

China Case Study on UNFPA

Country case study prepared for the
***Center for Global Development Working Group on UNFPA's
Leadership Transition***

By

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* The content of this paper is the responsibility of the author and may not represent the views of the Center for Global Development.

Foreword

In August 2010—three months before a new executive director of the United Nations Population Fund (UNFPA) was announced—CGD formed a Working Group to examine UNFPA’s evolving role in sexual and reproductive health, reproductive rights, and the integration of population dynamics into development. The recommendations from the Working Group on UNFPA’s Leadership Transition were based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews. In addition, we commissioned four country case studies to represent the diversity of country conditions in two of UNFPA’s most important regions: Asia and Africa. With 76 percent of its staff based outside of headquarters, understanding UNFPA’s role and performance in the field would be essential to understanding UNFPA, and China has long been a very important client country of UNFPA. I am pleased to sponsor this case study on China by Joan Kaufman.

UNFPA’s role in China has been nothing if not controversial. However, despite withholding funding for a short period of time to ensure that coercive family planning practices were not present, UNFPA has been a strong partner in China. In this paper, Joan provides a summary of UNFPA’s country programs, opportunities and challenges facing China in population and development, reproductive health and gender equity, and offers recommendations for UNFPA’s work in China going forward.

This paper is part of the larger Demographics and Development Initiative at CGD and a contribution to CGD’s Working Group Report on UNFPA’s Leadership Transition. The work is generously supported by a grant from the William and Flora Hewlett Foundation.

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Abstract

The United Nations Population Fund (UNFPA) has been working in China since 1979 and just launched its 7th country program. UNFPA has contributed substantially to China's rapid rise by training world class demographers, strengthening population statistics through censuses, surveys and the use of data for policy planning, helping China achieve self-sufficiency in contraceptive production and supporting a shift towards quality oriented family planning services. UNFPA has also served as a trusted advisor to the government on international standards and has provided a unique and valuable conduit for frank discussion of the restrictive population policy and needed change. I briefly review UNFPA's country programs since 1979 and offer an assessment of their most significant contributions, discuss the unique "place at the table" that UNFPA has in China and the opportunities it presents, review the major challenges facing China today in UNFPA's three mandated areas (population and development, reproductive health, and gender equity), including impacts of the 30 year "One Child Policy," which despite success in reducing births has generated a new set of challenges related to the skewed age ratio, below replacement fertility, and distorted sex ratio at birth. I offer recommendations for UNFPA's work in China in the next phase including more powerful leadership of the Programme of Action from the International Conference on Population and Development (ICPD), enhanced population dynamics planning within development planning, better linking gender and development efforts with work on the social determinants of health as it relates to gender and health and with climate change mitigation approaches, leading concrete efforts to re-integrate health and family planning services, advancing South-South development assistance for Africa, and strengthening sexual health approaches for youth.

Introduction

China has emerged as a major economic power in the last decades, at least in part because of the significant development goals it has achieved by reducing fertility and population growth, which in turn decreased infant and maternal mortality and increased life expectancy, women's employment, education, and literacy. While much slippage in education and health equity and access has occurred since the early 1980s, and rural women's rights of all kinds remain woefully behind those of urban women (and all remain worse than men's), China remains a remarkable success story in terms of many basic development goals. China's Human Development Index has increased steadily since the early 1980s to 85th¹ while its GDP per capita currently ranks at 86th². On almost every measure of social development, China ranks with medium income countries, even while remaining at the developing country income level.

China is a signatory to the three major conferences and action plans concerned with reproductive health and gender equity – The ICPD Program of Action, the Millennium Development Goals (MDGs), and the Beijing Platform of Action, and is also a signatory to CEDAW. China is one of the few countries on target to reach MDG 5³, reducing maternal mortality by 75 percent by 2015.

UNFPA has been working in China since 1979 and is about to launch its 7th country program, to be carried out from 2011-2015. In 1979, Deng Xiaoping, the rehabilitated political leader who launched China's market reforms, invited the United Nations Development Programme (UNDP), UNFPA and a few other UN agencies to work in China and assist in China's "4 Modernizations."⁴ Rapid population growth was seen as a critical potential drag on economic development and a goal was set to control China's population within 1.2 billion by 2000. In the pre-ICPD days of the late 1970's, population control through family planning service provision was a major component of development assistance and was a major aspect of UNFPA's mandate, along with support for population data collection and analysis. UNFPA's three mandated areas are population and development, reproductive health, and gender equity, including how to deal with the unfortunate consequences of the 30 year old "One Child Policy," which despite its success in reducing births has generated a new set of challenges. China has now entered a new phase of below replacement fertility which may be hard to reverse.

¹ China Development Research Foundation and United Nations Development Program, China Human Development Report, 2005.

² Average per capita GDP was \$3744 in 2009 according to the World Bank.

³ Fang Jing and Joan Kaufman, "Reproductive Health in China: improve the means to the end" *The Lancet* (Volume 372, issue 9650, pp.1619-1620, November 8, 2008).

⁴ The "Four Modernizations" launched by Deng Xiaoping in 1978 - in agriculture, industry, defense and science and technology - was aimed at quadrupling China's GDP and PCI by the year 2000.

Over the last 30 years, UNFPA has contributed substantially in a number of crucial areas to China's rapid rise. These include the training of world class demographers, strengthening of population statistics through support for scientific censuses and sample surveys, the generation and use of data for policy planning, and China's self-sufficiency in contraceptive production. In addition, UNFPA has supported both the human resource training for China's substantial family planning service delivery infrastructure and for the re-shaping of that infrastructure to provide services more in line with the ICPD paradigm. The organization has engaged and supported numerous projects in other areas as well with less critical mass. In its 30+ year presence in China, it has served as a trusted advisor to the government on international standards and opinion and by doing so has helped mitigate and reverse important aspects of Chinese government policies and programs.

However, China's population policy has achieved its results in reducing births at a huge human cost and UNFPA's association with it, whether complicit or not, has cost the organization dearly in terms of overall funding and the ire of its detractors in the U.S. and elsewhere. While often driven by domestic U.S. politics, questions about UNFPA's role in China have dogged the organization since 1985, even while numerous independent evaluations, visits, and reports have been mostly positive and pointed out that its presence has served as an important countervailing and moderating force to the policy and its trusted relationship with government has provided a unique and valuable conduit for frank discussion and pressure for change.

China's response to the critics of its population policy has always been to defend its record on social and economic development and the essential role of population planning there-in and to reject interference in its own domestic policy making. Compared to India, for example, China's maternal mortality rate is six times lower. Recently, China has invoked the environmental benefits of its reduced population as another global contribution of its population control policy.

China has now entered a new phase of below replacement fertility which may be hard to reverse. Some negative social and demographic impacts of the one-child policy will have long lasting societal impacts—notably the sex ratio at birth in favor of males and the skewed age ratio and high dependency ratio of the elderly to working age population—possibly undermining China's economic competitiveness. UNFPA has the opportunity to take a leading role in helping the Chinese government forge a better demographic future by engaging more fully with population planning to mitigate these trends.

And as China has transformed over the last 30 years, there are other new and urgent challenges that have emerged. These challenges include widening economic and social disparities with large swaths of urban and rural poverty and concomitant health problems, environmental pollution, and rapid urbanization. Urban areas increasingly are populated by a new rising middle class with disposable income side by side with large influxes of rural migrants with limited access to social services. Changing youth sexual behavior and reproductive attitudes put them at risk

for a myriad of sexual health problems. A broken rural health care system (health system reform is underway), the threat of sexually transmitted infectious diseases such as HIV/AIDS and resurgent syphilis, and ongoing and new forms of discrimination against women and girls are also part of the current context. Governance issues, particularly unaccountable rural governance and the lack of a real legal system for redress of injustices provide a limit to popular movements (e.g. civil society) challenging unpopular government policies. International pressure, especially through the UN system, is therefore critical for holding the line on global standards. UNFPA has in fact done this at considerable cost to the organization over the last 20 years.

