

Economic &

Social Affairs

# Population Challenges and Development Goals



United Nations

**Department of Economic and Social Affairs**  
Population Division

# **Population Challenges and Development Goals**



United Nations  
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# DESA

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## Preface

The present report has two objectives. First, it presents a succinct overview of demographic trends worldwide, for major areas and selected countries. It covers population size and growth, urbanization and city growth, population ageing, fertility and contraception, mortality and international migration. In addition to covering world demographic trends, this report includes a section on population policies, in which the concerns and responses of Governments with respect to major trends are summarized. Second, the report considers the contribution of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration. The report is therefore very timely, coming soon after the tenth anniversary of the adoption of the ICPD Programme of Action at Cairo, Egypt, in 1994, and at the fifth anniversary of the adoption of the United Nations Millennium Declaration by 147 Heads of State and Government at the United Nations in 2000.

World population reached 6.5 billion in 2005. But considerable diversity in population size and growth lies behind this number. The population of many countries, particularly those in Africa and Asia, will increase greatly in the coming decades. In contrast, owing to below-replacement fertility levels, some developed countries are expected to experience significant population decline. Half the world's population is expected to live in urban areas by 2007. The number of very large urban agglomerations is increasing. Nonetheless, about half of all urban-dwellers live in small settlements with fewer than 500,000 inhabitants. In addition to becoming more urban, the world population is also becoming older and the proportion of older persons is expected to continue rising well into the twenty-first century.

In its part two, the report considers the relationship of these population trends, and the implementation of the ICPD Programme of Action to fulfilling the development goals agreed to by the international community. The overriding goal of the Programme of Action, namely, to improve human welfare and promote sustainable development, is fully consistent with the universally agreed development goals and the United Nations Millennium Declaration. Indeed, some goals are almost identical in the Programme of Action and the Millennium Declaration, like those, for instance, pertaining to the reduction of child mortality, the improvement of maternal health and the universal access to primary education. In general, the measures recommended in the Programme of Action and the key actions for its further implementation provide a more comprehensive, explicit and detailed set of guidelines than those implied by the Millennium Development Goals. In addition, the Programme of Action recognizes and makes explicit the synergies existing among the various development goals, so that they are mutually reinforcing. For instance, the reduction of poverty can have significant positive effects on the increase of educational attainment and the

improvement of health, and achievement of the latter two would reinforce the reduction of poverty. The report concludes that implementing the ICPD Programme of Action will contribute significantly to the achievement of these goals, including the goals contained in the Millennium Declaration.

This study is a revised version of two reports that were earlier presented to the thirty-eighth session of the United Nations Commission on Population and Development in April 2005, in accordance with Economic and Social Council resolution 1996/2 and Commission decision 2004/1. In particular, part two draws upon the discussion and documentation of the *Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals*, held in New York from 17 to 19 November 2004, where representatives of the offices, funds, programmes and agencies of the United Nations system discussed the importance of the ICPD Programme of Action for the attainment of the internationally agreed development goals. This study was prepared by the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat.

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# Contents

	<i>Page</i>
Preface . . . . .	iii
Explanatory notes . . . . .	vii
Introduction . . . . .	1

## **Part One** **WORLD DEMOGRAPHIC TRENDS**

### *Chapter*

I. Population size and growth . . . . .	5
II. Urbanization and city growth . . . . .	9
III. Population ageing . . . . .	13
IV. Fertility and contraception . . . . .	17
V. Mortality, including HIV/AIDS . . . . .	19
VI. International migration . . . . .	23
VII. Population policies . . . . .	27
VIII. Conclusions to part one . . . . .	29

## **Part Two** **ACHIEVING THE INTERNATIONALLY AGREED DEVELOPMENT GOALS**

IX. Population trends relevant for development . . . . .	33
X. Importance of human rights . . . . .	35
XI. Achieving sustainable development and ensuring environmental sustainability . . . . .	37
XII. Eradication of poverty . . . . .	39
XIII. Reduction of hunger . . . . .	41
XIV. Achievement of universal primary education . . . . .	43
XV. Gender equality and the empowerment of women . . . . .	45
XVI. Improvement of health . . . . .	47
XVII. Challenges of changing population and age distributions . . . . .	51
XVIII. Developing a global partnership for development . . . . .	53
XIX. Conclusions to part two . . . . .	55

