Population Experts in Developing Countries

A Summary Report

INSTITUTE OF INTERNATIONAL EDUCATION

Population Experts in Developing Countries: A Summary Report

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June 2004

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List of Acronyms

AIDS	acquired immunodeficiency syndrome
BCC	behavior change communication
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	information, education, and communication
IIE	Institute of International Education
IUSSP	International Union for Scientific Study of Population
NGO	nongovernmental organization
PAA	Population Association of America
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Introduction

In 2003-2004, the Institute of International Education (IIE) West Coast Center in San Francisco conducted an assessment of population experts currently working in developing countries. Through this study, IIE collected and analyzed data on population experts to create a picture of the geographic distribution of population expertise in developing countries.

This summary report offers a profile of population experts' characteristics, including their training and areas of specialization. It also identifies and compares the relative attributes of population experts in the major geographic regions of Africa, Asia and the Americas (Latin America and the Caribbean). As part of the project, IIE also produced an international directory of 1,187 developing country population experts. The directory provides experts' current contact information and is cross-indexed by country and area of specialization.

Two main issues inspired this study. First, over the last five decades, significant resources have been committed to train population professionals from the developing world. Based on the belief that increasing expertise would help bring about positive change in population-level indicators of health and well-being, major funding from private foundations, multilateral organizations and national governments has supported graduate-level education of professionals from developing countries.

Despite the significant commitment of resources to build a cadre of population experts, little data exist on the number of experts actually working in the field in developing countries. Professionals we spoke with, including those working in regional associations with international membership, indicated they had "no way of knowing" the number of population experts working in developing countries, though informal estimates range from 2,000 (currently working) to tens of thousands (trained since the mid-1950s). Even less is known about the level and focus of their education, their professional experience, their areas of specialization, and the kinds of organizations in which they work.

Second, while databases of developing country population experts exist, they have generally not been integrated or summarized in a systematic way. Without centralized contact information, the international population and development community's access to these professionals is severely limited.

By presenting a profile of developing country population experts and a directory with their contact information, we can show the results of the

rapid growth of the population field over the past half century, highlight features of population experts that may be developed to further strengthen population expertise, and facilitate access to population experts internationally. This summary also identifies areas in which existing data are insufficient for these purposes and where further research is needed.

Background

The significant decline in fertility and improvements in maternal and infant mortality rates in many countries were key social development accomplishments of the latter half of the twentieth century. Collectively, population experts contributed to these accomplishments by analyzing their causes and consequences; informing and influencing policy; designing, implementing and evaluating interventions, and training newcomers to the field. Although a causal link between population expertise and positive population outcomes may be unsubstantiated, improvements made over the last 50 years would likely not have been achieved without these professionals' contributions.

During this time, thousands of individuals from developing countries entered the population field through graduate-level training. In the 1950s, rising concerns over world population growth increased the demand for well-trained population professionals. Governments (notably the United States Agency for International Development (USAID)), multilateral agencies and private organizations began to support both research and graduate-level training of professionals from developing countries to prepare them to assume leadership roles in the population field in their home countries.

For example, through the 1970s, the Population Council Fellowship Program awarded a large number of scholarships for graduate training at population training centers in the United States. The United Nations Population Fund (UNFPA) supported developing country scholars to complete graduate and certificate training at United States universities, and during the first three decades of support, the UNFPA supported about 300 scholars from developing countries.[1] Gradually, the UN also established regional demographic training and research centers in the developing world where, after three decades, nearly 2,000 graduates have been trained.[2]

By the 1980s, several developments influenced donor support for population training. Declining fertility rates in some countries encouraged a perspective that there was no longer a population crisis. At the same time, donors began to question the high cost of long-term training. This, coupled with disappointment that some scholars did not

[1] Lauro D, Leadership development and the Packard population program: A report to the David and Lucile Packard Foundation, unpublished paper, May 1998.
[2] Ibid

return home to work in the population field, led many donors to shift support away from long-term training.[3]

The 1990s saw further changes in the population field. The 1994 International Conference on Population and Development (ICPD) in Cairo illustrated how the population field was broadening, placing family planning programs within the larger context of economic development, and emphasizing reproductive health and the elimination of gender inequalities. Conceptually, emphasis on expanding access to and the quality of reproductive health services replaced a more narrow focus on reducing fertility through family planning interventions alone. In practice, though assessments in the late 1990s identified a lack of capacity to adequately collect and analyze data as a constraint in implementing the ICPD Programme of Action,[4] the ability to access and use information was also increasingly recognized as a crucial step towards a country's development. Furthermore, countries that were able to manage and utilize global databases, develop complementary local knowledge bases, and promote the dissemination and use of knowledge were seen to have an advantage.[5]

Investments in graduate-level training of population professionals changed dramatically in the 1990s. Two of the major sources for this training, UNFPA and USAID significantly reduced or eliminated funding for master's and doctoral degrees in the mid-1990s. Private foundations and trusts, such as The William and Flora Hewlett Foundation in the United States and the Wellcome Trust in the United Kingdom, as well as some national governments, increasingly took over this role.

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[3] Menken J, Blanc A, Lloyd C, Training and support of developing-country population scientists: A panel report, Population Council, 2002.

[4] Ibid

[5] [No authors listed] Networking of networks: A 1990s approach to information for development, Asia Pac POPIN Bulletin, June 1992, 4(2):13-7.

Methodology

Data collection

Data were gathered from March 2003 through February 2004 from two main sources: population institutions and population experts (Figure 1). For the purpose of this study, we defined population experts as professionals of developing country origin and place of work[6] who either 1) hold a graduate degree (master's- or doctoral-level) in a (self-identified) population-related field[7] or 2) are current members of a national or international population association. IIE attempted to identify and contact all population professionals who met our criteria. Only those of developing-country origin who are currently working in a developing country were included.[8]

To identify population experts, we contacted population-related institutions to identify members and alumni who met our population expert definition. These data sources included institutions that provide population studies graduate degree training, maintain an association/network of population professionals or support population experts (Figure 1).

Of the 238 major institutions and associations we contacted throughout the world, 105 participated by either sending IIE a list of contact information for their population experts or sending out the survey to their alumni or members on behalf of IIE. In some cases, participation only involved faculty working at the institution and not a list of alumni. Institutions that did not participate either did not reply to our requests or explained that they did not have compiled lists of population experts to share.

While we were able to identify and contact many major population institutions, it was challenging to locate current contact information for some. In addition, many graduate-level population training institutions we contacted did not have complete lists of names and current contact information for alumni. Several institutions in North America were able

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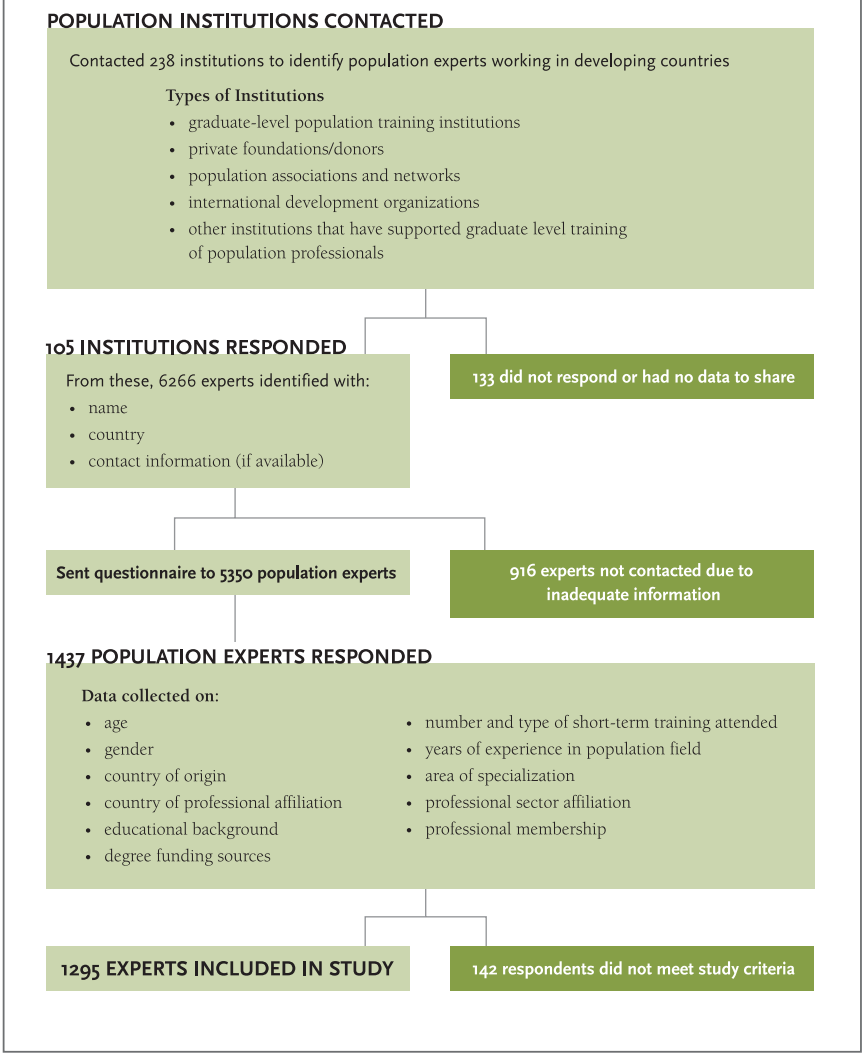
[6] The list of developing countries was adapted from the World Bank list of developing countries (www.worldbank.org/data/countryclass/classgroups.htm). See Appendix 1 for a complete list of countries with participating experts.

[7] Population experts must have completed their graduate degree in 1975 or later to be included in the study. The cut-off year in the mid-1970s was selected because this roughly indicates an appropriate age limit for active participation in the population field.

[8] While developed country nationals working in developing countries, as well as experts working on developing country issues from developed countries have made important contributions to the field, the focus of this study was on experts from developing countries currently working in developing countries.

to compile a list of only a few of their alumni, and some lists lacked sufficient or current contact information. With a few exceptions, training institutions reached in Africa, much of Asia, and Latin America did not have information on their alumni to share.

Figure 1 : STUDY METHODOLOGY



International and regional population associations and networks were a key resource in reaching population experts. Not only did they have large lists of members, the information we received was often more current compared information from academic institutions. However, at the country level only some population associations were able to share comprehensive lists of their members.

To gather data from experts, we contacted them through email, inviting experts to complete an attached questionnaire[9] (Appendix III) or to complete the questionnaire through an online link. IIE staff also attempted to fax surveys, when email was not successful or available. In a few cases where only street addresses were available, we sent surveys by mail. The survey was translated into both Spanish and French to avoid potential language barriers.

Population experts identified

From 105 major institutions and associations throughout the world, we identified a total of 6,266 developing country population experts. We believe we were able to identify a large percentage of the experts who met the study criteria, with the exception of a few countries such as China and South Africa where we suspect we were not able to identify the majority of experts we believe are working in those countries. Experts working in the field of population who are most likely not included in the total 6,266 identified experts are those who received advanced degrees from an institution that did not share information and who are also not members of a major population association.

Of the 6,266 population experts identified, 1,295 experts (21%) working in 94 developing countries returned a completed questionnaire that met the study criteria.[10] Twenty-three percent of the total number of identified experts working in Africa are included in the study; 29% of those working in the Americas are included, and in Asia, 18% are included (data not shown).

Data were analyzed on an aggregate basis by region. We believe the data from the 1,295 individuals presented in this report broadly represent developing country experts working in the population field in these regions. (Geographical distributions of all experts identified are presented in Figures 2 & 3, and Appendix I.) Profiles of population experts in selected countries for which there were larger numbers of respondents are presented in Appendix II.

Limitations

Alumni and members from institutions or population associations who were unable to share a complete list of their experts may not be adequately represented in the total number (6,266) of identified experts. However, we believe some of these individuals were included in the study through other participating sources, since we found a significant level of overlap among experts' affiliations with various institutions and associations. For example, among those who participated in the study,

[9] In developing the questionnaire, we used a combination of definitions from ICPD and major population organizations, including International Union for Scientific Study of Population (IUSSP), Population Council, Population Information Network (POPIN), PopLine, and Population Association of America (PAA), among others to define key variables. These included areas of specialization, advanced degrees, and professional fields of application.