In this short case study, I will briefly review the major challenges facing China today in UNFPA's three mandated areas, review UNFPA's six country programs since 1979 and offer an assessment of their most significant contributions, discuss the unique "place at the table" that UNFPA has in China and the opportunities it presents, discuss developments within the UN system affecting UNFPA's China work, highlight relevant aspects of the Chinese bureaucratic and political system relevant to the work of UNFPA. I then offer recommendations on what UNFPA might do in China in the next phase in its three mandated areas and beyond to support China's social and economic development, including how to deal with the unfortunate consequences of the 30 year old One Child Policy, which despite its success in reducing births has generated a new set of challenges.

Methodology for this Case Study

Unlike the other case studies prepared for the Center for Global Development's Working Group on UNFPA's Leadership Transition, the China case study is more of a "think piece" in which I offer my own views and recommendations for UNFPA's work in China. I reviewed documents describing the six country programs since 1979 (and the one planned for the next five years) along with recent articles and publications. As I was only able to obtain a limited number of official documents, the descriptions of the country programs are brief and may not be complete. I also conducted interviews with a few stakeholders and individuals representing different perspectives on the program: a former UNFPA staff person (anonymous), a former UNFPA adviser during CP (country program) 4 and current professor of development studies (Susan Holcombe), a representative of China's National Population and Family Planning Commission (anonymous), a demographer trained during CP1 (Wang Feng), and a Swedish diplomat who was the former Swedish ambassador to China and former head of the Asia section of SIDA (Borje Ljunggren). I corresponded by email and met with the current UNFPA China Representative (Bernard Coquelin).

I was delighted to be asked to do this case study. I was the first UNFPA international program officer in China from 1980-84 and have lived in China for 11 years working on reproductive health, population, gender, health, and HIV/AIDS. I managed the projects in the first country program and, towards the end of my term, prepared a "Needs Assessment" for the second country program. As part of the first crew of a new UN office, we were forging a set of relationships with government counterparts who had just emerged from intense national isolation and little contact with the West. Many of those government officials remain colleagues today. I worked in the earlier noncontroversial days of UNFPA China, before the criticisms that have dogged the organization since 1985 began. I returned to China in 1987 to do field research for my PhD in public health on the implementation of the family planning program (in collaboration with China's State Family Planning Commission. I lived in China again from 1996 to 2001 as the Ford Foundation's Reproductive Health Program Officer, and have continued to spend a considerable amount of time in China conducting research and consulting on reproductive health, HIV/AIDS, and rural health system issues.

My five years in China with the Ford Foundation provided an interesting perspective on the UN in China—on the one hand, the freedom to work with other partners besides government (especially academic researchers and civil society) made me acutely aware of the limitations of the UN system. On the other hand, I grew to appreciate the important influence the UN has in China, both because of the perceived neutrality of the multilateral system, in which China is an active participant, and because of the trusted partnership built over the last 30 years. UNFPA has not bowed to U.S. pressure to quit work in China and this is deeply appreciated by the Chinese leadership.

Major Challenges Facing China Today in the UNFPA's Three Mandated Areas

Population and Development

China's leading demographers (trained in CP1) have concluded that during much of the 1990s China's fertility level was below replacement level and its total fertility rate (TFR) has been at about 1.5 children per couple since 2000.⁵ In ten of China's 29 provinces and municipalities, fertility was 1.1 or below, a level that rivals the lowest fertility countries in the world.⁶ China's One Child Policy which began in 1979 has sped up a demographic transition that was underway before it was put in place (TFR had dropped to about 2 from over 6 during the 1970s) and it is unlikely that fertility will bounce back if the policy is lifted. With the current trends, China's population will halve in about 30 years. A number of recent surveys document that fertility desires are low and unlikely to change even if the policy is lifted—in urban areas and the developed coastal regions, only children who marry only children are allowed to have two children but few choose to do so⁷.

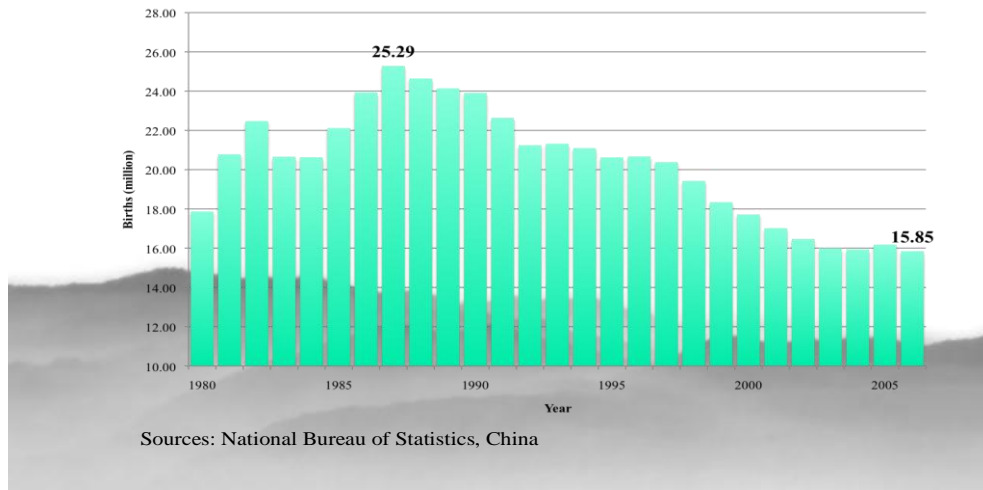
⁵ Gu Baochang, Wang Feng, Guo Zhigang, and Zhang Erli, "China's local and national fertility policy at the end of the twentieth century," *Population and Development Review*. 33 (1): 129-147, 2007.

⁶ Gu Baochang, Wang Feng, Guo Zhigang, and Zhang Erli, "China's local and national fertility policy at the end of the twentieth century," *Population and Development Review*. 33 (1): 129-147, 2007.

⁷ Zheng Zhenzhen, Institute of Population and Labor Economics, Chinese Academy of Social Sciences, presentation at Harvard University and Population Association of America 2010 Annual meeting, Dallas TX, "Below Replacement Fertility and Childbearing Intention, Findings from the Jiangsu Fertility Intention and Behavior Survey" at "China's One Child Policy after 30 years: Time for a Change?" (New England China Seminar, Harvard University and PAA 2010 annual meeting, organized by Joan Kaufman), April 2010.

Decline in Annual Births⁸

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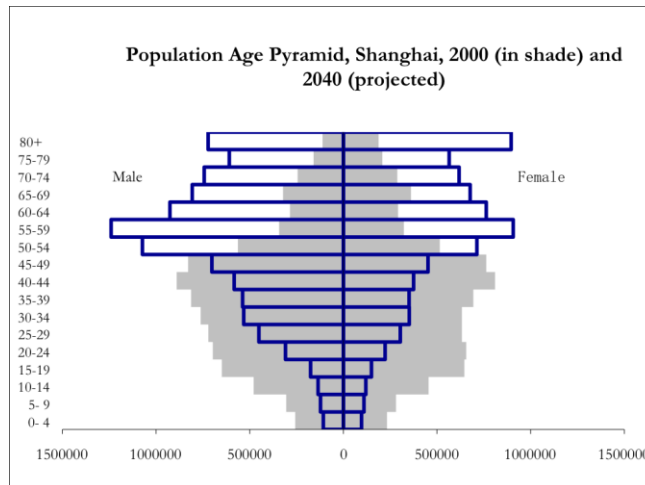


However, China is a big country and national averages mask huge differences in birth rates and desired fertility. In many poorer rural areas in China's interior, border areas, and in places with large minority populations, fertility desires remain higher, especially for male offspring. However, the contribution of these areas to the overall picture is small, and does not offset the trends in births overall.

The consequences of the policy after 30 years of forced low fertility with high life expectancy will play out for generations. These include a distorted age structure—an increasing elderly population proportional to new labor force entrants and a badly skewed sex ratio at birth favoring males.

⁸ Wang Feng, "China's Looming Demographic Crisis: Causes, Prospects, Policy Options", Population Association of America 2010 Annual Meeting, Dallas TX, session on China's One Child Policy after 30 Years: Time for a Change?" organized by Joan Kaufman.

