RAPID MALI

Population, Development and Quality of Life

May 2009
What is RAPID?

Resources for the Awareness of Population Impacts on Development
Key Issues

- The impact of increased population on the socio-economic sectors from now to 2035.
- The effect of high fertility on maternal and infant health.
Presentation Outline

I. Mali’s vision
II. Population situation
III. Relationship between population and economic development
IV. Population and socio-economic development
V. Contraceptive use, unmet FP need, and effects of high fertility on maternal and child health
VI. Policy response
I. Mali’s Vision

To combine wisdom, authenticity and dynamism to make Mali a prosperous, serviceable and modern nation whose people know how to take ownership of their own future, so as to remain a united people who are rich in diversity, driven by a common goal, and have an unfailing faith in its future.

Source: Prospectives Mali 2025
What is the importance of population issues in relation to Mali’s ability to achieve its national vision in the coming decades?
II. Population Situation
Mali has a young population

46%
Mali’s population has tripled since independence in 1960

- 1960: 4.1 million
- 1976: 6.4 million
- 1987: 7.7 million
- 1998: 9.8 million
- 2008: 12.5 million
The total fertility rate has not changed much since 1987

Av. # of children per woman

Source: EDSM-I, II, III et IV
How long will it take Mali’s population to double?

Regional rate: 1990-2000. Futures Group, Washington, DC
Mali’s population will grow rapidly with continued high fertility
III. Relationship between Population and Economic Development
Recent analyses have summarized state-of-the-art thinking on relationships between population growth and economic development . . .
Two major messages from the research . . .

1) Slower population growth creates the potential to increase the pace of aggregate economic growth

2) Rapid fertility decline at the country level helps create a path out of poverty for many families

Continued high rates of population growth have not contributed to economic growth or poverty alleviation in high fertility African countries.
We need to learn the best ways of achieving fast economic growth from the East Asian countries.
The Asian Tigers achieved unexpectedly rapid development.
Thailand emerged as a middle-income country in a **single generation**

Source: World Bank Development Indicators.
Thai fertility rates moved from high to low levels

<table>
<thead>
<tr>
<th>Year</th>
<th>Births per woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>6.4</td>
</tr>
<tr>
<td>1965</td>
<td>6.2</td>
</tr>
<tr>
<td>1970</td>
<td>5.5</td>
</tr>
<tr>
<td>1975</td>
<td>4.5</td>
</tr>
<tr>
<td>1980</td>
<td>3.5</td>
</tr>
<tr>
<td>1985</td>
<td>2.7</td>
</tr>
<tr>
<td>1990</td>
<td>2.3</td>
</tr>
</tbody>
</table>
Declining fertility a key factor in the Asian economic “miracle”

- Greater emphasis on quality of the population rather than numbers
- More and better educational opportunities
- More investment in modern agriculture
- Higher levels of savings and investment with lower dependency ratios
Mali aspires to become a strong middle-income economy in the heart of West Africa
IV. Population and Socio-Economic Development in Mali
Population affects social and economic development in Mali.

- **Education**
- **Health**
- **Agriculture**
- **Economy**
- **Urbanization**
- **Environment**
Health Sector
Number of health facilities required

- Constant fertility rate
- Slow fertility decline
- Significant fertility decline
Number of doctors required

Constant fertility rate  
Slow fertility decline  
Significant fertility decline
Health recurrent expenditures

Billions of CFA

<table>
<thead>
<tr>
<th>Year</th>
<th>Constant fertility rate</th>
<th>Slow fertility decline</th>
<th>Significant fertility decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>159.2</td>
<td>224.9</td>
<td>393.9</td>
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<tr>
<td>2015</td>
<td>258.3</td>
<td>245.9</td>
<td>393.9</td>
</tr>
<tr>
<td>2020</td>
<td>393.9</td>
<td>245.9</td>
<td>393.9</td>
</tr>
<tr>
<td>2025</td>
<td>580.6</td>
<td>512.6</td>
<td>714.5</td>
</tr>
<tr>
<td>2030</td>
<td>714.5</td>
<td>786</td>
<td>881.6</td>
</tr>
<tr>
<td>2035</td>
<td>881.6</td>
<td>786</td>
<td>881.6</td>
</tr>
</tbody>
</table>
Education Sector
Number of primary students

- **Constant fertility rate**
- **Slow fertility decline**
- **Significant fertility decline**

