout this period, international agencies played a crucial role in the development of population policies and programs through their support for data collection, training and information exchange.

The Second African Population Conference held in Arusha, Tanzania, in 1984 was an important milestone. For the first time, African leaders recognized the need for policies addressing population growth and jointly formulated a program of action.

By the early 1990s, a critical mass of African countries had acknowledged high fertility as a problem, giving the issue legitimacy as a topic of national and regional concern. At the 1992 African Population Conference held in Dakar as a prelude to the 1994 International Conference on Population and Development (ICPD), regional policymakers strongly endorsed government efforts to increase the use of family planning and slow population growth. Virtually all African countries signed onto the 1994 ICPD *Programme of Action* affirming the right to family planning and to better sexual and reproductive health.

The change in attitudes towards population issues is reflected in the upsurge in the number of countries with official population policies within the last decade. From just 2 in 1986, the number of countries with population policies had grown to 12 by 1992. Currently, some 25 countries in sub-Saharan Africa have official policies. Another measure of the important shift that has taken place is evident in the responses to periodic United Nations surveys on government attitudes towards population. In 1976, a third of countries in sub-Saharan Africa believed their fertility rates were too high and only 1 in 5 was taking action to encourage couples to have smaller families. By 1995, 37 of 47 African countries thought their fertility rates were too high, and two-thirds had programs of some sort intended to lower birthrates.

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Development of Family Planning Services

Private groups, especially national family planning associations affiliated with the International Planned Parenthood Federation (IPPF), were the first to provide family planning services in Africa. By 1974, national associations in 18 countries offered contraceptive services in over 500 clinics across the region. These efforts, however, served just a tiny portion of the population and were concentrated in former British colonies. In most former French colonies, the climate for family planning was hostile in part because of laws enacted during French colonial rule banning contraceptive distribution and promotion.

FIGURE 10A

Government View of Current Fertility Level, 1976

Map reflects national boundaries as of mid-1990s.
Data not available for some countries.

SOURCES: United Nations. *World Population Monitoring.* New York: United Nations, 1979.

In a few countries, governments made family planning services a priority and saw increased contraceptive use and reduced maternal risk.

■ Botswana added family planning to government health services in 1973; by the mid-1980s, 33 percent of married couples were using a contraceptive method.

■ Following independence in 1980, Zimbabwe's government strengthened family planning efforts through a national council and made contraceptive services available through community workers and all government health facilities. By 1984, 27 percent of women were using contraceptives.

Private groups, especially national family planning associations affiliated with IPPF, were the first to provide family planning in Africa.

FIGURE 10B

Government View of Current Fertility Level, 1995

Data not available for Eritrea.

SOURCES: UNFPA. *Inventory of Population Projects in Developing Countries around the World, 1995.* New York: United Nations, 1996.

In varying degrees, most African countries have incorporated family planning into national health services.

The vast majority of countries, however, lacked organized national family planning programs. Even in Kenya and Ghana, which adopted strong policies early on, effective efforts to make family planning services available did not get off the ground until the early 1980s. By the mid-1980s, fewer than 5 percent of African women used contraception, while prevalence levels in developing countries outside the region had already reached 50 percent.

In the last decade, however, there has been solid growth in the number and scope of family planning programs. In varying degrees, virtually all African countries have incorporated family planning into national health services, almost always adding family planning services into existing infrastructure for maternal and child health services. This improvement is also taking place in a number of French-speaking countries.

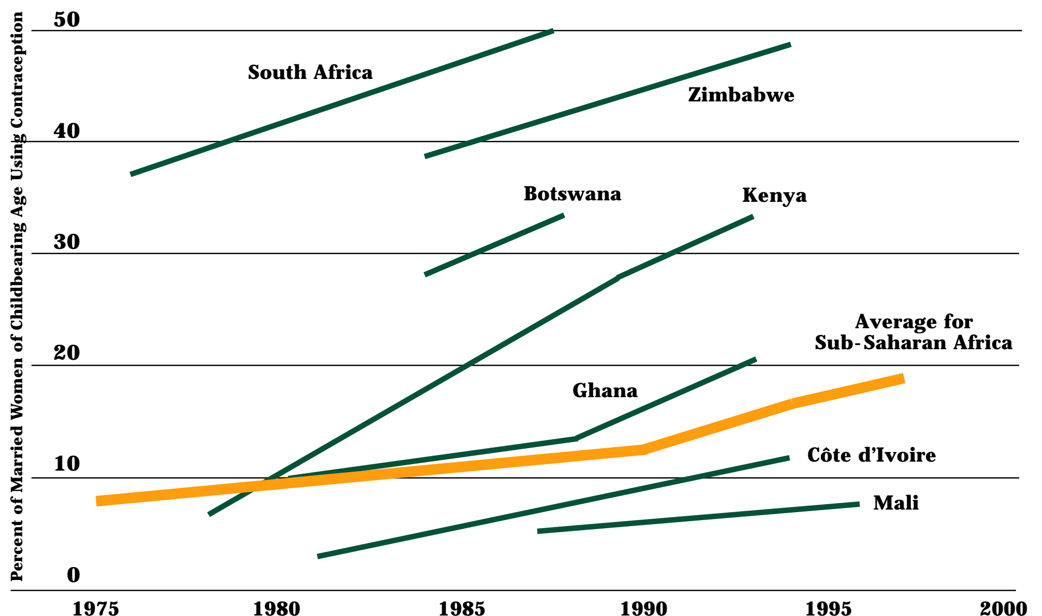
- Senegal has invested significantly in primary health care, but until very recently family planning services were not widely available at government clinics. A national family planning program began in 1991 and is now extending its reach to smaller towns and rural areas. Use of contraception rose from 5 to 13 percent between 1986 and 1997.