China's Age Pyramid for Shanghai⁹



China's economic growth in the last two decades of the twentieth century has benefited from a favorable young age structure. However, China now also has more than 140 million people aged 60 and older, an elderly population that surpasses the total population of Japan, and approximately the same as the total population of Bangladesh or Russia.¹⁰ The size of China's elderly population aged 60 and above will increase to 200 million by 2015, and to over 300 million by 2030. The relative size of these two groups—the young and the old—will soon change, in opposite directions. Even today, many of China's primary schools are closing, some being transformed into homes for the elderly. Since 1978 the number of primary school students has shrunk by two thirds. The size of the total labor force aged 20 to 60 will plateau in the next ten years, after which a decline will begin. The size of the young labor force, aged 20 to 24, has already reached its peak and has started declining. In the next 10 years, by 2020, the number will be nearly 20 percent smaller, and in 20 years, by 2030, will be only two thirds of what it is now.¹¹

China's life expectancy is high at 73.1. An increasing number of those elderly will be parents of only children. By current calculations, one third (140 million) of all Chinese households are only children and by 2060, over half of Chinese women at age 60 will be the parent of an only child.

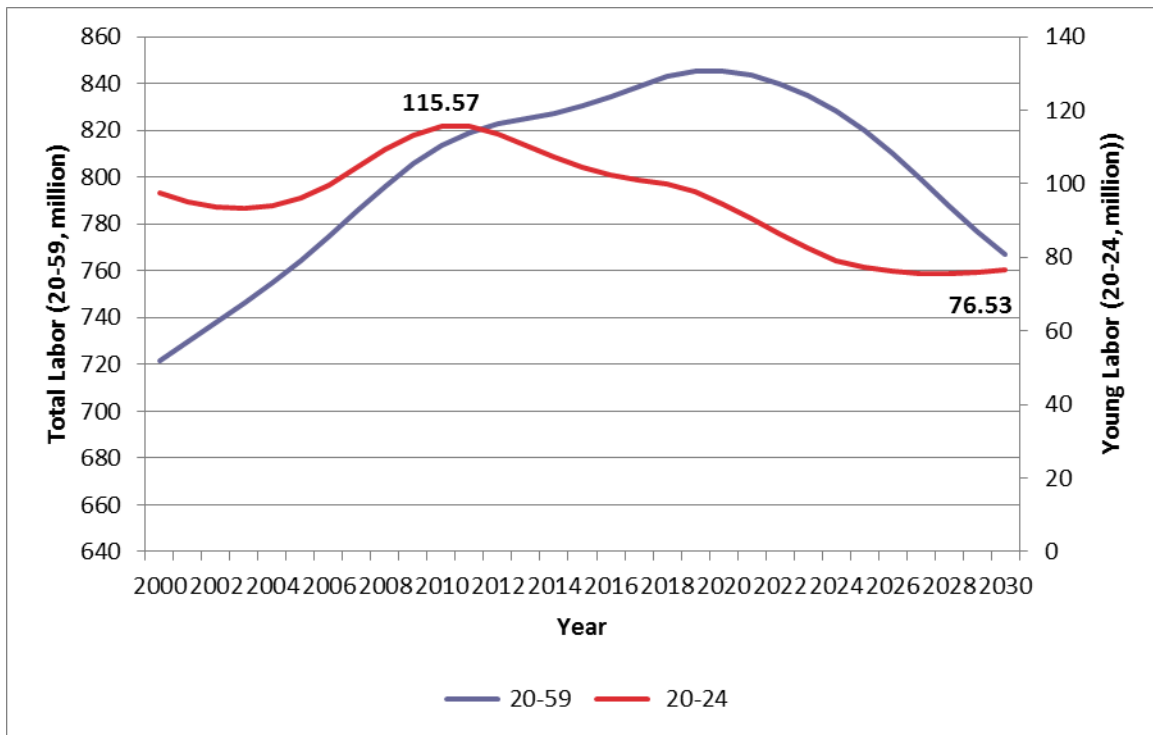
⁹ Wang Feng, "China's Looming Demographic Crisis: Causes, Prospects, Policy Options", Population Association of America 2010 Annual Meeting, Dallas TX, session on China's One Child Policy after 30 Years: Time for a Change?" organized by Joan Kaufman.

¹⁰ Wang Feng and Andrew Mason, "Population aging in China: Challenges, opportunities, and institutions," in Zhongwei Zhao and Fei Guo (eds.), *Transition and Change: China's Population at the Turn of the Twenty-First Century*. Oxford University Press, 177-196, 2007.

¹¹ Wang, Feng, "Can China Afford to Continue its One-Child Policy?" *Asia Pacific Issues*. No. 17. Honolulu: East-West Center. 2005.

The 4-2-1 problem (where four grandparents rely on support from one couple with only one child to support them in turn), already a major complaint of urban couples, will only continue to get worse. Currently only a small number of urban workers and government officials are covered by pensions. The pressure for pensions and social security type arrangements for the elderly will increase just as both the overall work force and the number of working children to support aged parents shrinks.

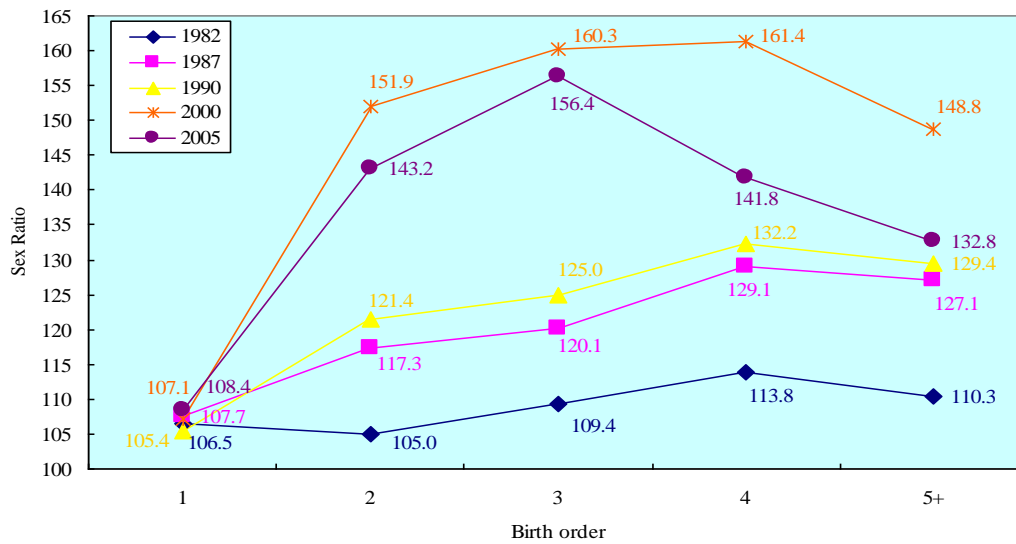
New Labor Force Entrants (20-24) will Drop by Nearly 34 Percent in the Next 20 Years¹²



The other significant impact of the One Child Policy is the skewed sex ratio at birth in favor of males. China has a long history of son preference, similar to a number of other countries in Asia (e.g. South Korea and India), but the 30 year old One Child Policy seriously exacerbated this preference and has contributed to increasing prenatal diagnosis using ultrasound followed by sex selective abortion. While officially against the law, it is widely practiced throughout China. China’s last official inter-census survey in 2005 reported a national sex ratio at birth figure of 120.5: 100 in favor of males but when examined by parity, the distortion reaches 143.2:100 for the second birth and 156.4:100 for the third birth.

¹² Wang Feng, “China’s Looming Demographic Crisis: Causes, Prospects, Policy Options” (revised), Population Association of America 2010 Annual Meeting, Dallas TX, session on China’s One Child Policy after 30 Years: Time for a Change?” organized by Joan Kaufman.

Sex Ratio at Birth by birth order, 1982-2005¹³



In the few pilot sites (prefectures in Hubei and Gansu provinces) where two children are allowed, the sex ratios are closer to normal (104:100 in Gansu and 109:100 in Hubei).¹⁴

Sex Ratio at Birth: 2000—2004

Year	Jiuquan Prefecture Gansu Province			Enshi Prefecture Hubei Province		
	Total	1st Child	2nd Child	Total	1st Child	2nd Child
2000	108	103	118	110	107	115
2001	112	110	117	113	107	124
2002	109	106	113	108	104	113
2003	107	107	107	108	106	111
2004	104	104	105	109	106	114

¹³ Source: For 1982: National Fertility Sample Survey⁶; For 1987-2005: China Population Censuses and 1 % Population Sample Surveys.⁵

¹⁴ Gu Baochang, "A Journey of Eight Years" – Study of China's Fertility Policy (2001-2009), power point presentation at Harvard University seminar and PAA annual meeting, Dallas TX, session "China's One Child Policy after 30 Years: Time for a Change?," April 2010 organized by Joan Kaufman.