**Tables**

1.	Countries accounting for 75 per cent of population growth in the world, 2000-2005: medium variant . . . . .	6
2.	Top nine countries in terms of population increase and top nine in terms of population decrease from 2000 to 2050: medium variant . . .	7
3.	Selected indicators for the urban and rural population: world and more and less developed regions, 1950-2030 . . . . .	9
4.	Population of cities with 10 million inhabitants or more, 1950, 1975, 2005 and 2015 . . . . .	11
5.	Life expectancy at birth by sex, and sex differentials, for the world and major areas, 1950-1955 and 2000-2005. . . . .	21
6.	Proportion female among the stock of international migrants, by major area, 1960 and 2000 . . . . .	23

**Figures**

I.	Proportion of population aged 60 years or over: world, 1950-2050 . . .	13
II.	Potential support ratio (PSR): world, 1950-2050 . . . . .	14
III.	Proportion of women among persons aged 40-59, 60+, 80+ and 100+ years: world, 2005 . . . . .	15
IV.	Life expectancy at birth for the world, the more developed regions, the less developed regions and the least developed countries, 1950-1955, 2000-2005 and 2045-2050 . . . . .	19
V.	Countries with the largest international migrant stock, 2000 . . . . .	24

## Explanatory notes

Symbols of United Nations documents are composed of capital letters combined with figures.

Various symbols have been used in the tables throughout this report, as follows:

Two dots (..) indicate that data are not available or are not separately reported.

An em dash (—) indicates that the amount is nil or negligible.

A hyphen (-) indicates that the item is not applicable.

A minus sign (-) before a figure indicates a decrease.

A full stop (.) is used to indicate decimals.

Use of a hyphen (-) between years, for example, 1995-2000, signifies the full period involved, from 1 July of the beginning year to 1 July of the end year.

Reference to dollars (\$) indicates United States dollars, unless otherwise stated.

Details and percentages in tables do not necessarily add to totals because of rounding.

The term “billion” signifies a thousand million.

The group of least developed countries, currently comprises 50 countries: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People’s Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia.





# Introduction

Part one of this report provides a global overview of demographic trends for major areas and selected countries. It reviews major population trends relating to population size and growth, urbanization and city growth, population ageing, fertility and contraception, mortality, including HIV/AIDS, and international migration. In addition, a section on population policies has been included, in which the concerns and responses of Governments to the major population trends are summarized.

The outcomes of the United Nations conferences convened during the 1990s set an ambitious development agenda reaffirmed by the United Nations Millennium Declaration<sup>1</sup> in September 2000. The 1994 International Conference on Population and Development, being one of the major United Nations conferences of the decade, addressed all population aspects relevant for development and provided in its Programme of Action<sup>2</sup> a comprehensive set of measures to achieve the development objectives identified. Given the crucial importance of population factors for development, the full implementation of the Programme of Action and the key actions for its further implementation<sup>3</sup> will significantly contribute to the achievement of the universally agreed development goals, including those in the Millennium Declaration. Part two discusses the relevance that particular actions contained in those documents have for the attainment of universally agreed development goals, including the Millennium Development Goals. It also describes the key population trends relevant for development and the human rights basis that underpins key conference objectives and recommendations for action.

It is largely based on the discussion and documentation of the *Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals*, held in New York from 17 to 19 November 2004.<sup>4</sup> The Seminar brought together representatives of the offices, funds, programmes and agencies of the United Nations system as well as experts to discuss the relevance of the ICPD Programme of Action for the attainment of the internationally agreed development goals.

The demographic trends presented are based on the results of *World Population Prospects: The 2004 Revision*,<sup>5</sup> the nineteenth round of official United Nations population estimates and projections prepared by the Population Division of the Department of Economic and Social Affairs of the Secretariat.

The world demographic trends are based on population estimates and projections made separately for each country or area. Projections of the population by age and sex are prepared by using the components method, which requires that explicit assumptions be made about future levels of fertility, mortality and international migration. Sets of countries are grouped into geographical regions and major areas, more

developed regions and less developed regions, as well as into the group of least developed countries.

Data on urban, city and rural population growth are derived from the Population Division publication *World Urbanization Prospects: The 2003 Revision*.<sup>6</sup> This publication presents estimates and projections of urban and rural populations for all countries of the world and of all urban agglomerations with 750,000 inhabitants or more in 2000.

