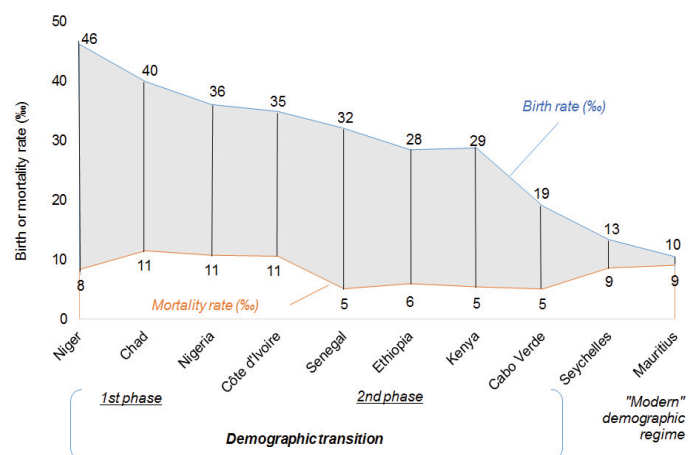


Demographic transition in Sub-Saharan Africa

- Population trends in sub-Saharan Africa are characterised by concurrent declines in mortality and birth rates, with overall mortality declining faster than the birth rate. The situation differs from country to country and today only Mauritius and Seychelles have demographics that experts would describe as "modern", characterized by low birth and death rates, of some 10 per thousand (see chart on this page). According to United Nations population projections for 2017, these countries will be joined by several others by 2050. By that time, Africa would have just over 2.5 billion people – more than a quarter of the world's population – compared to 1.3 billion today.
- Provide appropriate economic and social policies are implemented, the transition can result in "demographic dividends", but for now, the current demographic situation is hampering growth in sub-Saharan Africa. To make matters worse, economic growth, driven by the expansion of sectors that are often not very labour intensive or insufficiently formalised, is unable to absorb the labour market pressures resulting from high fertility rates. Demographic pressure is also leading to uncontrolled urbanisation in several African countries.
- Recognizing the economic and social benefits of the demographic transition, many countries have adopted strategies to speed up the process. Improved educational efforts – especially towards girls – improvements in health care and the development of social safety nets are among the means employed to achieve this.
- Empowering women and strengthening their decision-making capacities also play a role in a successful transition. However, the measures taken vary considerably between countries.

Sub-Saharan African countries at different stages of the demographic transition- projections for the period 2020-2025



Source: United Nations, DG Trésor.

1. A slow demographic transition

The current demographic trend in sub-Saharan Africa is characterised by concurrent declines in mortality rates – especially infant mortality – and in birth rates. Overall, the decline in mortality has so far outstripped the decline in the birth rate. Today, life expectancy for those reaching the age of 20 is 50 years, compared to just under 40 in the 1950s. At the same time, primarily as a result of improved access to basic healthcare services, infant mortality has been reduced threefold since the 1950s, falling below the threshold of 100 deaths of children under five per 1,000 live births in 2013,

although it remains almost twice as high as in South Asia and more than four times higher than in other regions of the world (see Chart 1). The birth rate, on the other hand, has declined more slowly: from 48 per thousand to 38 per thousand over the same period. The fertility rate, i.e. the number of live births per woman, although also in decline, remains significantly higher than in the rest of the world (see Chart 2). Fertility and infant mortality rates are not independent: the more that mothers are confident that their children will survive, the lower the fertility rate.¹

Chart 1: Infant mortality rates (per thousand) by world region

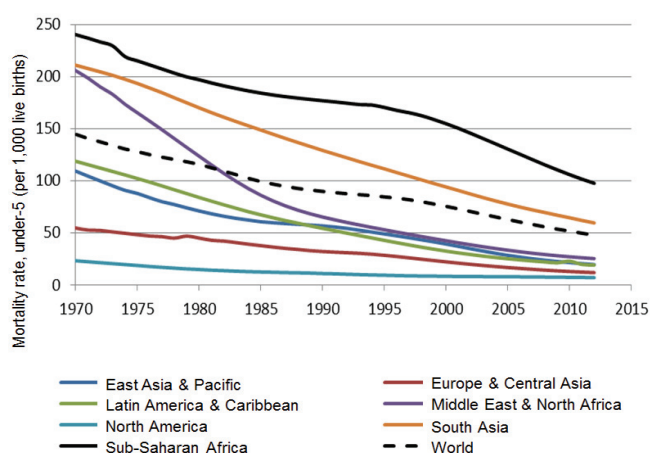
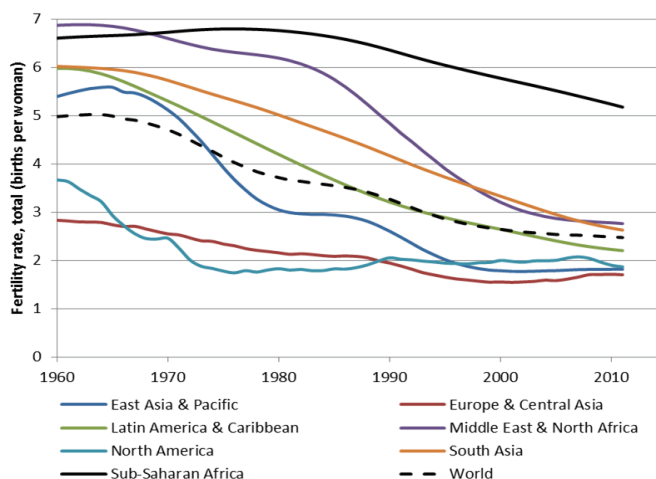


Chart 2: Fertility rates by world region



Source: D. Canning, S. Raja and A.S. Yazbeck (2015), "Africa's Demographic Transition: Dividend or Disaster?"