Projected forward, there will be an excess of about 40 million men by 2040 and the effects are already evident today. The future shortage of women will be stark and the demographic and societal implications of this are hard to predict. While much has been written about the “bare branches” phenomenon of wifeless men who might potentially create social upheaval or spread sexually transmitted diseases by frequenting sex workers, a more likely scenario is that Chinese men may increasingly seek wives from poorer parts of the region and that national boundaries will not define the marriage market. Advising on how to reverse these trends, bringing in evidence and expertise from other countries in the region, should be high on the list of priorities for UNFPA’s work on gender and development.

Urbanization/Migration

China has steadily urbanized since the economic reform period began in the 1980s and residence requirements and population movement restrictions were relaxed. The urban population now accounts for about 50 percent of China’s 1.33 billion citizens and is expected to grow to 70 percent by 2035. China has more cities (160) of over 1 million inhabitants than anywhere in the world. When China’s 140-160 million rural economic migrants are added to the picture, the percentage of people living in medium sized and big cities and using social services is probably much larger, even while their government entitlements to social services are linked to their rural residences. These urban poor and disenfranchised citizens are likely to grow over time and many have called for an end to the “hukou” or household registration system and a shift to a new system based on residence. The recent 2010 census has instituted new approaches to count the number of people living outside their formal “hukou” and should provide important evidence on the extent of this phenomenon.

Reproductive Health Services (Family Planning, HIV/AIDS, STIs/RTIs, Maternal Mortality)

Contraceptive Coverage and Services

China has made progress in moving its family planning program from a top down “administrative” approach (e.g. enforced with little choice of contraceptives) to a program based on a quality of care service delivery approach. However, without the removal of the One Child Policy, reproductive rights, a central principle of the ICPD agenda, will not be achieved. Even while 30 years of exhortations to control population growth have convinced most citizens of the value and contribution of the policy, the family planning program remains unpopular and is perceived by most citizens as an intrusion in their personal and family lives and decisions. Given the fertility levels and trends noted previously, the restrictive birth policy, the main constraint on reproductive choice and voluntarism in determining desired family size, is no longer needed. The governance approach associated with policy enforcement is a holdover of

the “command style” of earlier eras and is out of date in today’s China. It is a major source of opposition to local leaders, who still are required to enforce it, and has been associated with local corruption in the way the “social compensation fees” or taxes on out-of-plan births are collected. Moreover, it limits the opportunity to utilize the family planning infrastructure for more integrated service provision as most citizens will avoid family planning service centers unless required to be there.

Due to the policy and program, however, contraceptive prevalence is high, at 90 percent of married couples using modern contraception, mainly intrauterine devices (IUDs) and sterilization. Prior to the quality of care family planning program reforms in China since ICPD, couples were required to use IUDs after the first birth and to accept sterilization after the second birth. In the years since ICPD, contraceptive choice has expanded and the quality of contraceptives has improved, along with counseling on methods and client choice. Programs targeting sexually active youth and migrants (there are 140 million economic migrants in China, many of them young women) have been expanded, but these remain only partially effective in reaching these important groups (youth and migrants) who often avoid the official service sites because of either confidentiality concerns or in order to avoid birth restrictions. A major problem for contraceptive service delivery is the “hukou” or household registration system determination of where services must be provided. For rural migrants living in cities, their “hukou” remains in their villages, along with their administrative records and birth registration requirements.

HIV/AIDS

China’s HIV epidemic continues to expand, even while considered low by international standards (national prevalence is under 1 percent). The government and UNAIDS estimate that 740,000 persons are HIV infected. However, there are some concentrated epidemics with much higher prevalence in parts of China and the epidemic is transitioning to a sexually transmitted one—7 percent of all new infections in 2009¹⁵, including among men who have sex with men (new infections among men who have sex with men accounted for 32 percent of the total¹⁶). Even while there is some uncertainty about the dynamics of the sexually transmitted epidemic¹⁷, it is clear that the percentage of women is increasing, from 19.4 percent in 2000 to 35% in 2008¹⁸.

¹⁵ Zunyou Wu, Yu Wang, Roger Detels, Mary Jane Rotherham-Borus, “China AIDS Policy implementation: reversing the HIV/AIDS epidemic by 2015” *International Journal of Epidemiology* 2010: 39: ii1-ii3

¹⁶ UNAIDS China, Key Data. Available at: www.unaids.org.cn/en/index/page.asp?id=178&class=2&classname=Key+Data.

¹⁷ These may be the wives of married gay men or returning male migrants, the sexual partners of IDUs, commercial or transactional sex workers, or youths with multiple or concurrent sexual partners.

¹⁸ UNAIDS China, Key Data. Available at: www.unaids.org.cn/en/index/page.asp?id=178&class=2&classname=Key+Data.

HIV services are provided mainly through China's Centers for Disease Control system which has been the main recipient of government and donor funding for HIV/AIDS prevention and treatment, including substantial funding from the Global Fund for AIDS, TB and Malaria. Testing of pregnant women and prevention of mother to child transmission coverage has remained low, partly because of the poor integration of services with both the Ministry of Health's Maternal and Child Health Services system and the family planning service system and the inability to systematically reach unmarried youth seeking abortions. Condom use rates have increased in many populations including sexually active youth and urban business men, but at the same time both formal and informal sex work has re-surfaced in China and entertainment venues where sexual services are available are ubiquitous, even in rural cities and towns. Many of the big city venues are staffed by young migrant women (and men for men who have sex with men venues) who work for several years for easier money than factory jobs, move often, and eventually return to their rural villages to get married.

Sexually Transmitted Infections (STIs) and Reproductive Tract Infections

Related to the expanding sexual spread of HIV/AIDS in China, especially in southern provinces and big cities, is a resurgent syphilis epidemic, including congenital syphilis, and rise in other sexually transmitted infections. STIs increased by 7 percent in China in 2007. Virtually wiped out by the 1960s, both gonorrhea and syphilis are now again among the top five most common notifiable diseases in China. In 2007, syphilis, which had been practically wiped out by 1970, increased by 24 percent. Congenital (mother to child transmission) syphilis has grown rapidly, increasing 71.9 percent per year in recent years to 19.68 cases per 100,000 live births in 2005.¹⁹ This resurgent syphilis epidemic poses an increased threat of HIV transmission and suggests a need for routine syphilis screening of pregnant women as is done in many countries. Under diagnosed STIs (especially trichomonas, but also chlamydia, gonorrhea, syphilis, and the human papillomavirus) and non-sexually transmitted reproductive tract infections (candida and bacterial vaginosis) in rural women, a population for whom there is no routine screening for STIs or reproductive tract infections, is another major problem. These undiagnosed and untreated STIs increase the risk of HIV transmission and may be related to increasing heterosexual transmission of HIV/AIDS.

Youth

China's current generation of youth, many born since the beginnings of the economic reforms in the late 1970s, are delaying marriage, reaching puberty earlier, and are more sexually active

¹⁹ Chen Zhi-Qiang, Cuo-Cheng Zhang, Xiang-Dong Gong, Charles Lin, Xing Gao, Guo-Jun Liang, Xiao-Li Yue, Xiang-Sheng Chen, and Myron S. Cohen, "Syphilis in China: Results of a National Surveillance Programme," *The Lancet* 369 (2007): 132–134.

than in the past. Many urban kids are only children, well educated, and have disposable income. Rural youths who do not continue their education beyond high school will typically migrate to the cities for several years of work before marriage, bringing back with them more modern ideas about gender and child bearing. Among the youth in urban areas there is increasing drug use and a social and sexual networking culture facilitated by the internet. Internet usage in China has exploded with estimates that 420 million Chinese are currently online.²⁰

China's youth are falling through the cracks in access to contraceptive services as evidenced by the high rates of abortion among unmarried youths. Overall abortion rates have increased in China to about 9 percent (16.15 million) in 2008²¹ from about 6 percent in 2001 and while some of this is due to contraceptive failure (mainly IUD) among married women and sex selective abortion (a small percentage), most of the increase has been among unmarried youth. Because the family planning program mainly targets married women, youth have more limited access to services. They have always sought abortion (often repeated abortions) at urban hospitals or private clinics where it is provided with anonymity, but where contraceptive counseling and service provision and follow up are less assured. With later marriage and changing sexual norms, this remains a big hole in sexual health services and suggests that HIV and STD risk are also not being adequately addressed.

