



## Monitoring Demographic Trends in the Post-2015 Development Agenda: Challenges and Opportunities

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## Outline

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1. MDGs and impact of monitoring on data/indicator development
2. Reshaping the development agenda: Processes and outcomes
3. Target setting and monitoring in the areas of population and health



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## 1. MDGs and impact of monitoring on data/indicator development

## Current MDG framework: 8 goals

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1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Note that demographers have been actively involved in monitoring MDG 4 and 5 in particular.

Also note that MDGs include population health very prominently. However, there is nothing on population trends or dynamics.

## MDG targets and indicators

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- Each MDG has an associated set of targets and indicators
- For example, for MDG 4 on child mortality:  
Target 4A – Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

## MDG targets and indicators (cont.)

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- For MDG 5 on maternal health:
  - Target 5A – Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
  - Target 5B – Achieve, by 2015, universal access to reproductive health

## Contributions of MDGs to monitoring



- Renewed emphasis on evidence-based policies and accountability
- Increased attention to monitoring requirements and data needs
- Improved consistency across data sources
- Strengthened collaboration among various partners on methodological developments
- Increased data availability in countries and in international data compilations

Consistency: coordination of statistical systems both at the national and international levels

Collaboration: joint monitoring groups, important contribution by experts/academia

Availability: increased capacity at national level, improved reporting from national to international statistical system

## Improved data and coverage

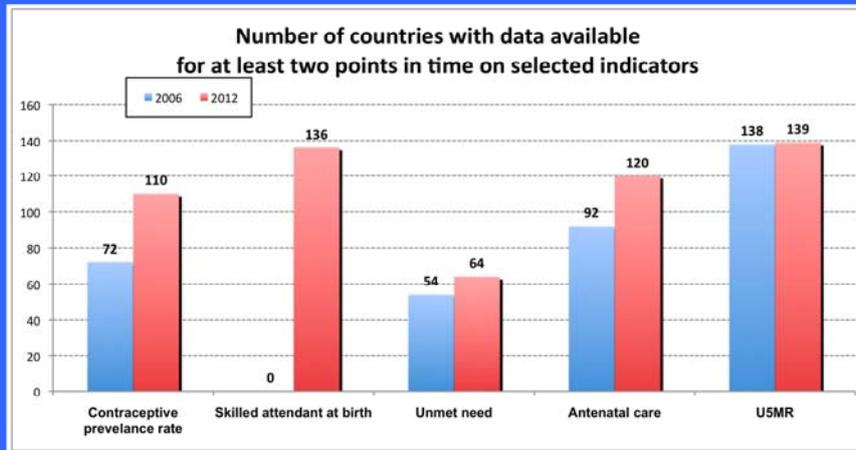


- Increased frequency of surveys
- Use of common platforms for data analysis and dissemination (e.g. DevInfo)
- Joint monitoring by inter-agency groups, including important contributions by academic researchers, national experts and national statistical system
- Improved data availability and quality of estimates (for example, MMR)

In response to the increased demand for data to monitor the MDGs, MICS rounds are now every 3 years instead of 5

For MMR: when MDG monitoring started in 2002, focus was on producing estimates for most recent period. Starting in 2010, there has been a systematic evaluation of trends since 1990. In 2012, the evaluation published by WHO et al. was based on consistent series of estimates for 5-year intervals from 1990 till 2010.

## Improved data availability in international data compilations



Note: Data for the earlier year on "Unmet need" and "Antenatal care" refer to 2008.  
Source: MDG Indicator Database, UN DESA Statistics Division.



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## 2. Reshaping the development agenda: Processes and outcomes

## Several parallel processes



- UN System-wide Task Team: inter-agency mechanism led by DESA and UNDP, did not propose specific goals or targets
- Post-2015 Thematic Consultations launched by the UN Development Group: process co-chaired by UNDP and UN-Women, covered 11 “thematic consultations” including one on population dynamics
- High-level Panel of Eminent Persons: appointed by S-G, led by 3 heads of state (UK, Liberia, Indonesia), proposed detailed goals and targets
- Sustainable Development Solutions Network: at request of S-G, organized and led by Jeffrey Sachs, proposed detailed goals and targets
- Open Working Group: established by UN General Assembly, following call by Rio+20 conference for a set of sustainable development goals, led by Member States, still in progress