However, the demographic transition process is not yet complete, although the situation differs from one country to the next. Of the 49 African countries analysed by the UN in 2015, only Mauritius and the Seychelles have entered a demographic regime that population experts deem "modern" – with low birth and mortality rates of around 10

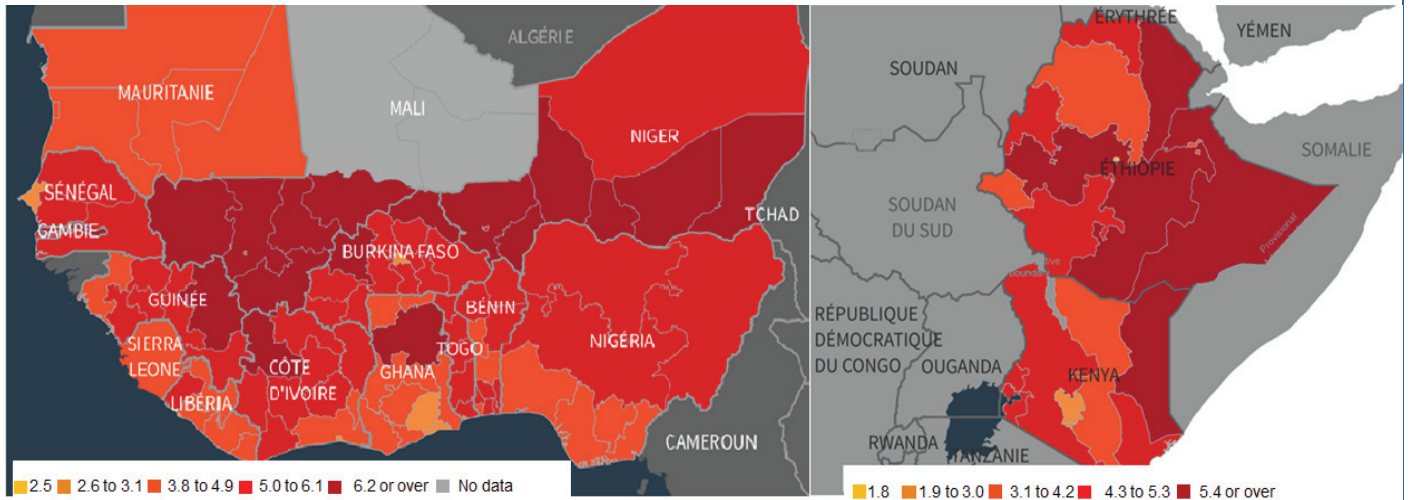
per thousand. The other countries are in a more or less advanced transition, with birth rates ranging from 19 to 46 per thousand and mortality rates of between 5 and 12 per thousand between 2020 and 2025; these rates, calculated at country level, also mask large spatial disparities (see box).

Box 1: Demographic transition: fertility rates vary widely within countries

Even within countries, fertility rates vary widely (see Map 1). For example, in Kenya, the fertility rate ranges from 7.8 children per woman in Wajir to 2.3 in Kirinyaga. In a country where three out of four women live in the countryside, there are also marked differences between women in urban areas (3.1) and those in rural areas (4.5). Ethiopia displays the highest disparities, with 1.8 children per woman in Addis Ababa compared to 7.2 in the Somali Region. Generally, fertility rates are lower in capitals and higher in rural areas. This may be attributed to the difficulties in implementing national policies on the ground – coordination problems, lack of resources, difficulty in accessing remote areas, etc. – or to local authorities failing to take into account the issues related to these trends.

(1) In particular see Tabutin D. and Schoumaker B. (2004), "The Demography of Sub-Saharan Africa from the 1950s to the 2000s", Ined, *Population*, 59 (3-4).

Map 1: Disparities in intra-country fertility rates

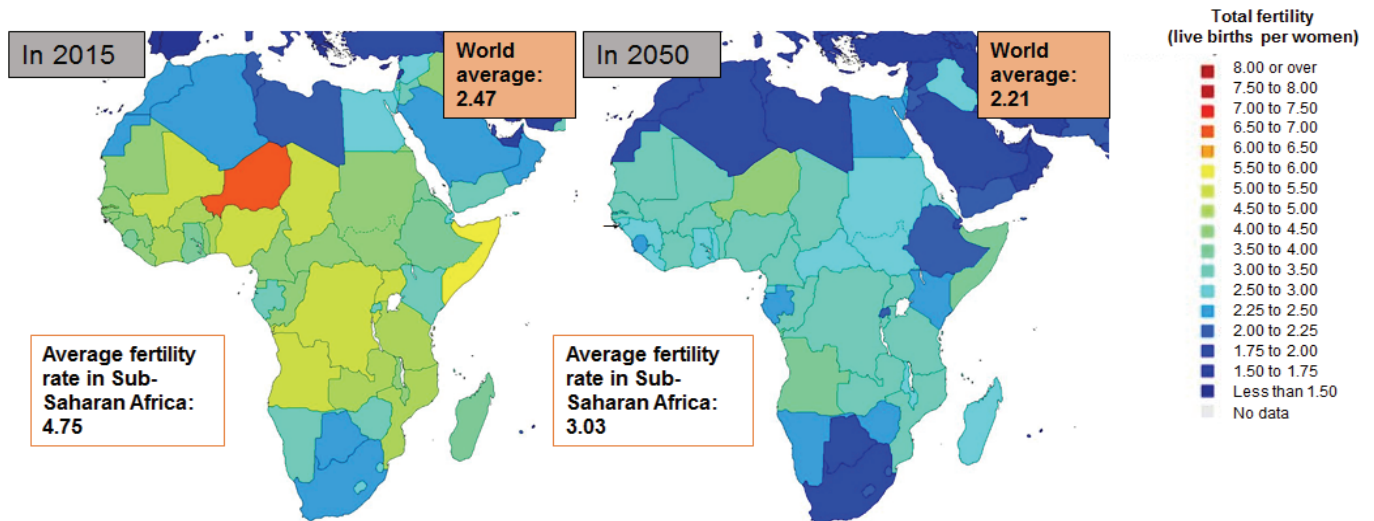


Source: Spatial Data Repository, The Demographic and Health Surveys Program. ICF International. spatialdata.dhsprogram.com.
 NB: Data is taken from household surveys carried out between 2008 and 2015.