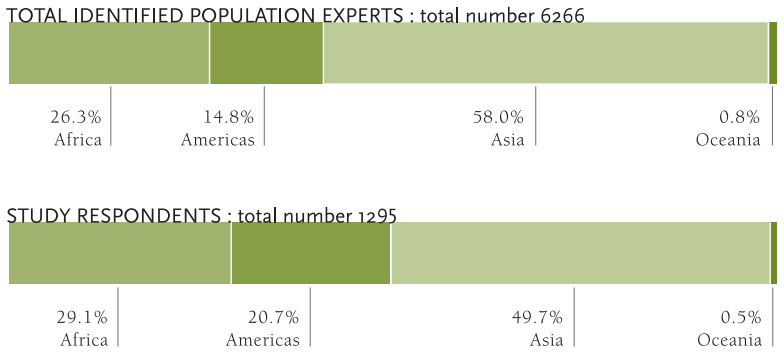
[10] Experts who met the study criteria, but did not participate, were counted in a separate, non-overlapping dataset.

approximately one third were affiliated with institutions that did not provide us with lists of experts.

Several factors may have influenced whether experts participated in the study. Since email was our main method of survey distribution, experts with more reliable access to email and the Internet are more likely to have been contacted. In addition, based on feedback from experts and institutions in Thailand, Argentina and the Philippines, we believe individuals who have been "over surveyed" may have been less likely to participate. Finally, we learned that in certain contexts, some population professionals were simply not comfortable identifying themselves as *experts*, which may also have inhibited individual participation.

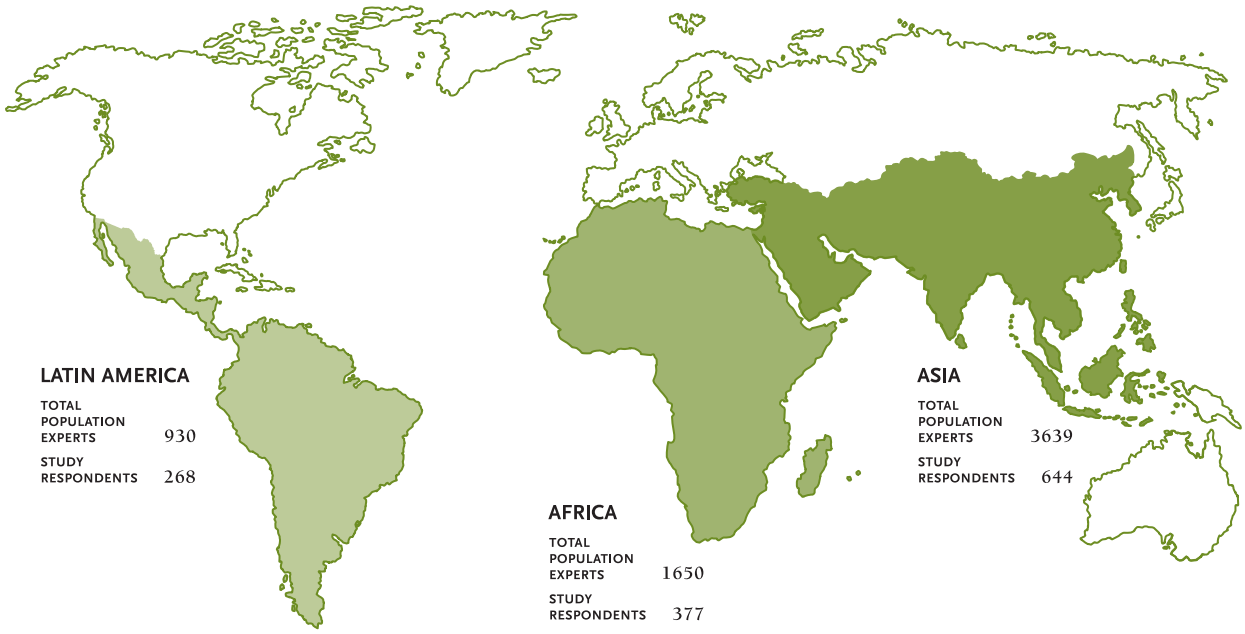
All of these issues suggest some selection and response biases; experts who were less accessible, either because they were reluctant to participate or because they were difficult to contact may be under-represented. The respondents comprise a nonrandom sample and response rates across variables, though generally high (at least 85% for all variables), differed slightly. Nonetheless, given the number of respondents (1,295) we believe this report is generally representative of the distribution of characteristics of developing country population experts.

Figure 2 : POPULATION EXPERTS IDENTIFIED AND STUDY RESPONDENTS



NOTE: A total of 4971 population experts were identified through secondary data but did not participate in the Study. Among these, 26% work in Africa, 13% in the Americas, 60% in Asia, and <1% in Oceania.

Figure 3 : DEVELOPING COUNTRY EXPERTS BY REGION



NOTE: Map does not include Oceania which represents <1% of cases. Countries with participating experts are listed in Appendix I.

Population Experts in Developing Countries

Overview

Roughly half of developing country population experts are in Asia (Figures 2 & 3), with large concentrations in India, Pakistan and the Philippines (country and sub-region data not shown). Approximately a quarter of experts are working in Africa, with most in west and east Africa. Nigeria, South Africa and Egypt have the largest numbers of population experts in this region. Those in the Americas account for about a fifth, with Mexico, Brazil and Argentina reporting the highest numbers of experts. Population experts in Oceania make up the remaining less than 1% of all experts.[11]

Table 1 shows the majority of population experts (69%) are between the ages of 30-49 years. While experts under 30 years represent from 3% to 12% of all experts (depending on the region), those over 50 years represent between 19% and 29%.

Women make up almost half (46%) of developing country population experts. Compared with other parts of the developing world, women play a larger role in the population field in the Americas, where they comprise the majority (58%) of experts. In Asia, women make up 42% of the experts overall, but are in the majority (65%) in southeast Asia. In Africa, men outnumber women by two to one, and by almost four to one in west African countries.

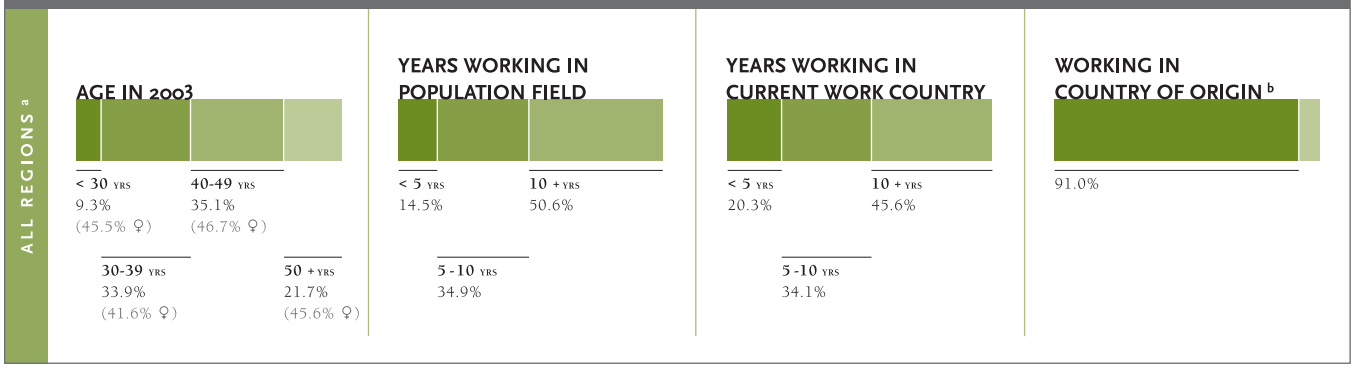
In both Asia and Africa, women in their 40s comprise the largest age group, while in the Americas the percentage of women experts over 50 years (69%) is greater than for any other age range. Across all regions, the lowest proportion of women experts is in the 30-39 year range.

Developing country population experts have worked in the field a median of 11 years; their experience ranges from less than 1 year to 54 years. Roughly half (51%) have worked in the field for over ten years, and as many are just beginning their careers (15%) as have been active in the field for more than 20 years (15%, data not shown). Experts also tend to remain in the same country for extended periods. Eighty percent of experts have been working in the same country for at least five years, 46% for at least 10 years.

[11] Due to the small number of population experts working in Oceania, specific data for this region are not reported.

The majority (90%) of developing country population experts work in their country of origin. With few exceptions, those working in other developing countries remain in the same region as their home country. Certain countries appear to be more attractive to experts from other developing countries for employment. Cameroon, Ethiopia, Brazil, Mexico and Thailand for example, had larger numbers of developing country expatriates than other nations (data not shown). Africa has the highest percentage of experts from developing countries outside the region. In addition, almost 10% of African experts are working in a country other than their country of origin.

Table 1 : CHARACTERISTICS OF POPULATION EXPERTS BY REGION



%	AGE IN 2003								YEARS WORKING IN POPULATION FIELD			YEARS WORKING IN CURRENT WORK COUNTRY			WORKING IN COUNTRY OF ORIGIN b
	< 30 YRS	(♀)	30-39 YRS	(♀)	40-49 YRS	(♀)	50+ YRS	(♀)	< 5 YRS	5 -10 YRS	10 +YRS	< 5 YRS	5 -10 YRS	10 +YRS	
AFRICA	3.3	(40.0)	35.3	(33.6)	40.6	(43.9)	20.8	(30.2)	11.0	37.7	51.2	18.7	32.2	49.0	87.0
AMERICAS	9.4	(56.0)	27.8	(51.4)	33.5	(53.9)	29.3	(69.2)	15.5	29.5	55.0	22.1	29.7	48.3	91.0
ASIA	12.2	(42.9)	35.7	(42.0)	33.0	(45.0)	19.1	(38.0)	16.1	35.5	48.4	20.2	36.8	43.0	97.0

NOTE: Percent based on available data. Age n=1208; years in field n=1239; years in country n=1265; location n=1295. All regional data are based on current work country, except for location which refers to country of origin. Percents may not all sum to 100% due to rounding.

[a] Includes Oceania which represents less than 1% of cases.

[b] The percent remaining are working in a developing country other than country of origin.

♀ Female

Professional focus and affiliation

Professionally, the majority of population experts are involved in research activities and are affiliated with academic or government institutions. Reproductive health is the most popular specialization, followed by social demography. Most population experts maintain professional involvement in the field through local, national, or international population associations or networks (Table 2).

Work focus

Research is a primary occupation of population experts in developing countries. This is particularly true for those working in the Americas

where 75% identify research as the primary focus of their work. Across Africa, Asia and the Americas, training is the second most common area

Table 2 : WORK FOCUS, AREA OF SPECIALIZATION, ORGANIZATIONAL AFFILIATION, AND ASSOCIATION MEMBERSHIP BY REGION

%	ALL REGIONS [a]	AFRICA	AMERICAS	ASIA
WORK FOCUS				
RESEARCH	59.1	48.4	75.3	60.3
TEACHING/TRAINING	15.8	22.6	10.3	13.7
POLICY	11.6	14.2	6.9	11.6
SERVICE DELIVERY	8.2	10.6	4.6	7.8
IEC/BCC	5.3	4.2	2.9	6.5
ORGANIZATIONAL AFFILIATION				
ACADEMIC	40.3	35.0	50.6	39.2
GOVERNMENT	24.3	22.5	26.8	24.3
LOCAL NGO	10.4	7.5	7.9	13.2
INTERNATIONAL NGO	10.2	13.6	6.0	9.9
MULTILATERAL ORGANIZATION	8.0	12.6	5.7	6.3
PRIVATE SECTOR	2.1	2.1		3.0
OTHER	4.7	6.7	3.0	4.1
AREA OF SPECIALIZATION [b]				
REPRODUCTIVE HEALTH	44.0	47.7	24.3	50.9
SOCIAL DEMOGRAPHY	18.9	14.9	34.0	15.1
SEXUALLY TRANSMITTED INFECTIONS	6.4	10.9	3.0	5.1
ECONOMIC DEMOGRAPHY	4.8	3.4	7.1	4.7
MATHEMATICAL DEMOGRAPHY	4.7	4.5	6.0	4.2
GENDER ROLES	3.7	3.2	5.6	3.3
POPULATION AND EDUCATION	3.1	4.2	1.9	3.0
POPULATION AND THE ENVIRONMENT	3.0	2.4	3.7	3.1
POPULATION AGING	2.9	0.8	4.9	3.1
URBANIZATION	1.9	1.9	2.2	1.9
REPRODUCTIVE RIGHTS	1.7	0.5	1.9	2.3
OTHER	4.5	5.6	5.6	3.4
YEARS OF ASSOCATION MEMBERSHIP				
< 5	42.0	35.9	37.1	43.4
5 - 10	27.2	32.6	26.4	26.1
10+	30.8	31.5	36.5	30.5

NOTE : Percent based on available data. Work focus area n=1117; organizational affiliation n=1280; area of specialization n=1295; length of association membership n=1412 (multiple responses). Percents may not all sum to 100% due to rounding.