<table>
<thead>
<tr>
<th>Year</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2.4</td>
</tr>
<tr>
<td>2015</td>
<td>2.8</td>
</tr>
<tr>
<td>2020</td>
<td>3.4</td>
</tr>
<tr>
<td>2025</td>
<td>4.2</td>
</tr>
<tr>
<td>2030</td>
<td>5.2</td>
</tr>
<tr>
<td>2035</td>
<td>6.4</td>
</tr>
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</table>

The graph compares the number of primary students under different fertility rate scenarios from 2010 to 2035.
Number of primary teachers required

Thousands

<table>
<thead>
<tr>
<th>Year</th>
<th>Constant fertility rate</th>
<th>Slow fertility decline</th>
<th>Significant fertility decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>2015</td>
<td>57</td>
<td>57</td>
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</tr>
<tr>
<td>2020</td>
<td>68</td>
<td>68</td>
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<tr>
<td>2025</td>
<td>83</td>
<td>83</td>
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</tr>
<tr>
<td>2030</td>
<td>104</td>
<td>104</td>
<td>104</td>
</tr>
<tr>
<td>2035</td>
<td>129</td>
<td>129</td>
<td>129</td>
</tr>
</tbody>
</table>

Constant fertility rate vs. Slow and Significant fertility decline over different years.
Primary education recurrent expenditures

Billions of CFA

- Constant fertility rate
- Slow fertility decline
- Significant fertility decline
The Economy
New jobs required annually

- Constant fertility rate
- Slow fertility decline
- Significant fertility decline

Thousands:
- 2010: 187
- 2015: 230
- 2020: 285
- 2025: 361
- 2030: 460
- 2035: 585

Thousands:
- 2010: 187
- 2015: 218
- 2020: 285
- 2025: 300
- 2030: 460
- 2035: 500

Thousands:
- 2010: 187
- 2015: 218
- 2020: 285
- 2025: 361
- 2030: 460
- 2035: 500
Urbanization and the Environment
Mali’s big cities already experience pollution

Photos source: USAID
Urbanization and the environment
V. Contraceptive Use, Unmet FP Need, and Effects of High Fertility on Maternal and Child Health
Women’s need for family planning is growing...
Satisfying the unmet need for family planning inevitably leads to:

- lower fertility and
- a lower rate of population growth

Even when the goal is to space births rather than to limit the number of births
Contraceptive prevalence is low in Mali
High neonatal mortality (newborns less than one month old)

- 46 newborn babies die out of 1,000 live deliveries

- That’s an average of 3 newborn babies who die every hour in Mali, or 75 per day.

Source: EDSM-IV 2006
And high mortality among children under five

- 191 out of 1,000 children die before their fifth birthday.

- On average one child under five dies every 5 minutes in Mali, or 312 children per day.

Source: EDSM-IV 2006
Mali also has very high maternal mortality

- 464 women die in childbirth for every 100,000 live births.
- Thus, one woman dies in childbirth every 3 hours in Mali, or around 8 per day.

Source: EDSM-IV 2006
Family planning’s impact. . .

• Higher fertility contributes to higher infant and maternal mortality

• Contraceptive use and birth spacing improves the health of both the mother and the child

• Family planning is a good investment for Mali’s development
VI. Policy Response
To satisfy unmet need, a realistic strategy is to ensure that all Malian couples who want to space or limit their births have access to quality reproductive health services, including a full range of contraceptives consistently available at affordable prices.
Improving access to and use of high-quality, affordable family planning services …

… will help satisfy unmet need …

… resulting in lower fertility and a lower rate of population growth…

… thereby contributing to social and economic development and achievement of the Mali vision
## What we need

- Sustained commitment, support from leaders at national and district levels
- Guaranteed availability of contraceptive commodities
- Increased national financial support for family planning
- More trained health providers at all levels
- Improved coordination within and between Ministries and local authorities
What we need (cont’d)

- Improved quality and access to affordable services
- Sustained donor support to meet Mali’s reproductive health goals
- Increased private sector participation in service provision
- Reinforced status/power of women and girls’ education
- Increased participation of civil society organizations, including NGOs and faith-based groups
What we need, (cont’d)

Constructive Male Engagement

Man as RH services CLIENT

Man as CHANGE Agent within his community

Man as RH SUPPORT for the woman
What we need (cont.): Constant political support

- Reinforcement of political engagement at all levels
- Effective involvement of civil society and private sector
- Effective organization of service delivery centers
- Resource allocation
- Information for Decision-makers

Constant political support
Good demographic outcomes depend on good policies. Successful action depends above all on empowering individuals and couples to make free choices...
The future of our country concerns everyone!
Republic of Mali

One People  One Goal  One Faith

Thank you

May 2009
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To learn more about the project, please visit: www.healthpolicyinitiative.com