According to the UN's 2017 projections, the Seychelles and Mauritius will be joined by Cape Verde, South Africa, Djibouti, Botswana, Eswatini, Lesotho, Ethiopia, Rwanda and Namibia by 2050 at the latest. Projections of fertility rates reveal highly contrasting situations by this date (see Map 2). Countries such as Ethiopia (2.2 children per woman in 2050) or Kenya (2.5), which have had effective birth control policies in place since the 1970s and 1980s, are expected to have lower than average rates for sub-Saharan African countries by 2050 (3.0), while countries that introduced birth control later would have higher fertility rates, including Niger (4.4), Angola (3.6), Somalia (3.6), Zambia (3.4), Côte d'Ivoire (3.3), Tanzania (3.3), Chad (3.3), Burkina Faso (3.1), the Democratic Republic of Congo (3.1) and Senegal (3.1).

These projections are subject to uncertainties since the implementation of public policies to step up the demographic transition process may lead the UN to adjust them. This was the case for Kenya and Ethiopia, which saw their average fertility rate projections for 2050 revised downwards between 2015 and 2017. However, for the continent as a whole, projections have been adjusted upwards over time, with a predicted African population of just over 2.5 billion in 2050 – more than half of whom will be under 25 years of age by that time – compared with a 2002 projection of 1.8 billion. By 2050, the population of the entire African continent will have doubled and will represent more than a quarter of the world's population.

Map 2: African fertility rates in 2015 and projections for 2050

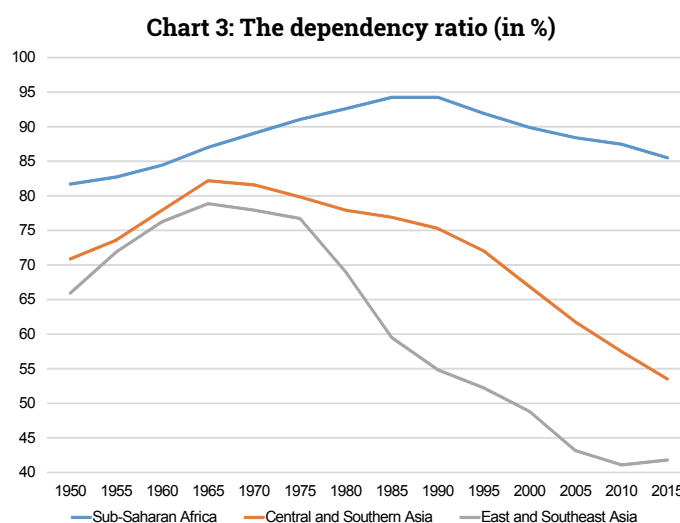


Source: United Nations projections.

2. The challenges raised by the demographic transition

Providing appropriate economic and social policies can be implemented, the transition can result in "demographic dividends". Growth in countries in demographic transition – in which there is a gradual decline in mortality and then birth rates from initially high levels of some 40 per thousand – will be favourably affected by shifts in the country's age pyramid. This can be attributed to a decline in the dependency ratio, i.e. the ratio between dependants (persons under 15 and over 65 years of age) and the working population (between 15 and 65). This fall-off is happening much slower and later in sub-Saharan Africa than in other regions of the world, which experienced similar situations in the early 1950s (Chart 3). It opens a first demographic window of opportunity, during which investments in education and healthcare (which are more efficient due to the decline in the fertility rate and therefore the size of the new cohorts) bring improvements to the quality of the workforce. For example, between 1990 and 2005, the average level of public educational investment per child in South Africa nearly doubled from USD 455 to USD 845 per child, an effort that was made possible through a drop in the fertility rate. This, combined with the creation of a business-friendly climate, could lead to a concurrent increase in household and national income: this is the first demographic dividend. A second window of demographic opportunity then opens. When the aforementioned changes

are underway, national savings tend to increase, which makes it possible to stimulate new productive investments providing the financial sector is sufficiently developed; this is the second demographic dividend.



Source: United Nations.

Although growth in sub-Saharan Africa was relatively strong at 4.8% per year between 2005 and 2014, per-capita GDP increased by only 2% per year on average, due to the very slow decline in fertility rates. Overall, the statistics reveal a negative correlation between the fertility rate and per-capita GDP (see Table 1).

Table 1: Fertility rates vs per-capita GDP in Sub-Saharan Africa (2016)

		Fertility rate brackets						
		[1 ; 2[[2 ; 3[[3 ; 4[[4 ; 5[[5 ; 6[[6 ; 7[7 and +
Per-capita GDP quintiles (PPP - USD)	1 st				Central African Republic Malawi Liberia Sierra Leone Madagascar	Burundi Mozambique	DRC	Niger
	2 nd			Rwanda	Togo Guinea Bissau South Sudan Ethiopia	Gambia Burkina Faso Uganda Chad		
	3 rd			Zimbabwe Lesotho Kenya	Guinea Comoros São Tomé and Príncipe	Benin Tanzania	Mali	
	4 th				Senegal Cameroon Ivory Coast Mauritania Ghana Sudan Congo	Zambia Nigeria		
	5 th	Mauritius	Cabo Verde South Africa Botswana Seychelles	Eswatini Namibia Gabon	Equatorial Guinea	Angola		

Source: World Bank; DG Trésor calculations.