- Similarly, the government of Burkina Faso increased the number of clinics offering family planning from 90 to 750 between 1991 and 1996.

Meanwhile, efforts in the private sector have also mushroomed. National family planning associations now operate in virtually every country in the region. Social marketing programs for the subsidized commercial sale of contraceptives existed in just 4 African countries in 1985. A decade later, 22 countries had social marketing efforts, although many of these are

FIGURE 11

Trends in Contraceptive Use Selected Countries in Sub-Saharan Africa



SOURCES: UN Population Division. *Levels and Trends of Contraceptive Use as Assessed in 1994.* Population Studies Series, no. 146. New York: UN Department of International Economic and Social Affairs, 1996; Demographic and Health Surveys. "Selected Statistics from DHS Surveys." *Newsletter* 8, no. 2 (1997); PRB. *1997 World Population Data Sheet.* Washington, DC: PRB, 1997.

condom distribution programs focused on HIV/AIDS prevention.

As a result of the proliferation of activities, the gap in family planning program effort between sub-Saharan Africa and other regions has significantly narrowed since the early 1980s. By 1994, an index of program effort rated the region only moderately lower than North Africa and the Middle East, and Latin America. This represents an impressive improvement over the early 1980s when 31 of 35 African countries were rated as having very weak or nonexistent programs.

Still, Africa has a long way to go. Most family planning programs, especially in the former French colonies, are new and in need of strengthening. Moreover, throughout the post-colonial period, political instability, civil unrest and natural calamities have periodically halted and even reversed promising efforts to mount family planning programs in a number of countries. These include both some of the largest on the continent, such as the Democratic Republic of Congo, Nigeria and Ethiopia, and smaller countries such as Rwanda, which had one of the strongest family planning programs in French-speaking Africa before its recent troubles. Family planning, like other social programs, has also been an easy target for governments looking to slash budgets under the economic austerity packages of the 1980s and 1990s. Indeed, international donor assistance has been crucial to meeting the growing demand for services during this period.

Current Policy Issues

Policymakers in Africa face a new set of challenges in formulating and implementing population policies. Government commitment to population and family planning programs has been crucial to their success in Africa. Yet, high levels of official commitment are still the exception rather than the rule across much of the region. There is also much room for improvement in national and regional institutions that formulate and coordinate population programs and policy. In addition, while the ICPD's call for a broader reproductive health approach has raised awareness of a whole host of related women's health needs, African policymakers and governments are struggling with how to implement the new approach. Meanwhile, the AIDS epidemic presents population policymakers with the challenge of responding to charges that family planning programs are no longer relevant, given the potential for AIDS to lower population growth rates.

Enhancing Government Commitment

In Africa, as elsewhere, strong national leadership has almost always been a prerequisite for successful implementation of population policy. Political support gives programs public legitimacy and the stability to withstand changes in leadership, and helps to assure adequate funding. Yet official commitment in many countries is still low. Politicians are rarely knowledgeable or serious about population issues. Most governments neither spend substantial amounts of their own resources on family planning services nor assign high quality leadership to manage population programs. Rapid turnover among top managers is common.

The high level of donor support for family planning, although key to the development of effective programs in many countries, is partly responsible for low government funding since it has also permitted governments to focus domestic resources on the many other pressing health sector priorities. As with other programs that receive a large portion of their financing from external aid, national officials often do not feel strong "ownership" of population and family planning programs.

Those African countries with successful family planning programs have enjoyed strong government

Strong national leadership is a prerequisite for a successful population policy, but official commitment in many countries is still low.

Ghana's leadership, at the highest political levels, strongly and publicly supports family planning.

support – with or without explicit population policies – over long periods of time. Kenya's government has been seriously tackling its population problem for almost two decades; long-term commitment is also a hallmark of efforts in Botswana and Zimbabwe. All three countries have enjoyed relative political stability with little turnover in population program leadership, in contrast to many other countries in the region. Still, even in Kenya, political support has flagged in recent years, raising concern that lack of visible support from national leaders will undermine progress.

