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

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Outline

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
1. MDGs and impact of monitoring on data/indicator 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

- 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
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
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
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

Number of countries with data available for at least two points in time on selected indicators

- Contraceptive prevalence rate
- Skilled attendant at birth
- Unmet need
- Antenatal care
- USMR

Note: Data for the earlier year on "Unmet need" and "Antenatal care" refer to 2008.
Source: MDG Indicator Database, UN DESA Statistics Division.
2. Reshaping the development agenda: Processes and outcomes
Several parallel processes

- UN System-wide Task Team: an 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: a 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
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
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.
3. Target setting and monitoring in the areas of population and health
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.
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.

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
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

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

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

- 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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