To make matters worse, economic growth, driven by the expansion of sectors that are often not very labour intensive or insufficiently formalised, is unable to absorb the labour market pressures resulting from the demographic situation. This jeopardises the generation of demographic dividends, particularly the first dividend, which assumes that economies can create enough jobs for absorbing the cohorts of young people entering the labour market each year and thus benefit from the decline in the dependency ratio. However, much of sub-Saharan Africa's growth has been driven by the extractive sectors – crude oil, coal, copper, iron ore and rough diamonds – whose development does not generate sufficient jobs, by agriculture – wheat, coffee, tea, cotton, etc. – and by small business, where the workforce remains largely informal and where working conditions are particularly precarious. For example, Kenya's labour market created 85,000 new formal jobs in 2016, a figure to be compared with the one million young people who will enter the labour market each year from now until 2045. Most of this labour force is therefore being absorbed by the informal sector, a situation that is not specific to Kenya. On average, the informal sector represents 80% of the active population in Africa according to the AfDB.²

Greater life expectancy also increases labour market pressures. Unless production facilities are modernised and diversified – an objective that is shared by all the countries we studied, most of which have ambitious development strategies in place – and workforce skills are adjusted, the prospect of finding decent jobs for young and old will decrease, as will the chance of benefiting from a decline in the dependency ratio.

3. Policies to step up the demographic transition

3.1 Improving education, particularly for girls

The link between education and lower fertility is supported by several empirical findings and studies. Increasing the length of girls' schooling has knock-on effects on the fertility rate. It generally means that the age for marriage and first pregnancy is delayed; in addition it boosts women's economic independence by giving them access to higher-

Demographic pressure is also provoking uncontrolled urbanisation in Africa's cities and megacities. The migration of job-seeking young people to large urban centres is increasing pressure on water resources, and on transport, education and health infrastructures, and poses the problem of waste management. It calls for the adoption of an urban development strategy, with dedicated governance and resources. Lagos could be Africa's largest city by 2050, with a population that could reach 39.5 million, followed by Kinshasa with 30.6 million and Dar es Salaam with 20.6 million. Compared with their 2010 levels, these numbers represent multiples of 3.7, 3.6 and 6.1, respectively.³

In some cases, demographic pressure reveals a significant prevalence of early marriages or pregnancies – i.e. under the age of 18 – which also have economic costs. The World Bank and the International Center for Research on Women (ICRW) conducted a study with a sample of women aged 18-22 in 2015 living in several sub-Saharan African countries⁴ revealing high percentages of early marriage (ranging from 17.2% for Ghana to 76.8% for Niger) and early pregnancies (from 15.5% for Ghana to 47.1% for Niger). The resulting decline in the educational level of the women concerned, linked to early school-leaving (see below), lowers the quality of the jobs they qualify for when they enter the labour market and, consequently, household income. For the year 2015, on the basis of this study, the average economic cost of these early marriages and pregnancies can be estimated at 0.7 points of GDP (PPP USD) for the African countries in question (from 0.1 points of GDP for Congo or Zambia to 1.0 point for Ethiopia or Niger and 1.1 points for Mozambique).⁵

quality and better-paid work. In Nigeria, for example, in 2010, 80% of women aged 20 to 24 with no education were married before reaching the age of 18, compared to 16% of Nigerian women with secondary or higher education according to UNICEF and the United Nations Population Fund.⁶ And UNESCO⁷ estimates that the annual number of births in sub-Saharan Africa would decrease by 7% (from 31

(2) "Jobs for Youth in Africa Strategy, 2016-2025", African Development Bank Group (2016).

(3) Guengant J.-P. and May J.F. (2013), "Africa 2050 – African Demography", Emerging Markets Forum.

(4) Wodon Q., Male C., Nayihouba K., Onagoruwa A., Savadogo A., Yedan A., Edmeades J., Kes A., John N., Murithi L., Steinhaus M. and Petroni S. (2017), "Economic Impacts of Child Marriage: Global Synthesis Report", Washington, DC: The World Bank and International Center for Research on Women, World Bank Group. The study does not cover all of sub-Saharan Africa but includes Burkina Faso, Chad, Côte d'Ivoire, the DRC, Ethiopia, Ghana, Guinea, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Congo, Senegal and Zambia. It also concerns non-African countries.

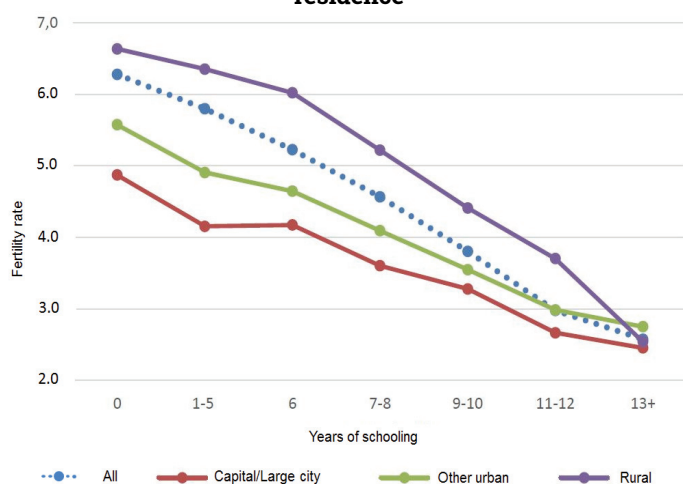
(5) Authors' calculations, based on estimates from the World Bank and ICRW study on the following countries: Burkina Faso, DRC, Ethiopia, Malawi, Mali, Mozambique, Niger, Nigeria, Congo, Uganda and Zambia.

