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REPORT TO THE CONGRESS

BY THE COMPTROLLER GENERAL
OF THE UNITED STATES



Challenge Of World Population Explosion: To Slow Growth Rates While Improving Quality Of Life

Agency for International Development

Rapid population growth combined with poor social and economic conditions hinders efforts to improve the quality of life in less developed countries.

The world population has quadrupled from 1 billion in 1830 and, at current growth rates, is predicted to double again in about 35 years. A proposed goal is to stabilize population at about 8.4 billion by the end of the 21st century.

The challenge is to slow or reduce growth rates in developing nations, while improving the quality of life through social and economic development. This report outlines some of the population activities of the United States, the United Nations, and the international community.

10-76-68

NOV. 9, 1976

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D C 20548

B-156518

To the President of the Senate and the
Speaker of the House of Representatives

This is the first in a series of reports on world population growth and its impact on the quality of life in developing countries. This report addresses (1) population issues on a worldwide basis, (2) interrelationships between population growth and economic and social development, (3) governmental and other opinions on population growth as a hindrance to development, and (4) population-related activities including those funded by the Agency for International Development.

We made our review pursuant to the Budget and Accounting Act, 1921 (31 U.S.C. 53), and the Accounting and Auditing Act of 1950 (31 U.S.C. 67).

Copies of this report are being sent to the Director, Office of Management and Budget; the Secretary of State; the Administrator, Agency for International Development; and the Secretary of the Treasury.

A handwritten signature in cursive script, appearing to read "James G. Atchafalua".

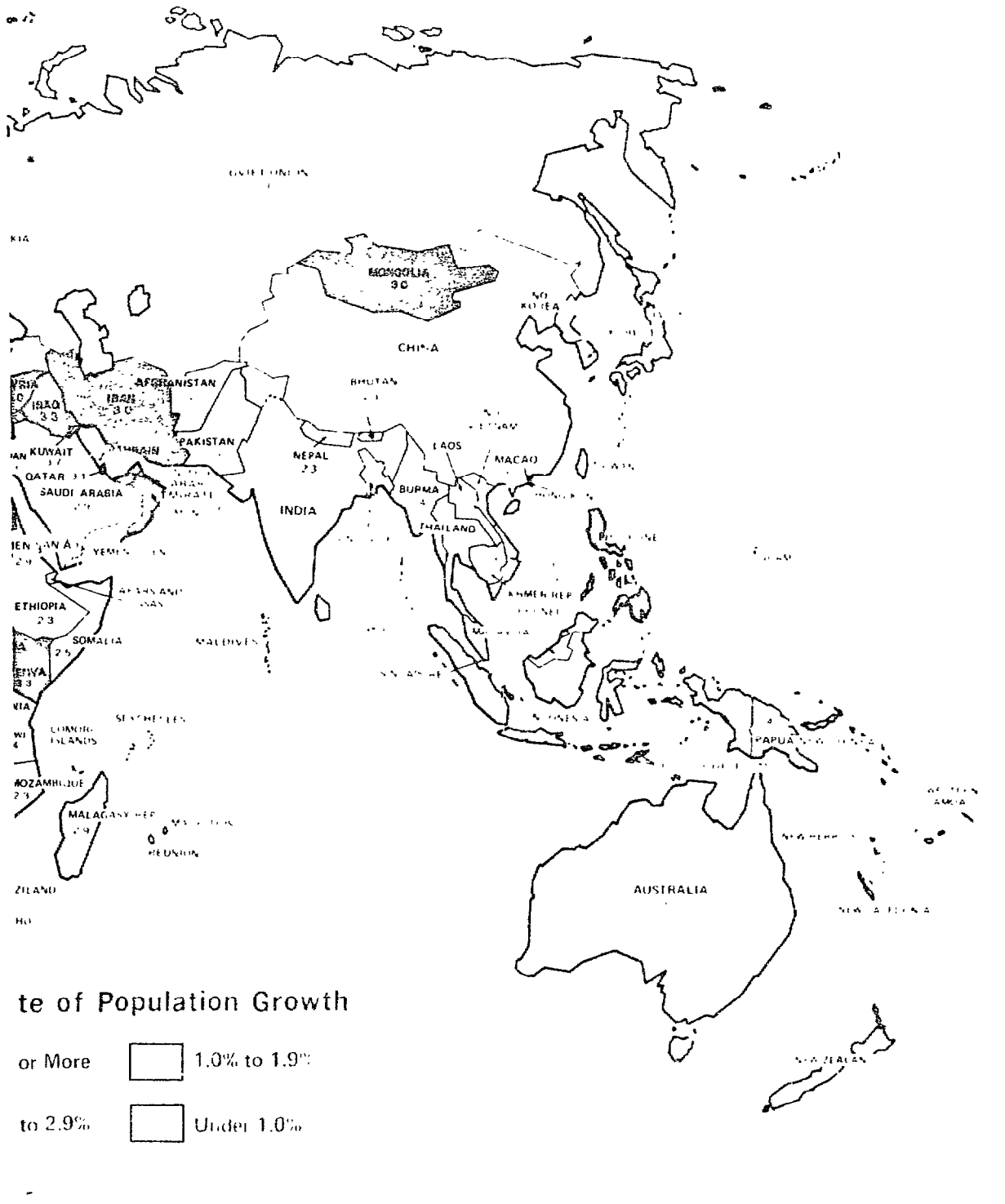
Comptroller General
of the United States

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World Population



Birth Pattern, 1974



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ABBREVIATIONS

AID	Agency for International Development
AVS	Association for Voluntary Sterilization
FPIA	Family Planning International Assistance
GAO	General Accounting Office
IPPF	International Planned Parenthood Federation
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities

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COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

CHALLENGE OF WORLD POPULATION
EXPLOSION: TO SLOW GROWTH RATES
WHILE IMPROVING QUALITY OF LIFE
Agency for International Development

D I G E S T

The rapid population growth rate (birth rates less death rates) in developing countries concerns the entire world because it will affect the quality of life of future generations.

The world population of about 4 billion is double what it was 45 years ago. How nations react to the growth may well be the central issue of our time. The growth rate is about 1 percent in developed countries and about 2.7 percent in less developed countries. (See chs. 1 and 2.)

Population growth rates are an integral part of poverty and underdevelopment and complicate improving the quality of life in developing countries. Population growth:

- Places additional burdens on food production.
- Creates greater demands on inadequate health care and education facilities.
- Increases unemployment.
- Contributes to urban migration and attendant problems.
- Accelerates the use of limited natural resources.
- Could severely restrict the Earth's ability to support life.
- Is conducive to political and civil disorders.

Underdeveloped social and economic conditions can create the climate for even faster population growth. In societies where inadequate food, education, health care, employment, old age security, and income distribution exist, families have little motivation to limit their size. Thus, the lack of development can foster population growth which, in turn, frustrates efforts to develop. (See ch. 3.)

The worldwide population growth rate is believed to be below its peak in the early 1970s of 2 percent or higher. However, since about half the people in less developed countries are under 19, growth probably will continue into the next century. The present world population of about 4 billion is expected to double, regardless of control efforts. (See ch. 2.)

Although assistance has been expanded considerably since 1965, developing countries' needs exceed available population assistance funds. Also, many countries now believe population planning and programs must be considered as an integral part of social and economic development. These countries, represented at the 1974 World Population Conference, emphasized the relationship between development and family planning programs. (See chs. 1, 3, and 8.)

GAO considers the challenge to be to slow or reduce growth rates in developing nations while improving the quality of life through social and economic development. GAO believes that the issues of population and development must be coordinated and addressed jointly (rather than separately) within the context of socioeconomic development. (See ch. 8.)

Because of increased interest in the socioeconomic development viewpoint and increasing requests for limited population funds, the Congress must be assured that budgeted funds are applied to those

areas that deal most effectively with current and projected population problems of the less developed countries. (See ch. 8.)

Involvement in the population situation can affect the momentum of growth. The international community can help by supporting (1) family planning and population programs that recognize the recipient country's political, religious, and cultural mores and administrative and economic setting and (2) a wide range of social and economic development programs that not only address the development problems caused by rapid population growth but also will act to reduce such growth. (See ch. 4.)

One expert has suggested that there is a need to stabilize the population at less than double its present level because of resource scarcities and ecological stresses. A proposed goal is to stabilize population at about 8.4 billion by the end of the 21st century. (See ch. 2.)

The United Nations, the United States, and others in the international community are spending large amounts on population and development programs in developing countries. This report outlines some of the population activities of these entities and shows the population situation and the context in which the developing nations view development assistance and population assistance. (See chs. 5, 6, and 7.)

GAO believes that information of this nature is vital to the Congress in considering priorities, funding levels, and foreign assistance legislation and in dealing with the issues and problems of population, food, and other matters of international significance.

The Agency for International Development's population assistance, which amounted to about \$732 million through the 10-year

period ended in June 1975, has been focused primarily on family planning and related programs. GAO expects to look into whether a need exists now for more effectively interrelating the Agency's population and development assistance efforts and to review and report on other population matters for the Congress.

CHAPTER 1

POPULATION GROWTH AND THE QUALITY OF LIFE

It is generally agreed that steps must be taken to improve the quality of life in developing countries. However, opinions vary widely on priorities and methods needed to achieve this goal. Suggestions range from creating a new international economic order by redistributing the world's wealth to adopting methods to immediately reduce the population growth rate.

While opinions differ on priorities and approach, the international community is becoming increasingly aware of the rapid rate of population growth and its impact on the quality of life in developing countries. The central issue of our time may well turn out to be how nations react to the ever-expanding population.

COMPLEXITIES OF POPULATION GROWTH

An international dialogue on population assistance has extended over several years, and structures for administering the assistance provided by the United States and others have been established. Dealing with population growth, however, is proving difficult. It is a sensitive subject since it pertains to human rights, the distribution of wealth, the status of women, and the responsibility of the rich to the poor. It has ethical, moral, and religious overtones and affects even our basic life styles. It also has economic, environmental, political, and social impact.

Further complexities arise from the interaction between rapid population growth and underdeveloped social and economic conditions. On the one hand, population growth frequently retards social and economic development by

- placing additional burdens on food production,
- increasing unemployment and causing further disparity between the rural and urban population,
- placing additional demands on inadequate health care and educational facilities,
- accelerating the use of limited natural resources,

- threatening the Earth's ability to support life, and
- encouraging political and civil disorders.

On the other hand, underdeveloped social and economic conditions can create the climate for faster population growth. When certain circumstances exist, such as a need for children on a family farm, in a business, or to provide for parents in their old age, families may have little motivation to reduce their size. So the lack of development can foster population growth, which, in turn, frustrates efforts to develop.

The view that all international development assistance should include policies and programs for both general development and population planning has become increasingly evident during recent years. This theme has been advanced by many developing nations that are wary of assistance that is solely for fertility 1/ control and not related to socio-economic perspectives.

EFFORTS TO DEAL WITH POPULATION GROWTH

In the mid-1960s the United States and the international community became increasingly aware that population growth could threaten the political and economic future of many nations. Population increases were already undercutting the benefits of development assistance in some countries.

A small portion of the State Department's Agency for International Development's (AID's) funds were first used for population assistance in 1965. Since that time interest in the population problem has increased. The United Nations Fund for Population Activities (UNFPA) was created in 1967 to promote awareness of the social, economic, and environmental implications of national and international population problems and to assist developing countries with their population problems. UNFPA, like all United Nations organizations, took a position of political noninterference and upheld the right of parents to determine the size of their families and to obtain the necessary information and means for doing so. The United States is one of the major backers of UNFPA.

1/Fertility, as defined by the Population Council, is the number of births occurring to a particular woman, couple, or population group.

On July 18, 1969, President Nixon sent the first Presidential message on population growth to the Congress. He called on the American people and on all nations to meet the challenge of the world population crisis and concluded, "Whether man's response to that challenge will be a cause for pride or for despair in the year 2000 will depend very much on what we do today." The message served to emphasize within the executive branch the urgency of the problems caused by high rates of population growth in many developing countries.

International interest in population has grown measurably over the last few years. The United Nations designated 1974 as World Population Year; it sponsored the World Population Conference, held in Bucharest, Romania, during August 1974. The Conference was the focal point of that year. In his message to the Conference, President Ford stated:

"The rapid growth of the human race presents one of the greatest challenges to man's ingenuity that we have ever encountered. We already know a great deal about the causes of growth, but we know very little about the best ways to deal with its consequences. That must remain one of our primary mutual concerns for the remainder of this century."

The major product of the Conference was the World Population Plan of Action. The principal aim of the Plan is to help countries deal effectively with their population problems and to induce an international response to their needs by increasing international research, information exchange, and assistance. The United States has declared its support of the plan.

Although AID population assistance started in 1965, title X of the Foreign Assistance Act, earmarking population funds, began large-scale assistance in 1968. Funding has increased over the years, and about \$732 million was provided through fiscal year 1975. During this period, the United States, through AID, has become the foremost source of international assistance for activities aimed at slowing world population growth. AID has stated that the Congress farsighted action has brought the United States to its position of leadership. For the last several years, about 5 percent of the funds available to AID have been devoted to population assistance.

In June 1966 the State Department created the position of Special Assistant to the Secretary for Population Affairs. In October 1974 this office was incorporated into the Bureau of Oceans and International Environmental and Scientific Affairs. More recently, in 1975 an additional position for a Coordinator of Population Affairs was created within the Bureau. The position was established to help review and coordinate foreign policy aspects of the United States international population assistance program. The incumbent is actively promoting greater knowledge of population matters and encouraging greater involvement in these matters, particularly at the ambassador level.

According to AID, its population assistance program is intended to be an integral part of U.S. development assistance efforts. The program seeks to promote humanitarian objectives through helping people living in less developed countries gain more control over their family size, health, diets, living conditions, and spending. Although birth rate control is only one factor affecting well-being in such countries, it is an important one. AID aims to promote understanding of these critical developmental and humanitarian interrelationships, while helping provide the actual means for inhibiting fertility. AID views slowing population growth as part of its congressional mandate.

AID feels some progress in inhibiting fertility is being made, but the bulk of the task still lies ahead. AID's Office of Population believes population assistance should extend through 1985 with the funding level increased to as much as \$250 million per year. Overall U.S. population assistance for the period 1965-85 "should be less than \$3 billion," according to the Director, Office of Population.

Many other developed countries participate in population programs in developing nations. The United Kingdom, Canada, Denmark, Finland, Federal Republic of Germany, Sweden, Japan, Netherlands, and Norway all contribute bilaterally through their own governmental agencies. (See app. IV.)