[a] Includes Oceania which represents less than 1% of cases.

[b] There is a some overlap between definitions of social demography and reproductive health, especially related to fertility and reproductive mortality, based on in respondents descriptions of their specializations. However, social demography generally includes marriage and family, migration, historical demography, and demographic anthropology, while reproductive health generally includes health-related descriptions such as public health, adolescent health, maternal health, family planning and monitoring and evaluation of programs. Other includes respondent-described work areas such as policy, administration, geography, development, and contraceptive technology.

Table 3 : PRIMARY WORK FOCUS BY ORGANIZATIONAL AFFILIATION BY REGION

AFRICA

%	RESEARCH	TEACHING/ TRAINING	POLICY/ ADVOCACY	SERVICE DELIVERY	IEC/BCC
ACADEMIC	45.9	65.7		12.1	7.7
GOVERNMENT	16.9	12.9	45.5	36.4	7.7
LOCAL NGO	8.1	5.7	9.1	9.1	15.4
INTERNATIONAL NGO	12.8	7.1	9.1	21.2	46.2
MULTILATERAL ORGANIZATION	6.1	2.9	29.5	9.1	15.4
PRIVATE SECTOR	2.0	2.9		6.1	
OTHER	8.1	2.9	6.8	6.1	7.7

AMERICAS

%	RESEARCH	TEACHING/ TRAINING	POLICY/ ADVOCACY	SERVICE DELIVERY	IEC/BCC
ACADEMIC	60.0	88.9		12.5	20.0
GOVERNMENT	22.3	5.6	33.3	50.0	40.0
LOCAL NGO	6.9	5.6	16.7	25.0	20.0
INTERNATIONAL NGO	3.8		25.0	12.5	20.0
MULTILATERAL ORGANIZATION	4.6		25.0		
PRIVATE SECTOR					
OTHER	2.3				

ASIA

%	RESEARCH	TEACHING/ TRAINING	POLICY/ ADVOCACY	SERVICE DELIVERY	IEC/BCC
ACADEMIC	53.0	44.2	5.6	8.2	10.0
GOVERNMENT	20.3	19.8	51.4	32.7	17.5
LOCAL NGO	10.3	18.6	8.3	20.4	30.0
INTERNATIONAL NGO	6.8	9.3	12.5	20.4	22.5
MULTILATERAL ORGANIZATION	2.4	2.3	18.1	8.2	12.5
PRIVATE SECTOR	3.5	1.2		6.1	2.5
OTHER	3.8	4.7	4.2	4.1	5.0

NOTE: Percent based on available data. Work focus and organizational affiliation n=1098. Percents may not all sum to 100% due to rounding.

of work, followed by policy/advocacy and service delivery. A significant minority of experts identify themselves as consultants, most of whom focus on research. The highest percentage are in Asia, where 5% indicate "consultant" as their work position (data not shown).

Organizational affiliation
Universities employ 40% of experts, and 24% work in government institutions (Table 2). The Americas have the largest proportion (51%) employed in academic institutions. Local and international NGOs each employ 10% of population experts. Compared with other regions, relatively more experts in Africa are employed in international than local NGOs, while in Asia, relatively more are affiliated with local NGOs. An additional 8% of all population experts work with a United Nations or other multilateral organization. Currently the private sector employs 2% of developing country population experts.

Most of those involved in research or teaching are affiliated with academic institutions, while experts working in policy/advocacy or service delivery are primarily affiliated with government organizations (Table 3). It is clear from experts' titles and job positions that many are involved in multiple areas of work. This is especially the case for academics involved in both research and teaching, most of whom identify research as their primary area of work (data not shown). The majority of population experts who listed teaching as a primary work focus have over 10 years-experience in the field (data not shown).

Area of specialization
The most popular areas of specialization are reproductive health (including safe motherhood, family planning and adolescent reproductive health) and social demography (which includes areas such as marriage and family, migration, historical demography, and demographic anthropology) (Table 2). A significant minority also specialize in sexually transmitted infections (STIs).

In Asia and Africa, reproductive health is the primary specialization for approximately half of population experts, followed by social demography (15%) while in the Americas, social demography is more common than reproductive health. The primary specialization of 11% of population experts in Africa is STIs, reflecting the extent of the HIV/AIDS epidemic in that region (Table 2).

While developing country population experts have a wide variety of combinations of primary and secondary specializations (Table 4), there are some notable pairings. The most prevalent are reproductive health and sexually transmitted infections (17% of all experts) and reproductive health and social demography (12%). Other common pairings with reproductive health were gender roles (4%), reproductive rights (4%), population aging (3%) and economic or mathematical demography (4% combined) (data not shown). Twelve percent of population experts indicate only one main area of specialization.

Table 4 : PRIMARY AND SECONDARY AREAS OF SPECIALIZATION [a]

%	PRIMARY AREA OF SPECIALIZATION	REPRODUCTIVE HEALTH	SOCIAL DEMOGRAPHY	SEXUALLY TRANSMITTED INFECTIONS	ECONOMIC DEMOGRAPHY	MATHEMATICAL DEMOGRAPHY	GENDER ROLES	POPULATION AND EDUCATION	POPULATION AND THE ENVIRONMENT	POPULATION AGING	URBANIZATION	REPRODUCTIVE RIGHTS	POPULATION AND DEVELOPMENT	CONTRACEPTIVE TECHNOLOGY RESEARCH AND DEVELOPMENT	POPULATION POLICY	CHILD HEALTH	HEALTHCARE ADMINISTRATION	POPULATION GEOGRAPHY	OTHER
SECONDARY AREA OF SPECIALIZATION		44.4	18.9	6.5	4.8	4.7	3.7	3.1	3.0	2.8	1.9	1.7	1.0	0.7	0.6	0.5	0.5	0.3	0.9
REPRODUCTIVE HEALTH	17.7		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●
SOCIAL DEMOGRAPHY	16.2	●		●	●	●	●	●	●	●	●	●	●		●	●	●		●
SEXUALLY TRANSMITTED INFECTIONS	16.8	●	●		●	●	●	●	●			●		●		●			
ECONOMIC DEMOGRAPHY	4.3	●	●	●		●	●	●	●		●		●			●			
MATHEMATICAL DEMOGRAPHY	3.9	●	●	●	●		●		●	●	●	●				●			
GENDER ROLES	8.1	●	●	●	●	●		●	●	●	●	●	●						
POPULATION AND EDUCATION	6.0	●	●	●	●	●	●		●	●	●	●		●					
POPULATION AND THE ENVIRONMENT	5.7	●	●	●	●	●	●	●		●	●	●	●		●			●	
POPULATION AGING	5.3	●	●	●	●	●	●	●	●		●	●							
URBANIZATION	4.2	●	●	●	●	●		●	●					●				●	●
REPRODUCTIVE RIGHTS	5.5	●	●	●			●	●							●				
POPULATION AND DEVELOPMENT	0.4	●	●	●															
CONTRACEPTIVE TECHNOLOGY RESEARCH AND DEVELOPMENT	2.1	●		●								●							●
POPULATION POLICY	0.6	●	●							●									
CHILD HEALTH	0.5	●	●	●		●									●				
HEALTHCARE ADMINISTRATION	0.4	●	●						●	●									
POPULATION GEOGRAPHY	0.1		●																
OTHER	2.5	●	●		●	●		●	●	●	●			●			●		

NOTE: Percent based on available data. Primary and secondary specialization n=1295.

[a] There is some overlap between definitions of social demography and reproductive health, especially related to fertility and reproductive mortality, based on respondents' descriptions of their specializations. However, social demography generally includes marriage and family, migration, historical demography, urbanization and demographic anthropology, while reproductive health generally includes health-related descriptions such as public health, adolescent health, maternal health, family planning and monitoring and evaluation of programs. Other includes respondentt-described work areas such as policy, administration, geography, development, and contraceptive technology.

Professional associations and networks

Developing country population experts are actively involved in professional associations and networks. The majority (72%) are members of at least one and 42% belong to two or more (data not shown). The majority of memberships have lasted at least five years: 27% of memberships are between 5 and 10 years in length, and 31% are over 10 years. Population experts in the Americas have the highest percentage of participation in professional associations (Table 2).

Advanced education

Fully 95% of population experts in developing countries hold a graduate degree and approximately 50% of experts have doctoral degrees (data not shown). Analysis of degree data by year of completion indicates that there are several trends in graduate education among population experts over the last 30 years.

Fields of study
Demography (including population studies) is the most popular graduate field of study among population experts, representing more than 40% of all master's and doctoral degrees completed (Table 5). Master's of public health are common among experts working in Africa, while in the Americas, sociology is the second most common field. In Asia, master's degrees in sociology, public health, mathematics and statistics, and economics are popular.

Doctoral degrees in sociology are more common in the Americas than in the other regions represented. In Africa and Asia, doctoral degrees in the medical sciences comprise a significant minority of all degrees, though they are a small percentage of those in the Americas.

The proportion of graduate degrees in demography increased with each five-year span since the 1970s, with the exception of the late 1980s (Table 6, Figures 4 & 5). While the percentage of graduate degrees in public health has increased, especially in the last five years, graduate degrees in the medical sciences and mathematics/statistics have generally declined among population experts. Percentages of graduate-level economics and sociology degrees have fluctuated over the last 30 years, with lowest proportions reported in the last five years.

Location of study
The majority of graduate degrees were completed at institutions in experts' home countries. However, the percentage of degrees completed in another developing country or a developed country varies by region, likely reflecting available educational opportunities. In Asia and the Americas, between 50% and 70% of experts' master's and doctoral degrees are from home-country institutions. In Africa, the reverse is true – a majority (60% master's, 66% doctoral) of graduate degrees were completed outside the expert's home country.

Graduate degrees obtained in developed countries clustered around institutions in a few key countries. For experts in Africa, these institutions were most often located in the United States (26%), United Kingdom (23%), France (20%), Belgium (14%) the Netherlands (5%) and Australia (5%). For the Americas, they clustered around universities in the United States (46%), France (24%), United Kingdom (13%), Spain (7%) and the Netherlands (7%). And for Asia, the United States (40%), United Kingdom (25%), Australia (18%) and the Netherlands (9%) were the most common developed country destinations (data not shown).

