

Developing countries at first relied almost entirely on foreign donors but are increasingly using their own funds, alongside foreign aid, for their population programs. Most are still well below China and India, which now fund respectively 98-99% and 93-94% of their programs, but the IBRD estimates that developing countries as a whole now spend some \$3 billion on population, with an additional \$675 million from other countries. It is the latter figure which must be substantially increased if the UN "medium variant" population estimate is to be achieved.

There remains however wide variation in the nature of population policies, and in the priority which individual developing countries genuinely accord to them in practice. Consistent "political will" at top levels is obviously essential. Often family planning activity is isolated in health ministries, is little heeded by planning or finance ministries, and is avoided by politicians except when Western aid missions come calling. There are cases where a program has existed without such will and without result -- e.g. in Pakistan, Zaïre, and until recently, Kenya and Egypt; certain others where fertility declined significantly with only NGO help -- e.g. Colombia, and Brazil in the '70s; and of course a number of success stories where a program with political will behind it produced similar or larger declines -- e.g. Indonesia, Sri Lanka, Mexico, China (mainly in the cities, and much less now rurally), and Bangladesh; even more dramatic success was obtained in South Korea and Taiwan, now below replacement fertility; their fast economic development was doubtless a crucial factor. One bizarre case is Malaysia, which advocates family planning but at the same time wants to slow fertility decline so that its population, now about 18 million, will not level off until it reaches 70 million in 2100. This may reflect a desire to see a relative increase in the proportion of Malays in the total.

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