The following chapters of this report show some of the approaches used in providing population assistance, and the population situation and what it means in terms of its effect on the quality of life of future generations, as seen by many experts. They also show the context in

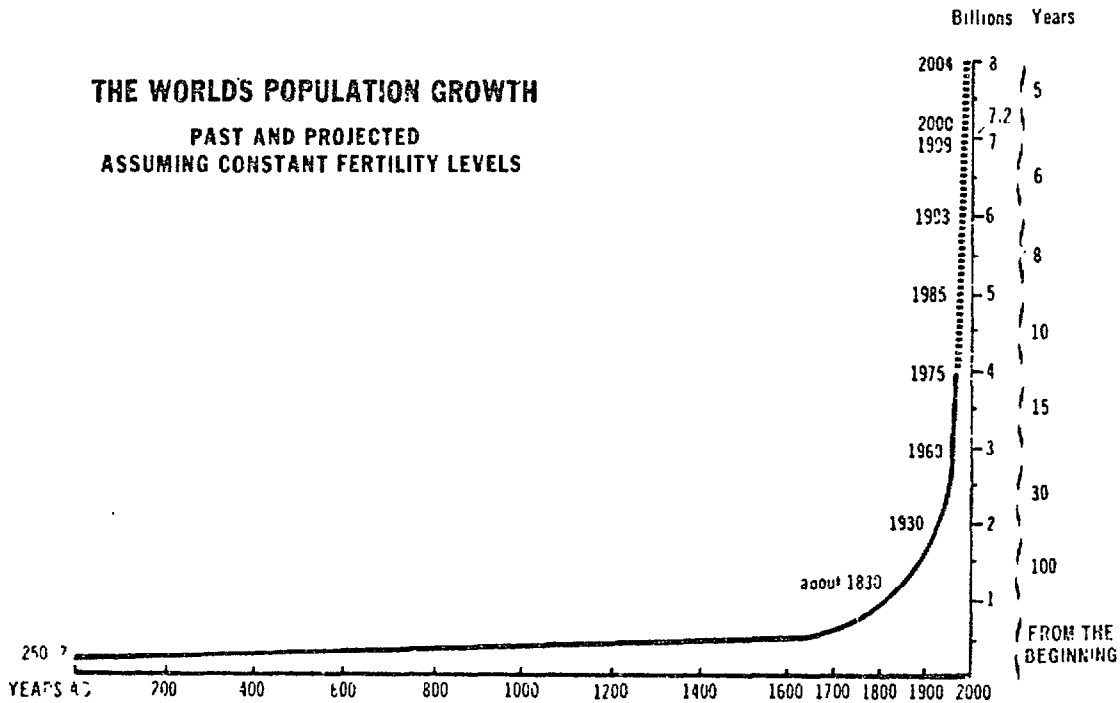
which the developing nations view development assistance and population assistance.

GAO believes that information of the nature included in this report is vital to the Congress in considering priorities and the amount of funds to be authorized in the course of its enactment of foreign assistance legislation and, generally, in its approach in dealing with the issues and problems relating to population, food, and other matters of international importance facing mankind today. The report should be of particular interest to those committees having oversight responsibilities for the foreign assistance community.

CHAPTER 2

THE WORLD POPULATION SITUATION

Earth's population reached 1 billion about 1830. Population growth has accelerated since then. As shown in the chart below, a population of 2 billion was reached 100 years later and 3 billion in 1960. Studies placed the 1975 population at about 4 billion. Further, about 70 percent of the world's inhabitants live in developing countries; this could increase to 80 percent by the year 2000.



SOURCE: State Department, "The Population Explosion: A Present Danger."

Concern over world population growth is a result of the unprecedented growth rates experienced during this century, particularly in the developing world where the greatest effect is being felt. One concerned individual, the Executive Director of the United Nations Fund for Population Activities, stated that

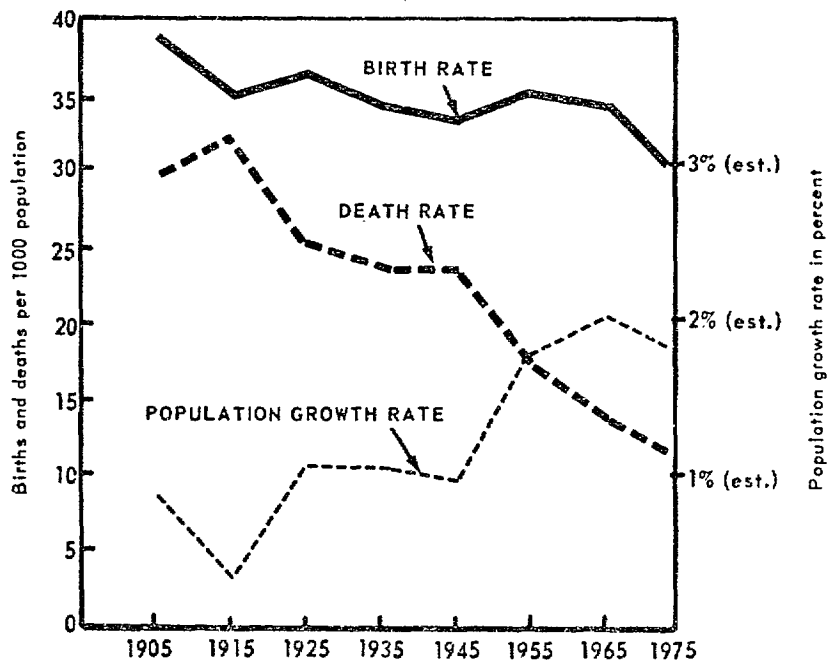
"* * * Population growth rates in many parts of the world remain high--high enough to prompt fears that even economic growth on an unprecedented scale would not prevent serious difficulty in maintaining future populations at a standard of living commensurate with human dignity * * *."

THE POPULATION GROWTH RATE

The population growth rate is the difference between the birth and death rates. The world population growth rate was estimated to be about 2 percent in the early 1970s--the highest in human history. While opinion on the current growth rate varies, several sources that have collected and analyzed recent data feel that it has declined in the last few years. For instance, the Office of Population has stated that it is now down to as low as 1.6 percent. The U.S. Census Bureau feels it was between 1.7 and 1.9 percent as of 1974, while a recent Population Reference Bureau report lists it as 1.8 percent.

For many centuries a high birth and high death rate combined to keep the growth rate fairly low. Conditions that contributed to high death rates in the past, for example, malnutrition and disease, are being controlled better through modern technology so that mortality, particularly among the young, is lower than ever and life expectancy is much longer.

**WORLD BIRTH, DEATH, AND POPULATION
GROWTH RATES, 1905-1974**



SOURCE: POPULATION REFERENCE BUREAU

According to the demographic transition theory, a decrease in the mortality rate should be followed by a corresponding decrease in the birth rate. There is a time-lag in the process, however, and at present the developing countries have lowered mortality without a compensating decline in births.

In June 1975 the annual natural growth rate was reported to be about 1 percent in the industrialized countries of North America, Europe, and Japan and about 2.6 percent, 2.7 percent, and 2.9 percent, respectively, in South Asia, Africa, and tropical South America. At these rates, population in these high growth areas would double in 24 to 27 years.

Many countries want to speed up the decline in births that normally follows mortality decreases. However, this task is complicated by populations that have high percentages of children and adolescents, as do most developing countries in Asia, Africa, and Latin America. In these circumstances, many sources feel there is little possibility a developing country can stabilize its population at less than double its present size, unless death rates rise catastrophically. However, a noted authority in this field, Lester R. Brown, ^{1/} emphasizing resource scarcities and ecological stresses, has detailed a timetable to meet what he considers to be a need for stabilizing the world population at just under 6 billion by the year 2015. Another authority, from the Agency for International Development's Office of Population, more recently stated that data for several developing countries suggested that replacement-level fertility, a prerequisite for stabilization, could be attained much more rapidly than previously believed.

The presently high growth rates inhibit already limited social and economic development. Population increases reportedly absorb one-half to two-thirds of the annual increase in national product and place pressures on educational facilities, employment opportunities, and food supplies. These conditions in turn interfere with the provision of necessary services and promote instability and civilian unrest.

^{1/}In his book, "In the Human Interest; A Strategy to Stabilize World Population" (W. W. Horton, Inc., 1974).

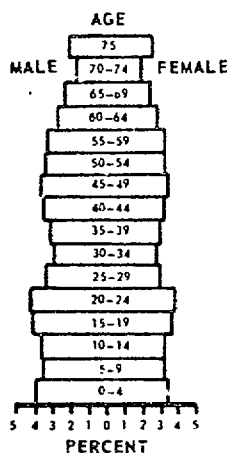
DISTRIBUTION OF POPULATION AND INCOME

Along with high growth rates, uneven distribution of the population by age, geographic location, and income can overburden a country's economy or political system and lower the quality of life in developing countries.

Brown stated that the population is very "youthful," with half the less developed countries' population under 19 years of age compared to a median age of 31 in more developed countries.

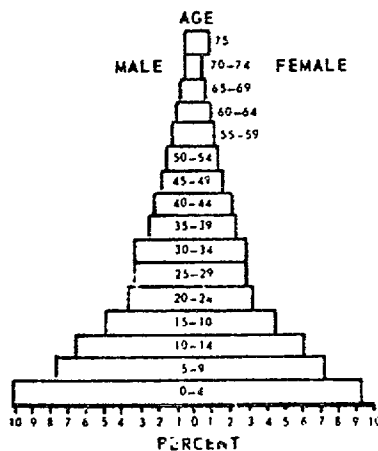
For every 100 productive adults, the developing countries have 85 nonproducers--79 children and 6 aged persons according to an estimate by one authority. This is in contrast to a ratio of about 100 to 57 in developed countries. Nonproductive people must be supported by the productively employed. Thus, larger portions of total income are needed for subsistence, and less is left for the investment necessary for development.

THE BURDEN OF CHILD DEPENDENCY WEIGHS MOST HEAVILY ON DEVELOPING COUNTRIES



INDUSTRIALIZED
COUNTRIES HAVE 3 OR 4 ADULTS OF ECONOMICALLY PRODUCTIVE AGES FOR EACH DEPENDENT CHILD.

IT IS POSSIBLE FOR THEM TO PROVIDE FOR THE EDUCATION AND UPBRINGING OF ALL CHILDREN AND STILL INVEST SUBSTANTIALLY IN FURTHER ECONOMIC GROWTH.



DEVELOPING
COUNTRIES HAVE ONE, OR LESS, ADULT OF ECONOMICALLY PRODUCTIVE AGES FOR EACH DEPENDENT CHILD.

IT IS DIFFICULT, OR IMPOSSIBLE, FOR THEM TO PROVIDE FOR THE EDUCATION AND REARING OF ALL CHILDREN AND ALSO INVEST SUBSTANTIALLY IN ECONOMIC DEVELOPMENT.

SOURCE: THE DEPARTMENT OF STATE: "THE POPULATION EXPLOSION A PRESENT DANGER"

For the large number of children and adolescents relative to the entire population perpetrates a high birth rate, since a disproportionate number of people are just entering their fertile years. In the developing world, young people entering puberty may be as much as three times as numerous as the number of elderly people losing fertility during a given year, according to a recent study outlining the dangers of population growth. In the next generation, therefore, the number of potential parents is likely to be larger than at present and even if each couple has only enough children to replace themselves the population will increase substantially before leveling off.

Geographical as well as age distribution of the population in less developed countries is changing. According to one source, over half of the world's people live in Asia.

Although much of the world's population is still rural--up to 80 percent in some of the larger, less developed countries--migration from rural to urban areas, combined with rapid population growth, has created intolerable living conditions in these areas. For example, population shifts in some of the less developed countries have created nearly disasterous housing situations. Furthermore, threats to health care are created by overcrowding and poor sanitation, while pollution, traffic congestion, and noise--common to large cities of the developed countries--are affecting the developing world as well. A former Secretary General of the United Nations stated that the cities of Bombay and Calcutta could conceivably have 20 and 30 million people, respectively, by the year 2000. He added that the prospects of dealing with the millions who are moving to large, industrialized cities to find a better life appear dim.

Also, economic differences between developing and developed nations can be vast. In 1974 AID estimated the average per capita gross national product in developing countries to be \$275 annually; in many it is less than \$100. Developed countries averaged \$4,050 per year, with a high of over \$5,000 in the United States.

PREDICTIONS OF FUTURE POPULATION GROWTH

Many who have written on the subject of population have predicted the extent of future growth. At the current growth rates, the world's population is expected to double in about 35 years. A recent report estimated world population would be 5 billion in 1985 and 7.2 billion by

the turn of the century. Other estimates on population growth predict similar levels for the year 2000. An AID publication projected 6.8 billion people by the turn of the century at present growth rates.

Other data shows a population range from 6 billion to 7.1 billion by 2000 and from 9.8 billion to 16 billion by 2150 depending largely upon when replacement-level fertility would be achieved. An AID official, however, cautioned that such projections should not be accepted as predictions but rather as models of what would happen under certain conditions.

At the World Population Conference, the United States and many Asian countries proposed a goal of reaching replacement-level fertility by about 2000. Under this proposal world population would reach 5.9 billion by 2000 and 8.2 billion by 2050; it would stabilize at some 8.4 billion toward the end of the 21st century.

CHAPTER 3

POPULATION GROWTH AND

DEVELOPMENT INTERRELATIONSHIPS

With the world population expected to double in about 35 years at current growth rates, consideration must be given to the effects of this rapid growth, if left uncontrolled, on development and consequently on the quality of life in the less developed countries. The rising demand for food and for health care and other services--necessities already in short supply in many countries--creates pressures on the standard of living.

How does the population situation affect the chances of attaining a better life for people in developing nations? Many experts in individual countries and the international community agree that population trends can have an important implication for the quality of future life. This agreement is by no means unanimous and, as on any complex and controversial issue, a number of questions are being raised.

IS POPULATION GROWTH A PROBLEM?

Opinions differ as to the urgency of the world population problem. One view is that world population growth is nearing catastrophic proportions requiring immediate steps to bring it under control. At the opposite extreme is the posture that the Earth can support as many people as will be born. Between these two viewpoints lie many varying positions, both for and against population control programs. For example, some positions hold that population growth may be good for economic and security reasons. Other positions, however, advocate that it is the right of each couple to determine the size of their family and that governments should provide the resources for this purpose.

The World Population Conference

The Conference, held in Bucharest in August 1974, was the focal point of a year dedicated to studying population problems and gaining a greater insight on possible solutions. It was the first meeting of government representatives which addressed the relationship of basic demographic problems to economic and social development.