Table 5 : MA AND PhD FIELD, LOCATION AND FUNDING BY REGION [a]

%	ALL REGIONS		AFRICA		AMERICAS		ASIA	
	MA	PhD	MA	PhD	MA	PhD	MA	PhD
FIELD								
DEMOGRAPHY/ POPULATION	43.7	49.3	48.5	48.5	61.0	51.6	34.9	48.7
SOCIOLOGY	8.5	8.7	4.8	4.5	11.2	14.2	9.6	8.3
PUBLICH HEALTH	9.6	4.3	13.2	6.1	3.2	3.2	9.6	3.9
ECONOMICS	6.6	6.5	3.8	5.6	3.6	7.7	9.1	6.2
MATHEMATICS/ STATISTICS	6.9	3.6	3.6	6.1	4.0	1.3	9.8	3.3
MEDICAL SCIENCE	2.9	10.9	3.8	16.2	1.2	3.2	3.0	11.0
GEOGRAPHY	2.9	3.6	3.0	3.0	1.2	6.5	3.5	2.7
ANTHROPOLOGY	2.1	2.6	0.8	1.0	0.4	2.6	3.5	3.6
EPIDEMIOLOGY	1.7	1.8	2.3	0.5	1.2	1.3	1.5	3.0
MANAGEMENT/ BUSINESS	2.4	0.4	2.5	1.0	1.6		2.6	0.3
LIFE SCIENCES	1.7	1.0	2.3	0.5	1.2	1.3	1.5	1.2
DEVELOPMENT STUDIES	1.6	1.0	1.5	1.0	0.8		1.9	1.5
EDUCATION	1.4	1.1	3.0	1.5	0.4		0.8	1.5
POLITICAL SCIENCE	1.5	0.6	1.8		1.6	1.3	1.4	0.6
PSYCHOLOGY	0.9	1.0	1.0	1.0	1.2	2.6	0.8	0.3
URBAN PLANNING	0.9	0.6	1.5	1.0	1.6	0.6	0.4	0.3
SOCIAL WORK	0.8	0.3	0.3			0.6	1.4	0.3
COMMUNICATIONS	0.6	0.1	0.5	0.5	0.8		0.7	
LAW	0.1	0.4	0.3			0.6	0.1	0.6
OTHER	3.1	2.3	1.5	2.0	3.6	1.3	3.7	3.0
LOCATION								
HOME COUNTRY	59.9	49.3	39.6	34.1	58.5	52	71.7	57.1
DEVELOPED COUNTRY	26.8	44.4	39.4	59.8	19.1	39.3	22.2	37.5
OTHER DEVELOPING COUNTRY	13.5	6.7	21.0	6.1	22.8	8.7	6.1	5.4
FUNDING								
SELF	36.4	25.5	24.7	24.0	14.9	15.6	50.3	31.0
GOVERNMENT	28.2	35.8	27.2	33.7	40.6	45.5	24.2	32.1
UNITED NATIONS	11.8	4.8	26.7	9.7	10.0	2.6	4.2	3.0
PRIVATE FUNDS	8.3	8.2	8.1	10.7	11.2	9.7	7.6	6.3
UNIVERSITY [b]	5.1	7.4	1.8	2.0	10.8	11.7	5.0	8.6
EMPLOYER	2.6	5.5	4.1	5.6	3.6	5.8	1.5	5.4
WORLD BANK	1.3	0.6	1.0		0.8		1.7	1.2
OTHER [c]	6.2	12.1	6.4	14.3	8.0	9.1	5.5	12.5

NOTE : Percent based on available data. There were a total of 2062 degrees among all 1295 respondents: 1371 MA degrees and 691 PhD degrees. Field of study MA n=1371, PhD n=691; Location MA n=1327, PhD n=653; Funding MA n=1370, PhD n=687. Percents may not sum to 100% due to rounding. PhD includes MDs.

[a] Includes Oceania which represents less than 1% of cases.

[b] University was not a listed option on the survey, but was indicated as a primary funding source by many respondents. It is unclear whether the original source is university endowment, private scholarship, government funding, or other university source.

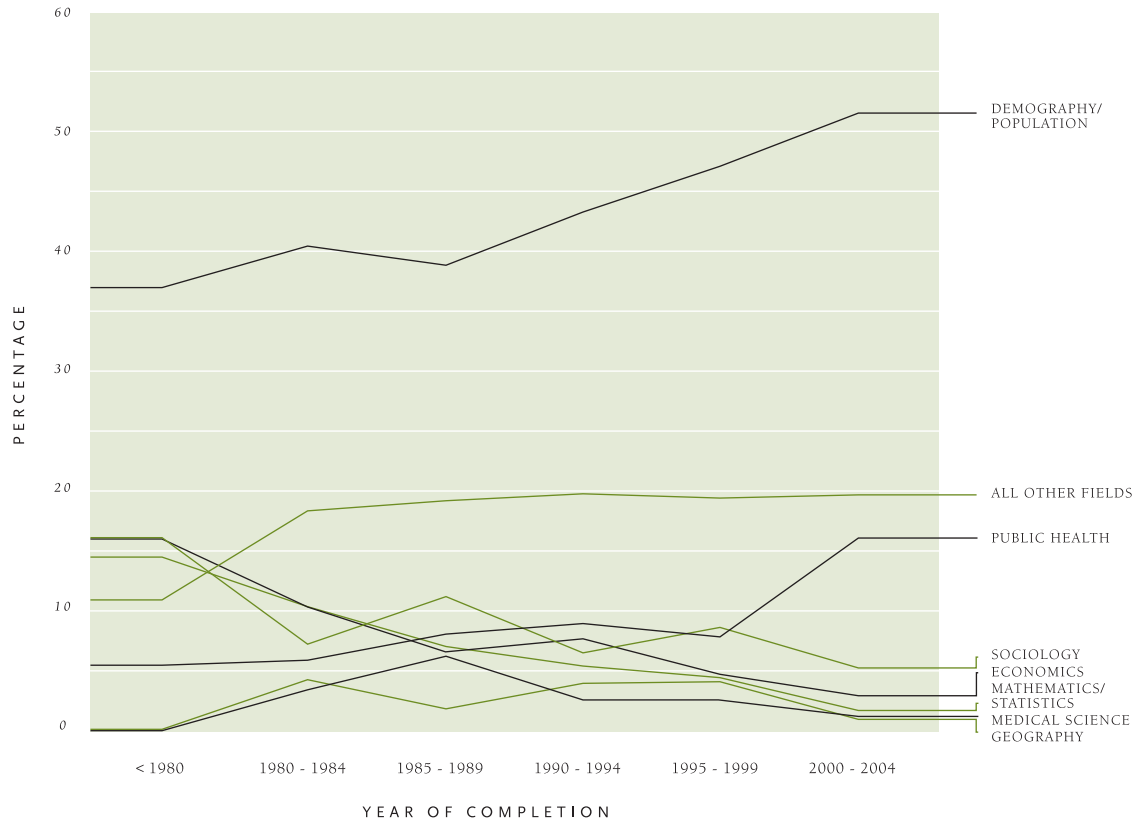
[c] Includes unspecified scholarships, fellowships and assistantships, as well as fellowships with multiple funding streams.

Among the economics and mathematics/statistics degrees earned by population experts, the majority of master's and most doctorates are from developing country institutions (approximately 80%). Most doctoral degrees in sociology are from developed countries (data not shown).

Funding for advanced degrees

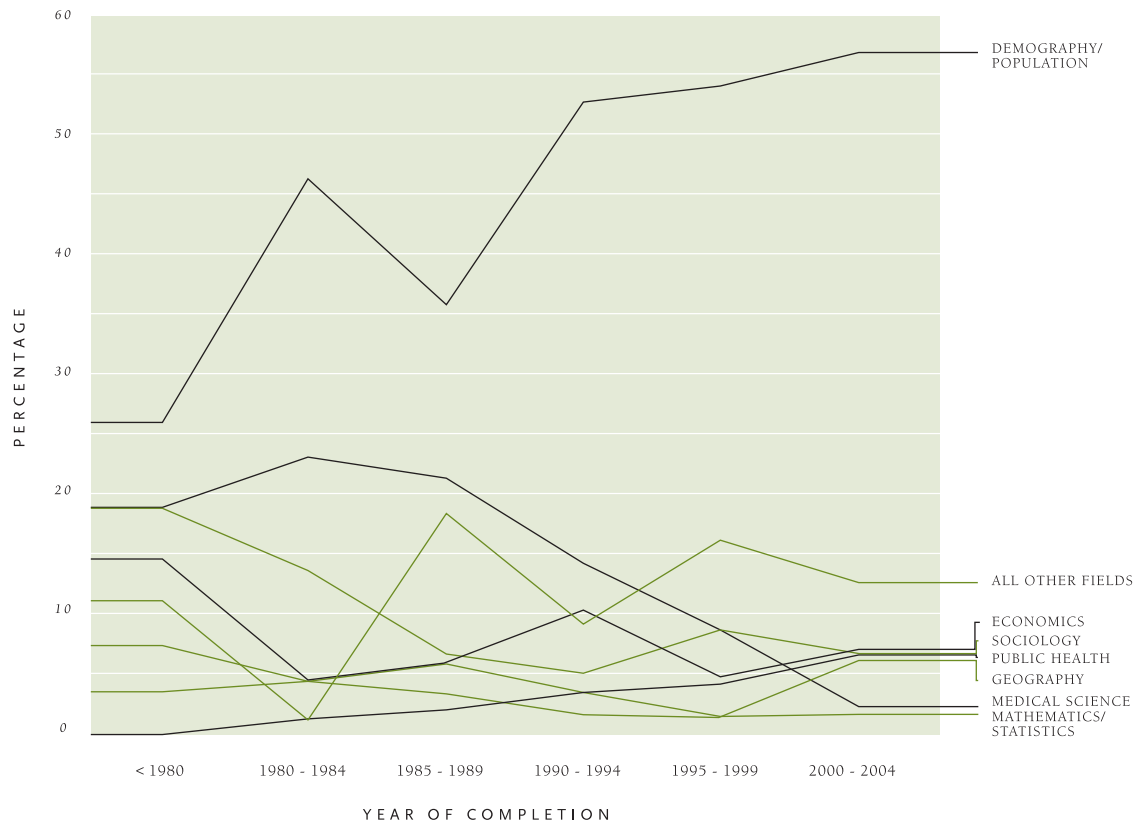
Governments and individuals together have supported over half of all degrees completed by developing country population experts (Table 7). Master's degrees were more often supported by individuals and their families (36%) than government funded (28%), whereas PhDs were mostly government funded (36%). Government funding for graduate education is more common in the Americas than in either Asia or Africa, where personal funding is more prevalent (Table 5). Universities are also a common primary funding source in the Americas and in Asia to a lesser degree.

Figure 4 : MA FIELD BY COMPLETION YEAR



NOTE : Percent based on available data. For degree field and year of completion MA n=1250.

Figure 5 : PhD FIELD BY COMPLETION YEAR



NOTE : Percent based on available data. For degree field and year of completion PhD n=634.

United Nations funding has supported over twice as many master's as doctoral degrees. The proportion of degrees supported by the United Nations peaked in the 1980s and early 1990s, but gradually declined for degrees completed in the late 1990s and early 2000s (Figures 6 & 7). Population experts working in Africa received a larger share of United Nations funding for graduate education than did their counterparts in Asia or the Americas (Table 5).

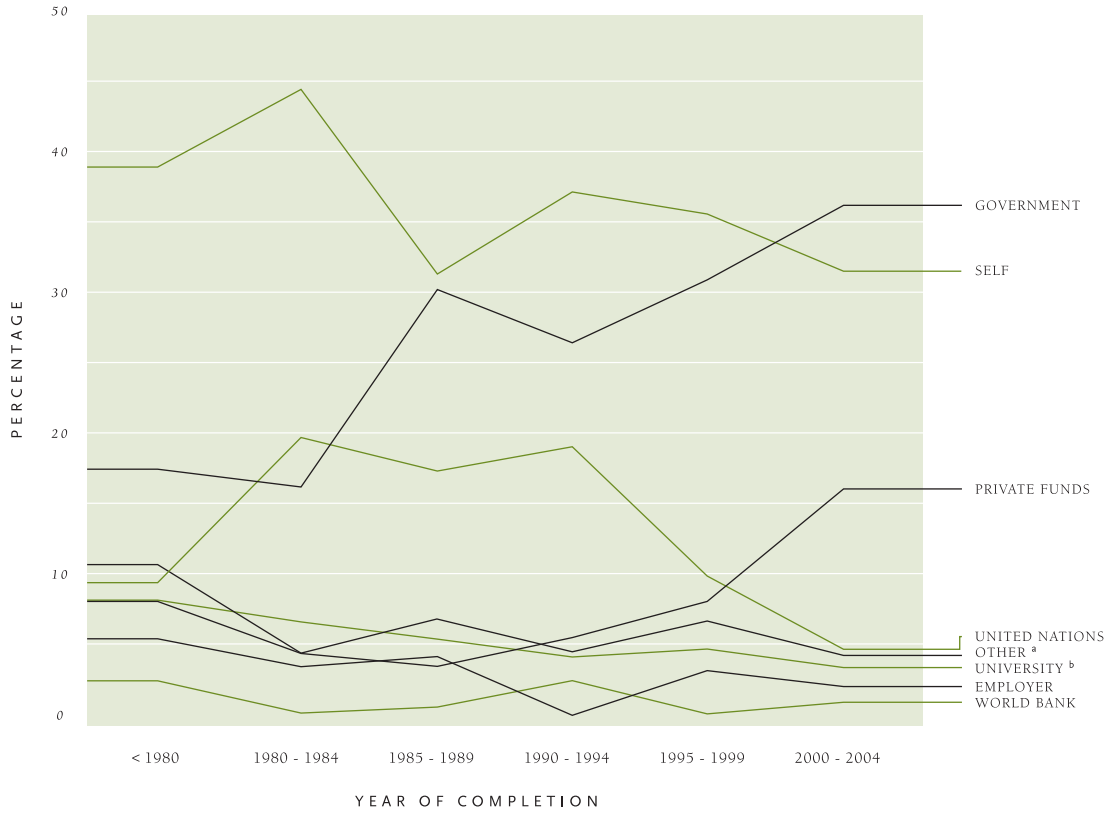
Overall, the United States was the largest government source of funding for master's degrees, while governments in Brazil and India sponsored the largest number of doctoral degrees. Among experts working in Africa, government support for their graduate degrees came primarily from developed countries, including the United States, United Kingdom, Canada, Germany and Belgium. In the Americas, Brazil offered the majority of government support, followed by Mexico and the United States. And for experts in Asia, government funding from developing countries came from governments including India, China, Philippines and Iran, as well as the United States, United Kingdom and Australia. The majority of government funding supported training in the government's home country (data not shown).