(6) "Child marriage, adolescent pregnancy and family formation in West and Central Africa: Patterns, trends and drivers of change", Unicef, ICRW (2015); "Marrying too young – end child marriage", United Nations Population Fund (2013).

(7) "Sustainable development begins with education: how education can contribute to the proposed post-2015 goals, Unesco (2014).

to 29 million) if all women in sub-Saharan Africa completed primary school, and would decrease by 37% (from 31 to 19 million) if they completed secondary education. Shapiro⁸ corroborates this result: he shows that the number of children per woman tends to decrease with the increase in education level (Chart 4). Not surprisingly, this decrease would be most marked in rural areas (from 6.5 children for women not in school to nearly 2.5 for women whose schooling lasts 12 years or more).

Chart 4: Average total fertility rates by schooling and place of residence



Source: D. Shapiro (2017), "Linkages between Education and Fertility in Sub-Saharan Africa".

Aware of this link between education and fertility reduction, several countries have adopted policies to promote girls' enrolment. This is the case, for example, of Ethiopia, which early on sought to increase girls' participation at every level of the education system. The country also introduced an education and training policy in 1994, with the goal of achieving a primary school enrolment rate of nearly 100%, including in the most remote areas of the country. To this end, the first five-year education sector development programme, launched in 1996, focused on the development of primary school infrastructure in rural areas, which hitherto had been largely underserved. In addition to infrastructure, considerable efforts have also gone into training teachers and providing teaching materials. The government has also set itself the ambitious goal of

lowering the teenage pregnancy rate from 12% in 2016 to 3% by 2020.

3.2 Bolstering healthcare provision and social safety nets

Because it reduces insecurity and uncertainty, social protection has an impact on the desired number of children. In the absence of unemployment insurance or a minimum old-age pension system, children represent a labour force and insurance for their elders, which partly explains the link between poverty and fertility. It is therefore not surprising to note that the cash transfers that are part of domestic development programmes generally result in a reduction in the number of pregnancies among female beneficiaries. This is the conclusion of various studies conducted in both Latin America and Africa. Handa *et al.*⁹ demonstrate that Kenya's Cash Transfers for Orphans and Vulnerable Children programme reduces the number of pregnancies. Baird *et al.*¹⁰ draw the same lessons from Malawi's Zomba Cash Transfer, including amongst adolescent girls. Palermo *et al.*¹¹ observe that, in the case of the Zambian Child Grant Programme, contraceptive use was higher among transfer recipients.

By lowering the infant mortality rate, health policies that specifically target children also reduce fertility rates. Infant mortality is one of the determinants of fertility: women tend to have fewer children when those children have a high probability of surviving to age 5. As a result, health policies that specifically target children reduce fertility rates. This is what emerges from a study by Kuecken *et al.*¹² in sub-Saharan Africa – in addition to reducing child mortality and improving children's education, efforts to contain malaria or malaria epidemics lead to a marked decline in fertility rates.

3.3 Changing social norms

Improving access to contraception remains vital and complements an education-based approach. The idea is to bring about a needed "contraceptive revolution" to enable women to take control of their lives by limiting, if they so wish, the number of pregnancies, and developing their "capabilities"¹³ in the words of Nobel Prize winner Amartya

(8) Shapiro D. (2017), "Linkages between Education and Fertility in Sub-Saharan Africa", *AFD Research Paper Series*, No. 2017-56.

(9) Asfaw S., Davis B., Dewbre J., Handa S. and Winters P. (2014), "Cash Transfer Programme, Productive Activities and Labour Supply: Evidence from a Randomised Experiment in Kenya", *The Journal of Development Studies*, vol. 50.

(10) Baird S., McIntosh C. and Özler B. (2011), "Cash or condition? Evidence from a cash transfer experiment", *The Quarterly Journal of Economics*, vol. 126(4).

(11) Palermo T., Handa S., Peterman A., Prencipe L. and Seidenfeld D. (2015), "Unconditional Government Social Cash Transfer in Africa Does Not Increase Fertility", *Unicef, Innocenti Working Paper*.

(12) Kuecken M., Thuilliez J. and Valfort M-A. (2017), "Disease and Human Capital Accumulation: Evidence from the Roll Back Malaria Partnership in Africa", *École d'Économie de Paris and CNRS*.

(13) "Capability, as a kind of freedom, refers to the extent to which the person is able to choose particular combinations of functionings (including, inter alia, such things as being well-nourished), no matter what the person actually decides to choose" – "Elements of a Theory of Human Rights", *Philosophy and Public Affairs*, (p. 334) (2004).

Sen. This involves increasing the contraceptive prevalence rate for women from 10 to 20% to over 70%.

Many African countries have set ambitious targets for contraceptive use rates by making them easier to access. Generally, the idea is to exceed the 30% threshold (see Table 2), at which point an effect on reducing the birth rate is triggered. The aim of the Ouagadougou Partnership, launched by the nine governments of French-speaking West

African countries and their technical and financial partners, is to step up the use of modern contraceptive methods and family planning in Benin, Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal and Togo, to reach at least 2.2 million additional users of modern contraceptive methods in the nine countries concerned by 2020. Between 2015 and 2017, 41% of this target was achieved, for a total of 910,000 new users.

Table 2: Prevalence of modern contraceptive methods (% of use amongst women aged 15 to 49)

	Target	Actual rate
Benin	22.0 by 2020	12.5 in 2014
Burkina Faso	32.0 by 2020	24.5 in 2017
Côte d'Ivoire	36.0 by 2020	14.3 in 2016
Guinea	22.1 by 2018	7.8 in 2016
Mali	15.0 by 2018	15.5 in 2015
Mauritania	18.5 by 2018	16.6 in 2015
Niger	50.0 by 2018	18.1 in 2017
Senegal	45.0 by 2020	23.1 in 2016
Togo	35.5 by 2022	17.3 in 2014
Kenya	66.0 by 2030	59.9 in 2016
Ethiopia	44.0 by 2015	32.2 in 2016

Source: World Bank, World Development Indicators and national family planning programmes.