The U.S. delegation to the World Population Conference reported that socialist countries, as a major voice opposing population controls, stated that population growth in developing countries should not be restricted before "fundamental restructuring of society and significant economic development" takes place. Developing countries with socialist viewpoints regarded the problem, not as one of population growth, but of social and economic injustice. Some countries, developing and developed, attacked the developed countries for overconsumption of resources.

A middle-of-the-road position is that a development policy without family planning risks many difficulties, while family planning without development will most certainly fail. This attitude was echoed by many countries.

The head of the U.S. delegation to the World Population Conference stated that the United States regards population programs, not as a substitute for development, but as an integral part of development.

A Population Council study on the Conference states that as a world forum on population issues it was both rewarding and disappointing. The study found significant the fact that 136 national delegations were able to agree on a plan of action despite their differences. On the other hand, political idealism was emphasized at the expense of considering future development problems and possible solutions. Further, even though experts did not dispute the need for socioeconomic development or view family planning as a substitute, the relationship between the two was a major source of conflict throughout the meetings.

An official of an international organization labeled some delegates' lack of interest in population programs as a reaction to what he termed a somewhat forceful approach by Western donors during the late 1960s and early 1970s to advancing fertility control programs. Resentment also stemmed from a lack of health care followup to treat medical problems that develop from using contraceptives.

An official of AID's Office of Population contends that the conflict between development assistance and population assistance resulted from demands made by certain less developed countries, not because of the inappropriateness of any past population programs, but as a means to focus attention on their needs; and demands for more aid

from the developed countries. The Population Council's report states successful family planning programs were largely undiscussed, as were the future roles of private, national, and international groups concerned with population. For example, a consensus was reached on improving the status of women, although no consideration was given to methods for accomplishing this.

The World Population Plan of Action, the final product of the Conference, also follows this line. It states:

"The principle aim of social, economic and cultural development of which population goals and policies are integral parts is to improve levels of living and the quality of life of the people."

It further states that "population and development are inter-related" and that population policies are constituent parts of socioeconomic development policies, never substitutes for them. The Plan also urged developed countries, whose per capita use of world resources is higher, to develop policies relative to population, consumption, and investment. However, the Plan made neither a commitment favoring family planning programs or an appeal for reducing fertility worldwide. It recognized national sovereignty in determining need for or direction of population policies and clearly affirmed the basic human right of all people to decide the number and spacing of children; to have the information, education, and means to do so; and to act responsibly, taking account of the needs of living and future children and the community.

Within the framework, countries were "invited" to consider establishing population policies consistent with human rights and their national goals if they felt present or predicted growth rates will hinder development.

The previously mentioned Population Council report on the Conference said the Plan

"* * * probably represents the maximum common denominator that could be accepted as a consensus of the nations participating. That maximum is very low in a world containing drastic differences in wealth, education, social organization, ideology, and demographic behavior."

The report added that any document to be accepted by representatives from all countries and all religious and political beliefs must be "carefully phrased to cover a multitude of disagreements."

The Population Council report added further that the original draft used a demographic approach and considered population as a variable, while the approved plan became more a political document which also contained some internal inconsistency. Parts of the Plan emphasized social and economic development matters while other parts relate more specifically to population matters.

Three major viewpoints contributed to the changes. One was ethical, religious or "spiritual" in its form and was sympathetically viewed by a number of Latin American and African countries. The second came mainly from the newly independent countries of Africa. It asserted that the basic cause of the difficulty lay in "exploitation, maldistribution of income, and unfortunate institutional structures." The third viewpoint came from the People's Republic of China. It attacked the draft plan as "being inappropriately concentrated upon demographic variables and lacking in emphasis upon the need for a new international economic order which would eliminate the effects of imperialism, colonialism, neo-colonialism, and hegemonism."

Other positions on population growth

The Secretary General of the United Nations has recognized the need for controlling future increases in population. He stated that

"It should * * * be obvious to every man that rapid population growth strikes a heavy blow to development efforts of many nations around the globe. An immediate commitment to slow population growth is an important prerequisite for future world stability."

Other world leaders have also recognized the need for population planning among countries' overall development objectives. It is considered vital to many other basic goals of countries striving to bring about a better life for their people. U.S. foreign policy recognizes the need to reduce high birth rates as essential to development efforts. The head of the U.S. delegation to the World Population Conference stated, "It is a policy goal of this government to cooperate fully in international efforts to deal with problems of population, food, and development * * *."

Officials of five private organizations--the International Planned Parenthood Federation (IPPF), the Population Council, the Association for Voluntary Sterilization (AVS), Family Planning International Assistance (FPIA), and the Pathfinder Fund--feel current population growth rates pose a serious problem which could adversely affect the quality of future life. They agree that population growth places a particularly heavy burden on the less developed countries' ability to provide food, housing, health care, educational facilities, and other services to citizens.

IPPF officials believe politics to be the principal issue of the world population situation. They stated that governments in less developed countries, especially in Latin America, at times distrust attempts by the U.S. Government, IPPF, and others to institute family planning programs.

A Population Council official regards the central problem as being people's natural bent to follow individual preferences in having children rather than considering some national or worldwide aggregate goal. He added that individuals with higher education tended to have fewer children and concluded that the principal cause of high population growth rates has been the recent decline in the worldwide death rate.

AVS told us that the world is facing a severe population problem. Principal aspects of the problem are considered to be (1) ignorance of the fact people can control their own fertility, (2) religious doctrines, (3) less developed countries' lack of social security systems, (4) high infant and childhood mortality rates, and (5) status in many countries of women as mothers only.

POPULATION AND DEVELOPMENT INTERRELATIONSHIPS

Current population trends are being questioned and a slowdown in growth rates is being advocated in many parts of the world. This concern is based on the effect uncontrolled population growth can have on the quality of human life and the realization that underdeveloped social and economic conditions can create the climate for faster population growth. Subjects being discussed range from the fundamental availability of food and shelter to more intangible questions including the status of women and the need for old age financial security.

Many experts agree that population growth rates affect development and that development affects population rates in some manner. Both population assistance and development assistance are being advocated to deal with the problems created by these interrelationships. Opinions often differ, however, on assistance priorities. Many feel that population should be treated as one aspect of development, with funds provided to countries that want to carry out population research and family planning programs.

Population growth creates many physical and social problems. Increasing numbers of people must be fed, sheltered, clothed, educated, and employed. Breakdowns in these vital services can weaken the hope for a better life which serves as an incentive to limit family size. Further, more and more people are migrating to the cities, compounding these problems and creating tremendous pressure on social and political structures and diminishing resources.

Food and nutrition

Providing adequate food supplies for the growing world population is one of the most important tasks facing mankind. As many as 500 million people's livelihoods are reportedly limited by insufficient intake of calories, proteins, and vitamins. Lester R. Brown, a noted authority on population issues, said the Food and Agriculture Organization has called malnutrition "the biggest contributor to child mortality in the developing countries." Proper nutrition and protein is also crucial for children's mental and physical development. Mr. Brown also stated that protein shortages in the early years cause irreversible damage to the brain and central nervous system, thus restricting learning capacity.

In a report to the Congress, ¹/ we said food shortages can be reduced by increasing the available food supply and limiting the increase in population growth rates. We are currently reviewing opportunities for increasing needed food by reducing losses from spillage, contamination, and deterioration.

Although most authorities agree that agricultural production can be increased from present levels, they are

¹/GAO report, "Increasing World Food Supplies--Crisis and Challenge," B-159652, Sept. 6, 1974.

convinced it cannot be increased indefinitely. The food problem, therefore, can be solved ultimately only by limiting the increase in food demand as well as increasing food output and availability.

Increasing food supply to the undernourished

Improving technology available to the developing countries will increase their ability to feed their people. According to the President of the National Academy of Sciences, the major opportunity for expanding the world food supply lies in obtaining better productivity from lands already under cultivation in the developing countries.

Another key problem is transferring grain from developed countries which produce a surplus to developing countries which do not produce enough. This process involves such international considerations as logistics, price, and the continuing availability of surplus grain.

Production can also be increased through land reform, marketing, and other programs of rural development directed towards involving the impoverished majority in agriculture. According to several sources, labor-intensive farm projects using limited technological advances bring more of the population into the mainstream of a country's economy. They are more likely to contribute to long term development goals than are large-scale operations. Several delegates to the World Population Conference argued that more emphasis should be placed on agricultural needs.

Limiting the increase in food demand

The main causes of rising demand for food are population growth and increased affluence. ^{1/} Population growth creates a demand for a larger volume of food, and rising affluence, in addition to increasing consumption, creates a demand for foods which are more expensive to produce and result in less efficient use of resources.

Authorities agree that no long-run solution to the food crisis can omit decreasing population growth. Notable food production gains have been made in developing countries but have barely kept pace with the rapidly increasing population. For example, food production in developing countries increased about 2.8 percent annually in the past 20 years, but per capita gains were only about 0.5 percent annually.

^{1/}Ibid.

Several world figures have spoken out on the relationship between food and population growth. A Food and Agriculture Organization official stated, "Action must be initiated now to reduce the rate of population growth if we are to have any chance at all of meeting the world's food needs 25 years from now." An executive of a major food processing company described the long-range world food supply picture as grim and added that world output of food must be doubled in the next 15 years.

The other factor which can reduce food demand is to limit per capita consumption. This approach was explored by developing countries, some developed ones, and a representative of the Food and Agriculture Organization at the World Population Conference.

Public health and infant mortality

Mr. Brown stated that infant mortality and life expectancy, two indicators of national health, generally correlate quite closely with fertility levels. Improved health care has reduced infant mortality and increased life expectancy in developing countries. In theory, (1) as infant mortality rates decline, birth rates soon follow and (2) increased life expectancy also reduces the birth rate. Mr. Brown concluded that providing basic health services therefore, appears to be necessary for a decline in fertility.

Although some people believe that reducing infant mortality will speed up rather than reduce the rate of population growth, a Smithsonian Institution report titled "The Policy Relevance of Recent Social Research on Fertility" stated that scientific opinion seems to support the position that decreasing infant deaths will lower the birth rate.

Mr. Brown further wrote that one of the developing countries' greatest problems in reducing mortality rates is determining how to improve the health of as many people as possible, using limited resources. He added that many developing nations have spent much of their health resources on high-quality care for a few while most of the population was deprived of even the most basic health services. An AID strategy paper stated that 85 percent of people in less developed countries have no effective access to any form of health care.

Reductions in mortality may temporarily increase population growth. Several sources feel the developing countries are now at this stage. This imbalance between birth and death rates has created the largest sustained population increase ever experienced.

Education and human resources development

Population affects education, as it does most other areas of development. A rapidly increasing population strains the educational resources available, often already inadequate for a much smaller population. Governments are left with two undesirable alternatives: reduce the quality of education or reduce the number of people receiving it.

The United Nations Educational, Scientific, and Cultural Organization estimated that worldwide adult illiteracy declined from 43 to 39 percent during 1960-65. However, Mr. Brown estimates that the number of illiterates in the world is greater today than 20 years ago. He attributes this increase to population growth, since the percentage of illiteracy is declining. He added that adult illiteracy is concentrated in the developing areas of the world; as many as half to three-fourths or more of the adults in some developing countries are illiterate.

Mr. Brown concluded that many governments have shelved, at least temporarily, efforts to expand education as a result of the pressures on already limited funding created by rapid population growth. Its effects include decreasing proportions of trained teachers and available classroom space.

According to several studies, although unrestrained population growth hampers education, the attainment of educational levels, particularly by females, has a strong limiting effect on family size. Mr. Brown gives the following explanations for this occurrence:

- Formal education can change people's values and preconceptions so they begin to question traditional behavior.
- Educated people tend to be more receptive to innovations.
- Educated people have increased chances of contact with health or family planning counselors.

--Extended educational opportunities are likely to delay marriage and suggest vocational alternatives to childbearing.

--More education often offers greater economic security, which in turn, often results in a smaller family.

The previously mentioned Smithsonian study shows fertility decline due to increased education may be greater in cities than in towns or villages. Mr. Brown's study states that education's effect on fertility also appears to be greater when programs stressing widespread primary education are favored over higher education for a small segment of the population.

Employment and the labor force

Levels of employment, size and composition of the labor force, and types and continuity of jobs affect population growth rates.

One theory states that families may want to have more children as a source of labor, particularly if additional help is needed with a farm or business. One study indicated that many more children aged 10 to 14 were economically active in agricultural countries than in industrialized countries.

In agriculture and other economic sectors in the developing world, new jobseekers outnumber new jobs by two to one. This vast influx of labor is the result of the population explosion which began in many developing countries at least 15 to 20 years ago.

An International Labor Organization official at the World Population Conference said that a billion new jobs would be needed by the year 2000, 90 percent in the developing countries. The Organization estimated that 25 percent of the developing countries' total labor force was either unemployed or underemployed in 1970. This figure is expected to increase to 30 percent by the end of 1980. This pessimistic outlook is supported by the projection that the labor force in developing countries will increase 91 percent by the end of the century. The labor force growth rate in developed countries is projected at 33 percent for the same period.

The nonagricultural sector, according to the Organization, is expected to provide the best chance for expansion in employment opportunities; little expansion is predicted in agriculture.

Status of women

Many feel that fertility can be slowed by integrating women into the economic mainstream. It is theorized that women who have more diversified vocational opportunities are likely to have fewer children than those restricted to farming (still the main occupation in most developing countries). Also, a report issued by the Smithsonian Institute indicates that women with more education, working in well-paying and/or highly-satisfying jobs, are likely to limit fertility to continue working.

Sociologists theorize that women whose work and home environments are compatible, that is, working on one's own farm or business, are likely to have more children than women otherwise employed. Also, children may be desired as a source of labor on farms and in family businesses. In many developing countries, a woman's prime obligation is still to provide sons for her husband. Childless and unmarried women in these societies are less respected.

A report prepared for a congressional subcommittee concluded that:

"As long as woman's role in the LDC's [less developed countries] is essentially restricted to familial one, fertility is likely to remain high. * * * If birth rates are to be reduced in any marked way, it would seem that the LDC's need to afford the women of those countries greater degree of freedom of choice regarding their role in life than they can now exercise. This suggests the need for upgrading their educational and employment opportunities, perhaps to the point of reserving a certain quota of jobs for childless and unmarried women.* * *"

The status of women was one of the major topics of debate throughout the World Population Conference. The World Population Plan of Action states:

"Improvement of the status of women in the family and in society can contribute, where desired, to smaller family size, and the opportunity for women to plan births also improves their individual status."

The Plan has as one of its general objectives:

"To promote the status of women and expansion of their roles, the full participation of women in the formulation and implementation of socio-economic policy including population policies, and the creation of awareness among all women of their current and potential roles in national life."