Maternal Morbidity and Mortality

China is one of the few countries likely to reach MDG 5, focused on improved maternal health. The current national maternal mortality ratio (MMR) is 38 per 100,000 live births, but the national average masks huge discrepancies. The maternal mortality rate in poor rural areas of western China is four times that of urban areas and double the rate of average rural areas in eastern China.²² In Guizhou Province, China's poorest province (where I worked on the Gender and Health Equity Network study), hospital delivery rates are 38.9 percent and MMRs 95.4 per 100,000 live births compared with 99.5 percent and 99.4 percent (hospital delivery) and 18 per 100,000 and 10.8 per 100,000 live births in Beijing and Shanghai, respectively²³.

Attended child delivery in poor areas is constrained by cost of services. Even the new rural health insurance schemes launched as part of the new health reform effort do not provide sufficient reimbursement (only 30 percent) to make a hospital based delivery affordable for the

²⁰ Jing Jun, Sex Work in Asia Conference, Harvard University, October 3-4, 2010.

²¹ Gu Baochang, "Induced Abortion in China" Center for Population and Development Studies, Renmin University of China, 2009.

²² Fang J. Health sector reform and reproductive health service in poor rural China. *Health Policy Plann* 2004; 19 (suppl 1): 40-49.

²³ Meng QY, Hu AG. Eliminating health poverty ought to be a top strategic priority in rural health reform and development in Ministry of Public Health. International Conference on China Rural Health Reform and Development, Beijing; Nov 7-9, 2000. Beijing: China Health Development Forum, 2000: 67.

rural poor. For these poor families, they often give birth at home attended by relatives or friends. That this situation can exist in a country that hosted the Olympics and the Shanghai Expo is troubling and reflects the enormous disparities that exist in different parts of China. Because of China's size and population, the absolute numbers of people falling into the lowest categories is large.

China and India: MDG 5: Reducing Maternal Mortality by 75% by 2015²⁴

	<u>China</u>	<u>India</u>
CPR (modern methods)	90	48.5
MMR (2008)	38	230
% decrease (1990-2008)	-6.0	-4.9
Lifetime Risk of maternal death	1 in 1500	1 in 140

Health Sector Issues

China's health system is currently being re-constructed after 30 years of deterioration to a privatized and highly inequitable system where catastrophic health care costs became a major reason for families falling into poverty. An official national survey in 2003 showed that nearly 49 percent of patients needing treatment did not go to a doctor and nearly 30 percent of patients needing hospitalization did not receive it because of cost. A new health reform program was launched in 2008 with funding of over \$125 billion, but there is still a long way to go to ensure affordable care, reform the distorted incentives in the health system, and revitalize public health prevention. China's new disease profile is increasingly a chronic disease and lifestyle related set of health problems, even while some infectious diseases remain serious threats (e.g. hepatitis). However, a good health infrastructure exists with trained health providers and reasonable quality of care and pharmaceuticals. Childhood vaccine coverage is high. Maternal and child health services, HIV/AIDS prevention and care (there is a free national treatment program), STI services and routine gynecological care are all delivered through the health service system and its affiliated programs (China CDC). This system operates in parallel to a separate and often higher quality service infrastructure for free family planning services, where other reproductive health services are available for a fee.

Gender and Development

Even as China has come a long way in the area of gender equity, numerous challenges remain. In the rural areas son preference persists and there is wide use of sex selective abortion

²⁴ Source: MDG 5 in Asia: Progress, Gaps and Challenges, 2000-2010, Asia Pacific Resource and Research Center (ARROW) September 2010, www.arrow.org.my.

throughout China due to the policy restrictions on births allowed. This discrepancy will play out for decades to come. Its likely impact on the ability of poor men to find wives is clear, but other social impacts are less predictable. In the rural areas, where the patrilineal system continues where women marry out of their home villages into their husband's family, life in many places has been transformed by the massive urban economic migration that has characterized rural China for several decades and there is evidence that the value attributed to sons is being replaced by the value of wealth and remittances sent home by either gender.²⁵ Many young women and men migrate temporarily for work for several years before marriage, and thus delay marriage, and some never return home. Young women in particular are often changed by their urban experience and often return to their villages with new attitudes and aspirations. Many young couples leave their children with elderly parents in their rural villages. However, gender discrimination persists in important ways in rural China—women's land inheritance rights are limited following customary rural practice (based on Confucian traditions) despite legal rights. Divorce is more accepted, marriage rights, including alimony and child support are gaining traction in the urban areas but all remain limited in rural China. Domestic violence, the subject of a new law, has gained much attention in urban China, but remains a problem for many women in rural areas.

In urban areas, while there is equality in educational opportunities for young women, employment opportunities in the private sector are more limited. The lack of adequate labor protection and enforcement of sex discrimination laws make young women unattractive to companies who assume they will incur maternity leave costs. Moreover, for older women, more have been laid off than men as the public sector has shrunk. The informal labor sector is heavily skewed towards women.

There is a strong group of women's rights NGOs working closely with academic women's studies centers and the Women's Research Institute of the All China Women's Federation. These groups coalesced around the Beijing Women's Conference and have played an active role, both domestically and globally, since the mid-1990s in identifying problems and advocating for change. However, their efforts have not been sufficiently mainstreamed with other development initiatives within the Chinese government and their work is separate and does not include the reproductive rights of rural women nor work on the distorted sex ratio at birth resulting from the One Child Policy or the special difficulties that will be faced by elderly women. Their work would benefit from greater connection to economic and demographic analysis expertise.

²⁵ Lihong Shi, *Emerging from the Ancestor's Shadow: Reproductive Choice and Family Change in Rural Northeast China*, unpublished paper, 2010.

The UNFPA Country Programs in China from 1980 to 2010

Country Programs 1 and 2 (1980 to 1984) and (1985 to 1989)

China's first two country programs (CPs) from 1980 to 1984 and 1985 to 1989, each for \$50 million, involved 64 projects covering a wide range of government institutions and technical assistance areas. The largest individual set of projects was to China's State Statistical Bureau to conduct the 1982 Census, still regarded as the best head count in China to date and the basis for much subsequent demographic projections. The training and equipment provided created a human and technological infrastructure that has been the backbone of the rural statistics system to this day. A second major contribution of CP1 was a large scale program to train young demographers (400 people) at the PhD level abroad and support population research centers at leading universities around China. These demographers, many of whom returned to China, form the pillar of China's social science and economics research intelligentsia and play a major role in social policy research throughout the country.

Another large set of projects built up the contraceptive production capacity of China and initiated the process that has led to contraceptive self-sufficiency today with a large variety of good contraceptives manufactured according to good manufacturing practice standards. Another large set of projects supported the government's newly established State Family Planning Commission to train technical and managerial staff for the country's family planning infrastructure and to build up a network of key contraceptive research institutions in the country to provide the scientific, medical, epidemiology, and social sciences methodological expertise for evaluating the program. A new population information and policy research institution was established that was affiliated with the State Family Planning Commission (the China Population Information and Research Center). An Information, Education, and Communication Center was also established, equipped with state of the art audiovisual equipment and where UNFPA provided training and other support. Both continue to operate to this day. Other, smaller projects supported the beginning of sex education in secondary schools, training and support to urban maternal and child health hospitals under the Ministry of Health, studies of aging, and work on women and microfinance.