Data on contraceptive use are based on information from *World Contraceptive Use 2003*<sup>7</sup> and *World Fertility Report 2003*,<sup>8</sup> issued by the Population Division. The publications are part of the Population Division's ongoing monitoring of the use of family planning at the world level. The publications present, among other things, the most recent data available on current contraceptive practice, as well as recent trends in contraceptive use, for the countries and areas of the world. Data on international migration are derived from the Population Division publications *Trends in Total Migrant Stock: The 2003 Revision*,<sup>9</sup> *International Migration Report 2002*<sup>10</sup> and *World Economic and Social Survey 2004: International Migration*.<sup>11</sup> These publications present estimates of levels and trends of international migration for each country and area of the world. They also show the growth rate of migrant stock, the percentage of national populations that are international migrants and the percentage of migrants by sex. The estimates are derived mostly from data on the foreign-born enumerated by censuses.

The population policies of Governments presented in the present report are from *World Population Policies 2003*,<sup>12</sup> also issued by the Population Division. The monitoring of national population policies at the international level has a long history that goes back to the World Population Plan of Action adopted at the United Nations World Population Conference held in Bucharest in August 1974.<sup>13</sup> The policies examined cover the major population variables and are presented in a descriptive and concise format, focusing on analytical comparisons of countries and regions at present as well as over time. As is the case in the preparation of population estimates and projections, the monitoring of national population policies is guided by principles of objectivity and non-advocacy.

## **Part One**

# **WORLD DEMOGRAPHIC TRENDS**



# I. Population size and growth

World population passed 6 billion persons at the end of the twentieth century and stands at 6.5 billion in 2005. It is currently growing at 1.2 per cent annually. The addition of the sixth billion took place in a 12-year period, namely, between 1987 and 1999, which is the shortest period within which the world has gained a billion persons. The addition of the next billion, the seventh, is expected to take about 13 years.

The population of the world is expected to increase by 2.6 billion during the next 45 years, from 6.5 billion today to 9.1 billion in 2050 (medium variant). However the realization of these projections is contingent on ensuring that couples have access to family planning and that efforts to arrest the current spread of the HIV/AIDS epidemic are successful in reducing its growth momentum.

The population of the more developed regions, currently estimated at slightly more than 1.2 billion persons, is anticipated to change little during the coming decades. However, some noteworthy demographic changes are expected to occur. In many countries, especially in Europe, populations are projected to decline, as fertility levels are expected to remain below replacement levels. Other developed countries will see their populations continue to grow because their fertility levels are closer to replacement levels and because of significant flows of international migration.

The population of the less developed regions is projected to rise steadily, from about 5.3 billion persons today to 7.8 billion persons by mid-century (medium variant). That projection assumes continuing declines in fertility. In the absence of such declines, the population of the less developed regions could be substantially larger than projected. Particularly rapid growth is expected in the group of 50 countries classified as the least developed. By mid-century, for example, the population of the least developed countries could more than double in size.

The annual increment to world population during 2000-2005 has been estimated at 76 million persons (table 1). Six countries account for nearly half of that amount: India (22 per cent); China (11 per cent); and Pakistan, Nigeria, the United States of America and Bangladesh (about 4 per cent each). As a result of India's relatively rapid growth, it is expected to overtake China as the most populous country in the world by 2030.

An additional 16 countries account for a quarter of the annual growth of the world's population (table 1). Among the 22 countries that together account for 75 per cent of the current world population growth, there is only one developed country, namely, the United States. The growth of the United States population represents close to 4 per cent of world population growth; however, about 40 per cent of the population growth of the United States is the result of international migration.

TABLE 1. COUNTRIES ACCOUNTING FOR 75 PER CENT OF POPULATION GROWTH IN THE WORLD, 2000-2005: MEDIUM VARIANT

<i>Country</i>	<i>Annual population increase 2000-2005 (millions)</i>	<i>Cumulated percentage</i>
1 India	16.5	22
2 China	8.4	33
3 Pakistan	3.1	37
4 United States of America	2.8	40
5 Nigeria	2.8	44
6 Indonesia	2.7	48
7 Bangladesh	2.6	51
8 Brazil	2.5	54
9 Ethiopia	1.8	57
10 Dem. Republic of the Congo	1.5	59
11 Philippines	1.5	61
12 Mexico	1.4	63
13 Egypt	1.3	64
14 Afghanistan	1.2	66
15 Viet Nam	1.1	67
16 Turkey	1.0	69
17 Uganda	0.9	70
18 Iraq	0.7	71
19 Kenya	0.7	72
20 United Republic of Tanzania	0.7	73
21 Colombia	0.7	74
22 Sudan	0.7	75
<b>WORLD</b>	<b>75.8</b>	<b>100</b>

The world population growth rate has fallen from its peak of 2 per cent per year in the late 1960s to 1.2 per cent today. Nevertheless, United Nations population projections point to continued population growth during this century. The world population is expected to reach 7 billion persons by 2012, and 8 billion by 2027; the 9 billion mark should be reached just before 2050 (medium variant).

