

PMAC
PRINCE MAHDOL
AWARD CONFERENCE 2026

Navigating Global
Demographic Transition
through Innovative Policy: An Equity-Centered Approach



Informing A Smarter World

PS2.5 - Diverse Values and Ethics in Designing
Population Policies

Governing Demographic Change: Ethics, Care, and Evidence in Africa

Aïssata FALL

January 3, 2026

www.prb.org

Making Implicit Values Visible in Population Policies



➔ *Ethical reading through care, costs, and data in Africa*

- Population policies often framed as technical and evidence-based.
- Yet embed deep normative choices.

⇒ ***Not for or against population targets.***

⇒ ***Ethics lies in what policies assume, not only in what they declare.***

Where Ethics Is Usually Located

→ *Beyond the pro-/anti-natalist divide*

Where most ethical debates take place:

- Pro-natalist vs. anti-natalist debates
- Fertility targets, population size, demographic balance
- Legal, financial, and programmatic instruments
- Explicit policy intentions

⇒ *Most ethical debates focus on what population policies aim to change — fertility, size, composition.*

Where ethics also operates – the shift

→ *A broad normative consensus*

Key shift: *from intentions → to implementation conditions*

- Ethics is not only about what policies aim to change
- It is also about how policies actually work
- Implicit assumptions matter
- So does the distribution of costs and responsibilities

⇒ *Ethics is not only about what we want to achieve, but about how policies function in real life.*

Care as an implicit condition

→ *The silent infrastructure of policy success*

- Policies rely on daily care work
- Childcare, elder care, continuity of care
- Rarely explicit, rarely budgeted

⇒ *Many population and health policies succeed because care work is done — even when it is not named, measured, or financed.*

The silent displacement of costs

→ *Where ethics becomes concrete*

- Time constraints
- Household-level adjustments
- Costs shifted to families

⇒ *When care is assumed rather than planned, adjustment costs are silently transferred to households.*

Gender is not the issue — it reveals the issue

→ *Not the cause, but the signal*

- Unpaid care is mostly done by women
- Especially women of working age
- Gender shows where costs land

⇒ ***Gender is not the problem in itself. Gender reveals an unrecognized collective resource: unpaid care work.***

Health sector - What gets measured shapes what counts



➔ *What gets counted — and what is left out*

- A significant share of care is produced outside the health system
- This production is largely unpaid and household-based
- Yet it is absent from health system performance metrics

⇒ ***Health systems are assessed without accounting for part of what makes them work.***

⇒ ***Policies can look efficient on paper while relying on invisible costs in reality.***

From measurement to governance

➔ *What is not measured does not count*

- Not measured → Not debated
- Not debated → Not budgeted
- Not budgeted → Outside the scope of public action
→ **Shifted to households**

⇒ ***This is not a data problem only. It is a governance problem.***

Why this matters in Africa today

➔ *Governance and political capacity: From evidence to responsibility*

- ~70% of the population is under 35
- Demographic change shapes long-term collective futures
- Who can understand, debate, and decide
- Need for tools: NTA, NTTA, care-related evidence

⇒ *Ethical issue: the political capacity to **assume collective responsibility***

⇒ *Key issue : the capacity to **govern demographic change***

⇒ *Key change : how societies are beginning to **build that capacity***

What this argument is (and is not)

→ *Outside the pro-/anti-natalist axis*

- Not a position within the pro/anti-natalist debate
- A shift alongside it
 - From stated goals → to **implementation conditions**
 - From rights → to **cost distribution**
 - From intentions → to **coherence**

⇒ *Even when rights, health, and autonomy are shared goals, the ethical question does not stop there.*

Toward a substantive ethics of demographic policy

➔ *If care remains invisible, equity remains partial.*

- Ethics requires making assumptions explicit
- And costs discussable
- Data is a political tool
- Visibility enables responsibility

⇒ ***Making values explicit means asking not only what we want to achieve, but how we achieve it — and who absorbs the costs.***



Thank You

Aïssata FALL

afall@prb.org

www.prb.org