## Population Dynamics Consultation

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Emphasized the importance of four “mega-trends”:

- High fertility and population growth
- Low fertility and population ageing
- Migration and human mobility
- Urbanization and sustainable cities

## High-level Panel Report



- Presents a vision and framework for a post-2015 development agenda based on five transformative shifts:
  - Leave no one behind
  - Put sustainable development at the core
  - Transform economies for jobs and inclusive growth
  - Build peace and effective, open and accountable institution for all
  - Forge a new global partnership
- Includes health but no population targets
- Calls for a “data revolution”

Other topics of interest to demographers from the HLP report:

Demographic change – Notes that the impact of population growth and ageing need to be taken into account. Mentions demographic dividend and the need to create job opportunities.

International migration – Asserts that universal human rights and fundamental freedoms of migrants must be respected. Recognition of economic contribution of migrants.

Urbanization – Notes need for good local governance, management and planning, and the need to generate jobs.

Data revolution – Stresses importance of improving data but does not discuss ways/strategies. Mentions innovative means of data collection (mobile technology for real time statistics) and the disconnect between innovative technologies and the traditional statistical community.



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### 3. Target setting and monitoring in the areas of population and health

## HLP Recommendations on Population and Health



- Goal 2: Empowerment and gender equality
  - Target 2a – Prevent and eliminate all forms of violence against girls and women
  - Target 2b – End child marriage
- Goal 4: Ensure healthy lives
  - Target 4a – End preventable infant and child deaths
  - Target 4b – Increase by X% the proportion of children, adolescents, at-risk adults and older people vaccinated
  - Target 4c – Decrease maternal mortality to no more than X per 100,000 live births
  - Target 4d – Ensure universal sexual and reproductive health and rights
  - Target 4e – Reduce the burden of disease from HIV/AIDS, TB, malaria, tropical diseases and priority NCDs

Also of interest to demographers:

Under a goal on governance, HLP report calls for providing “free and universal legal identity, such as birth registrations”

Under a goal on stable and peaceful societies, it calls for reducing “violent deaths per 100,000 by X” and eliminating “all forms of violence against children”

## SDSN Recommendations on Population and Health



- Goal 2: Achieve development within planetary boundaries
  - Target 2c – Rapid voluntary reduction of fertility through the realization of sexual and reproductive health rights in countries with TFRs above [3] and a continuation of voluntary fertility reductions in countries where TFRs are above replacement level
- Goal 5: Achieve health and well being at all ages
  - Target 5a – Ensure universal access to primary health care that includes SRH, FP, immunizations, and prevention and treatment of communicable and non-communicable diseases
  - Target 5b – End preventable deaths (reduce child mortality to [20] per 1000, MMR to [40] per 100,000 and mortality from NCDs under age 70 by 30% compared with 2015)

## What's in, what's out?



- Both HLP and SDSN reports include broad goals with multiple targets in the area of population health
- Both also emphasize gender equality
- With exception of fertility target in SDSN report, no proposals for goals or targets on population dynamics
- Not explicitly included: migration, urbanization, population ageing

## Population Goals and Targets



- Hard to define: what is an optimal value or direction of change?
- Could imagine goals and targets focused on related policies to maximize benefits and minimize negative impacts, for example:
  - Reduce migration costs, including transfer fees for remittances
  - Adjust retirement age in response to population ageing
  - Provide opportunities and social protection to older people

Let's come back in a moment to the proposal for a fertility target and talk for a moment about population goals and targets in general.

## Fertility Goals or Targets



- Are they unthinkable?  
Inconsistent with Cairo?
- Recall wording of SDSN proposal:  
“Rapid voluntary reduction of fertility  
through the realization of sexual and  
reproductive health rights ...”
- Also recall wording of Cairo ...

## ICPD PoA on Goals and Targets

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7.12. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, *while legitimately the subject of government development strategies*, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.  
[emphasis added]

## ICPD PoA on Incentives

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7.22. Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives.

## Rights and Equality

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- Do reproductive rights require some justification, such as “living within planetary boundaries”?
- Should sexual and reproductive health be subsumed under a universal health goal? Will this dilute the focus of Cairo on reproductive health AND rights?
- Conceptually, is SRHR an issue of health? Or an issue of human rights and gender equality? Or both?



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