Table 6 : MA AND PhD FIELD BY COMPLETION YEAR

%	BEFORE 1980		1980 - 1984		1985 - 1989		1990 - 1994		1995 - 1999		2000 - 2004		ALL YEARS	
	MA	PhD	MA	PhD	MA	PhD	MA	PhD	MA	PhD	MA	PhD	**MA**	**PhD**
ANTHROPOLOGY	1.3		2.2		1.6	1.1	2.3	4.2	2.2	5.6	1.9	1.4	**2.0**	**2.6**
COMMUNICATIONS		3.7	0.7		1.0		0.9		0.3		0.6		**0.6**	**0.2**
DEMOGRAPHY/ POPULATION	37.3	25.9	40.1	46.2	39.1	35.6	43.9	52.9	46.6	54.0	51.3	56.6	**44.9**	**50.3**
DEVELOPMENT STUDIES			0.7		0.5	1.1			3.2	0.8	3.2	1.4	**1.8**	**0.8**
ECONOMICS	16.0	14.8	10.2	4.6	6.8	5.7	7.7	10.1	4.8	4.8	3.2	7.1	**6.5**	**6.8**
EDUCATION					3.6	2.3	2.3	1.7	1.0	0.8	1.0	0.5	**1.4**	**1.0**
EPIDEMIOLOGY			0.7		0.5	2.3	2.3		1.3	2.4	3.5	2.8	**1.8**	**1.8**
GEOGRAPHY		3.7	4.4	4.6	2.1	3.4	4.1	1.7	4.2	1.6	1.0	6.1	**2.8**	**3.9**
LAW		3.7					0.5		0.3			0.9	**0.2**	**0.5**
LIFE SCIENCES			2.9		2.1		2.7		0.3	2.4	1.3	0.9	**1.5**	**0.8**
MANAGEMENT/ BUSINESS	1.3		3.6		2.1	1.1	1.4		2.2	0.8	3.5	0.5	**2.5**	**0.5**
MATHEMATICS/ STATISTICS	14.7	7.4	10.2	4.6	7.3	5.7	5.4	3.4	4.5	1.6	2.2	1.9	**5.8**	**3.2**
MEDICAL SCIENCE		18.5	3.6	23.1	6.3	21.8	3.2	14.3	3.2	8.9	1.3	2.4	**3.0**	**11.1**
POLITICAL SCIENCE			2.2		1.6		1.8		1.3		1.6	0.5	**1.5**	**0.5**
PSYCHOLOGY	5.3	3.7						1.7	1.6	0.8	0.3	0.5	**0.8**	**0.8**
PUBLIC HEALTH	5.3		5.8	1.5	8.3	2.3	9.0	3.4	8.3	4.0	16.0	6.6	**9.9**	**4.2**
SOCIAL WORK			0.7			1.1	1.8		1.0	0.8	0.6		**0.8**	**0.3**
SOCIOLOGY	16.0	18.5	7.3	13.8	10.9	6.9	6.8	5.0	8.9	8.9	5.1	6.6	**8.2**	**7.9**
URBAN PLANNING			2.2		0.5	1.1	1.4	0.8	1.3			0.5	**0.9**	**0.5**
OTHER	2.7		2.2	1.5	5.7	8.0	2.7	0.8	3.5		2.2	2.8	**3.2**	**2.4**

NOTE: Percent based on available data. For degree field and year of completion MA n=1231, PhD n=621. Percents may not sum to 100% due to rounding. PhD includes MDs.

Figure 6 : MA PRIMARY FUNDING SOURCE BY COMPLETION YEAR

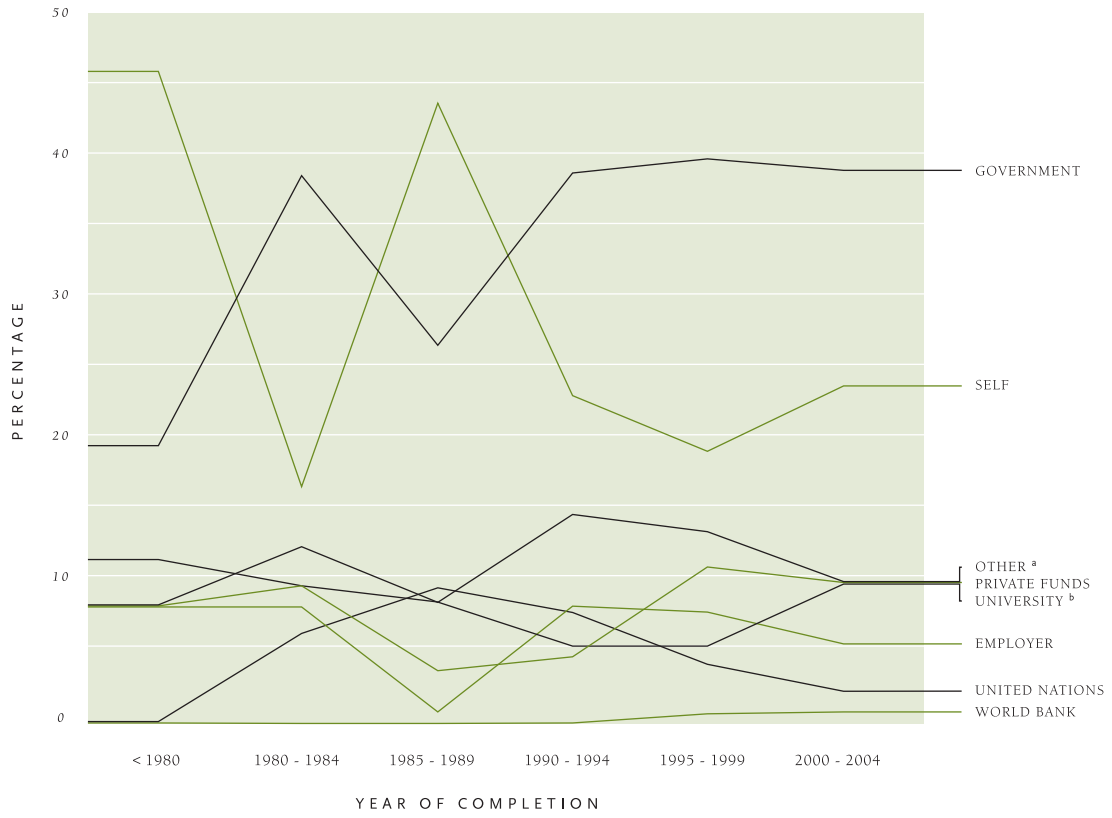


NOTE : Percent based on available data. For degree funding and year of completion MA n=1239. Percents may not sum to 100% due to rounding.

[a] Includes unspecified scholarships, fellowships and assistantships, as well as fellowships with multiple funding streams.

[b] University was not a listed option on the survey, but was indicated as a primary funding source by many respondents. It is unclear whether the original source is university endowment, private scholarship, government funding, or other university source.

Figure 7 : PhD PRIMARY FUNDING SOURCE BY COMPLETION YEAR



NOTE : Percent based on available data. For degree funding and year of completion PhD n=620. Percents may not sum to 100% due to rounding. PhD includes MDs.

[a] Includes unspecified scholarships, fellowships and assistantships, as well as fellowships with multiple funding streams.

[b] University was not a listed option on the survey, but was indicated as a primary funding source by many respondents. It is unclear whether the original source is university endowment, private scholarship, government funding, or other university source.

Table 7 : MA AND PhD FUNDING SOURCE BY COMPLETION YEAR														
	BEFORE 1980		1980 - 1984		1985 - 1989		1990 - 1994		1995 - 1999		2000 - 2004		ALL YEARS	
%	MA	PhD	MA	PhD	MA	PhD	MA	PhD	MA	PhD	MA	PhD	MA	PhD
EMPLOYER	5.3	7.7	3.6	7.7	4.2	1.1	0.5	7.6	3.2	7.4	2.2	5.1	**2.7**	**5.6**
GOVERNMENT	17.3	19.2	16.1	38.5	30.5	26.4	26.7	38.7	31.2	39.7	36.2	38.8	**28.9**	**35.8**
PRIVATE FUNDS	8.0	7.7	4.4	9.2	3.6	3.4	5.4	4.2	8.0	10.7	16.0	9.8	**8.3**	**7.9**
SELF	38.7	46.2	44.5	16.9	31.1	43.7	37.1	22.7	35.7	19.0	31.7	23.8	**35.4**	**25.8**
UNITED NATIONS	9.3		19.7	6.2	17.4	9.2	19.0	7.6	9.9	4.1	4.8	2.3	**12.4**	**5.2**
UNIVERSITY [a]	8.0	11.5	6.6	9.2	5.5	8.0	4.1	5.0	4.8	5.0	3.5	9.3	**4.2**	**7.9**
WORLD BANK	2.7		0.7		1.1		2.7		0.6	0.8	1.3	0.9	**1.4**	**0.5**
OTHER [b]	10.7	7.7	4.4	12.3	6.8	8.0	4.5	14.3	6.7	13.2	4.2	9.8	**6.7**	**11.2**

NOTE: Percent based on available data. For degree funding and year of completion MA n=1239, PhD n=620. Percents may not sum to 100% due to rounding. PhD includes MDs.

[a] University was not a listed option on the survey, but was indicated as a primary funding source by many respondents. It is unclear whether the original source is university endowment, private scholarship, government funding, or other university source.

[b] Includes unspecified scholarships, fellowships and assistantships, as well as fellowships with multiple funding streams.

Short-term training

Population experts reported participating in 1,745 short-term training courses in the last five years. These courses include fellowships, workshops, meetings, study tours and technical courses on specific subjects ranging from reproductive health to policy and advocacy, as well as skill areas including demographic and research methods.

About half of these courses were at institutions in the expert's home country (46%), and one third took place in a developed country (Figure 8). Fifty-three percent lasted less than one month, while 29% were one to three months in duration. Thirteen percent lasted six months to more than one year, some of which led to certifications.

Academic institutions housed the majority (70%) of short-term trainings received by population experts, and 8% were held within United Nations and other multilateral institutions.

Funding for short-term training came from several sources. Government and private foundations were the largest supporters, followed by the United Nations, employers and individuals themselves. The World Bank accounted for a limited amount of the support, just 2% overall. Governments provided the largest share of funding for short courses on demography (37%) (data not shown).

Over the past five years, 67% of population experts working in Africa took at least one short-term course, compared to 60% of population experts in Asia and 53% of those in the Americas (data not shown). Experts in Africa were also more likely to attend more than one short-

term course (49%), than experts working in Asia (36%) or the Americas (31%).

Figure 8 : SHORT-COURSE TRAINING [a]

NOTE : Percent based on available data. Location n=1588; duration n=1620; institution n=1518, funding n=1619. Percents may not sum to 100% due to rounding.

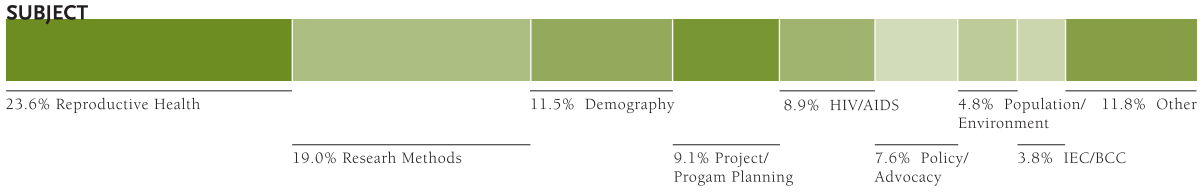
[a] The main subjects of short-term training include reproductive health, research methods, demography, HIV/AIDS, project/program planning, policy/advocacy, population and environment, IEC/BCC, and other.