Beyond improving the availability of contraceptives, the "contraceptive revolution" implies changing social norms to stimulate demand for contraceptives. Miller,¹⁴ for example, notes the low impact of the Colombian family planning programme on reducing women's fertility: in his view, it was a change in "social norms" that was the determining factor. Duflo *et al.*¹⁵ agree, and add that boosting women's decision-making power within the family unit and, more generally, in society, is necessary to stimulate demand for contraceptives. This decision-making power depends largely on a woman's age and level of education,¹⁶ but also on her ability to find a job, inherit, own property or divorce, all of which are factors related to the legal, social, political and economic frameworks in which she operates. The correlation between the fertility rate and the OECD's

Discriminatory Family Code sub-index¹⁷ corroborates these analyses in the case of sub-Saharan Africa: the higher the level of this indicator – in other words, the greater the inequality of rights in terms of marriage, parental authority or inheritance to the disadvantage of women – the higher the fertility rate (see Chart 5). Once the legal environment is made more favourable to women, they are in a better position to make decisions about the number of children they want. The "new" social norms can then be constructed by imitation effect: a study of Brazilian telenovelas conducted by La Ferrara *et al.*¹⁸ suggests that showing a financially independent woman with few or no children has profoundly contributed to changing women's preferences and influenced the number of children desired, resulting in a subsequent significant decline in the fertility rate among young women.

(14) Miller G. (2005), "Contraception as Development? New Evidence from Family Planning in Colombia", *NBER Working Paper* No. w11704.

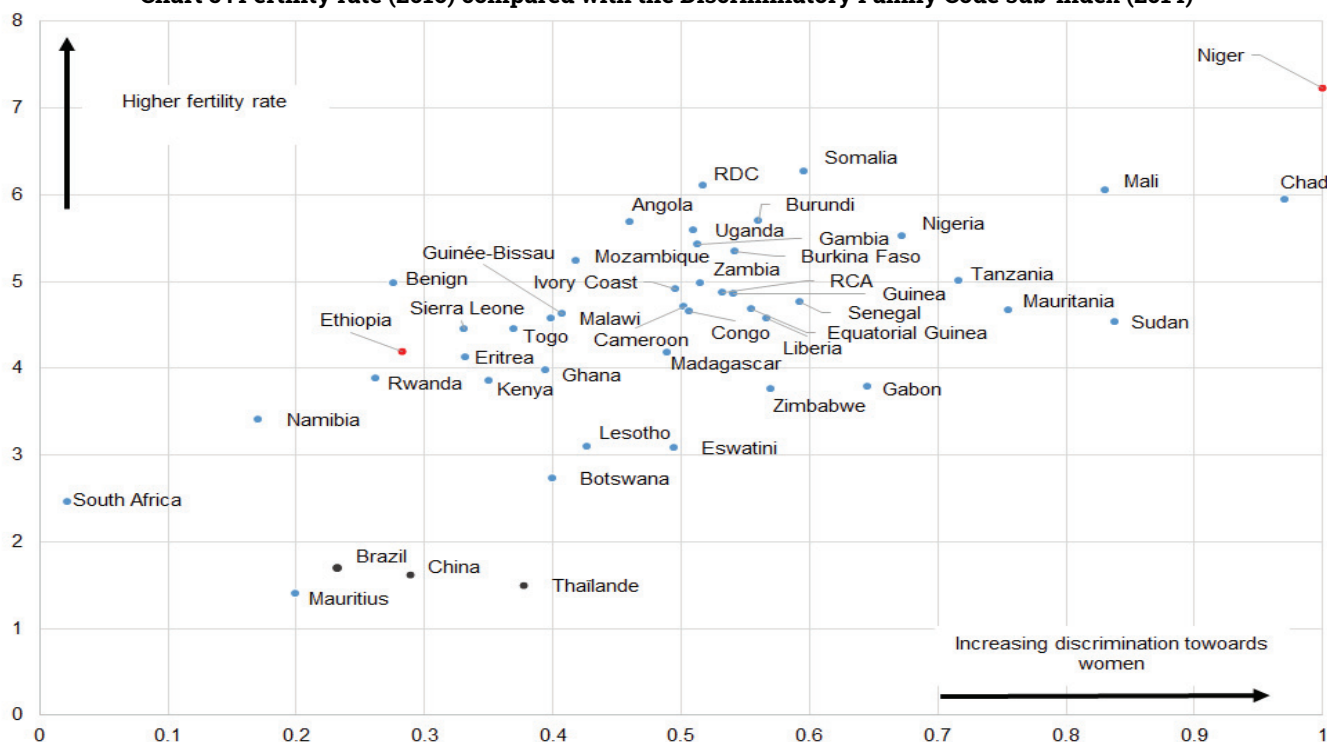
(15) Duflo E. and Banerjee A. V. (2011), "Poor Economics – A Radical Rethinking of the Way to Fight Global Poverty", *PublicAffairs*.

(16) In this respect, early marriages have a negative impact on women's decision-making power within the couple.