While world population is continuing to grow, considerable diversity exists in the expected population growth of countries. Though it is anticipated that the population of many countries will increase greatly in the coming decades, several countries are expected to grow little and quite a few are actually projected to experience a decline in their population size. The contributions of the nine countries adding 100 million or more persons by mid-century are shown in

table 2. India is expected to be the largest contributor to world population growth by far, adding around 570 million persons by 2050. After India comes Pakistan, which is projected to gain about 160 million more persons, followed by Nigeria, the Democratic Republic of the Congo and China, with an additional 141 million, 127 million and 118 million persons, respectively. In contrast, the Russian Federation is expected to experience the largest decline in population, about 35 million persons; Ukraine, Japan and Italy follow, with projected decreases of 23 million, 15 million and 7 million persons, respectively.

TABLE 2. TOP NINE COUNTRIES IN TERMS OF POPULATION INCREASE AND TOP NINE IN TERMS OF POPULATION DECREASE FROM 2000 TO 2050: MEDIUM VARIANT

<i>Country</i>	<i>Population change, 2000-2050 (millions)</i>
<b>A. Population increase</b>	
1 India	572
2 Pakistan	162
3 Nigeria	141
4 Dem. Republic of the Congo	127
5 China	118
6 Bangladesh	114
7 United States of America	111
8 Uganda	103
9 Ethiopia	102
<b>B. Population decrease</b>	
1 Russian Federation	-35
2 Ukraine	-23
3 Japan	-15
4 Italy	-7
5 Poland	-7
6 Romania	-5
7 Germany	-4
8 Belarus	-3
9 Bulgaria	-3





## II. Urbanization and city growth

The world's urban population reached 3.2 billion persons in 2005 and is expected to rise to 5 billion persons by 2030 (table 3). On the other hand, the rural population of the world is expected to decline slightly from 3.3 billion in 2005 to 3.2 billion in 2030. Whereas 30 per cent of the world population lived in urban areas in 1950, the proportion of urban-dwellers rose to 49 per cent by 2005 and half the world population is expected to live in urban areas by 2007. The world's proportion of urban population is projected to reach 61 per cent in 2030.

TABLE 3. SELECTED INDICATORS FOR THE URBAN AND RURAL POPULATION: WORLD AND MORE AND LESS DEVELOPED REGIONS, 1950-2030

A. Population size and growth	Population (billions)				Average annual rate of change (percentage)		
	1950	1975	2005	2030	1950-1975	1975-2005	2005-2030
Total population World	2.52	4.07	6.45	8.13	1.92	1.54	0.92
More developed regions	0.81	1.05	1.21	1.24	1.01	0.48	0.11
Less developed regions	1.71	3.02	5.24	6.89	2.29	1.84	1.09
Urban population World	0.73	1.52	3.17	4.94	2.91	2.46	1.78
More developed regions	0.43	0.70	0.91	1.01	2.00	0.84	0.46
Less developed regions	0.31	0.81	2.27	3.93	3.91	3.42	2.20
Rural population World	1.79	2.55	3.28	3.19	1.43	0.84	-0.12
More developed regions	0.39	0.34	0.30	0.23	-0.46	-0.42	-1.15
Less developed regions	1.40	2.21	2.98	2.96	1.82	1.00	-0.03

B. Urban indicators	Percentage urban				Rate of urbanization (percentage)		
	1950	1975	2005	2030	1950-1975	1975-2005	2005-2030
World	29.1	37.3	49.2	60.8	1.24	0.92	0.85
More developed regions	52.5	67.2	74.9	81.7	1.23	0.36	0.35
Less developed regions	17.9	26.9	43.2	57.1	2.04	1.58	1.12

During the period from 2005 to 2030 the urban population of the less developed regions is expected to increase by 1.7 billion persons. By 2017, the number of urban-dwellers in the less developed regions will equal the number of rural-dwellers. The average annual rate of change of the urban population of the less developed regions reached 3.4 per cent per year in the period 1975-2005 compared with 0.8 per cent in the more developed regions. In the future, the growth rate will continue to be particularly rapid in the urban areas of the less developed regions, averaging 2.2 per cent

per year during 2005-2030. In contrast, the urban population in the more developed countries will be growing at an annual rate of change of only 0.5 per cent.