Resources and the environment

Increasing population and demand for resources threaten the environments of both developed and developing countries. For example, the expanding population's quest for available land has contributed to environmental deterioration. Overgrazing of pasture lands, as in the Sahel, has brought about the advance of the deserts and the loss of much valuable acreage. Increasing populations have also added to pollution.

Concern over the environment and the distribution and conservation of scarce resources was expressed at the World Population Conference. Socialist governments joined by some other developed and developing nations stressed overconsumption by richer countries as a threat to the continued development of developing countries. The need to reduce military budgets to conserve resources for developmental purposes was discussed. Also discussed were ways the poorer countries could best develop their natural resources. A case was also made for a more just distribution of resources and policies to safeguard national wealth while reducing pollution and other environmental stress.

Different opinions emerged regarding the amount of the world's resources. Some felt that resources were infinite and only expanded technology and distribution were required to exploit them while others felt that resources were limited.

Political and civil disorders

Rapid population growth can also disrupt governments and political systems through increases in opposing forces and severe dissatisfaction or concern over deterioration of economic and social conditions. The Secretary General of the United Nations stated that "* * * An immediate commitment to slow population growth is an important prerequisite for future world stability." A Nobel Peace Prize winner and official of the Rockefeller Foundation stated that the basic moral and survival issue for mankind for the next several generations is to devise a way to give all people an opportunity to acquire the basic necessities for a decent life. He added that unless this is accomplished, national and international social and political disorders will increase, putting civilization in jeopardy, as the world competes for the basic necessities of life.

According to a Senate committee report, the burden of providing the necessities of life so often taken for granted in more prosperous countries--food, water, shelter--has already extended many political and economic systems of the developing world beyond their endurance. The inability to provide these necessities has put great pressure on incumbent governments and can ultimately lead to political change.

Social security systems

The theory has been developed that parents may desire large families to insure at least one son survives to provide for them in their old age. The theory concludes that an adequate social security system that parents believe will fulfill their financial needs upon retirement can reduce the desire for a large family.

CHAPTER 4

POPULATION POLICIES AND STRATEGIES

Population policy has been defined by the United Nations as

"* * * measures and programmes designed to contribute to the achievement of economic, social, demographic, political, and other collective goals through affecting critical demographic variables * * *."

Most people live under governments that have formulated and adopted explicit national policies and strategies affecting population growth in some way. Twenty-odd years ago, no developing country had a population policy. The National Academy of Sciences stated the United Nations definition "should be expanded to include measures and programs that are likely to affect critical demographic variables as well as those designed to do so."

It also distinguished between population policies or strategies that may be population influencing and those that may be population responsive. Family planning services, for example, can directly reduce population by lowering the number of births. Decreasing tax exemptions for dependents may have the same effect indirectly by influencing parental decisions on family size. Another example of a population-influencing policy would be inoculation against a potentially deadly disease such as measles. When governments affect births, lives, and deaths, they explicitly or implicitly have population-influencing policies. An example of a population-responsive policy would be building schools where people are concentrated or building enough schools for all the children of a certain age in a given area.

Authorities hold that each country must consider actions on population growth from its own cultural, political, religious, and economic perspective. In the past, most countries, particularly the developed countries, that have decided to promote more rapid population growth have done so because of these factors. Some countries still regard growth as desirable because of low population density in certain regions, the need for laborers to exploit extensive natural resources, and other reasons. In most nations today, however, especially in the developing world,

population policies are aimed at decreasing growth rates according to the Population Reference Bureau. These nations are finding population growth to be a serious problem because it dilutes advances in development.

WAYS GOVERNMENTS CAN INFLUENCE POPULATION GROWTH

Once decisionmakers are convinced that population growth (or in some instances a lack of growth) presents an imminent threat to their country and that the government can alleviate the impact of the situation, several approaches to control are available to government or nongovernment entities. Behavior can be influenced through (1) communication, (2) services, (3) shifts in incentives and disincentives, (4) changes in social institutions and opportunities, and (5) coercion.

Governments can use communications channels to inform, educate, and persuade. They can provide, or encourage others to provide factual information about population and its effect on the economy and individuals. They can provide education through the school system or the mass media to help families make decisions. They can also persuade or exhort people to adopt a given attitude.

In the services area, governments can (1) legislate or decree what means of population control it considers to be medically and morally acceptable and (2) provide and support related services in conjunction with the private sector. For example, a government can say that sterilization or abortion is or is not legitimate and support its position accordingly.

With regard to incentives to encourage either higher or lower fertility, governments can raise or lower the costs of having children through use of maternity benefits, family and child allowances, tax benefits or penalties, social security benefits, education expenses, or payment or nonpayment for each birth after a specified number. Incentives for higher fertility have been adopted in a number of developed countries. Although direct incentives to reduce fertility are not generally used in family planning, some incentives for lower fertility are now being tried in a few developing countries. However, some forms of incentives are expensive as a remedy.

Governments can influence human fertility through social institutions and opportunities. They can, for

example, regulate the age of marriage, initiate health programs that affect the death rate, regulate the level of education, redistribute income, encourage or discourage certain religious observances, and change the status of women. But institutional patterns are complex and such change is usually slow.

Although legal coercion is generally acceptable in such areas as migration, public health regulations requiring certain vaccinations, sanitation, and restricted use of insecticides, it is still largely objectionable with respect to fertility.

Besides the above five approaches, population policies and strategies may be categorized as directly or indirectly affecting growth. Population growth will be affected directly by attitudes and legislation on practices such as abortion and sterilization. Population is affected indirectly by a wide range of matters over which the government has some degree of control, including age of marriage; inheritance laws; polygamy; divorce; educational, political, and economic rights and opportunities; child labor; compulsory education levels; sex education; retirement benefits; and land-tenure systems.

A Population Council report indicates that in the small portion of the world where fertility rates are low (1) full information is available about the consequences of fertility behavior, both individual and collective, (2) people are fully capable of regulating their fertility by medically approved means, according to their beliefs, and (3) pressure on fertility behavior is minimal.

OBSTACLES TO REDUCING POPULATION GROWTH

Policies and strategies aimed at reducing population growth, although increasingly popular, are subject to a number of constraints. Traditional values and customs, religious and ideological resistance, political attitudes, low levels of literacy, and cultural and economic pressures may seriously hinder family planning programs.

Religious beliefs can inhibit efforts to reduce growth rates by applying pressure against any alteration of the "natural" order of things. Documents indicate that religion will continue to influence opinions on population control policies and strategies.

In addition to negative attitudes, population control encounters logistical, administrative, and other difficulties. Some programs have been ineffective because of conflicts between government agencies, poor communications between central and field offices, inadequate financing, and low morale and corruption. Family planning programs meet with such problems as the lack of trained personnel to work in rural areas and conflicting claims on resources.

CRITICISMS OF POPULATION PROGRAMS

Bilateral and multilateral agencies have been criticized for failing to recognize the individual needs of different countries. Also, some recipients feel that donor institutions tend to offer assistance to limit fertility while appearing to withhold assistance for health programs. However, the National Academy of Sciences reported that recipients appreciate assistance that starts family planning programs.

Less developed countries do not view fertility reduction policies as substitutes for development policies. Improving the conditions of life--nutrition and health, skills and opportunities, access to information and understanding--may be essential in reducing mortality and fertility according to the Academy report. It stated that development policies with these objectives should be given more emphasis and a larger share of the resources.

GROWTH OF POPULATION INTEREST WORLDWIDE

The United States has provided funds for population-related activities over the past 10 years. The United Nations has also expanded its humanitarian program over this period to include population considerations. The developed countries have become more concerned with population issues, such as (1) internal population distribution, (2) international migration, (3) ethnic and religious differences, (4) too much growth, largely for environmental reasons, and (5) too little growth, largely for political, economic, and psychological reasons.

The establishment of population policies and programs in recent years by the developing countries, even though other high priorities existed, has been labeled as particularly noteworthy. The Population Council reports that in most of these countries population policies were developed specifically to reduce population growth by reducing

fertility. Most countries have sought reductions through family planning programs designed to provide contraceptive information, services, and supplies for couples who want to control their family size. These programs matured throughout the developing world in the 1960s. Even though family planning programs range from strong and sustained efforts to weak and sporadic ones, "few social policies have been accepted so readily and so broadly across such a range of countries within such short a period of time," according to the Council's report.

AID POPULATION STRATEGY

A recent statement by the Office of Population concerning the population and family planning strategy of the Agency for International Development said:

"The ultimate goal of this program is to improve the health, well-being, and economic status of the peoples of the developing countries by improving the conditions of human reproduction in these societies. We propose to move toward this goal by support of broad gauge population and family planning programs, designed to make family planning information and services fully available to all elements of these societies so that people everywhere need reproduce only if and when they choose."

AID's overall strategy is based on the premises that (1) population growth is outpacing the economic and governmental capabilities of these countries and (2) fertility can and must be reduced. AID has stated that limiting population expansion is critical to improving the quality of life in developing countries, and it views efforts to contain population growth as a part of its congressional mandate.

According to an AID official, a developing country with a high population growth rate and no effective fertility control program is not planning for successful development. Furthermore, rapid population growth in many developing countries continues to diminish development gains when considered in per capita terms. The Director of the Office of Population has stated that improving economic development will have little effect on fertility unless accompanied by improved availability of more effective means of population control.

AID views such assistance for fertility reduction as a substantial form of developmental aid. In a paper on general strategies, AID has stated that it should not, by action or inaction, feed the "futile arguments" about whether development is necessary to lower fertility. While officials believe that population assistance has merits, even without development assistance, they have recognized that it cannot be considered an alternative to development activity.

The International Planned Parenthood Federation, the Family Planning International Assistance, the Population Council, the Association for Voluntary Sterilization, and the Pathfinder Fund also feel that economic and social development assistance and population assistance must be coordinated. Officials from IPPF and the Population Council said present coordination is generally adequate. The organizations also agree on the effects of rapid population growth on development. FPIA said a continually rising population growth rate will keep a country's per capita income low, even if it achieves a high economic growth rate. A Population Council official said that the benefits of development assistance can be immediately canceled out by a rapidly growing population.

AID considers integrated, inexpensive health and family planning programs adapted to the needs of the rural and urban poor to be essential. AID's activities in these areas show its increasing concern with coordinating population assistance with other development assistance in terms of the relationships discussed in chapter 3. However, discussions with AID officials indicate that there is inadequate knowledge of the impact on fertility of nonpopulation assistance projects.

AID favors educational efforts over restricting development assistance to countries that fail to adopt family planning programs. Its policy is to encourage planners in developing countries to consider how high rates of population growth could frustrate development plans.

AID favors increasing donor involvement in meeting developing countries' needs for population assistance. Donors should encourage actions to lower fertility in those countries where population growth will most seriously unbalance sound social and economic development. AID considers reaching the more than 85 percent of developing

populations not reached by any form of family planning or health-related services as essential to solving the world's population growth problem and probably to the economic and political futures of the less developed countries. While AID favors earlier and greater assistance by many donors to control unwanted fertility and for health, development, and other purposes, it recognizes that developing countries themselves must play an important role in these matters and develop the priorities and resources to do this for themselves.

CHAPTER 5

U.S. POPULATION ASSISTANCE

While population assistance programs are relatively new, the United States, other countries, and private entities have long been involved in bilateral and multilateral foreign assistance programs.

OVERALL FOREIGN ASSISTANCE

U.S. foreign assistance started on a large scale with the postwar relief period of 1946-48 and was continued under the Marshall Plan, 1949-52; the Mutual Security Act, 1953-61; and the Foreign Assistance Act, from 1962 to the present.

U.S. assistance in the form of loans or grants totaled about \$197 billion during fiscal years 1946-74. U.S. foreign assistance is currently provided largely through the Foreign Assistance Act of 1961, as amended, and the Agricultural Trade Development and Assistance Act of 1954, as amended. From July 1961 through June 1974, about \$112 billion in economic, military, and other assistance was provided. In 1974 the principal donors provided \$14.5 billion in development assistance, over \$3 billion of which came from the United States.

In 1973 the Congress revised U.S. foreign economic aid policies, giving priority to helping the impoverished majority improve their standard of living and participate more effectively in the development process.

Earlier development strategies assumed that economic benefits from growth would soon "trickle down" to the poor. In fact, while the poor benefitted slightly from development in some countries, many of the very poorest were no better or even worse off than a decade earlier. AID, with overall direction from the Congress, shifted its development assistance strategy toward "people-oriented" programs. AID has stated that the population, food, and energy crises confirm the urgency and thrust of its new development assistance emphasis.

Foreign assistance legislation, as restructured by the Congress, is now focused on (1) population and health, (2) food and nutrition, and (3) education and human resource development--the problems of the poorest people. AID stated it has a mandate to help the poor majority in

developing countries raise their living standards beyond subsistence levels. AID's current strategy also points out that the problems of poverty are complex and not easily solved. They require (1) difficult self-help efforts by the developing countries, (2) sustained, imaginative, and innovative assistance programs, and (3) manpower, technology, and capital to fill the critical gaps.

POPULATION ASSISTANCE

Population assistance started in 1965 with the expenditure of some Foreign Assistance Act funds. In the program's first 3 years, about \$10.5 million was obligated for this purpose. AID's population assistance program was more fully defined by the Congress in 1968, when section 291 of title X of the act stated:

"It is the sense of the Congress that, while every nation is and should be free to determine its own policies and procedures with respect to problems of population growth and family planning within its own boundaries, nevertheless, voluntary family planning programs to provide individual couples with the knowledge and medical facilities to plan their family size in accordance with their own moral convictions and the latest medical information, can make a substantial contribution to improve health, family stability, greater individual opportunity, economic development, a sufficiency of food, and a higher standard of living."

Section 114 of the Foreign Assistance Act of 1961, as amended in 1973, restricts the use of funds relative to abortions as follows:

"Section 114. Limiting use of funds for abortion--None of the funds made available to carry out this part (Part I of the Act) shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

AID reviewed its population assistance programs in the light of this amendment and issued a policy statement on abortion-related activities on June 10, 1974. This policy

prohibits the use of AID funds for any program or activity directly supporting abortions as a means of family planning; however, it does permit AID to support research relating to the termination of pregnancy.

With the advent of title X, the Congress began earmarking population assistance funds in fiscal year 1968, and obligations have grown rapidly since that time, ranging upward from \$34.7 million in fiscal year 1968 to a high of \$125.5 million in 1973. (See app. I.) During recent years, about 15 percent of AID's project assistance and about 5 percent of all AID assistance have been for population programs. (See app. III.)