County Program 3 (1990 to 1994)

The third country program from 1990 to 1994, for \$57 million, continued support for many of the projects and institutions in the previous two programs. It also shifted some of the program focus away from urban areas and began a phase of support for rural family planning service improvement, including better integrating it with maternal and child health services. The largest focus of CP3 was to the Ministry of Health for support for this effort in 305 rural counties. CP3

also provided substantial contributions in the areas of contraceptive production through improvements in the variety and quality of products. More funding was provided for women and development initiatives. A major effort during this period was the attempt by UNFPA to advocate to State Family Planning Commission on reproductive rights. After ten years of the One Child Policy and increasing international criticism of coercion in the implementation of the policy, UNFPA stepped up efforts to engage the Chinese government on the human rights dimensions of its population policy and the need for voluntarism.

Country Program 4 (1998 to 2001)

This advocacy for reproductive rights affected the launching of the fourth country program in the years following the ICPD in 1994. UNFPA made the approval of CP4 conditional on the removal of birth targets in project supported counties. As a lead agency for the implementation of ICPD, UNFPA made it clear that its projects in China would need to strictly adhere to the principles of ICPD. It took until 1998 for the Chinese government to agree. Following ICPD, a new set of UNFPA criteria was developed to categorize countries for funding levels. Because of China's overall success in both contraceptive coverage and reducing maternal mortality, China was categorized as a "C" level country and thus not eligible for certain kinds of support. CP4 was funded at half the amount of CP3, at \$20 million for a four year program from 1998 to 2001. Program focus was on integrated family planning and maternal and child health services in rural counties with the launching of a quality of care approach in 32 rural counties where birth targets and quotas had been lifted, South-South cooperation, and gender and development.

Country Program 5 (2002 to 2005)

CP5 was initiated in 2002 and the primary focus was on operationalizing the ICPD mandate in China. CP5 provided support for an additional 30 counties, one in each province, bringing to 62 the counties where a quality of care reproductive health approach (as promoted by ICPD) was being piloted with birth targets and quotas removed. Efforts to institutionalize the ICPD principles occurred during CP5 through extensive work with the National Population and Family Planning Commission (the new name for the State Family Planning Commission) to revise standards of care, harmonize them with Ministry of Health maternal and child health standards, and remove birth targets and birth spacing requirements from national policy guidelines. HIV/AIDS prevention activities and projects were initiated during CP5 mainly focusing on youth, migrants, and commercial sex workers. South-South collaboration continued, especially on the issue of the sex ratio at birth, the need for gender disaggregated data reporting, and the aging issue. There was increased collaboration with like-minded donors, including Ford Foundation, which was also supporting the quality of care re-orientation of family planning services and sex ratio at birth projects.

Country Program 6 (2006 to 2010)

The sixth country program, with a budget of \$27 million, continued the focus on re-orienting the family planning program towards a more ICPD-inspired quality of care, client-oriented, and gender sensitive, reproductive health program in the same 30 counties supported in CP5. It also revived previous support to work on population dynamics as part of UNFPA's population and development mandate. This component focused on support for population policy formulation related to gender, migration, and aging. Work continued on HIV prevention especially for migrants and youth, South-South collaboration, and gender and development. Additional support was provided for work on urbanization and reproductive health in the context of disaster preparedness (following the devastating Sichuan earthquake). Following on reforms within the UN system, CP6 was coordinated with other UN efforts through a UN Development Assistance Framework mechanism and coordinated country plan for UN assistance.

Country Program 7 – the next 5 years (2011 to 2015)

CP7 is budgeted at \$22 million and will run from 2011 to 2015 in parallel with China's 12th five year plan. Project focus will continue on advancing and institutionalizing the reproductive health and rights paradigm developed at ICPD and work increasingly at a sub-national level. Increased focus will also be on multi-sector approaches to support achievement of the MDGs, youth, filling gaps in services, using evidence based policy-making, emergency preparedness, and linking HIV and reproductive health services for vulnerable populations. Support for population and development will focus on decision making using evidence on urbanization, migration, climate change, and aging.

Achievements

UNFPA's long term engagement on so many issues has no doubt contributed in countless ways to China's social and economic progress in the last three decades, helping to identify and initiate work on important problems. However, for me, a few contributions really stand out. These include:

- The human resource capacity built up through the demographic training and research support in the early days of the program,
- The support for the first and subsequent censuses and the capacity it created for basic population statistics generation,
- The technical assistance that built up China's contraceptive variety and self-sufficiency, and
- The persistent and long term efforts to support the re-orientation of the family planning program at the grass roots level towards a more client oriented approach, including holding the line on the removal of targets and quotas in pilot counties.

Shortcomings

Looking at the larger sweep of assistance over 30 years, a number of issues stand out where UNFPA was less successful in fostering meaningful and needed change. It partly reflects the constraints of China's bureaucratic system and long-time rivalries and partly reflects the lack of focus and concentration of resources by UNFPA. Foremost among these is the failure to foster sustainable collaboration between the rivaling Ministry of Health and the National Population and Family Planning Commission on an integrated reproductive health approach, despite the significant funding and engagement with the Ministry of Health in CP3. The work on gender and development has been piecemeal and the policy impact has been minimal, including on the critical issue of the sex ratio at birth. And while substantial expertise exists now in academic institutions on demographic planning and projections, the lack of a strong evidence-based population policy planning group with influence based at the State Council or other high level government body has limited real engagement with government on these issues. It has created a situation where the substantial expertise residing in academic research centers is neither welcomed nor heard by policy planners. This is evident in the resistance to re-evaluate and lift the One Child Policy despite the mounting incontrovertible evidence about the negative impacts that are beginning to ensue. There has been insufficient push on gender perspectives and needed integrated services for HIV prevention. Finally the lack of support for a civil society movement on reproductive health and rights to parallel similar movements in China on issues like women's rights, AIDS, or the environment, has resulted in a missed opportunity to influence policy change on these issues through internal domestic advocacy. I will elaborate on each of these shortcomings in the next section along with recommendations for how UNFPA might engage on these issues and on others in China in the next phase.

UNFPA’s “Place at the Table” and the Opportunities it Offers

China is an active participant in and supportive member of the UN system and holds a voting place on the Security Council. It takes its role in the UN very seriously, regarding itself as a counterweight to the big powers and as a representative of the developing world. Unlike bilateral donors, the support provided by UN agencies in China is regarded as neutral and without a political or hidden agenda. China has increasingly become an active participant in regional bodies such as the Western Pacific Region office of WHO (WPRO), contributing staff and asserting leadership in agenda setting for the region.

The UN has been a partner and contributor to China’s 30 year economic and social transformation from an isolated developing country in 1980 to the world’s second leading economy after the U.S in 2010. UNFPA’s decision to not stop working in China in the face of U.S. pressure and budget cuts has solidified a strong relationship of trust with the government of China and has afforded UNFPA an important place at the table and the ear of leaders. UNFPA has amply used this access to advise on needed policy modifications.

It is important to note that China’s own planning process and use of the UN has evolved from one of limited engagement to greater partnership in development planning. In the early programs, UN agencies essentially acted as clients to individual ministries for technical assistance work and were supervised and managed by China’s Ministry for Foreign Economic Relations and Trade. Today, the UN works closely with China’s State Development and Reform Commission on overall development planning focused on the MDGs and China’s own development program for social stability (to achieve a “harmonious society”). The UN Development Assistance Framework process and the coordinated country plan aim to harmonize development planning within the UN system and among the agencies working in China. The UN also provides an umbrella coordination mechanism to numerous international NGOs and bilateral agencies working in China on specific issues (e.g. gender and HIV/AIDS), providing a channel for their input to government.

A criticism of UNFPA has been the perception that the organization is mainly allied with the National Population and Family Planning Commission (NPFPC) and as such has contributed to that organization’s institutional strength through the many years of funding and engagement. Partly because of this dominant partnership with UNFPA, NPFPC is the major institutional representative for China to global and regional bodies concerned with reproductive health, while the All China Women’s Federation represents the country on gender matters (e.g. follow up to the Beijing conference) and the Ministry of Health on HIV/AIDS or maternal mortality. For these critical components of reproductive health, there is little coordination on the China side even while the UN may be coordinating the global agendas.

There are rumors that NPFPC may be re-subsumed into the Ministry of Health in the coming years and UNFPA may need to re-align itself for the next phase—perhaps partnering with a higher level agency that can push for the needed integration on reproductive health services including HIV/AIDS, gender and development and population planning that has so far not been achieved because of NPFPC’s institutional resistance.