The process of urbanization is already very advanced in the more developed regions, where 75 per cent of the population lived in urban areas in 2005. Nevertheless, the concentration of population in cities is expected to continue, so that by 2030, 82 per cent of the inhabitants of the more developed countries will be urban-dwellers. The level of urbanization is considerably lower in the less developed regions, where 43 per cent of the population lived in urban areas in 2005. That proportion is expected to rise to 57 per cent by 2030.

There are marked differences in the level and pace of urbanization among the major areas constituting the less developed regions of the world. Latin America and the Caribbean as a whole are highly urbanized, with 78 per cent of the population living in urban settlements in 2005, a proportion higher than that of Europe. By 2030, 85 per cent of the population of Latin America and the Caribbean is projected to be urban, a proportion similar to that of Northern America (87 per cent), the most highly urbanized area of the world. With almost 40 per cent of their respective populations living in urban areas in 2005, Africa and Asia are considerably less urbanized, but, are expected to experience rapid rates of urbanization during the period 2005-2030. It is projected that by 2030, 54 per cent and 55 per cent, respectively, of their inhabitants will live in urban areas.

With 35 million inhabitants in 2005, Tokyo is the most populous urban agglomeration in the world, followed by Mexico City (19 million), New York–Newark (18.5 million) and Mumbai (Bombay) and São Paulo (18.3 million each) (table 4). By 2015, Tokyo will remain the largest urban agglomeration, with 36.2 million inhabitants, followed by Mumbai (Bombay), Delhi, Mexico City and São Paulo, all of which are expected to have at least or more than 20 million inhabitants.

The proportion of people living in very large urban agglomerations or mega-cities is relatively small. In 2005, 4.5 per cent of the world population resided in cities of 10 million inhabitants or more and by 2015 that proportion is expected to rise to 5 per cent. In contrast, 25 per cent of the world population lived in urban settlements with fewer than 500,000 inhabitants and by 2015 that proportion will likely rise to 27 per cent. In 2005, 39 per cent of the population in the developed countries lived in those small urban settlements; a decade from now, that proportion is expected to be similar at 40 per cent. In the less developed regions, where the majority of the population still reside in rural areas, the proportion of people living in small cities was 22 per cent in 2005 and will rise to 25 per cent by 2015.

TABLE 4. POPULATION OF CITIES WITH 10 MILLION INHABITANTS OR MORE, 1950, 1975, 2005 AND 2015  
(Millions)

1950		1975		2005		2015	
City	Population	City	Population	City	Population	City	Population
1 New York-Newark	12.3	1 Tokyo	26.6	1 Tokyo	35.3	1 Tokyo	36.2
2 Tokyo	11.3	2 New York-Newark	15.9	2 Mexico City	19.2	2 Mumbai (Bombay)	22.6
		3 Shanghai	11.4	3 New York-Newark	18.5	3 Delhi	20.9
		4 Mexico City	10.7	4 Mumbai (Bombay)	18.3	4 Mexico City	20.6
				5 São Paulo	18.3	5 São Paulo	20.0
				6 Delhi	15.3	6 New York-Newark	19.7
				7 Calcutta	14.3	7 Dhaka	17.9
				8 Buenos Aires	13.3	8 Jakarta	17.5
				9 Jakarta	13.2	9 Lagos	17.0
				10 Shanghai	12.7	10 Calcutta	16.8
				11 Dhaka	12.6	11 Karachi	16.2
				12 Los Angeles <sup>a</sup>	12.1	12 Buenos Aires	14.6
				13 Karachi	11.8	13 Cairo	13.1
				14 Rio de Janeiro	11.5	14 Los Angeles <sup>a</sup>	12.9
				15 Osaka-Kobe	11.3	15 Shanghai	12.7
				16 Cairo	11.1	16 Metro Manila	12.6
				17 Lagos	11.1	17 Rio de Janeiro	12.4
				18 Beijing	10.8	18 Osaka-Kobe	11.4
				19 Metro Manila	10.7	19 Istanbul	11.3
				20 Moscow	10.7	20 Beijing	11.1
						21 Moscow	10.9
						22 Paris	10.0