By the end of fiscal year 1975, AID had provided about \$732 million in international population assistance as follows:

<u>Type</u>	<u>Funds</u> (millions)
Centrally funded	\$283.1
Regional and country projects:	
Regional	77.2
Country	241.0
U.N. Fund for Population	
Activities	97.0
AID/Washington operational expenses	<u>34.0</u>
Total	<u>\$732.3</u>

The distribution of AID funds (see app. II) may also be shown as follows:

<u>Distribution</u>	<u>Funds</u> (millions)
Private voluntary organizations	\$199.3
Universities	92.8
Participating agency service agreements	20.3
Bilateral programs	247.4
UNFPA	97.1
Other agencies	41.4
AID operational expenses	<u>34.0</u>
Total	<u>\$732.3</u>

As part of its program, AID spent \$105 million for research and related activities and \$100 million for contraceptives and other fertility control materials (both included in the preceding figures).

According to a paper prepared by the Director, Office of Population, these AID funds have encouraged some 50 other governments to contribute resources to ease world population problems. The paper states that during the past 10 years the United States has contributed approximately 60 percent of all available international resources for development of population and family planning programs. (See app. IV for other donor contributions.)

AREAS AND NATURE OF AID POPULATION ASSISTANCE

The rapid growth and complexity of AID's population program created a need to categorize projects and activities. During 1970 and 1971, six major categories or goal areas of population program activities were devised: (1) improvement of demographic data, (2) population policy development, (3) biomedical research to improve family planning methods and operations research to make delivery of family planning services more effective, (4) support for delivering family planning services, including provision of contraceptives, (5) support for information and education activities, and (6) support for training and institutional development. The organization of the AID Office of Population is essentially focused around these six areas, with a headquarters technical division responsible for each area.

The Office of Population also includes three geographic divisions--the African Division; the Asia and Near East, North Africa Division; and the Latin American Division. The three geographic divisions bring to bear expertise in their respective areas of responsibility and act as liaison between the field missions, the technical divisions, other Washington AID offices, and other organizations engaged in population activities.

Activities in the technical divisions can be in support of either country and regional projects or centrally funded programs. Of all AID population funds through fiscal year 1975, 43 percent (\$318.2 million) was for country and regional projects and 57 percent (\$414.1 million) for centrally programmed activities.

While the overseas missions help develop and administer country and regional projects, the six headquarters technical divisions develop and centrally fund projects and monitor contracts and grants. The headquarters divisions also collect, analyze, and coordinate information.

AID population activities are carried out in a variety of ways--through contracts and grants with private voluntary organizations and universities, international organizations, arrangements with other government agencies, and project agreements with host countries. Because much of AID population funds are spent through private voluntary organizations and universities and through international organizations and because these institutions play a major role in the field of population, they are discussed separately in chapters 6 and 7.

AID expenditures over the years by category or goal area are shown in appendix I. The objectives of the headquarters divisions responsible for each category, as shown in AID documents, are summarized below.

Demographic and economic analysis

Demographic and social data are necessary to identify population growth problems in the developing countries. In many developing countries, fertility data does not exist or is seriously unreliable. Assistance has been provided to develop more reliable data with respect to the collection of demographic data and the use of data in connection with population programs.

AID's goal is to generate and analyze demographic data to (1) measure the impact of AID-supported family planning programs, (2) give officials of less developed countries an understanding of population problems, and (3) assist family planning administrators in program design and implementation.

The World Fertility Survey is one endeavor AID has supported to help less developed countries improve their data collection. The objective of this 5-year international research program is to provide scientific information which will permit each participating country to describe and interpret its population's fertility rates. The survey is a major effort towards producing internationally comparable data.

Population policy development

The responsibility of this division is to persuade governments to adopt population policies. These efforts must take into account the differences between countries, the changing needs of countries for population policies and must assess these needs in light of other claims for scarce resources. Its actions have included informing country officials on the unfavorable impact of rapid population growth and analyzing (1) the consequences of population growth, (2) social and economic influences on fertility, and (3) the effects of laws on population.

Country studies, workshops, and seminars have been used to reach policymakers in less developed countries.

The longrun objective of population policy development is to shorten the timespan within which all countries experiencing rapid population growth will:

- Clearly establish national policies to lower birth rates.
- Implement adequate family planning procedures and policies.
- Institutionalize expertise to insure that public commitments and improvements in national fertility control programs continue.

The principal intermediate objective as stated in an AID document is

"* * * to promote and provide assistance in the formulation, implementation and continuing improvement of population policy in those countries whose control of population growth will most help to ameliorate the global growth problem."

Population policy development can be divided into four stages: policy startup, inadequate policy, maturing policy, and self-sustaining policy. AID prefers to give greater financial assistance to those countries that have decided to reduce population growth and are now in the inadequate policy or maturing policy stages because it recognizes they have greater absorptive capacity. Division projects are based on a country's stage of policy development; helping countries with the greatest need is emphasized.

Research

AID supports a broad range of biomedical and operational research to make new information and improved methods available for developing countries' population programs. The AID research program has been directed toward applied rather than basic research and has pursued a few leads in depth rather than trying to cover all approaches. A subject's relevance to developing countries' needs has been a major consideration in selecting topics.

Biomedical research

Biomedical research funds have been applied in three areas: (1) research to develop a once-a-month, self-administered method of fertility control, (2) research to improve currently available means of fertility control, and (3) comparative clinical field trials of fertility control methods in less developed countries. AID has assigned a high priority to the first of these three areas.

According to AID, research on existing methods has led to increased efficiency and effectiveness of family planning programs where these methods were used. Improvements in current means of fertility control are needed in the areas of personal acceptability, suitability to less developed countries' family planning programs, and practicality. Methods receiving attention include abortion, oral contraceptives, intrauterine devices, and sterilization.

Operational research

Operational research in family planning aims at improving delivery of family planning services and focuses on developing ways of stimulating and satisfying demand for control. Also, pilot studies on various fertility control methods, improvements in service statistics systems, and tests of mobile clinics and other delivery systems have been carried out in a number of countries, including India, Pakistan, Turkey, and the Philippines.

Family planning services

This division develops activities designed to support initiation and expansion of family planning services when requested by developing countries and provides commodities and technical consultation. The division's goals are to:

- Expand the range of contraceptive services offered.
- Improve and expand delivery systems.
- Improve the capability for internal evaluation of performance as a management tool.

The division's programs are carried out through grants and contracts with private organizations to provide oral contraceptives, condoms, etc., to promote commercial distribution of contraceptives, and to provide advice and assistance to national organizations.

AID claims population programs in most of Latin America and Africa would not have survived without private and international grantees and contractors. These intermediaries enable the United States to support priority programs in countries where family planning is too sensitive for direct government participation. (See chs. 6 and 7.) Grantees are currently doing most of the ground-breaking work in non-clinical distribution, sterilization, and clinical use of paramedicals.

The division also provides technical assistance for all the medical aspects of family planning, including information on pills, intrauterine devices, conventional contraceptives, newly developed contraceptives, and all the surgical methods of fertility control except abortion. Assistance is provided in such areas as medical problems, selection of proper medical instruments and kits, pill formulation and specifications, use and repair of laparoscopes (surgical instrument used in female sterilizations), and reviews of medical aspects of grantee proposals.

Population information, education, and communication

Information, education, and communication assistance aim specifically at helping less developed countries evolve or improve their population information delivery systems. Different methods are needed for delivering the intended message, depending on the information, education, and communication resources available, the stage of policy and program development, cultural and social attitudes, the target audiences, the channels to be used, the needs imposed by program activities, and other factors.

AID's position is that the behavior of five target audiences in the developing countries must change to make family planning successful. These five audiences are, in order of priority, (1) parents, (2) policymakers, (3) future parents, (4) the general public, and (5) deliverers of information and services. AID plans to help developing countries develop and implement education strategies to reach the five audiences.

AID's priorities include (1) emphasizing cost-effective activities which show the greatest promise of directly and quickly lowering fertility in countries where population growth is likely to severely hamper development and (2) helping less developed countries to devise inexpensive actions to reach their population with simple, safe, and effective family planning methods. This program has encountered many problems; it must be able to (1) get its message to people in remote areas, (2) convince them to use contraception and to use it on a continuous basis, and (3) make sure services are located so that couples will take advantage of them.

Manpower and training

AID has identified two objectives in this area: (1) to effectively assist priority developing countries in training enough competent, effective personnel to perform family planning functions required to slow population growth and (2) to make it possible for family planning programs in priority countries to obtain support: personnel from indigenous institutions so they will cease need outside assistance.

Manpower development

AID supports training programs through a series of grants and contracts. According to AID, grants and contracts are designed to eventually shift all training out of the United States and into the countries themselves. Programs include (1) advanced family planning training in the United States for nurses and midwives, (2) an international training program for obstetricians and gynecologists, (3) a worldwide training program for social workers, (4) a program directed at improving the training systems in the less developed countries, and (5) training for managers of family planning organizations.

Institution building

AID supports projects designed to increase the self-sufficiency of host country institutions. AID feels that every major population program requires strong institutional support. To support programs in the developing countries, institutions are needed for research, training, data collection and analysis, technical advice, program evaluation, and information retrieval. These are long-range activities and require well-trained personnel.

CHAPTER 6

UNIVERSITIES AND PRIVATE VOLUNTARY ORGANIZATIONS

At an early date AID adopted the position recommended by the Congress that many organizations would be needed to help developing countries attack their population growth problems. Consequently, much of AID's annual appropriations for population assistance are spent for contracts and grants with universities and private organizations.

UNIVERSITY GRANTS AND CONTRACTS

AID grants and contracts with universities amounted to about \$10.7 million in fiscal year 1975, about 10 percent of the year's population assistance allocation. Cumulative obligations since 1965 have amounted to \$92.8 million, or 13 percent of the \$732 million obligated for population programs. (See app. II.) Universities conduct population-related projects in the six functional and three geographic areas of AID's population assistance activities. As of June 30, 1975, 22 universities in 13 States, the District of Columbia, and 2 foreign countries were operating population projects under AID grants and contracts. Since 1965 over 30 universities have participated. The University of North Carolina and Johns Hopkins University in Baltimore have received the most AID population contracts and grants given to universities, approximately 30 percent of the total. The University of North Carolina alone has had 13 separate contracts and grants.

Many university contracts and grants are in two functional areas: (1) research and (2) manpower development and training. Sixteen active projects in these two areas represented 46 percent of all university projects as of June 30, 1975.

Manpower development and training

During fiscal year 1973, 988 students received family planning training in AID-supported university programs at 7 U.S. schools. Nine projects for organizing training programs and training people in less developed countries were in process as of June 30, 1975.

These nine projects include agreements with Johns Hopkins University, University of North Carolina, and University of Michigan. These universities provide many

services, such as clinical trials and studies of different contraceptive methods, and six other projects, including:

- A grant to the State University of New York to expand its program of clinical family planning training for nurse-midwives from less developed countries.
- A grant to the University of Hawaii to enlarge its school of public health into a comprehensive academic center for family planning training, research, and advice.
- A contract with Harvard University to enable less developed countries to design national development policies and programs. Government representatives and scholars are given advanced education in population economics, dynamics, and policy for an overview of the consequences of rapid population growth.

Research

About 10 biomedical and operational research projects with universities were active as of June 30, 1975. Several research subprojects under University Services Agreements with three universities were also active at this time. Biomedical research is aimed at improved fertility control. For example, as of 1975, 18 institutions had undertaken studies on one of the new methods AID was testing to develop a self-administered means for controlling fertility after recognizing pregnancy or its possibility. Operational research is being conducted to improve the delivery of services.

Examples of both types of university research include:

- A contract with Johns Hopkins University to establish a research program for developing and evaluating simplified fertility control techniques suitable for developing countries and to train developing country physicians in up-to-date techniques of fertility control.
- A contract with George Washington University, Washington, D.C., to provide analysis of population information and rapid diffusion of research findings to individuals working in population programs, particularly in less developed countries.

--A research contract with Washington University in St. Louis, Missouri, to carry out controlled clinical trials on human subjects using prostaglandins as a means of fertility control.

Other functional areas

AID had nine active projects as of June 30, 1975, in its other four functional areas--demographic and economic analysis; policy development; family planning services; and information, education, and communication.

The nine ongoing projects represent 26 percent of university grants and contracts as of June 30, 1975. Projects in these areas include:

--Phase two of a project with the University of North Carolina to create or improve data collecting systems to insure a continuing flow of reliable fertility data for selected high-priority countries as a whole or for major subdivisions so changes in population growth can be monitored.

--A contract with the California Institute of Technology to establish regional observers and compare the economic and social context of population policies and family planning programs as a sequel to another contract.

--A University of Chicago program which emphasizes (1) the production by trainees of materials for interpersonal, group, and mass media programs to reduce population growth through persuasion, (2) research on communication as a discipline within the social sciences in less developed countries, and (3) academic course work in behavioral sciences relevant to field family planning programs. The project provides graduate-level training in population program communication.

Regional and country projects

Six regional projects (four in the African region, and one each in the East Asian and West Asian regions) and four country projects (in Indonesia, Nepal, Ghana, and Colombia) were also being conducted by university groups. These 10 projects represent 28 percent of AID's ongoing university-administered population projects as of June 30, 1975.

Regional and country projects include:

- A contract with Meharry Medical College in Nashville, Tennessee, to develop integrated maternal, child health, and family planning services in selected African countries and to develop a cadre of American medical and paramedical personnel capable of undertaking projects for such services.
- A contract with the American University of Cairo to determine the most cost-effective household contraceptive delivery system for the widest coverage of Egypt and as a possible prototype for use in other countries.
- A project with the University of Hawaii school of public health to support Indonesia's efforts to reduce growth rates so that the country's population in the year 2000 will not exceed 220 million.
- A project with the University of North Carolina to assist (1) the National Statistics Department of the Government of Colombia in developing its institutional capability to obtain reliable data on demographic, hygienic, scholastic, and economic characteristics of the Colombian population and (2) various Colombian institutions in training specialists to implement their population programs.

PRIVATE VOLUNTARY ORGANIZATIONS

Total AID funding to private voluntary organizations from 1965 to 1975 was \$199 million, 27 percent of the total AID population program. IPPF received the largest share--\$68 million, or just over one-third. These organizations' fiscal year 1975 allocation was \$31.3 million, or 29 percent of the AID population program for that year.

The following discussion of the activities carried out through AID grants and contracts is based on information obtained concerning the major voluntary organizations funded by AID.

International Planned Parenthood Federation

The International Planned Parenthood Federation, an international organization made up of autonomous national family planning associations, was an achievement of the

formative years of the family planning movement begun early in this century. Established in 1952, IPPF now has 93 affiliated associations in developed and developing countries (about 85 percent are in the developing world).