(17) Calculated by the OECD, the Discriminatory Family Code sub-index measures the impact of the legal framework as well as social norms and practices on women's decision-making power and on their household status. To this end, the OECD analyses, inter alia, the formal legal systems, customs and religious laws of each country and their effects on women's rights to marriage, parental authority and inheritance. In addition to the percentage of early marriages (percentage of married women aged 15-19 years as defined by the OECD), this indicator aggregates the scores associated with the answers to the following questions. Is the legal age of marriage the same for women and men? Is the right to become a legal guardian of a child after a divorce the same for women and men? Do widowers (or sons and daughters) have the same inheritance rights? This indicator changes from 0 (zero gender discrimination) to 1 (maximum discrimination). For an exhaustive presentation of the methodology, see "Social Institutions and Gender Index (SIGI) – Synthesis report" – OECD (2014).

(18) La Ferrara E., Chong A. and Duryea S. (2012), "Soap Operas and Fertility: Evidence from Brazil", *American Economic Journal: Applied Economics*, 4 (4): 1-31.

Chart 5 : Fertility rate (2016) compared with the Discriminatory Family Code sub-index (2014)



Sources: United Nations, OECD.

4. Niger and Ethiopia: two countries at opposite ends of the spectrum

4.1 Effects of demographic transition policies implemented in Ethiopia and Niger

Demographic transitions can be rapid, as was the case in China, where a birth control policy was introduced in 1970, which encouraged marriage, later pregnancies, spaced-out births and a reduction in the number of children, often by authoritarian means.¹⁹ The one-child policy introduced in 1979, which was relaxed in rural areas starting in 1984, then accelerated the transition by reducing the fertility rate, leading to a decline in the birth rate from 31.4 per thousand to 12.6 per thousand between 1970 and 2015 (see Chart 6). As a result, the balance between dependent and active people was disturbed, and the policy was discontinued in 2015.

Thailand also experienced a speedy transition, but unlike China, the country introduced the first birth control policy in 1972 without the use of directives. The goal was to facilitate the use of voluntary contraception, family planning information and services, including in rural areas. Legislation regarding voluntary sterilisation and abortion was relaxed somewhat in 1977. In addition, financial incentives such as free childbirth or school fees for children

in return for a commitment by parents to have no more than two children have led to an increase in the use of contraceptives.²⁰ These measures enabled Thailand to halve the birth rate between 1970 and 1990, from 40 per thousand to 20 per thousand, and then to 11 per thousand in 2015. As in China, Thailand's policies helped bring the fertility rate below the generational replacement threshold in the 1990s.

In contrast to these two examples, Niger's 1992 "National Population Policy", launched with the help of the United Nations Population Fund, did not produce the expected results. One of the policy's objectives was to "improve the health and nutrition of the population and reduce indices of mortality and morbidity". To this end, with the help of the international community, Niger planned to build various types of infrastructure to improve hygiene and access to drinking water for the population (health huts, wells, mini-dams, etc.), and to carry out specific actions to empower women (loans for women, donations of grain mills, and so on). The National Centre for Family Health (CNSF), which later became the National Centre for Reproductive Health (CNSR), was created to provide specific reproductive health and family planning services. However, the results of this

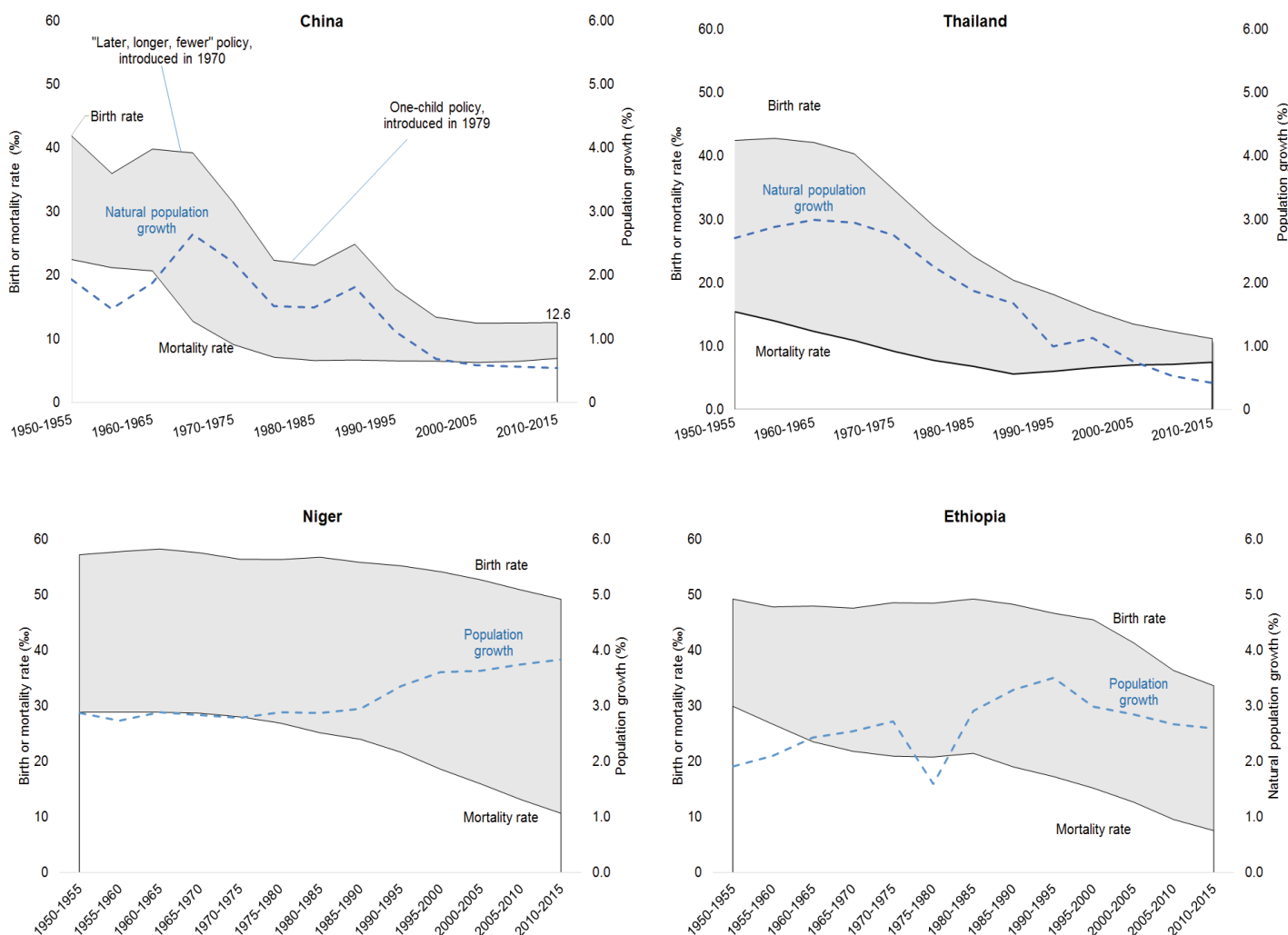
(19) Cf. Blayo Y. (1997), "Des politiques démographiques en Chine", coll. "Travaux et documents".