[b] Does not include training courses shorter than two weeks.

Analysis of training subject by region indicates that the most popular short-term training courses in Asia and Africa focused on reproductive health, followed by research methods (Table 8). In the Americas, courses on research methods were most popular, followed by demography and then reproductive health. Short-term trainings on HIV/AIDS were approximately twice as common in Africa and Asia compared to the Americas (where only 4% of reported courses focused on HIV/AIDS). Population and the environment is a less common topic – 8% of training courses in the Americas focused on the environment, and in Asia and Africa the proportions were even lower.

Table 8 : SHORT-COURSE TRAINING SUBJECT BY REGION [a]

ALL REGIONS [b]



%	REPRODUCTIVE HEALTH	RESEARCH METHODS	DEMOGRAPHY	PROJECT/ PROGRAM PLANNING	HIV/AIDS	POLICY/ ADVOCACY	POPULATION/ ENVIRONMENT	IEC/BCC	OTHER
AFRICA	25.1	17.9	10.2	9.8	10.6	8.3	3.7	5.2	9.2
AMERICAS	17.3	24.8	19.0	6.5	4.2	6.9	7.5	2.0	11.8
ASIA	25.0	17.5	9.6	9.2	9.5	7.3	4.5	2.0	11.8

NOTE: Percent based on available data. Location of training and subject n=1745. Percents may not sum to 100% due to rounding.

[a] Only includes courses two weeks in length or longer.

[b] Includes Oceania which represents less than 1% of cases.

Discussion

We estimate there are between 7,000-10,000 population experts working in developing countries who meet the education and association membership criteria used in this study. This estimate derives from the 6,266 experts identified through this study, plus estimates of experts affiliated with key population associations and training institutions that did not share secondary data or who provided incomplete lists, as well as estimates of experts' overlap between institutions. Different approaches to defining *population expert* and the boundaries of the population field could result in a different estimate.

Based on the 7,000–10,000 figure, there are between one and two population experts per million people in developing countries. At the regional level, the ratio in the Americas is highest and approaches two population experts per million inhabitants, while Asia and Africa have proportionally fewer. These ratios are small in contrast with developed countries, which have at a minimum three population experts per million population,[12] and do not capture the distribution of expertise within specific countries. Taken as a whole, however, these experts comprise a significant cadre of educated and experienced professionals.

Despite the large number of professionals trained in the field of population over the last 50 years, there is a perceived disparity between the level of population expertise and the existing needs for appropriate skills within many developing countries. This disparity has been attributed to the lack of a new generation of population scientists being trained, to the efforts it takes for population experts to keep up with new skills, and to concerns about the "brain drain." Nevertheless, it is clear that developing country population experts have significant qualities on which to build.

Renewing and sustaining human resources

Among population professionals there is an ongoing debate about whether there are enough experts in developing countries and, if not, how to renew and sustain this important human resource. This study found that despite variations in age of experts entering the field (due to differing education systems and employment opportunities in the countries from which they come), there was not a significant lack of young people joining the sector. The proportion of population experts over age 50 is comparable to those under-35 years of age. Similarly, the

[12] Based on a rough estimate of 3,000 developed country members of major population associations.

proportion of those with more than 20 years in the field is similar to the percentage with under-five years' experience. This suggests that even if the number of experts is not expanding, it does not appear to be shrinking either. Population experts' presence and longevity in the field may provide important signs of morale and commitment that should be encouraged and fostered. *A more in-depth analysis of whether fewer people are entering, leaving or staying in the field, and why, will be an essential next step in determining how to meet future human capacity needs.*

Women are well represented in the overall cadre of population experts. Nonetheless, the proportion of female experts in some sub-regions is markedly lower than in others. Precise reasons for this disparity are unclear, but may reflect issues of gender inequity that affect women's ability to obtain training and employment. For example, a recent World Health Organization (WHO) Department of Reproductive Health and Research report found that in Africa, a significantly lower number of women received research-training grants than men.[13]

While the lower proportions of women in their 30s in this sector suggests that these women may be raising families and have less time to be active in their careers, the higher proportions of female experts among younger cohorts (in Asia and Africa) indicate that gender disparities may be decreasing in some areas. In the Americas, the fact that female experts are in the majority may reflect cultural norms and policies that have targeted women's participation in educational and employment opportunities. *Addressing issues of gender disparity will continue to be a critical step in strengthening the cadre of population experts.*

The majority of developing country population experts are found in government or academic settings. While traditionally these sectors have been the main sources of employment for population experts in developing countries, concentration in these areas also suggests that professional opportunities for population experts outside of government and academic spheres are limited.

Nongovernmental organizations have taken on a larger role in the population field in developing countries in recent years, as governments have undertaken structural reforms, and universities have revised their priorities. Additionally, the private sector has not been a major source of employment for population experts in developing countries, though this may be changing in countries where private or parastatal industries increasingly demand population expertise.

Experts' varied organizational affiliations offer opportunities for building networks among different economic and socio-political sectors. While the current interaction among government, academic and NGO sectors is specific to each country's context, the current location of population expertise in government ministries, universities and training institutions provides an opportunity to build professional relationships and develop avenues for coordination.

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[13] World Health Organization, Report of the in-depth review panel on research capacity strengthening, Geneva, December 2000.

Population experts working in developing countries or just entering the field want to know where opportunities for work and career development exist. Differences among countries in the replacement and development of population professionals over time may provide clues as to how well countries develop their own population expertise. A vibrant population field or institution in a country may account for some migration of population experts to other developing countries and, conversely, lack of indigenous expertise coupled with diminished job opportunities at home may create job opportunities for expatriates. *A more detailed analysis of the institutions, resources, and networks available to population experts will assist individuals in finding more professional opportunities and making more informed choices.*

Professional development: skills and networks

The study found that experts' training has had a strong emphasis on demographic studies, with 46% of all degrees received in this field. While recent degrees indicate that there is a shift to more diverse training, there is still wide diversity in the types of degree programs and in the universities that offer them. Whether population experts themselves find that the quality and relevance of their training adequately equips them with the knowledge, skills and leadership qualities they need warrants further exploration − more information on this question is needed.

There is a demonstrated use of supplemental training among developing country population experts. Sixty-one percent of experts participated in at least one training course over the last five years, illustrating a professional culture of seeking additional skill and knowledge. Supplemental training can motivate experts, enhance their knowledge, and expand opportunities for professional networking. *Thus, continuing to promote professional development, especially among the 39% who have had no supplemental training in recent years, can increase experts' abilities as well as confidence in their work.*

The technical skills required by any given country, organization or individual will largely depend on needs that exist today or that can be forecast for the future. A richer understanding of the specific skills population experts possess and the capacities they most need in their country context will further support efforts to strengthen population expertise. In addition, creating professional development opportunities that are locally relevant and that build commitment to the field will likely point to improving program planning, enhancing management skills, or communicating to policy makers and citizens, none of which appear as a prominent focus in the majority of experts' recent short-term trainings.

Another aspect of maintaining and enhancing skill levels is participation in professional associations and networks. Over 70% of the population experts studied are members of population-related associations. Twenty-seven percent are members of groups with global reach such as IUSSP and PAA, and about half (54%) are members of regional or national bodies such as the Association of French-Speaking Demographers or the

Asian Metacentre. Together these indicate a high degree of participation in the broad conversation that shapes the field.

There are also opportunities here: *the roughly 30% of experts who are not affiliated with any association or network can be actively encouraged to participate.* They may consider joining existing national or regional networks or starting ones where none exist or where activity has lapsed. Country-specific or regional networks and associations can be supported and strengthened through active leadership, contact with host institutions and regular meetings to develop a more pervasive professional identification. *A better understanding of how association membership and network participation reflect the diversity of interests of developing country population experts and how these affiliations are perceived and used by participants may enrich the resource role of these professional organizations.*

In addition, population associations are one of the best sources of current information about population experts and can be used to tap into unrecognized pools of developing country expertise. *Active websites and up-to-date membership lists will facilitate this process. Efforts to compile and maintain these lists need to be supported, or initiated where they do not currently exist.* Centralized lists of global population associations also play a role and the Committee for International Cooperation in National Research in Demography (CICRED), United Nations Population Information Network (POPIN) and the Association of Population Centers (APC) are good examples of organizations that provide much of this information online.

Maintaining expertise within developing countries

This study shows that population experts who are educated in a developing country continue to work in that region. Though 38% of such experts have at least one degree from outside their country of origin, fully 73% of their degrees were received within a developing country.

This corroborates a recent study from L'Institut national d'études démographiques (INED) that found a majority (60%) of population experts from developing countries who studied abroad returned to work in their country of origin, and that among demographers born in a developing country who did not go abroad to study, none was permanently resident in a developed country.[14] Additionally, a study of 18 United States population training centers found that 70% of students who came from developing countries returned to work in a developing country.[15] These findings suggest that between 30% and 40% of those trained in developed countries stay to work there.

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[14] Bhrolcháin MN, SSRC Applications and Policy Working Paper A03/11, The education and professional experience of demographers: Results of an international survey, Social Statistics Research Centre, University of Southampton, 2003. pp 13- 14.

[15] Bierring C, UNFPA Evaluation Report #20: UNFPA's support to national development achievements and challenges, United Nations Population Fund, September 2003.

Given that a majority of developing country population experts are working in their country of origin, the importance of high-quality developing country research and training institutions for building national population expertise cannot be overstated. *Strengthening the quality and relevancy of advanced degree training within developing countries, or at least within regions, may be an extremely effective capacity-building approach to staunch brain drain specifically related to a lack of adequate academic facilities and programs.* In doing so, lessons from largely unsuccessful or abandoned attempts in the past to support developing country institutions must be considered and applied.[16]

[16] For a discussion of lessons learned from past attempts to support population training in developing country institutions, see Menken J, Blanc A and Lloyd C, Training and support of developing-country population scientists: A panel report, Population Council, 2002.

Summary and Conclusion

A number of existing characteristics of population experts in developing countries have been identified in this report. We estimate there are between 7,000-10,000 population experts working in developing countries. They comprise a significant group of educated and experienced professionals, among whom women are generally well represented. Working mostly in government and academic sectors, developing country population experts are also actively involved in professional associations and networks. The majority of their graduate degrees have been completed at institutions in a developing country. And among these experts there is a demonstrated use of supplemental training, suggesting a professional culture of continuing skill and knowledge development.

These findings point to opportunities to build on existing assets and strengthen capacities. One opportunity is to support relevant and high-quality academic centers in developing countries or regions, especially as part of a broader effort to enable population experts to apply their skills in their home countries. Others are to build relationships among population experts and improve coordination across sectors; create professional development opportunities that are locally relevant; and to strengthen country-specific or regional professional networks and associations.

Any country's capacity to meet its own demographic, health and development goals depends on the knowledge, skills, financial resources and political will at many levels in a complex system. The extent to which a core of population experts is successful in contributing to the achievement of these goals depends on their ability to influence socially desirable outcomes, as well as the contextual factors that affect their ability to do so.

To identify additional areas where investments for the long-term sustainability of the field will be most effective, a clearer understanding of the strengths and constraints of a country's existing population sector, and the relationship between population expertise and population indicators is needed. This will require a more in-depth examination of population professionals' career opportunities and the strength of the formal and informal networks in which they participate, within their specific country contexts.

Appendix I. List of countries with participating experts

Listed below are the countries in which the population experts in this study currently work.