Developments within the UN System Affecting UNFPA's China Work

The creation of the new UN Entity for Gender Equality and the Empowerment of Women (UN Women) this year may provide an opportunity for UNFPA to better coordinate its overall mandate for advancing gender and development with the work of other UN agencies in China. Even while the UN system highlights gender as part of its overall development framework, a lead agency that can coordinate the other agencies (such as UNAIDS) may help to mainstream the issue further in China. UNFPA, UNDP, or UNIFEM have so far not been able to do this in China to date, even despite new processes such as the UN Development Assistance Framework and the coordinated country plans that have been instituted in the last decade. The “One UN” agenda launched by Kofi Annan has involved seven pilot counties in China working together on a common program with each agency providing funding and implementation expertise and reporting directly to the secretary general. But this experiment remains isolated and not the *modus operandi* of the UN system in China.

The UN's primary focus since 2000 on the achievement of the MDGs has been a good way to coordinate the UN technical agencies in China on an overall development framework. However, for the most part, different UN agencies have different primary partners in government for their work related to gender and reproductive health—WHO with Ministry of Health and the CDC system, UNICEF with the Maternal and Child Health Department of the Ministry of Health, UNFPA with the NPFPC. All work to some degree with other groups (e.g. the All China Women's Federation or National Committee on Women and Children's Interests) but overall coordination is piecemeal. The global push back and decreased funding for sexual and reproductive health (and non-inclusion as an MDG goal) has to some degree undermined momentum and prioritization of the ICPD agenda within the UN system and its work in China. For example, the UN has a separate UNAIDS office coordinating all agency work on China's AIDS response, but no similar body coordinating agency work on sexual and reproductive health and gender empowerment. While UN Women may take over the latter agenda, UNFPA should do the former with sufficient resources and mandate to be successful.

The Chinese Bureaucratic and Political System Affecting UNFPA's Work

Up until the late 1970s China's family planning services system was integrated with the health system and managed by the Maternal and Child Health and Family Planning division of the Ministry of Health. The "Leading Group on Family Planning" was set up when family planning policy was intensified in the late 1970s and the State Family Planning Commission, a ministry level body, was created in the early 1980s to carry out the population policy. The two organizations have never collaborated well and there is much bad blood between the two, in large part due to the large budget for family planning and their establishment of a totally separate service system. This duplicate network down to the township level is better funded and as such has poached human resources from the health system and siphoned off local financing because the free family planning program is a national and mostly unfunded mandate from the central level that requires local government to pay for it.

There has been much discussion about the inefficiency of local financing for the dual service network (health and family planning) especially given the deterioration of the rural health system, and rumors that the two organizations will be re-integrated under the leadership of the Ministry of Health in the next few years. However, with over half a million staff employed by the NPFPC at national, provincial, and local levels, 1.2 million village workers with subsidies for family planning work, countless other volunteers and stakeholders, and the opportunities (for both corruption and to generate local tax revenues) afforded to local government by their ability to impose the "social compensation fees" on out-of-plan births, there is strong resistance by the organization and local family planning officials to change.

The NPFPC's agenda for the next phase of collaboration with UNFPA does not appear to anticipate that merging with Ministry of Health is planned. The institution is planning a new initiative on "comprehensive reform" which aims to take the lead in addressing some of the problems arising from poor multi-sector coordination with the Ministry of Health and insufficient role of provinces in planning. The reform will focus on improving the management system, human resources, leadership, funding, coordination of government agencies, evidence based planning, and quality of services aimed at improving reproductive health services nationally. Focus will be on the sub-national level as a way to get the provinces and local governments to influence national policy and funding allocations in conjunction with NPFPC. However, there is recognition that change is in the air as the draft of the government's new 12th five year plan (2011 to 2015), for the first time in 30 years, has no specific section on family planning even while the issue of population has its own paragraph, rather than being in the same paragraph with health and family planning. And a new experiment is being launched in

five provinces that will allow couples where only one of the parents is an only child to have two children—a further effort to relax the policy around its edges.

Within the Ministry of Health system, there is poor integration of the various services it manages for different aspects of reproductive health. The separate silos for HIV/AIDS (mainly carried out by the CDC system), the STD system (mainly managed by the Nanjing STD center), and obstetrics and gynecology services for gynecological care not related to maternal and child health and the maternal and child health section (mainly dealt with through a system of maternal and child health hospitals) are poorly integrated both at the national level and at the provincial and local levels.

China's leading agency for women's issues, the All China Women's Federation, barely collaborates with either the NPFPC or the Ministry of Health's maternal and child health or other departments dealing with reproductive health. The National Committee on Women and Children's Interests, under the State Council, or the State Reform and Development Commission should be the lead agencies coordinating all of these agencies in needed ways and generating an evidenced based coordinated plan for reproductive health and gender equity.

Recommendations on What UNFPA Might do in China in the Next Phase in its Three Mandated Areas and Beyond

Global Level Recommendations that Will Strengthen China Work

The previous sections have attempted to lay out the current challenges facing China in population and development, reproductive health, and gender and development and the opportunities and constraints related to bureaucratic and governance structures, both within the UN system and China. This section offers recommendations on what UNFPA might do going forward to address those challenges and opportunities.

In my discussion with others, a common need identified was for UNFPA's role to be strengthened as the UN's leadership mechanism for implementing the ICPD Programme of Action, including leading the discourse on how these issues must be coordinated with other development agendas such as climate change. Climate change discussions in particular have seen the return to old scripts on population control (with China as a global spokesperson) as leadership on reproductive rights and health has been weakened in the last ten years. UNFPA must take the lead in carving the middle ground on population and environment issues, highlighting the importance of meeting the unmet need for family planning while empowering women with rights and economic and social justice. Currently, there has been a global shift back towards women's health but it is focused on the maternal mortality issue, which while important, is only part of the ICPD agenda.

To be able to play this role, UNFPA will need the resources and mandate to operate in a similar fashion to UNAIDS on the ground, with the mandate to coordinate all the UN technical agencies, international NGOs, and government on the achievement of the ICPD agenda. Globally, this agenda will need to be carefully coordinated with UN Women. Moreover, like UNAIDS, UNFPA should play a stronger advocacy role at the global level on the ICPD agenda, crafting language, guidance documents, and common strategies at the global policy level and developing targets and indicators that are mainstreamed into development plans at both global and country levels. A major complaint was the poor quality of technical support available within UNFPA. Rather than relying solely on its own technical division in New York or the regions, it should contract with the best local and global expertise to support its country level work.

Population Dynamics and Planning

UNFPA has made a huge contribution to China's basic population data collection capacity, both through supporting the censuses and inter-census surveys and support for China family planning and reproductive health surveys conducted by the NPFPC and its China Population Information

and Research Center. Recent efforts to support gender disaggregated data collection and use are also important. Moreover, China has some of the world's leading economic, social and mathematical demographers along with other statisticians and modelers able to work with population data. However, much of the expertise sits in academia and government level research institutes without a parallel and responsive government policy making counterpart. Much of the census and survey data collected is not fully analyzed and therefore policy decisions that should be supported by a stronger evidence base are not well informed. Research on gender and development is not well integrated with population dynamics research. After a hiatus after ICPD and CP5, UNFPA strengthened its support for population dynamics. However, there is much work to be done to bring together population, gender, and health research using data from vital registration and census data and behavioral surveillance and survey data to improve policy making in health, population, and social planning.

UNFPA could play a leading role in organizing policy forums and dialogues to bring the various constituencies together (e.g. migration, urbanization, sex ratio, etc.) and broker in the international experience in combining research approaches and data on these related social and economic policy issues with population and health data. It could also play a leading role in establishing and working with lead policy research groups in China to use that data for social, economic, and health policy planning. UNFPA's contribution to China's demographic analysis expertise in the 1980s remains one of the largest contributions of the agency. Playing a similar role in the next period on strengthening the expertise for social policy analysis by enhancing the use of demographic methods and data would be a huge contribution to China. A key part of this would be better studies on migration and social policy to better plan the transition from the household registration system to one of residence based social service provision.