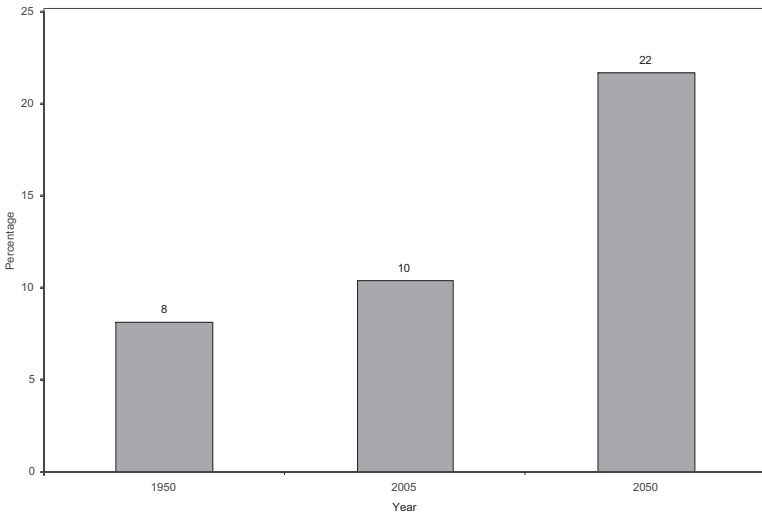
<sup>a</sup> Referring to Los Angeles—Long Beach—Santa Ana.



### III. Population ageing

During the twentieth century, the proportion of older persons (those aged 60 years or over) continued to rise and this trend is expected to continue well into the twenty-first century. For example, the proportion of older persons was 8 per cent in 1950 and 10 per cent in 2005 and is projected to reach about 22 per cent by mid-century (figure I).

Figure I. Proportion of population aged 60 years or over: world, 1950-2050



As the twenty-first century began, the world population included approximately 600 million older persons, triple the number recorded 50 years earlier. By 2050, the world is expected to have some 2 billion older persons—once again, a tripling of the number in that age group within a span of 50 years.

Globally, the population of older persons is growing by 2.0 per cent each year, considerably faster than the population as a whole. For at least the next 25 years, the older population is expected to continue growing more rapidly than other age groups. The growth rate of those aged 60 years or over will reach 3.1 per cent annually in the period 2010-2015. Such rapid growth will require far-reaching economic and social adjustments in most countries.

The population of all countries will continue to age substantially. For example, the median age of the world will rise from 28 years today to 38 years in 2050. As already noted, the number of persons aged 60 years or over will rise from 10 per cent of the world population today to 22 per cent in 2050. The percentage aged 80 years or over will rise from just 1 per cent today to 4 per cent in 2050.

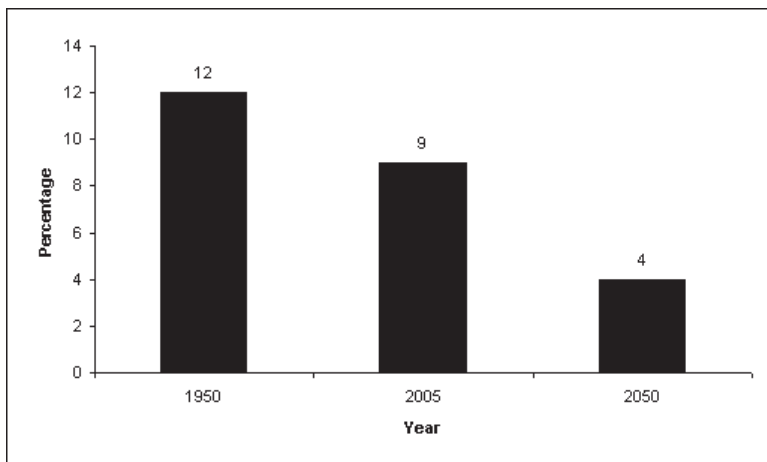
Marked differences exist between regions in the number and proportion of older persons. In the more developed regions, one fifth of the population was aged 60 years or over in the year 2005; by 2050, that proportion is expected to reach one third. In the less developed regions, 8 per cent of the population is currently over age 60; however, by 2050, older persons will make up one fifth of the population.

As the pace of population ageing is much faster in the developing countries than in the developed ones, developing countries will have less time to adjust to the consequences of population ageing. Moreover, population ageing in the developing countries is taking place at much lower levels of socio-economic development than has been the case in the developed countries.