Africa

Algeria
Angola
Benin
Botswana
Burkina Faso
Cameroon
Cape Verde
Central African Republic
Chad
Cote D'Ivôire
Democratic Republic of Congo
Egypt
Ethiopia
Gabon
Ghana
Guinea
Kenya
Lesotho
Madagascar
Malawi
Mali
Mauritania
Mauritius
Morocco
Mozambique
Niger
Nigeria
Rwanda
Senegal
Seychelles
Sierra Leone
South Africa
Sudan
Swaziland
Tanzania
The Gambia
Togo
Tunisia
Uganda
Zambia
Zimbabwe

Asia

Afghanistan
Azerbaijan
Bangladesh
Cambodia
China
India
Indonesia
Iran
Iraq
Jordan
Korea
Lebanon
Malaysia
Maldives
Mongolia
Myanmar
Nepal
Pakistan
Philippines
Saudi Arabia
Sri Lanka
Syria
Tajikistan
Thailand
Turkey
Uzbekistan
Vietnam
Yemen

Americas

Argentina
Belize
Brazil
Chile
Colombia
Costa Rica
Cuba
Ecuador
El Salvador
Guatemala
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
Puerto Rico
Trinidad and Tobago
Uruguay

Oceania

Fiji
Kiribati
New Caledonia
Samoa

Appendix II. Participating organizations and institutions

Below is a list, **by country,** of the 238 key population institutions and associations that were contacted to identify members and alumni that meet this study's definition of population expert. They include institutions that provide population-related graduate training, maintain an association/network of population professionals or provide other support to population experts.

The 105 organizations marked with an asterisk (*) actively participated by either sending IIE a list of contact information for their population experts or sending out the survey to their alumni or members on behalf of IIE.

Of the organizations contacted regarding the project, 133 were not able to participate either because they were unable to provide the requested information, or because they could not be reached due to inaccurate or insufficient contact information.

In addition, profiles of selected individual countries are presented.

Africa

Algeria
Université d' Oran, Département de Démographie

Angola
Université Augustinho Neto, Centre de Formation et Recherche sur la Population

Benin
Clinique Universitaire de Gynécologie et d'Obstétrique, Centre de Recherche en Reproduction Humaine et en Démographie, Faculté des Sciences de la Santé
Université Nationale du Bénin, Centre de Formation et de Recherches en Matière de Population

Botswana
University of Botswana, Department of Demography

Burkina Faso
*Université de Ouagadougou, Unité d'Enseignement et de Recherche en Démographie

Cameroon
Université de Dschang, Unité de Recherche en Population et Développement Durable, Faculté des Lettres et Sciences Humaines
*Université de Yaoundé II, Institut de Formation et de Recherche Démographiques

Democratic Republic of Congo
Centre d'Etudes et de Recherches Scientifiques sur les Relations entre l'Education et la Population
Union pour l'Etude et la Recherche en Population et Développement (UERPOD)
Université de Kinshasa, Département de Démographie, Faculté des Sciences Economiques
*World Health Organization Regional Office for Africa (WHO/AFRO)

Egypt
*American University in Cairo, Social Research Center
*Cairo Demographic Center, Ministry of Population and Family Welfare
Population Studies and Research Centre, Central Agency for Public Mobilisation and Statistics (CAPMAS)
*Demographers Without Borders (Network)

Ethiopia
*Addis Ababa University, Demographic Training and Research Centre, Institute of Development Research

Ghana
Navrongo Health Research Center
*University of Ghana (Legon), Regional Institute for Population Studies/ and Department of Geography and Resource Development
University of Ghana, Population Dynamics Unit, ISSER
Population Association of Ghana

Kenya
African Economic Research Consortium
*Center for African Family Studies (CAFS)
University of Nairobi, Population Studies and Research Institute
*African Population and Health Research Center, Population Council

Mali
Institut du Sahel, Comité permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel, Centre d'Etudes et Recherche sur la Population pour le Développement

Morocco
Haut Agdal, Centre d'Etudes et de Recherches Démographiques
Institut National de Statistique et d'Economie Appliquée, Programme de Formation en Population et Développement Durable
Association Maghrebine pour l'Etude de la Population (AMEP)

Nigeria
*Obafemi Awolowo University, Department of Demography and Social Statistics, Faculty of Social Sciences
University of Ado-Ekiti, Department of Sociology
University of Ibadan, Department of Sociology and Department of Geography
*University of Lagos, Department of Sociology Faculty of Social Sciences
*Population Association of Nigeria

Senegal
*African AIDS Research Network (AARN)
Ecole Nationale d'Economie Appliquee, Département de la Statistique et de la Démographie
Programme Regional De Formations De

Nigeria

146 population experts*
44% women
37% have over 10-years experience in the field
53% primarily engage in research
25% primarily teach
11% primarily work in service delivery
8% primarily work in policy or advocacy
56% work within an academic institution
11% work within government institutions
17% work with local NGOs
14% work in international NGOs
31% have master's-level degrees in Public Health
25% have master's-level degrees in Demography
22% have doctoral degrees in Demography
14% have doctoral degrees in Medicine
47% do not have a doctoral degree
14% do not participate any association or network

* Total number of experts identified through secondary sources. Percents based on study respondents only, n=36.

Formatuers En Management De La Sante Reproductive Pour L'Afrique Francophone
*Union for African Population Studies (UAPS)

Sierra Leone
University of Sierra Leone, Institute for Population Studies, Fourah Bay College

South Africa
University of Pretoria, Centre for Population Studies, Department of Sociology
University of Cape Town, Department of Economics
University of Durban-Westville, University of Natal & South African Medical Research Council, Africa Centre for Health and Population Studies
University of Natal, Population & Poverty Programme
University of North West, Population Training Research
University of South Africa, Department of Sociology
University of the Witwatersrand, Population & Demography Studies
*Demographic Association of Southern Africa (DEMSA)

Sudan
*Ahfad University for Women
University of Gezira, Population Studies Centre, Faculty of Economics and Rural Development
Sudan Demographers Assocation

Togo
Université de Lomé, Unité d'Enseignement et de Recherche en Population et Développement, Faculté des Sciences Economiques et Sciences de Gestion
*Université du Benin, Unité de Recherche Démographique

Tunisia
*Office National de la Famille et de la Population, Tunis (ONFP)

Uganda
Makerere University in Kampala, Institute of Statistics and Applied Economics
Population Association of Uganda

Zambia
University of Zambia, Demography Training Unit, Department of Social Development Studies, School of Humanities and Social Sciences

Zimbabwe
University of Zimbabwe, Centre for Population Studies

Asia

Bangladesh
Independent University Bangladesh, Department of Population Environment
University of Dhaka, Department of Population Sciences
Bangladesh Demographers Association

China
Beijing University, Institute of Population Research
Chinese Academy of Social Sciences, Institute of Population Studies
*Fudan University, Institute of Population Research
Lanzhou University, Northwest Center of Population Research
Liaoning University, Population Research Institute
Nanjing College for Population Program Management, Population Research Institute
*Nan-kai University, Population and Development Research Institute
Renmin (The People's) University of China, Institute of Population Research
*Sichuan Union University, Institute of Population Research
Xi'an Jiaotong University, Institute for Population and Economy Studies
Beijing Population Association
China Population Association

India
Andhra University, Population Research Centre
*Banaras Hindu University, Center of Population Studies, Department of Statistics
Bharathiar University, Department of Population Studies
Delhi School of Economics, Institute for Economic Growth, Population Research Center
Gauhati University, Population Research Centre, Department of Statistics
Himachal Pradesh University, Shimla, Population Research Centre
*Indian Institute of Health Management Research (IIHMR)
Institute for Social And Economic Change, Population Research Centre
*International Institute for Population Sciences (IIPS)
Jawaharlal Nehru University, Centre for the Study of Regional Development, School of Social Sciences
Lucknow University, Population Research Centre, Department of Economics
Mohanlal Sukhadia University, Population Research Center
Patna University, Population Research Centre, Department of Statistics
Sri Venkateswara University, Department of Population Studies
*Tata Institute of Social Sciences, Department of Health Service Studies
University of Kerala, Department of Demography
*Indian Association for the Study of Population (IASP)

India

1112 population experts*
35% women
56% have over 10-years experience in the field
68% primarily engage in research
10% primarily teach
8% primarily work in policy or advocacy
8% primarily work in service delivery
44% work within an academic institution
13% work within local NGOs
11% work within international NGOs
19% work within government institutions
5% work in the private sector
23% have master's-level degrees in Mathematics or Statistics
14% have master's-level degrees in Demography
14% have master's-level degrees in Economics
8% have master's-level degrees in Geography
8% have master's-level degrees in Public Health
7% have master's-level degrees in Social Work
41% have doctoral degrees in Demography
28% do not have a doctoral degree
37% do not participate in any association or network

* Total number of experts identified through secondary sources. Percents based on study respondents only, n=198.

Indonesia
Diponegoro University, Population Studies Center
*Gadjah Mada University, Population Studies Center, Department of Education and Culture/ and Department of Geography Population
University of Indonesia, Centre for Health Research
University of Indonesia, Demographic Institute, Faculty of Economics
*Indonesia Demographer Association (IPADI)

Iran
Institute for Research on Planning and Development, Group for Population and Social Studies
University of Tehran, Department of Demography
*Population Association of Iran

Lebanon
*American University of Beirut, Department of Population Studies, Faculty of Health Sciences

Malaysia
University of Malaya, Population Studies Unit, Faculty of Economics and Administration

Mongolia
National University of Mongolia, Population Teaching Research Center

Nepal
*Tribhuvan University, Central Department of Population Studies, Faculty of Humanities and Social Sciences
*Population Association of Nepal (PAN)

Pakistan
Aga Khan University, Reproductive Health Program
*LEAD Pakistan
University of Karachi, Population Study Group, Department of Statistics
*Population Association of Pakistan (PAP)

Philippines
*University of San Carlos, Office of Population Studies/ and Department of Sociology-Anthropology
*University of the Philippines, Population Institute
Xavier University, Mindanao Center for Population Studies, Research Institute for Mindanao Culture
*Philippine Population Association

Singapore
*Asian Metacentre

Sri Lanka
University of Colombo, Department of Demography
Asia Pacific Migration Research Network (APMRN)
Sri Lanka Population Association

Syria
Aleppo University, Population Studies and Research Centre, Faculty of Economics

Taiwan
Population Association of Taiwan

Thailand
Chiang Mai University, Department of Geography, Faculty of Social Sciences
*Chulalongkorn University, Institute of Population Studies
Khon Kaen University, Department of Public Health
*Mahidol University, Institute for Population and Social Research/ and Center for Health Policy Studies
*Thai Population Association (TPA)

Turkey
*Hacettepe University, Institute of Population Studies

Pakistan

155 population experts*
26% women
61% have over 10-years experience in the field
46% primarily engage in research
17% primarily work in policy or advocacy
16% primarily work in service delivery
14% primarily teach
25% work within local NGOs
23% work within government institutions
21% work within an academic institution
15% work within international NGOs
8% have master's-level degrees in Demography
14% have masters-level degrees in Economics
14% have master's-level degrees in Sociology
8% have master's-level degrees in Public Health
7% have master's-level degrees in Epidemiology
4% have doctoral degrees in Demography
3% have doctoral degrees in Sociology
85% do not have a doctoral degree
15% do not participate in any association or network

* Total number of experts identified through secondary sources. Percents based on study respondents only, n=72.

Vietnam
Institute of Sociology, Department of Population
National Economics University, Population Training Center
*Asia Pacific Migration Research Network (APMRN) Vietnam

Oceania

Australia
*Australian National University, Demography and Sociology Program and National Center for Epidemiology and Population Health
Flinders University, Population and Environmental Management, School of Geography
The University of Adelaide, Population Studies and Human Resources Program, Department of Geographical and Environmental Studies
University of South Pacific, Population Studies Programme
Australian Population Association

Fiji
*Pacific Migration Research Network (PacMRN) branch of APMRN based in Fiji

New Zealand
*New Zealand Aid (NZAID)
University of Waikato, Department of Sociology and Social Policy

Philippines

313 population experts*
74% women
45% have over 10-years experience in the field
51% primarily engage in research
23% primarily work in policy or advocacy
13% primarily teach
8% primarily work in service delivery
40% work within an academic institution
26% work within government institutions
11% work within local NGOs
6% work in the private sector
48% have master's-level degrees in Demography
8% have master's-level degrees in Sociology
8% have master's-level degrees in Management or Business
14% have doctoral degrees in Demography
11% have doctoral degrees in Medicine
62% do not have a doctoral degree
24% do not participate in any association or network

* Total number of experts identified through secondary sources. Percents based on study respondents only, n=73.