Reproductive Health

Integrated Services with a Focus on Sexual Health and Sexual Risk

China has achieved high rates of contraceptive coverage and low rates of MMR, even within a constrained health system, through vertical programs and funding. However given the current sexual health risks facing youth and the need to increase coverage of both STI and HIV services to married women, an integrated client-oriented sexual health approach is likely to be more successful in the next phase. As the population policy is likely to be relaxed in coming years, the need for a vertical, top down family planning approach will need to be replaced with a client-demand oriented service system that offers better health referral, partner referral, and follow up and comprehensive sexual health care. Ideally these discussions and the service package required should be happening as part of the overall health reform initiative and setting of entitlements for integrated packages of primary health care.

A coordinated social science (sexual behavior research) program and policy research effort is needed to support evidence-based policy making, along with strengthening of behavioral data collection through routine services. The research and data that exist, much of it high quality (e.g. through academic research institutions like the Center for Gender and Sexuality at People's University or behavioral data collection through the provincial CDC AIDS divisions) is scattered in programs and centers and is not brought together or systematically used for policy making outside narrow areas of focus (e.g. AIDS prevention for sex workers). It will be important to help establish a policy research function on population and reproductive health at a higher level of government (e.g. Reform and Development Commission or other State Council level policy research body).

The family planning services infrastructure is well funded, with excellent human resources and high quality, well equipped institutions down to the township level, but it is underutilized because the policy is unpopular. Its publicity and education system is unparalleled in the world and could and should be deployed for other health education, such as for HIV/AIDS prevention and other current health problems. The overburdened health system operates with more constrained human resources, less funding, and poorer quality institutions providing medical services including maternal and child health, STI, and HIV. Both are unfunded mandates from the top, funded primarily with local financial resources. The financial efficiency to be gained from integration is obvious.

UNFPA could take a strong role in orchestrating policy discussions and policy forums on the benefits to integrating services, providing global evidence, and acting as a leadership nexus for coordinating the myriad stakeholders currently involved in the research, data collection and analysis, and service provision aspects of the agenda. The Policy Forum approach was often used by the Ford Foundation with success to regularly convene the stakeholders from government (national and local), academia, and civil society together with international experts to share ideas and develop strategies for policy reform. The ownership of ideas that resulted made it more likely that participants would then advocate internally for reform and be heard.

Related to this would be the balancing of the special relationship that UNFPA has with the National Population and Family Planning Commission with other government partners. While this relationship has served both organizations well and allowed UNFPA to influence both the population policy and program for the better, it has also limited the organization's influence in China with other government agencies and the continued primary alliance may sideline UNFPA from mainstream thinking already underway in China. When the One Child Policy is lifted, NPFPC's institutional survival is uncertain and it may be re-integrated into the Ministry of Health. UNFPA may want to position itself as an advocate for this re-integration and take a leading role in assisting the government in thinking through the re-integration process. Aligning itself more closely with a higher level national body, like the National Reform and Development

Commission, the National Committee on Women and Children's Interests, or another State Council level body, may help make this most effective.

Gender and Development

UNFPA has supported important work on gender and development since 1984, but the projects have been piecemeal and not well integrated with efforts by other donors, China's own women's movement and NGOs, or within a strategic framework for gender advancement. The new UN Women's agency can hopefully play a similar role to the one played by UNAIDS in China in working with the Chinese government and active civil society actors to develop a larger strategic framework for gender equity and then in orchestrating and coordinating international inputs into it. UNFPA can then play the leading role, connected to a larger effort, to advance those aspects of women's rights that connect up to its programmatic areas and the ICPD agenda—including the better collection and use of gender disaggregated data (an area where UNFPA is already playing a leading role) for overall social and economic planning and for modeling the probable impacts of the distorted sex ratio on future social, economic, and health outcomes. Another important area where UNFPA might play a role is providing advice on how women's labor rights and policies might be helpful in reducing the current fertility trends. For example, in Sweden, institution of paid maternity leave and labor protection helped reverse the below replacement fertility trends.

Additional research and policy level analysis could be advanced in line with the recent WHO report on the Social Determinants of Health. The Women and Gender Equity Knowledge Network report laid out numerous important needs for further research and action related to health service planning and women's participation within that. The current work on gender disaggregated data collection could be broadened to include support for a policy research function needed to analyze the data and to work with the Chinese government on evidence based social policy planning to advance gender equity.

Related to this is the need to engage more actively with China's women's rights NGOs and civil society organizations. There is a dearth of NGOs working on reproductive health, most likely because it is too risky politically to challenge the government population policy. This is, however, in contrast to the many strong organizations working on other women's rights issues like domestic violence, labor rights, or land tenure rights and the large number of organizations working on HIV/AIDS, all of which have pushed the government (successfully in most cases) to address sensitive issues. Even as the ICPD reforms of the family planning program have advanced in China, few non-governmental groups have developed to advocate for needed movement on reproductive rights or youth access to sexual health services, integrated services, or gender perspectives in HIV services. In the next period it may be useful to engage more fully

with the women's rights and HIV/AIDS NGO community, partnering them with like minded regional and international advocacy groups to develop strategies and programs to improve the voice and accountability of reproductive health and HIV services for women.

South-South Collaboration Focused on Sub-Saharan Africa

China has recently taken a leading role investing in Africa's economic development. Bilateral assistance in improving Africa's reproductive health could be an important contribution of China for global development. Even with China's own need for improvements in reproductive rights and other aspects of sexual health service provision, China has much to offer Africa in the areas of health personnel training and incentives, health infrastructure development, and management systems to reduce MMR and increase quality of care client oriented contraceptive service provision, and for strategies to reach hard to reach populations, such as the extremely poor or geographically isolated. The government's AIDS response, including the rapid scaling up of a free national treatment program, might also be an area for bilateral assistance.

In the past year, there has been increasing global discussion about whether China should be such a large recipient of donor money, given its own growing national wealth and economic development. For example, many feel that China should be a donor to the Global Fund for AIDS, Tuberculosis, and Malaria instead of a recipient. If China were to take a leading role as a bilateral donor or multilateral donor through the UN system and provide technical assistance to countries in Africa in the areas of health, family planning, population dynamics and planning, gender and development, and HIV/AIDS, it would go a long way towards improving its global image. The South-South collaboration aspect of UNFPA's China program could be strengthened as a vehicle to do so.

Climate Change, Environmental Issues, and Reproductive Health

China's new Malthusian justification for its population program is increasingly the issue of the environment. The supposed 400 million births averted in the last 30 years was billed as a major contribution to environmental sustainability at the 2010 Copenhagen Climate summit. Environmental pollution, especially of the air and water, the heavy use of dirty coal to meet energy demands, and the shortage of water resources are all major environmental challenges for China and will be limiting factors on health and development in the future. And following the recent Copenhagen meetings, it is clear that China feels blamed for not reaching agreements and is being held more accountable for its carbon emissions, even as it is playing a leading role globally on developing clean energy technologies (with lots of government subsidy). As global reproductive health and rights leadership has waned and climate change and environmental sustainability discussions ascended, there has been a return in global discussions to old scripts

about the planet's carrying capacity and the need for population control. With China's current below replacement fertility situation, it is clear that population control will not play a large part in further progress on this front in China. As part of an agenda for weaving together discussions of climate change and reproductive health and rights, UNFPA could take a leadership role in China in linking environmental sustainability to women's empowerment and control over livelihoods and reproductive choice.

Persons Interviewed for this Paper

Borje Ljunggren, former Swedish Ambassador to China (2002-06) and Vietnam (1994-97), current coordinator of the Stockholm China Forum (GMF) within the Swedish Ministry for Foreign Affairs and the chairperson of the SEB Asia Council. The head of the Asia Department of the Swedish Ministry for Foreign Affairs and Deputy Director General of the Swedish Agency for Development Cooperation (SIDA).

Wang Feng, Professor of Sociology and Department Chair, University of California, Irvine and Director of the Brookings Tsinghua Policy Research Institute, Beijing.

Susan Holcombe, Professor of the Practice, Sustainable International Development Program, Heller School for Social Policy and Management and former UNFPA advisor in CP4.

Bernard Coquelin, UNFPA Country Representative, China (by email and in person)

Anonymous former staff person, UNFPA

Anonymous staff person, National Population and Family Planning Commission