The older population is itself ageing. The fastest-growing age group in the world is the oldest old, those aged 80 years or over. Their number is currently increasing at a rate of 4.2 per cent per year and they constitute more than one eighth of the total number of older persons. By the middle of the century, one fifth of older persons will be aged 80 years or over.

The potential support ratio (PSR) (the number of persons aged 15-64 years per one older person aged 65 years or over) indicates the dependency burden on potential workers. The impact of demographic ageing is visible in the PSR, which has fallen and will continue to fall. From 1950 to 2005, the PSR fell from 12 to 9 people in the working ages per each person aged 65 years or over. By mid-century, the PSR for the world is projected to fall to four working-age persons for each person aged 65 years or over (figure II). PSRs have important implications for social security schemes, particularly traditional systems in which current workers pay for the benefits of current retirees.

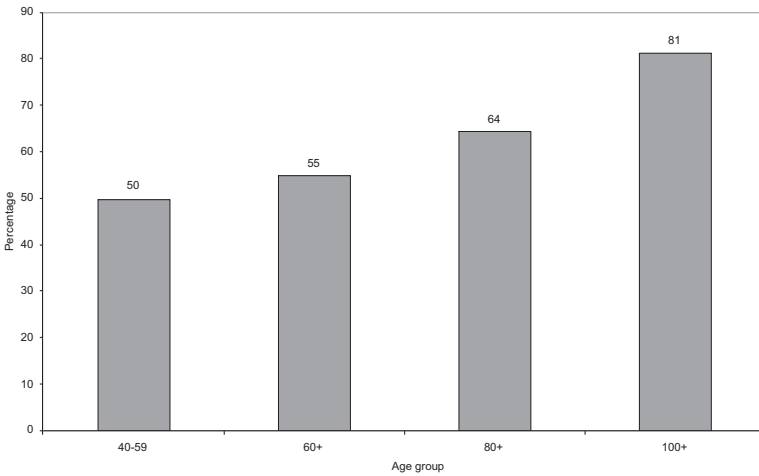
**Figure II. Potential support ratio (PSR): world, 1950-2050**



The majority of older persons are women, as life expectancy for women is higher than that for men. In 2005, there were 67 million more women than men aged 60 years or over and, at the oldest ages (80 years or above), there were almost twice as many women as men (figure III).

The declines in fertility reinforced by increasing longevity have produced and will continue to produce unprecedented changes in the age structure of all societies, notably the historic reversal in the proportions of young and older persons. The profound, pervasive and enduring consequences of population ageing present opportunities as well as challenges for all societies.

**Figure III. Proportion of women among persons aged 40-59, 60+, 80+ and 100+ years: world, 2005**







## IV. Fertility and contraception

Fertility has declined substantially over the last several decades in all areas of the world. Around 30 years ago, for example, the total fertility rate—that is to say, the average number of children a woman would bear if fertility rates remained unchanged during her lifetime—was close to five children per woman at the world level. By the end of the twentieth century, the fertility rate had declined to slightly less than three children per woman.

In 2000-2005, 84 countries or areas exhibited fertility levels at or below replacement level. These countries accounted for about 45 per cent of the world's population, or 2.8 billion persons in 2003. Because their levels of fertility are low and are expected to remain low during the coming decades, the populations of those countries are projected to grow relatively little by mid-century, and in a number of countries population is expected to decline.

The remaining countries of the world, with a combined population of about 3.5 billion persons, exhibit total fertility levels above replacement level. Forty-two countries have fertility levels at or above five children per woman in 2000-2005. As a consequence, the population of that group of countries is expected to grow markedly in the coming decades.

Among the developing countries, the pace of fertility decline during the recent past has varied significantly. Although by 2000-2005 most countries in the less developed regions are already far advanced in the transition from high to low fertility, there are some 13 countries that exhibit sustained high fertility and for which either there is no recent evidence about fertility trends or the available evidence does not indicate the onset of sustained fertility decline. In those countries, even though fertility is projected to decline after 2005, it is not expected to reach replacement level by the period 2045-2050. The high fertility of those countries will lead to rapid population growth. All but the Congo belong to the group of the least developed countries. The continuation of rapid population growth presents serious challenges to the future development of those countries.