The main aims of IPPF are to achieve the introduction and support of family planning services throughout the world and to increase people's and governments' understanding of the population problems of their own communities and the world as a whole. It views family planning as a couple's human right to control the number and timing of their children.

IPPF is financed by voluntary contributions from private citizens and foundations and by financial assistance from governments and the United Nations Fund for Population Activities. According to AID, IPPF's total 1974 cash income of \$41,535,000 comprised

- \$27,065,000 in grants from government agencies, including \$12,159,000 (29 percent of total cash income) from AID (see app. II);
- \$2,024,000 in contributions from private sources;
- \$31,535 from other income, including dividends and interest.

Because of the wide diversity of problems confronting its members, IPPF is divided into six regions--Europe, Africa, Middle East and North Africa, Indian Ocean, East and Southeast Asia and Oceania, and Western Hemisphere. The regional offices assist family planning associations in their areas, arrange regional conferences, encourage the establishment of new affiliates and submit reports and accounts to the IPPF governing body.

Population approach and activities

Family planning associations are involved in contraceptive services; personnel training; and educational programs covering the personal, health, social, and economic benefits of family planning. For example, in Ethiopia in 1973 plans were made for a conference with the Government's Family Welfare Division to seek better methods of health education. Also in 1973, the Europe region of IPPF called together representatives from governments and Planned Parenthood Associations of 14 countries to discuss the basic human right of family planning.

Project proposals are usually submitted by an association within a country, according to an IPPF official. He added that no AID approval is needed for projects. However, AID does approve IPPF's annual program.

IPPF evaluates its own projects. An IPPF official was unaware of any AID evaluations of individual affiliates. AID, however, has received annual appraisals since 1972 from its missions and U.S. Embassies and the AID Auditor General performs annual audits on IPPF activities as reported previously by GAO. 1/

Family Planning International Assistance

Family Planning International Assistance, organized in 1971 to start and support family planning programs, is the international arm of the Planned Parenthood Federation of America. The Planned Parenthood Federation of America is the U.S. affiliate of IPPF.

FPIA operates in some of the same countries as IPPF national affiliates, and the Planned Parenthood Federation of America is the only affiliate with an overseas branch. An AID official stated that the Planned Parenthood Federation of America restricts FPIA's support of IPPF affiliates to those activities approved by IPPF headquarters. She feels FPIA is adhering to this restriction.

AID's grant to FPIA in 1974 totaled \$3.7 million. The Planned Parenthood Federation of America also receives funds from another U.S. Government agency.

Population approach and activities

FPIA provides material, financial, and technical assistance for family planning programs overseas and sponsors indepth training assistance for the development of information, education, and communication materials and program strategies. FPIA assistance is provided through church-related hospitals and other private organizations.

FPIA representatives based at three field offices travel throughout different continents to identify or

1/"U.S. Grant Support of International Planned Parenthood Federation Needs Better Oversight" (B-173240), Sept. 14, 1973.

develop projects and to evaluate new grant proposals. They look for innovation and effectiveness when deciding upon a project. They fund innovative projects rather than typical family planning programs. Also, they want to be sure that projects are capably managed. Proposals must be approved by their headquarters office.

FPIA judges each project's effectiveness by whether it meets FPIA's and the project's objectives. AID also approves and evaluates FPIA projects.

Population Council

The Population Council was started in 1952 as a private, nonprofit organization to work and to support work in the general area of population. In the 1950s the Council concentrated mainly on support of demographic and biomedical research and training; in the 1960s it branched out to provide technical assistance to family planning programs around the world. In August 1976 the Council was planning a re-organization which would give it three main divisions.

- A Center for Policy Research to investigate important interrelationships between existing and anticipated development processes, policies and programs, and demographic behavior.
- A Center for Biomedical Research to build on the fundamental research undertaken by others and developed integrated programs and applied research and mission-oriented basic research on human reproduction, fertility regulation technology, sterilization and abortion, and the safety and health effects.
- International Programs Division to provide collaborative services in the planning, implementation, and evaluation of population-related programs (no special programmatic restrictions), with special interest in such issues as roles and status of women; project-level interrelationships between population and other development activities; sterilization and abortion; safety and health effects of fertility regulation methods; and transfer of appropriate fertility regulation technology.

The Council's 1974 funds of \$15,582,000 were drawn from the Rockefeller Foundation and other Rockefeller sources (16 percent), the Ford Foundation (27 percent), AID (21 percent), and other organizations and individuals.

Population approach and activities

The Council makes known what types of projects it is interested in through formal announcements and word of mouth. It receives many applications, which are reviewed at quarterly committee meetings.

Council activities include analyzing and understanding the world population problem and providing technical assistance. It makes governments aware of the nature of population problems and alternative solutions. The Council performs research and organizes existing knowledge for policymaking. It promotes training and education to insure a continued increase of knowledge. For example, in 1974 the Council completed a comprehensive survey of institutional capacities for population-related teaching and research in 65 countries in Africa, Asia, Latin America, and the Middle East.

The Council provides direct technical assistance through training programs in the use of contraceptives and the development of new birth control methods. It also makes many publications available to governments and organizations and provides direct assistance to those who request it.

The Council monitors projects and prepares final project reports. A Council official could not cite specific effectiveness criteria used for evaluating projects. He said each project must be dealt with separately, but basically, projects should meet their proposed objectives.

Association for Voluntary Sterilization

The Association for Voluntary Sterilization is a medically oriented organization about 30 years old. Its objective is to promote voluntary sterilization of males and females, nationally and worldwide, as an effective means of contraception available to all. The organization's immediate concern is helping people obtain sterilization, rather than a broad program of population control.

AVS' international project fosters and supports voluntary sterilization in various types of health programs around the world. Since August 1972, the project has funded over 50 voluntary sterilization projects in 28 countries. AID's 1974 grant to AVS totaled \$1,561,175, 79 percent of AVS' total 1974 income of \$1,982,206. Other funds come from general contributions and other items.

Population approach and activities

AVS supplies various services, including consultation and counseling for hospitals, family planning clinics, and individuals requesting sterilization; training in performing sterilizations, especially in U.S. poverty areas such as Appalachia and less developed countries; and sterilization equipment. It does not provide services directly but works with organizations already operating in a country. AVS also has sponsored three world conferences on voluntary sterilization, including one in Geneva in 1972 and one in Tunis this year.

Each project proposal received by AVS must go through a formal review before receiving grant approval according to an AVS official. Each project has its own objectives and is chosen according to criteria which depend on its scope. International projects are considered only for developing countries.

AVS has a formal system of project evaluation. A project is considered successful if it is meeting its objectives. An AVS official said although AID does not formally evaluate AVS projects, he feels AID missions are aware of each project's status and offer comments and suggestions.

The Pathfinder Fund

The Pathfinder Fund was incorporated in 1957 to continue the work begun in 1929 by its founder. He assisted in the establishment of the first public family planning clinics in many U.S. cities. After World War II, he expanded his work internationally by providing assistance to developing countries in starting family planning clinics. Pathfinder is a public, nonprofit foundation. Pathfinder goals are to help people achieve their own goals and to develop viable organizations that will continue work on programs and fertility regulation after Pathfinder support is withdrawn.

The Pathfinder Fund operates four regional offices--South America, Central America and the Caribbean, North Africa and the Middle East, Sub-Saharan Africa--and two country offices--Djakarta and Manila. During fiscal year 1974, 110 projects and 68 grants were funded in these regions. Additional projects were funded in the United States, in Europe, and on a nonregional basis. Worldwide

activities were supported in a total of 49 countries. AID provided nearly 90 percent (\$3,338,381) of Pathfinder's support (\$3,786,907) during fiscal year 1974.

Population approach and activities

Proposed projects to be supported with AID funds are submitted to AID for its approval.

The type of activities supported included introduction and promotion of family planning services or techniques for their delivery; provision of commodities, including contraceptives; testing and providing other techniques for fertility control that complement methods in use or offer improved protection; development and conduct of programs to influence attitudes on population issues; and programs to train individuals to conduct family planning programs. Pathfinder attempts to develop in-country capabilities whenever possible.

In fall 1975, an independent team approved by AID did a comprehensive evaluation of the Pathfinder Fund to determine the effectiveness of the program. The team concluded that, in general, the Pathfinder Fund had met the objectives stated in the AID grant.

POPULATION ACTIVITIES OF ORGANIZATIONS NOT SUPPORTED BY AID

Many organizations not directly supported by AID funds earmarked for population assistance have active population programs.

Ford Foundation

The Ford Foundation is a private, nonprofit institution that funds other organizations trying to solve national and international problems. Between 1952 and 1974 the Foundation made grants totaling about \$192 million to the population field. The recipients included governments, private organizations (including IPPF), universities, and research institutes. To date, population assistance has concentrated on research in reproductive biology and improving contraceptives, help in establishing public and private family planning programs, and analysis of the relationships between population growth and economic and social change.

Population Institute

The Population Institute is a privately funded nonprofit organization whose objective is to disseminate population information and stress the need for education and discussion about population problems with people in their child-bearing years. The Institute receives minimal AID funds indirectly through work with Family Planning International Assistance. Most of the Institute's work was in this country; however, it opened an office in Costa Rica in 1975 to carry out population communication work in Africa, Asia, and Latin America. The Institute comprises four divisions. The youth and student division encourages youth to play an active role in population problems. The organization liaison division encourages different types of organizations in the United States to educate their members on population problems. The education division maintains dialogue with groups which influence the formulation of educational methods. The communications center works with the entertainment industry, the news media, broadcast unions, media associations, and others to disseminate information. It encourages people in these industries to deal with population themes and distribute population information.

Church World Service

Church World Service established in 1946 by 17 U.S. Protestant denominations to act globally as a cooperative relief and rehabilitation agency has 31 participating denominations. Its work includes immigration and refugee programs, material resources programs, disaster and emergency relief, and planned parenthood programs. Its 10-year-old planned parenthood program currently concentrates on funding educational projects rather than delivering contraceptive supplies. Top priority is now placed on the integration of family planning with community development. The program's basic concept is to enhance the full development of individuals within the context of the family and the wider community with information emphasizing human dignity, life quality, and responsible sexuality. Church World Service helps church-related organizations overseas by donating funds, personnel, and supplies to their family planning programs.

Rockefeller Foundation

The Rockefeller Foundation is a philanthropic organization, chartered in 1913, "to promote the well-being of

mankind throughout the world." Its work has been "directed toward identifying and attacking at their source the underlying causes of human suffering and need." It is both a granting and operating foundation. Population and health is one of its seven areas of activity. Most Foundation population grants are given to U.S. universities; in the social science field, funding is also given to universities in developing countries. The Foundation has also given funds to the Population Council and the Planned Parenthood Federation of America. The Foundation's population program was begun in 1963. The Foundation has been particularly active in promoting research in reproductive biology, and the social and economic factors and consequences of population behavior.

CHAPTER 7

POPULATION ASSISTANCE BY INTERNATIONAL ORGANIZATIONS

Two main international organizations provide worldwide population assistance: (1) the United Nations Fund for Population Activities and (2) the International Bank for Reconstruction and Development and its affiliate, the International Development Association (hereafter referred to collectively as the World Bank).

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

UNFPA was created in the late 1960s to improve understanding of population problems and provide the means for coping with them. With increasing resources made available by donor countries, the UNFPA role has changed from promotional to one of providing development assistance through population programs. According to a United Nations Development Program (UNDP) official publication, documentation on how population influences development is scarce. There is, however, a consensus developing on the importance of the relationship.

In 1969 the overall supervision of UNFPA, a trust fund of the Secretary General, was given to the Administrator of UNDP. In December 1972, UNFPA was placed under the authority of the General Assembly by its Resolution 3019. The UNDP Governing Council was designated as UNFPA's governing body, subject to terms to be set by the Economic and Social Council.

In May 1973 the Economic and Social Council established a mandate for UNFPA which outlined UNFPA's aims and purposes. It stressed UNFPA's leading role in promoting and coordinating the United Nations system's population programs and contained the provision that recipient countries have primary responsibility for implementing such programs. The resolution largely coincides with population needs defined in the World Population Plan of Action adopted at the Bucharest conference.

Budget information

UNFPA is financed by contributions from governments. A total of \$53.4 million in contributions was pledged to UNFPA by 48 countries in 1974; the United States pledged \$19.7 million, or 37 percent. In addition, UNFPA earned \$3.7 million

in miscellaneous income, mainly interest. While revenue totaled \$57.1 million in 1974, expenditures that year amounted to \$61.4 million, using \$4.3 million of UNFPA's reserves. A breakdown of 1974 expenditures follows.

United Nations agencies executing programs:

Food and Agriculture Organization	\$ 1,212,925
International Labor Organization	3,367,551
United Nations Development Program	6,224,374
United Nations Educational, Scientific, and Cultural Organization	3,793,540
United Nations Children's Fund	5,033,722
Office of Financial Services	317,251
Office of Technical Cooperation	12,323,480
World Health Organization	<u>11,250,533</u>
	<u>\$46,924,426</u>
Nongovernment organizations	8,039,817
Program support and administra- tive costs	2,547,393
Contributions transferred to IPPF	<u>3,876,216</u>
Total	<u>\$61,387,852</u>

The Population Division of the United Nations Secretariat and the regional economic commissions makes studies on how population affects economic conditions throughout the world. The Population Commission is an advisory body to the United Nations Secretary General. The United Nations Industrial Development Organization and the Population Commission have also participated in UNFPA population programs.

Objectives

The aims and purposes of UNFPA have been defined in a UNDP publication as follows:

"(a) To build up, on an international basis, with the assistance of the competent bodies of the United Nations system, the knowledge and the capacity to respond to national, regional, interregional and global needs in the population and family planning fields; to promote coordination in planning and programming, and to cooperate with all concerned;

"(b) To promote awareness, both in developed and developing countries, of the social, economic and environmental implications of national and international population problems; of the human rights aspects of family planning; and of possible strategies to deal with them, in accordance with the plans and priorities of each country;

"(c) To extend systematic and sustained assistance to developing countries at their request in dealing with their population problems, such assistance to be afforded in forms and by means requested by the recipient countries and best suited to meet the individual country's needs;

"(d) To play a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund."

An AID official said UNFPA's priorities for carrying out this mandate are determined as follows:

- Requests for regional, interregional, and global activities are given lower priority than country requests.
- Countries with extreme population problems, such as Bangladesh, are given greater consideration than countries with lesser problems. The Director of UNFPA said that in 1975, 14 percent of resources were allocated to the 29 least developed countries.