(20) Cf. Attané I. and Barbieri M. (2009), "The Demography of East and Southeast Asia from the 1950s to the 2000s", Ined, *Population-F*, 64 (1).

policy were disappointing and the fertility rate remained unchanged. In addition to the political instability of the 1990s which led to of international aid being temporarily suspended, the strategy's weaknesses impeded results, with a civil society that was little involved (if at all), insufficient coverage of rural areas, messages that did not fit the socio-cultural context, lackluster involvement by government officials and low ownership at institutional and local levels. Moreover, with regard to the status of women, Niger acceded to the Convention on the Elimination of All Forms of Discrimination against Women in 1999, but with many reservations, leading to the maintenance of

differentiated rights and responsibilities between men and women as regards marriage and divorce.²¹ Although the Government's 2007 "Population Policy Statement" resulted in the implementation of a programme for the empowerment of couples and the economic advancement of women, their status had not changed significantly by 2014. Gender inequalities in Niger as regards marriage, parental authority and inheritance, as measured by the OECD, remained the highest in the world (see Chart 5). As part of this, birth rates remained very high and the natural population growth rate even rose somewhat between the early 1990s and 2015, from 2.9% to 3.8% (see Chart 6).

Chart 6: Comparative effects of national demographic transition policies



Source: World Population Prospects 2017.

Note: The dip observed for Ethiopia during the period 1970-1985 can be attributed to alternating episodes of civil war and famine.

(21) Cf. Status of Treaties, Chapter IV – Human Rights / 8. Convention on the Elimination of All Forms of Discrimination against Women – United Nations Treaty Collection (2019).

Ethiopia's "National Population Policy of Ethiopia" was implemented in 1993, with financial support from the donor community. The goal was to bring the fertility rate down from 7.7 children per woman in 1993 to 4.0 in 2015. Special efforts were made in the areas of education (see above) but also healthcare, with the recruitment and training of staff dedicated to sexual and reproductive health counselling in local centres. By 2016, the contraceptive prevalence rate was 35.2%, below the target of 44%, but a significant improvement over the 4.8% level in the early 1990s. Changes in social standards during the intervening period have probably also contributed to the positive balance of national policy. In particular, Ethiopia acceded to the Convention on the Elimination of All Forms of Discrimination against Women as early as 1981 with only one reservation, which does not affect its adherence to the Convention's spirit.²² Equal rights between the sexes were reaffirmed in the 1995 Constitution, discriminatory provisions in the Family Code were repealed in 2000, and the Criminal Code was amended in 2015, in particular to strengthen the repression of gender-based violence. Against this backdrop, birth and natural population growth rates shown a marked decline during the 1990s.

4.2 Ongoing efforts by both countries

Both Niger and Ethiopia are aware of the economic and social benefits of demographic transition, and are continuing their efforts in this regard. Since the contexts are quite different, their ambitions are not the same – from this point of view, the two countries are at opposite ends of the

spectrum in sub-Saharan Africa. Although the December 2017 decree on "the protection, support and accompaniment of girls' education" made it possible to include this subject among Niger's priorities – a country where in 2016 the primary completion rate for girls was only 65%, the gross secondary school enrolment rate was 20% and the completion rate was 14%²³ – the implementing order for the decree was the subject of debate.²⁴ More generally, implementation of the 2017-2021 Economic and Social Development Plan – of which the decree was a part – which was supposed to lay down the conditions for the demographic transition, still has to overcome many challenges to ensure that the structures for the effective monitoring, assessment and coordination of the many stakeholders involved are in place. For its part, Ethiopia, where the integration of population issues into national policies dates further back, is continuing its family planning and healthcare efforts with a five-year strategy for 2016-2020, including more equitable access to healthcare centres for people under 25 and a programme to distribute contraception "up to the last kilometre". Ethiopia is also addressing barriers to women's employment through its empowerment policy adopted in 2017/18 (the Ethiopian Women Development and Change Strategy). The appointment of a gender-balanced government in October 2018 following the accession of Abiy Ahmed to the post of Prime Minister, and the election of a woman president, Sahle-Work Zewde, are all signs that women are achieving a more secure place in society.

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(22) Ethiopia had only one reservation concerning the modalities for dealing with a possible dispute between two or more States Parties to the Convention concerning the interpretation or application of the Convention. Art. 29-1 provides that "Any dispute [...] which is not settled by negotiation shall, at the request of one of them, be submitted to arbitration," which Ethiopia did not accept ("Socialist Ethiopia does not consider itself bound by paragraph 1 of Article 29 of the Convention").

(23) "World Development Indicators" – World Bank Group.

(24) In particular, Article 6 provides that any public official guilty of abusing a minor shall be required to marry the victim.

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