Europe

Austria
International Institute for Applied Systems Analysis

Belgium
Université Catholique du Louvain, Institut de Démographie

France
*Association internationale des demographes de langue francais (AIDELF)
*Committee for International Cooperation in National Research in Demography (CICRED)
Institut de Demographie de l'Universite de Paris
*International Union for the Scientific Study of Population (IUSSP)

Germany
DAAD - German Academic Exchange Service
International Max Plank Research School for Demography
Stiftung Berlin-Institut für Weltbevölkerung und Globale Entwicklung

Netherlands
*Institute of Social Studies (ISS), Population, Policy and Social Development
University of Groningen, Population Research Centre
European Association of Population Studies (EAPS)

Poland
Central Statistical Office, Department of Demography
University of Lodz, Unit of Demography
Warsaw School of Economics-SCH, Institute of Demography and Statistics

Russia
Moscow State University, Centre for Population Studies
Russian Academy of Science, Centre for Demography and Human Ecology

Sweden
International AIDS Society
Swedish International Development Cooperation Agency (SIDA)

Switzerland
World Health Organization (WHO), Reproductive Health Research Department

United Kingdom
Department of International Development (DIFD)
London School of Economics, Population Studies
London School of Hygiene and Tropical Medicine, Centre for Population Studies
University of Southampton, School of Social Sciences
*The Wellcome Trust

Latin America and the Caribbean

Argentina
*Centro de Estudios de Población (CENEP)
Facultad Latinoamericana de Ciencas Sociales (FLACSO)
Universidad Nacional de Córdoba, Area de Estudios de Población, Centro de Estudios Avanzados
Universidad Nacional de Luján, Maestría en Demografía Social
*Asociación de Estudios de Población de la Argentina (AEPA)

Brazil
Universidade de Sao Paulo, Centro de Estudos de Demografia Historica da America Latina
Universidade Estadual de Campinas, Nucleo de Estudos de População
*Universidade Federal de Minas Gerais, Programa de Pós-graduação em Demografía do CEDEPLAR
*Brazilian Association of Population Studies (ABEP)

Chile
*Centro Latinoamericano de Demografía (CELADE)

Colombia
*Universidad Externado de Colombia, Centro de Investigaciones sobre Dinámica Social Maestría en Estudios de Población

Costa Rica
*Universidad de Costa Rica, Programa Centroamericano de Población

Brazil

174 population experts*
59% women
59% have over 10 years experience in the field
78% primarily engage in research
15% primarily teach
4% primarily work in policy or advocacy
68% work within an academic institution
19% work within government institutions
10% work within local NGOs
48% have masters-level degrees in Demography
11% have masters-level degrees in Sociology
38% have doctoral degrees in Demography
12% have doctoral degrees in Economics
8% have doctoral degrees in Sociology
27% do not have a doctoral degree
18% do not participate in any association or network

*Total number of experts identified through secondary sources. Percents based on study respondents only, n=73.

Cuba
Universidad de la Habana, Centro de Estudios Demográficos

Dominican Republic
Centro de Estudios Sociales y Demográficos

Mexico
El Colegio de la Frontera Norte, Departamento de Estudios de Población
*El Colegio de México, Centro de Estudios Demográficos y de Desarrollo Urbano
Programa Latinoamericano de Actividades en Población (ProLAP)
Universidad Nacional Autónoma de México, Area de Sociología de la Población y Demografía, Instituto de Investigaciones Sociales
*Sociedad Mexicana de Demografía (SOMEDE)

Paraguay
Centro Paraguayo de Estudios de Población (CEPEP)

Peru
Cayetano Heredia Peruvian University, Instituto de Estudios de Población
*Asociación Peruana de Demografía y Población (APDP)

Mexico

295 population experts*
57% women
41% have over 10-years experience in the field
79% primarily engage in research
5% primarily teach
8% primarily work in communications (IEC/BCC)
8% primarily work in policy or advocacy
55% work within an academic institution
29% work within government institutions
64% have master's-level degrees in Demography
10% have master's-level degrees in Sociology
33% have doctoral degrees in Demography
11% have doctoral degrees in Sociology
41% do not have a doctoral degree
29% do not participate in any association or network

* Total number of experts identified through secondary sources. Percents based on study respondents only, n=83.

North America

Canada
Canadian International Development Agency (CIDA)
International Development Research Centre (IDRC)
*University of Montreal, Interuniversity Center for Demographic Studies

United States
Alan Guttmacher Institute (AGI)
*American Public Health Association (APHA)
*Ashoka: Innovators for the Public
*Association for Population/Family Planning Libraries and Information Centers-International (APLIC-I)
*Bill and Melinda Gates Foundation
*Bowling Green State University, Center for Family and Demographic Research
*Brown University, Population Studies and Training Center
Center for Development and Population Activities (CEDPA)
*Center for Global Development, Global Development Network (GDN)
Centers for Disease Control (CDC)
*Columbia University, School of Public Health, The Harriet and Robert Heilbrunn Department of Population and Family Health
*Compton Foundation
*Cornell University, Population and Development Program
*The David and Lucile Packard Foundation
*Family Health International (FHI)
Florida State University, Center for the Study of Population
*Ford Foundation
Georgetown University, Center for Population and Health
Global Action Network (GAN)
*Harvard University, Harvard Center for Population and Development Studies/ and Harvard School of Public Health
International Center for Research on Women (ICRW)
*Institute of International Education (IIE)

International Planned Parenthood Federation (IPPF)
*JHPIEGO Corporation
*John F. Fogarty International Center of the US National Institutes of Health
*John's Hopkins University, Hopkins Population Center, School of Public Health
*MacArthur Foundation
Macro International, Inc.
Management Sciences for Health
*Pennsylvania State University, Training and Research in International Demography
*Population Association of America (PAA)
*Population Council
*Princeton University, Office of Population Research
Rockefeller Foundation
*Soros Foundation/Open Society Institute
*Stanford University, Morrison Institiute for Population and Resource Management
Tulane University, School of Public Health
United States Agency for International Development (USAID)
*University of California at Berkeley, Department of Demography/ and Center for Sustainable Resource Development
*University of California at Los Angeles, Training in International Population Studies Program
*University of Chicago, Interdisciplinary Training in International Population Research
*University of Hawaii, East-West Center
*University of Maryland, Center on Population, Gender and Social Inequality
*University of Michigan at Ann Arbor, Population Studies Center
*University of North Carolina, Carolina Population Center
*University of Pennsylvania, Population Studies Center
*University of Texas at Austin, Population Research Center
*University of Washington, Center for Studies in Demography and Ecology
*University of Wisconsin at Madison, Center for Demography and Ecology
*The William and Flora Hewlett Foundation

Multilateral Institutions/Other

European Commission (EU)
International Union for Fight Against STIs (IUSTI)
International Institute on Aging – United Nations Malta
*United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)
*United Nations Population Fund (UNFPA)
*World Bank Institute Adapting to Change Learning Program on Population, Reproductive Health and Health Sector Reform

Population Conferences

*Asia Pacific Conference on Reproductive Health (APCRSH), Thailand 2003
*Third International Conference on the Population of the Central American Isthmus, Costa Rica 2003
*Fourth African Population Conference, Union for African Population Studies (UAPS), Tunisia 2003

Appendix III. Questionnaire

The Institute of International Education (IIE) invited professionals in the field of reproductive health and population to participate in this study if they were currently working in a developing country, *and* either completed their master's or doctoral degree after 1975 *or* were a current member of a population association.

Questionnaire

1. Name

2. Sex

3. Age group (5 year increments)

4. Country of origin

5. Country in which you currently work

6. How many years have you worked in the population/reproductive health field in the country you identified in number 5 above?

7. Overall, how many years have you worked in the population/reproductive health field?

8. Name of current employer

9. Current position title

10. Current employer's address or the address that you would like listed in the directory including email, phone and fax. (If possible, we recommend that you not use your home address.)

11. With which type of organization is your primary affiliation? (*Check only one*)
    - ☐ Local NGO
    - ☐ International NGO
    - ☐ Government Organization
    - ☐ Private Sector
    - ☐ UN/Multilateral Organization
    - ☐ Academic Institution
    - ☐ Other

12. In the table below, indicate the degrees you completed in school, the institution from which you graduated, year of graduation, your field of study, and source of funding.

Degree completed	Institute from which you completed degree (Name and location)	Year you completed degree (YYYY)	Academic field in which you completed your degree	Source of funding for degree (Refer to the list of Funding Sources below and indicate the corresponding number for the funding source in the parentheses)
Bachelor's Degree				(Specify)
Master's Degree				(Specify)
Doctorate				(Specify)
Other (Specify)				(Specify)

Funding Sources: Self = 1, Government (Specify) = 2; Private Funds (Specify) = 3; World Bank = 4; UN (Specify) = 5; Employer = 6; Other (Specify)=7

13. In which of the following areas do you specialize? (*Check no more than two from the reproductive health and population list below*) Please put a number 1 by your primary area of specialization, and a number 2 by your secondary area.
__Reproductive/Sexual Health and Population
__Reproductive Health including safe motherhood, family planning, and adolescent reproductive health.
__Sexually transmitted infections (STIs) including HIV/AIDS
__Reproductive Rights including gender-based violence
__Population Aging
__Contraceptive Technology Research and Development
__Social Demography
__Mathematical Demography
__Economic Demography
__Population and Education
__Population and the Environment
__Urbanization
__Gender Roles/Relations
__Other

14. In which of the following areas do you primarily work (*Check only one*)?
☐ Service Delivery
☐ Training
☐ Research
☐ Policy/Advocacy
☐ IEC/ BCC (Behavior Change Communication)

15. In the table below, please list the type of population/reproductive health trainings you have attended in the last five (5) years. (Only include trainings that were 2 weeks or longer in duration).

Type of Training (Refer to the list of Training Types below and indicate the corresponding number for the type of training you attended.)	Year	Duration	Institution and Location	Source of Funding (Refer to the list of Funding Sources below and indicate the corresponding number for the funding source in the parentheses)
				(Specify)

Table of Trainings

Training Types
HIV/AIDS = 1
Reproductive Health = 2
Research Methods = 3
Project/Program Planning = 4
Policy/Advocacy = 5
IEC/BCC = 6
Demography = 7
Population/Environment = 8
Other: (Specify) = 9

Funding Sources
Self = 1
Government (Specifcy) = 2
Private Funds (Specify) = 3
World Bank = 4
UN (Specify) = 5
Employer = 6
Other: (Specify) = 7

16. List the professional reproductive health and population associations/networks in which you are currently a member and how many years you have been a member.

17. How did you learn about this survey? Please check one of the following:
☐ IIE contacted me through the following association/organization:
☐ Referred by the following personal contact
☐ Other

Please indicate whether or not you would like your name and contact information included in the IIE Census Directory for public access.

☐ Yes, please include my contact information in the IIE Census Directory. I understand that by including my name and contact information in the Directory the public will have access to this information and may be able to contact population professionals around the world more easily. I understand that IIE intends to distribute the Directory widely to interested organizations and cannot provide any assurances or exercise any control with respect to the ultimate dissemination of the Directory and bears no responsibility in that regard. I do not need any further consent from my employer or affiliated organization to include my professional contact information in the Directory.

☐ No, please do not include my name and contact information in the IIE Census Directory. My name and contact information can only be used internally at IIE for census research purposes and not for public access.

Thank you very much for your participation in the Census.

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Acknowledgements

IIE is grateful for the cooperation and generosity of all the organizations, associations and universities who provided guidance for contacting individuals around the globe. Our warmest appreciation goes to those individuals dedicated to working in the population field in developing countries for their enthusiasm in being a part of this study and *Population Experts in Developing Countries: A Directory*.

This project was implemented by a team based at the IIE West Coast Center in San Francisco. Population program interns Karina Bough, Ana Lucia Gutierrez, Emma Hansen, Daniel Kilduff, Jasmin Koo, Tania Shepelska, and Theodora Triplis were a key part of the team. Martina Frank, Jeanette Kesselman, Karin Eisele, Magdelena Lopez, Anant Kumar, Bamikale Feyisetan, and Hey-Kyung Koh contributed to the project's overall success. IIE overseas staff in China, India, Indonesia, Mexico, Nigeria, Pakistan, the Philippines and Thailand also assisted in gathering data from contacting key population organizations.

Funding for this project was provided by the William and Flora Hewlett Foundation.

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Suggested citation: Julia Hendrickson, Taylor Haas and Elizabeth Hanauer, *Population Experts in Developing Countries: A Summary Report and Directory*, Institute of International Education West Coast Center, San Francisco, June 2004.

The report and directory are available online at
www.iie.org/wcoast/index.html.

Graphics: Underground Ads, San Francisco

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