Program planning

Country projects comprise 70 percent of UNFPA-funded activities, according to an AID official. He added that the UNFPA country agreement was concerned with both population and development within a country. The idea of country programming, practiced by both UNFPA and UNDP, was evolved to allow each country to determine its own needs and to assign priorities. UNFPA officials' experiences have been that concentration on country programming, utilization of large-scale country agreements, and direct implementation by in-country representatives are techniques which result in better planning and more efficient program delivery. UNFPA's Executive Director warned in a recent address that the UNFPA must not set national priorities; that is the sole prerogative of each government.

A noted increase in country activities and agreements came about in 1974. Agreements had been concluded with Chile, Cuba, Dominican Republic, Egypt, Indonesia, Iran, Malaysia, Mauritius, Pakistan, Philippines, Sri Lanka, and Thailand before 1974. New agreements were approved in 1974 with Bangladesh, Kenya, India, Republic of Korea, and Turkey, as well as a revised and extended agreement with Pakistan.

Regional, interregional, and global projects make up the remainder of UNFPA activities. In 1974 a limit was placed on these activities because the increased demand for country projects had strained UNFPA resources.

Workplan

According to an AID official UNFPA has divided its activities into six work plan categories for programing, planning, and reporting: basic population data, population dynamics, population policy, family planning, communication and education, and program development.

The workplan presents a forward look at the objectives, programs, and financial requirements of UNFPA according to an AID official. The current and anticipated project activities and their budgetary implications in the workplan are presented for a 4-year period and are revised yearly, based on the budget. The program needs described in the plan are the perceived needs of the recipient governments, as expressed in their official request for assistance, and forecasts of future needs.

The workplan is structured on the basic needs for population programs and the resources which will likely be required to meet those needs. It also represents documentary support for the approval authority (i.e. spending limits) requested from the UNDP Governing Council. Once the Council has given the authority to approve programs to the recommended level, the work plan becomes the UNFPA action plan.

Project requests

Projects are initiated by requests from countries through the UNDP/UNFPA country representative, directly by a government, or by donor agencies.

In 1974, for the first time, requests for population assistance began exceeding the availability of resources. Requests for 1976 amounted to \$110 million. The UNDP

Governing Council has authorized a \$90 million planning level for 1976, with the stipulation that actual allocations not exceed contributions since unallocated funds were exhausted in 1975. An AID official stated that requests will probably exceed resources by about \$20 to \$30 million annually for several years and that very few new projects have been approved for the next 2 years because most UNFPA resources through 1976 are required for already approved projects.

Ongoing projects

A UNDP document shows that by the end of 1974, UNFPA had supported or was supporting over 1,200 projects in 92 countries. This same document also provided a brief description of UNFPA activities by region.

In Latin America, most requests were for demographic research and training until the end of 1973. However, requests for projects in maternal and pediatric health and family planning have increased sevenfold in the past 2 years. UNFPA's Executive Director said that planning, managing, and training components of programs also need support.

In North Africa, most UNFPA assistance has been for family planning programs, notably under the comprehensive country agreement with Egypt and similar agreements with Morocco and Tunisia.

In sub-Saharan Africa, UNFPA funds have in most part supported the African Census Program but interest in assisting family planning services as part of national basic health services has been increasing.

In southwest Asia, requests for UNFPA assistance have tripled since the beginning of 1973. Emphasis in 1974 was on basic population data required for economic and social development, but interest in family health and planning projects was increasing by the end of the year.

In Asia and the Pacific, the majority of countries have government programs aimed at reducing population growth. Consequently, over 95 percent of UNFPA support has been to family health and planning programs. The Executive Director said greater attention should be devoted to program planning and design, innovative approaches, training, management, and evaluation.

Program evaluation

UNFPA measures implementation quantitatively--the proportion of an annual project budget which is spent during the year. A project budget is approved in annual amounts. Expenditures for salaries, travel, materials, supplies, and equipment are recorded by project.

The Executive Director of UNFPA established an evaluation section to look at project quality. The section evaluates UNFPA efforts, including their relationships and interaction with other programs.

Adequacy of coordination among organizations and countries

An AID official said UNFPA is increasingly successful in coordinating United Nations efforts in the population field. He added that United Nations country-assisted population programs and development programs are coordinated through UNFPA country agreements and UNDP's country program approach. The country representatives of both programs offer feedback to each other on how their programs interact.

WORLD BANK

The World Bank has been active in the population area since 1970. The Bank began population programs to assist its member countries overcome the effect current high rates of population growth have on social and economic development. A Bank report points out that whatever a nation views as its optimum population, the economic and social costs of different growth rates must be measured against other objectives.

The Bank's primary population objective is to help countries establish organizations and programs that will be effective in reducing population growth rates. One Bank report states that the Bank's activities in the population sector are generally accepted as contributing significantly to the international struggle with population problems.

As of March 1975, the World Bank had participated in 11 country population assistance projects approved since June 1970, costing \$273 million as shown on the following page.

<u>Source of funds</u>	<u>Amount</u>
	(millions)
World Bank	\$122.7
Other participants	69.1
Host governments	<u>81.2</u>
Total	<u>\$273.0</u>

Other participants include intergovernmental organizations and country donors.

Some characteristics of World Bank projects are as follows:

- The host government must clearly indicate that it wishes to slow population growth and must commit part of its financial resources to each project.
- Bank assistance is multicomponent and project oriented and is provided only after detailed project preparation.
- No grants are provided, only loans and credits both of which are repayable. Funds are made available on a reimbursement basis, not as a lump-sum advance.

Two examples of World Bank projects follow--the earliest and the latest of the 11 approved projects, as of mid-1975.

In Jamaica the Bank lent \$2 million to a project which was approved in fiscal year 1970. The project aimed to support the Government's national family planning program. It provided for (1) constructing and equipping 10 rural maternity centers and a 150-bed wing at Kingston Hospital, (2) training personnel, (3) reviewing the national program, and (4) studying the optimum use of health clinics and personnel.

The Bank is lending \$15 million to Bangladesh for a project approved in fiscal year 1975 and scheduled for completion in fiscal year 1980. The Government's national family planning program aims to reduce the birth rate from 3 percent in 1973 to 1.5 percent in 2000 and eventually to zero by 2045. It provides for constructing and equipping physical facilities (1 nursing college, 8 paramedical schools, 8 rural health complexes, 24 subcenters, and 4 model family planning clinics); training and partially paying 3,700 village health workers; supporting population education in

schools; establishing and supporting education/motivation pilot schemes to integrate population programs in development activities of 5 different ministries; researching and evaluating; supporting private innovative activities; providing vehicles and equipment; and providing technical assistance, including advisers and fellowships.

Two or three new World Bank population projects are generally initiated each year and a substantial expansion in the program is envisioned. The Bank's proposed population program for fiscal years 1974-78 envisions lending \$375 million for projects in 23 countries.

CHAPTER 8

OBSERVATIONS AND CONCLUSIONS

Dealing effectively with the population problem is a sensitive and difficult task, but some progress is being made. Documents provided by the Agency for International Development on its population program assistance and its impact upon world population growth indicate that:

- When the United States entered the population assistance field in 1965, less than 20 developing countries had family planning programs. While a few countries were becoming aware of the magnitude and severity of the world population crisis, many were politically opposed to population and family planning assistance. Now, many governments, organizations, and individuals all over the world have become concerned with the effects of rapid population growth on the quality of life in the developing nations. Millions have been spent to study population-related problems and to distribute birth control devices. A worldwide conference has been held to discuss population and its relationship to economic and social development.
- Through fiscal year 1975, AID provided about \$732 million to international population program assistance. Indications are that the momentum of the world population growth rate is slowing. The impact of family planning programs upon fertility is now readily discernible in many countries. A recent comprehensive analysis of world birth and death rates indicates the annual population growth rate has declined in the last 10 years.
- AID expenditures have encouraged some 50 other governments to contribute funds toward solving world population problems. Overall, however, AID has contributed approximately 60 percent of all international resources during the past decade for population and family planning programs.
- The benefits of population assistance over the last 10 years are reflected in the facts that (1) the majority of nations now recognize population growth as a key developmental variable and are dealing with it forthrightly, (2) more nations have removed restrictions on providing family planning information and

materials to their populations, and more than 50 nations now have national family planning programs, (3) the United Nations has developed an increasingly effective worldwide population program, (4) rapid improvement in birth control technology has occurred during the past several years, (5) family planning education and service programs in some countries--Singapore, Hong Kong, Taiwan--have largely accomplished their purpose where services have been made available and used, and (6) in 10 additional developing countries, family planning education, and service programs are reaching the point where major U.S. assistance may be phased out by 1978. (The 10 countries are Korea, Philippines, Thailand, Indonesia, Tunisia, Panama, Costa Rica, Colombia, Jamaica, and El Salvador.)

AID's Office of Population believes that where a country (1) is fully committed to reducing excessive growth and (2) employs effective, low-cost service delivery systems and adequate supplies, donor assistance will not be needed after approximately 10 years.

While efforts have been viewed as beneficial, much work remains to be done by the United States, other donors, and international organizations, as well as the host countries. Everyone expects the Earth to become much more crowded before the population level stabilizes. Few expect stabilization before the 21st century. Many feel that world population will increase at least 70 percent by the year 2000 and will reach twice current levels soon afterward.

According to AID, effective family planning is available to only a small part of people in the developing world; education is needed to achieve full utilization. The bulk of the problem remains and implementation difficulties still are monumental, particularly in finding simple, inexpensive, effective ways to deliver family planning and related health services to the urban and rural poor, many of whom cannot afford such services or do not have ready access to them.

The present time is considered to be particularly critical for population policies and programs, especially family planning service programs. First, worldwide attention is focused on the critical relationship between population and food, as expressed in the resolution of the 1974 World Food Conference to seek a balance between population and food supply. Second, most developing countries planning for social and economic growth are faced with unprecedented population

growth rates and have dramatically increased their interest because of the influence of population on development.

Although assistance has been expanded considerably since 1965, developing countries' needs exceed available population assistance funds. Requests for population and family planning assistance are running about double the current funding capabilities of the donors, although most donors are steadily increasing their contributions.

Donors are receiving increasing requests for:

- Contraceptive supplies, particularly pills, condoms, and intrauterine devices.
- Support for national family planning organizations and for delivery of family planning information and services.
- Assistance for gathering basic population data needed for policymaking, studying factors affecting fertility behavior and family size, and evaluating programs.

The magnitude of the increased commitment to population and family planning is viewed as encouraging. One study of data from 100 countries, however, shows that:

- Only one-third of the world's adults have sufficient knowledge of contraception to plan their families.
- Fewer than one-third of all fertile women practice family planning regularly, and half of those use methods whose reliability varies.
- Nearly one pregnancy in three is deliberately terminated. In some areas as many as two-thirds of all pregnancies end in abortion.

In an increasingly interdependent world, the consequences of continuing population growth affect everyone--regardless of where the growth actually occurs. Many authorities believe that policies and programs are required both to promote general development and to restrict population growth if the quality of life is to be improved in the developing countries.

Population planning and programs as an integral part of social and economic development has become increasingly important during recent years. Many countries represented at

the 1974 World Population Conference emphasized the relationship between development and family planning programs.

At the World Population Conference, the United States, and many Asian countries proposed a goal of replacement-level fertility by about 2000. Under this goal, world population would reach 5.9 billion by the year 2000, 8.2 billion by 2050, and would stabilize at some 8.4 billion toward the end of the 21st century. This goal seeks to stabilize the population earlier and at a level well below projections that have been made under the assumption that replacement-level fertility would not be achieved until later than 2000. (See p. 11.)

Lester R. Brown recently proposed an even more ambitious goal--a stable world population of just below 6 billion by the year 2015. Brown noted that if trends continue, many developed nations will reach population stability by 1980. His timetable calls for all the more developed countries to strive to reach this level by 1985 and all less developed countries to reduce birth rates to 25 per thousand by then. The following table shows the growth that would occur in three countries even under this compressed timetable.

<u>Country</u>	<u>From</u>	<u>To</u>
India	under 600 million	nearly 1 billion
Mexico	55 million	103 million
Bangladesh	77 million	127 million

Many informed analysts now believe that uncontrolled human fertility poses a greater threat to our well-being than an other single factor. Many international and other organizations are concerned about the population growth rate. The President of the World Bank recently stated that even at present levels of socioeconomic development, the potential demand for family planning services is far greater than the level now being supplied. He stated that more adequate programs require (1) better informing and motivating activities, (2) more convenient access to services, (3) more and better trained manpower, (4) improved technology, and (5) increased financing.

In the past 10 years the Congress has appropriated over \$700 million for population assistance programs. These funds have been spent for various purposes, including research, training, the provision of family planning supplies, and demographic and other studies. These funds have been channeled

into programs and studies administered by various private and voluntary organizations, universities, and international organizations, in addition to AID-administered bilateral programs. Among other benefits, the expenditures have made problems created by the rapid rate of population growth better known.

The task before the population assistance community is becoming increasingly complex. U.S. assistance is provided directly by AID and through a multitude of intermediary organizations for a wide range of purposes. At the same time many other countries and private organizations are providing assistance, often in the same countries and in the same functional areas.

We consider the challenge to be to slow or reduce growth rates in developing nations while improving the quality of life through social and economic development. We believe that the issues of population and development must be coordinated and addressed jointly (rather than separately) within the context of socioeconomic development.

In view of increased interest in the socioeconomic development viewpoint and increasing requests for limited population funds, the Congress must be assured that budgeted funds are applied to those areas that deal most effectively with current and projected population problems of the less developed countries.

The United Nations, the United States, and others in the international community are spending large amounts for population and development programs in developing countries. This report has outlined some of the population activities of these entities and shown the population situation and the context in which the developing nations view development assistance and population assistance.

We believe that information of this nature is vital to the Congress in considering priorities, funding levels, and foreign assistance legislation and in dealing with the issues and problems relating to population, food, and other matters of international importance.

AID's population assistance to date has been focused primarily on family planning and related programs. We expect to look into whether a need exists now for more effectively interrelating AID's population and development assistance efforts and to review and report on other population matters for the Congress.

CHAPTER 9

SCOPE OF REVIEW

Our objective was to provide an overview on the world population situation--to show (1) how it affects the quality of life, (2) how developed and developing nations view the situation, and (3) what is being done about population growth.

Our report was prepared largely from information obtained at Agency for International Development headquarters in Washington, D.C., and from the many public documents on population. We also discussed population matters and obtained information from a number of other sources, including the Department of State; the U.S. mission to the United Nations; the World Bank; several nongovernmental international organizations supported by AID, the largest of which is the International Planned Parenthood Federation; and several private organizations not supported by AID.