Meanwhile, there are hopeful signs of increased government support in some countries. Ghana's leadership, at the highest political levels, strongly and publicly supports family planning and assigns great importance to slowing population growth. Ghanaian officials seem willing to address critical issues including the need for adolescent services. Benin, in French-speaking West Africa, also appears to be increasing its commitment to population and family planning programs. The government recently put in place a new population policy and is reported to be deeply committed to carrying out the policy. Political commitment has also increased in other French-speaking countries, for example Burkina Faso, Mali and Niger.

The Role of National and Regional Policy Institutions

A number of African countries have established national population councils responsible for coordinating population activities, attracting external donor resources for population programs, providing relevant information to policymakers and integrating demographic concerns into development planning. In practice, however, other branches of government usually pay little attention to these national coordinating bodies. Most of these councils are also highly dependent on international donor funding.

Most councils lack the resources and qualified staff to perform the in-depth policy analysis and coordination of programs needed to exert leadership on population matters. Insufficient analytical capacity hampers the ability of national councils to convey demographic and health information in ways that are understandable and useful to policymakers and program managers. Decentralization of health and family planning services is further stretching the already limited capacity of council staff as the need for coordination and advocacy at the subnational level increases. Ghana's national population council has responded to the government's decentralization efforts by establishing offices in all 10 regional capitals and forming regional population advisory committees.

A further challenge is that national councils – like the planning ministries within which they typically reside – are often without real decision-making power, and lack strong ties to the health ministries and nongovernmental organizations (NGOs) that provide family planning and reproductive health services. Thus, these population councils are having difficulty defining their role in the wake of the ICPD, especially as the emphasis of population policy has broadened from family planning to reproductive health. Nevertheless, Ghana's national council has been instrumental in moving the government towards tackling the controversial issue of adolescent reproductive health, and Kenya's national council has helped to bring HIV/AIDS issues to the forefront.

At the regional level, a variety of institutions are involved in population policy development, but their record is also mixed.

- The Center for Applied Research on Population and Development (CERPOD), based in Mali, has effectively promoted development of population policies in the countries

of the Sahel (the region bordering the Sahara desert). CERPOD is also a regional leader in population policy research and analysis.

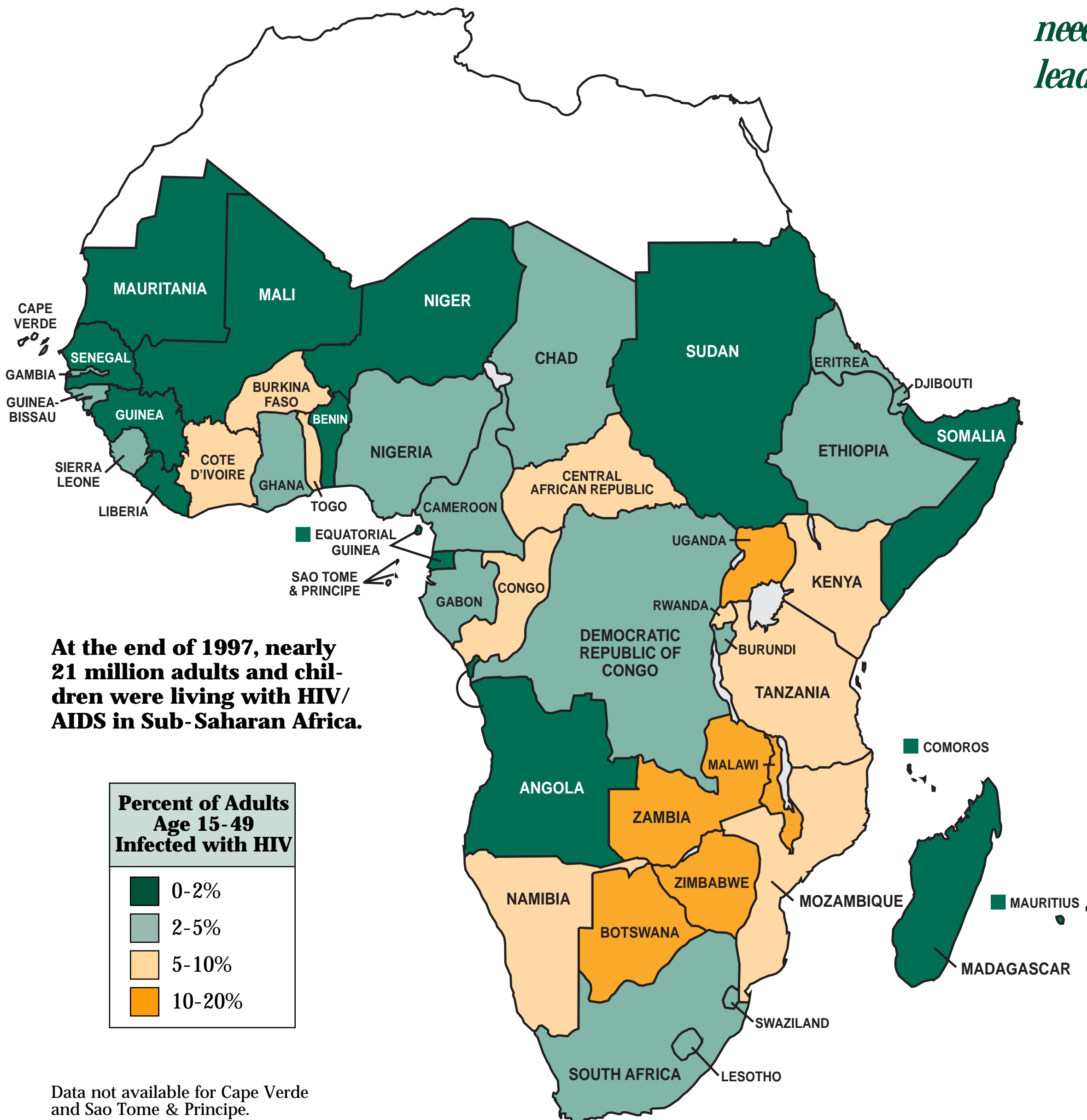
- The African Population Advisory Committee includes prominent Africans working in population, health and education. The Committee creates a high-level forum for the kind of dialogue that normally occurs only at large regional or international conferences. In addition, it has had some small-scale success in promoting greater participation of local communities in the design of population policy and programs.