AID POPULATION AND FAMILY PLANNING PROGRAMS
Obligations by regional and nont regional areas

Area	<u>1965-67</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>Total</u> <u>1965-75</u>	<u>Estimate</u> <u>1976</u>
	(millions)										
Africa:											
Bilateral projects	\$ -	\$ 0.2	\$ 0.6	\$ 1.7	\$ 1.1	\$ 2.2	\$ 6.3	\$ 3.4	\$ 3.0	\$ 18.5	\$ 4.0
Regional projects	-	.3	.4	.2	5.7	4.8	3.6	.3	1.3	16.6	1.8
Latin America:											
Bilateral projects	1.5	5.4	3.1	5.4	7.1	7.2	6.5	5.5	4.7	46.4	5.5
Regional projects	2.9	2.5	7.2	5.5	8.1	3.9	7.4	3.8	2.7	44.0	2.2
East Asia:											
Bilateral projects	.5	3.5	6.4	8.9	11.0	12.7	21.9	16.0	11.5	92.4	15.7
Regional projects	.4	1.3	1.6	.6	2.0	1.8	1.4	1.0	.8	10.9	.8
Nea. East South Asia:											
Bilateral projects	2.5	9.3	3.7	23.7	6.1	5.7	12.9	8.7	11.1	83.7	17.2
Regional projects	-	.7	1.0	.3	1.4	1.5	.3	.1	.4	5.7	.3
	<u>7.8</u>	<u>23.2</u>	<u>24.0</u>	<u>46.3</u>	<u>42.5</u>	<u>39.8</u>	<u>60.3</u>	<u>38.8</u>	<u>35.5</u>	<u>318.2</u>	<u>47.5</u>
Nonregional (note a)	<u>2.7</u>	<u>11.5</u>	<u>21.4</u>	<u>28.3</u>	<u>53.4</u>	<u>83.5</u>	<u>65.2</u>	<u>73.6</u>	<u>74.5</u>	<u>414.1</u>	<u>88.2</u>
Total	<u>\$10.5</u>	<u>\$34.7</u>	<u>\$45.4</u>	<u>\$74.6</u>	<u>\$95.9</u>	<u>\$123.3</u>	<u>\$125.5</u>	<u>\$112.4</u>	<u>\$110.0</u>	<u>\$732.3</u>	<u>\$135.7</u>

a/Centrally directed programs and purchases, UNFPA contributions, and AID Washington operating expenses.

Data supplied by AID

APPENDIX I

APPENDIX I

AID POPULATION AND FAMILY PLANNING PROGRAMS

Obligations by goal areas

Goal area	Fiscal year										Total		Estimate
	1965-67	1968	1969	1970	1971	1972	1973	1974	1975	1965-75		1976	
	(millions)										Amount	Percent	
Demographic and economic analysis	\$ 1.4	\$ 2.8	\$ 3.9	\$ 4.8	\$ 7.7	\$ 7.0	\$ 8.5	\$ 7.7	\$ 6.7	\$ 50.5	7	\$ 6.9	
Population policy development	1.7	2.0	3.3	7.9	9.6	8.3	10.8	3.4	6.9	53.9	7	9.8	
Research	.2	.5	6.4	7.4	7.8	10.0	7.0	5.5	6.7	51.5	7	8.5	
Delivery systems for:													
Contraceptives	-	1.1	4.1	4.0	3.5	6.9	35.9	20.8	23.0	99.3	13	39.9	
Family planning services	4.6	19.4	19.3	18.8	33.7	39.9	25.0	23.5	17.8	202.0	28	20.8	
Population information, education, and communication	.3	1.0	1.2	3.4	10.9	6.4	7.1	9.6	8.6	48.5	7	10.7	
Manpower and training	1.8	7.0	3.6	22.8	6.8	13.4	18.3	11.6	10.3	95.6	13	18.1	
UNFPA (note a)	-	.5	2.5	4.0	14.0	29.0	9.0	18.0	20.0	97.0	13	21.0	
AID operational expenses (note a)	<u>.5</u>	<u>.4</u>	<u>1.1</u>	<u>1.5</u>	<u>1.9</u>	<u>2.4</u>	<u>3.9</u>	<u>12.3</u>	<u>10.0</u>	<u>34.0</u>	<u>5</u>	<u>(b)</u>	
Total	<u>\$10.5</u>	<u>\$34.7</u>	<u>\$45.4</u>	<u>\$74.6</u>	<u>\$95.9</u>	<u>\$123.3</u>	<u>\$125.5</u>	<u>\$112.4</u>	<u>\$110.0</u>	<u>\$732.3</u>	<u>100</u>	<u>\$135.7</u>	

a/Requirements for UNFPA and AID Washington operational expenses have not been attributed to goals.

b/Beginning FY 1976, a separate account for operating expenses was established to replace AID Washington operational expenses funded from title X.

Data supplied by AID

AID POPULATION PROGRAM ASSISTANCE

APPENDIX II

	Fiscal year								Total 1965-75	Percent
	<u>1965-68</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>		
	(000 omitted)									
Private voluntary organizations:										
IPPF	\$ 4,478	\$ 5,964	\$ 7,300	\$ 5,000	\$ 8,000	\$ 12,104	\$ 12,747	\$ 12,437	\$ 68,030	9
Pathfinder	1,494	4,359	-	3,066	4,350	6,735	4,001	3,660	27,665	4
Population Council	3,104	7,487	2,435	4,247	5,525	7,280	-	750	30,828	4
AVS	-	-	-	-	876	1,000	1,250	1,850	4,976	1
PPIA	-	-	-	3,800	4,000	-	3,730	4,424	15,954	2
Others	<u>421</u>	<u>458</u>	<u>6,868</u>	<u>6,241</u>	<u>13,542</u>	<u>9,469</u>	<u>6,654</u>	<u>8,204</u>	<u>51,857</u>	<u>7</u>
	<u>9,497</u>	<u>18,268</u>	<u>16,603</u>	<u>22,354</u>	<u>36,293</u>	<u>36,588</u>	<u>28,382</u>	<u>31,325</u>	<u>199,310</u>	<u>27</u>
Universities	8,014	3,797	6,494	23,559	14,741	14,100	11,430	10,672	92,807	13
Participating agency service agreements	419	2,585	1,301	1,883	2,911	3,767	3,667	3,772	20,305	3
Bilateral programs	22,942	13,778	39,635	25,287	34,230	47,588	33,617	30,319	247,396	34
UNFPA	500	2,500	4,000	14,000	29,040	9,000	18,000	20,000	97,040	13
Others (note a)	2,890	3,432	5,070	6,892	3,636	10,582	5,049	3,887	41,438	6
AID operational expenses	<u>959</u>	<u>1,084</u>	<u>1,469</u>	<u>1,893</u>	<u>2,414</u>	<u>3,929</u>	<u>12,300</u>	<u>10,000</u>	<u>34,048</u>	<u>4</u>
Total	<u>\$45,221</u>	<u>\$45,444</u>	<u>\$74,572</u>	<u>\$95,868</u>	<u>\$123,265</u>	<u>\$125,554</u>	<u>\$112,445</u>	<u>\$109,975</u>	<u>\$732,344</u>	<u>100</u>

a/Includes Pan American Health Organization, Salk Institute, Latin American Demographic Center, Latin American Center for Studies of Population and Family, Management Services for Health Incorporated, and General Electric Company.

Data supplied by AID

APPENDIX II

APPENDIX III

APPENDIX III

OVERALL AID ASSISTANCE (note a)

Category of assistance	Fiscal year									Total
	1965	1966	1967	1968	1969	1970	1971	1972	1973	
(millions)										
Project assistance:										
Food and agriculture	\$ 103.8	\$ 130.1	\$ 176.6	\$ 97.9	\$ 68.0	\$ 116.9	\$ 125.1	\$ 102.9	\$ 109.3	\$ 1,028.6
Power	175.2	106.9	150.0	45.4	4.6	45.4	55.3	55.5	20.0	658.3
Other industry and mining	83.3	58.0	77.7	63.1	42.6	77.6	28.6	49.0	25.9	505.8
Transportation	122.2	117.2	120.6	52.9	74.3	22.4	57.3	66.5	99.7	733.1
Labor	4.5	6.6	8.0	11.3	10.2	11.6	9.2	9.9	9.6	80.9
Health and sanitation	30.9	59.2	99.1	131.8	40.6	38.1	57.7	38.4	41.2	537.0
Population (note b)	3.5	3.5	3.5	34.2	42.9	70.6	81.9	94.2	116.5	450.8
Education	61.4	61.7	99.1	85.2	84.6	87.0	65.8	61.0	59.0	664.8
Public safety	19.2	28.7	39.9	53.8	34.8	25.2	21.3	25.9	34.7	282.5
Public administration	18.7	33.3	30.9	28.0	22.6	24.9	21.3	15.6	17.4	217.7
Community development and social welfare	10.4	13.8	33.7	37.0	33.8	26.8	25.2	33.2	54.6	268.5
Housing	1.1	19.2	9.2	9.2	1.1	2.5	3.8	16.7	11.3	74.1
Private enterprise promotion	75.2	49.2	65.7	41.8	60.7	68.6	45.4	66.8	49.1	522.5
General and miscellaneous	118.2	122.6	169.9	176.4	161.5	163.1	126.6	136.9	152.9	1,328.1
Technical support	63.2	80.6	149.4	86.0	66.4	69.2	67.5	54.3	50.1	686.7
	890.8	c/890.4	c/1,231.4	c/953.8	c/748.6	c/849.8	c/791.9	826.8	c/851.4	c/8,034.5
Program and other assistance (note d)	1,288.0	1,775.4	1,184.0	1,223.7	938.7	1,023.0	1,054.8	1,215.7	1,140.4	10,843.7
UNFPA portion (see app. II)	-	-	-	0.5	2.5	4.0	14.0	29.0	9.1	49.1
Total	\$2,178.8	\$2,665.8	\$2,415.4	\$2,178.0	\$1,689.8	d/1,876.7	\$1,860.7	d/\$2,071.5	\$2,000.9	\$18,937.7
Percentage ratio of direct population assistance (population plus UNFPA contribution) to total direct (project) assistance	-----less than 1-----			3	6	8	12	14	14	6
Percentage ratio of total population assistance (population plus UNFPA contribution) to total AID assistance	-----less than 1-----			1	2	3	5	6	6	6

a/Format of data for fiscal years 1974 and 1975 differed from that of earlier years. However, for these years respectively total population assistance (population plus UNFPA contribution in millions) was \$112.4 and \$110; total AID assistance was \$1,809.1 and \$2,486.8, for a ratio of about 6 percent and about 4.5 percent.

b/Excludes contribution to UNFPA.

c/Does not add due to rounding.

d/Mainly development and Alliance for Progress loan assistance. Also includes categories such as supporting assistance and assistance through United Nations activities.

OTHER COUNTRIES POPULATION ASSISTANCE

In addition to the United States, the following eight nations have made contributions of \$1 million or more for population assistance.

	<u>1973</u>	<u>1974</u>	<u>1975</u>
		(millions)	(estimated)
Canada	\$ 7.0	\$ 9.5	\$ 12.8
Denmark	3.5	4.7	6.3
Federal Republic of Germany	4.6	6.2	8.4
Japan	3.0	4.1	5.5
Netherlands	3.0	4.1	5.5
Norway	7.0	9.5	12.8
Sweden	18.3	24.0	32.4
United Kingdom	3.7	5.0	6.6
All others	<u>2.2</u>	<u>5.6</u>	<u>11.2</u>
	<u>52.3</u> (29%)	<u>72.7</u> (39%)	<u>101.5</u> (48%)
U.S.	<u>125.6</u> (71%)	<u>112.5</u> (61%)	<u>110.0</u> (52%)
Total	<u>\$177.9</u> (100%)	<u>185.2</u> (100%)	<u>211.5</u> (100%)

Data supplied by AID

DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

Auditor General

July 29, 1976

Mr. J. K. Fasick
Director
International Division
U.S. General Accounting Office
441 G Street, N.W.
Washington, D.C. 20548

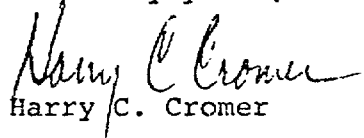
Dear Mr. Fasick:

Thank you for providing the GAO draft report "World Population Growth: Its Impact on Development Efforts and the Quality of Life" to the State Department and the Agency for International Development for comment. While we have made a few suggestions to your staff that would improve the accuracy of some statements and data referenced, generally our response to the report is favorable.

State and AID officials have carefully reviewed the draft report and the consensus is that it is an excellent statement of a complex problem and of the equally complex remedial actions that have been undertaken by a variety of agencies. In a concise manner, the writers have presented a generally accurate and comprehensive view of the problem. The report is sensitive to the variety of host country attitudes and provides a useful account of the multiplicity of actions that have been undertaken by a variety of organizations to provide support for family planning.

Please let me know if we can be of any further assistance in this matter.

Sincerely yours,


Harry C. Cromer

APPENDIX VI

APPENDIX VI

OFFICIALS PRIMARILY RESPONSIBLE FOR MANAGING
U.S. PARTICIPATION IN INTERNATIONAL POPULATION PROGRAMS
DEPARTMENT OF STATE

Appointed

SECRETARY OF STATE:	
Henry A. Kissinger	Sept. 1973
William P. Rogers	Jan. 1969
SPECIAL ASSISTANT TO THE THE SECRETARY FOR POPULATION AFFAIRS (note a):	
Philander P. Claxton	June 1966
COORDINATOR OF POPULATION AFFAIRS:	
Marshall Green	Sept. 1975
ASSISTANT SECRETARY OF STATE FOR INTERNATIONAL ORGANIZATION AFFAIRS:	
Samuel W. Lewis	Dec. 1975
William B. Buffum	Feb. 1974
David H. Popper	June 1973
U.S. REPRESENTATIVE TO THE UNITED NATIONS:	
William Scranton	Mar. 1976
Daniel P. Moynihan	Sept. 1975
John A. Scali	Jan. 1973
George W. Bush	Oct. 1970

AGENCY FOR INTERNATIONAL DEVELOPMENT

ADMINISTRATOR:	
Daniel Parker	Oct. 1973
John A. Hannah	Mar. 1969
ASSISTANT ADMINISTRATOR FOR POPULATION AND HUMANITARIAN ASSISTANCE:	
Fred O. Pinkham	Mar. 1976
Allan R. Furman (acting)	Mar. 1976
Henry S. Hendler (acting)	Feb. 1976
Harriet Crowley (acting)	Feb. 1976
Jerald A. Kieffer	July 1972
DIRECTOR, OFFICE OF POPULATION:	
R. T. Ravenholt	July 1972

a/This position was placed under the Bureau of Oceans and International Environmental and Scientific Affairs in October 1974.