- The United Nations Economic Commission for Africa has historically played an important role in raising awareness of population issues

A number of African countries have national population councils, but many lack the resources and staff needed to exert leadership.

FIGURE 12

The HIV/AIDS Epidemic in Sub-Saharan Africa



Data not available for Cape Verde and Sao Tome & Principe.

SOURCES: World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic.* New York: Oxford University Press, 1997; UNAIDS. *Report on the Global HIV/AIDS Epidemic.* http://www.unaids.org, 1997. Data as of December 1994.

In many African countries, the AIDS epidemic has helped speed acceptance of family planning through more open discussion of sexuality.

and helping countries collect and analyze demographic data, but it has been less effective in working with institutions directly involved in provision of family planning services.

- The Organization of African Unity (OAU) – the most important regional political body – in recent years has consistently endorsed the view that slowing rapid population growth is key to the continent's economic and social development. The OAU established the African Population Commission in 1994 to provide leadership on population issues, but its capacity to give technical guidance has been limited.

Adapting Population Policies to ICPD

The emphasis at the ICPD on meeting individual reproductive health needs and improving women's status has had special resonance with African policymakers and helped to further legitimize family planning programs. African leaders have been influenced by the evidence showing links between family planning use and lower maternal and child mortality. The Cairo conference also led a number of African countries to initiate discussions relating to unsafe abortion, adolescent reproductive health needs, and AIDS and other sexually transmitted diseases – topics which in many settings were previously considered too controversial for public debate.

Revising population policies and programs to reflect ICPD principles is a slow process, but one that countries in the region have begun. Ghana, for example, revised its population policy in 1994 to better take into account the Cairo approach. The ICPD has spurred a number of other countries to include adolescent health as an integral component of population policy. Kenya released a draft national population policy for sustainable development in 1995; South Africa is also in the process of reformulating its population policy.

AIDS and Population Policy

The growing AIDS epidemic in Africa has major implications for population policy. Lack of good information on current HIV prevalence and unpredictability about the course of the epidemic make it difficult to forecast exactly how AIDS will affect population size in a particular country. Most projections indicate that deaths from AIDS will not stop population from continuing to grow for Africa as a whole, nor cause a net loss of population in any country in the region. Some projections, however, show AIDS eventually producing negative population growth in Botswana and Zimbabwe, two of the hardest hit countries.

The uncertainty over the impact of AIDS on population growth rates has led some African policymakers to question the need for family planning programs. Still, no country has changed its population policy because of the AIDS epidemic, perhaps because health concerns, rather than concerns over rapid population growth, have been the driving force behind establishment of population policies. Indeed, in many countries, the AIDS epidemic has helped speed acceptance of family planning through more open discussion of sexuality and intensive promotion of condom use, combined with greater understanding of the health benefits of contraceptive use. Even so, the increasing burden of the epidemic on national health systems is raising difficult questions relating to the allocation of resources between HIV/AIDS prevention and other health services, including family planning.