Contraceptive use increased markedly over the past decade. At the global level, contraceptive prevalence increased from 54 per cent in 1990 to 59 per cent in 1995 and to an estimated 63 per cent in 2000. The fastest increases were in Africa and Latin America and the Caribbean where contraceptive prevalence increased by more than 1 percentage point per year, on average. The increase was less rapid in Asia where prevalence increased by 0.8 percentage points per year between 1990 and 2000.

Modern methods account for a large proportion of current contraceptive use, especially in the less developed regions where they account for 90 per cent of contraceptive use compared with 81 per cent in the more developed regions. The three methods most used are female sterilization, the intrauterine device (IUD) and the pill,

with prevalence levels of 21 per cent, 14 per cent and 7 per cent, respectively. These three methods account for two thirds of use worldwide.

Traditional methods are more popular in the developed countries than in the developing countries: they are used by 13 per cent of married couples in the more developed countries compared with just 6 per cent in the developing countries. The most used traditional methods include rhythm (periodic abstinence) and withdrawal. In the world as a whole, those methods are used by about 7 per cent of married women.

Short-acting and reversible methods are more popular in the developed countries, whereas longer-acting methods are more popular in the developing countries. In the developed countries, contraceptive users rely mostly on pills (16 per cent of married women) and condoms (13 per cent). In contrast, female sterilization and IUDs, used by 23 per cent and 15 per cent of married women, respectively, dominate in the developing countries.

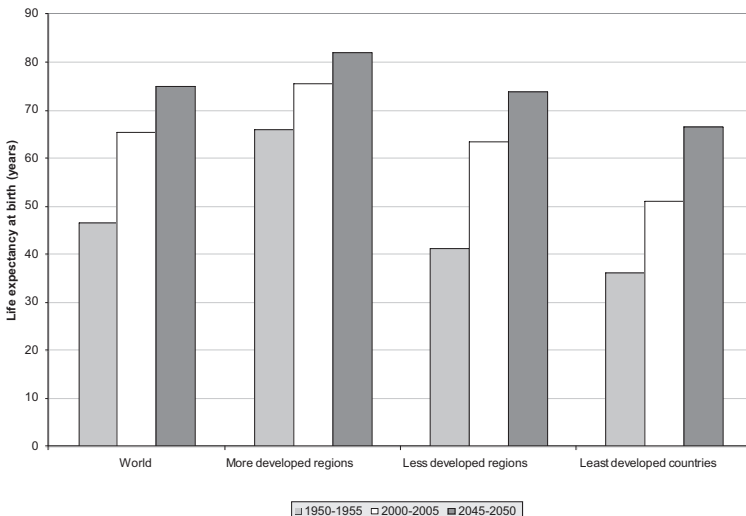
## V. Mortality, including HIV/AIDS

During the twentieth century, mortality experienced the most rapid decline in the history of humanity. Although the sustained reduction of mortality had started in the eighteenth century, it gained momentum in the early part of the twentieth century as better hygiene, improved nutrition and medical practices based on scientific evidence became the rule in the more advanced countries.

Despite the setbacks brought about by the First and Second World Wars, by the period 1950-1955, mortality had declined markedly in the more developed regions. For example, by the middle of the twentieth century, average life expectancy at birth had reached 66 years, ranging from 63 years in Southern Europe to 70 years in Australia and New Zealand.

The century also marked an important turning point in the less developed regions. With the expanded use of antibiotics, vaccines and insecticides, mortality in the developing world began to decline rapidly. For example, life expectancy at birth for the less developed regions increased by slightly more than 50 per cent from 1950-1955 to 2000-2005, rising from about 41 to 63 years. As a result, the mortality differentials between the less developed and the more developed regions narrowed. By the period 2000-2005, the difference in life expectancy between the two groups amounted to 12 years instead of 25 years, the difference observed in the period 1950-1955 (figure IV).

**Figure IV. Life expectancy at birth for the world, the more developed regions, the less developed regions and the least developed countries, 1950-1955, 2000-2005 and 2045-2050**



There remains, however, a group of countries—the least developed—where the reduction of mortality has lagged behind. While mortality declined in the least developed countries, it did not keep pace with mortality improvements in the less developed regions. For example, the difference between the life expectancy for the least developed countries and that for the less developed regions as a whole increased from 5 years in the period 1950-1955 to 12 years in the period 2000-2005. A major reason for such an increase is that the 50 countries classified as least developed include 26 that are highly affected by the HIV/AIDS epidemic.

Until fairly recently it was expected that mortality would continue declining in all countries, especially in those that were still experiencing moderate to high mortality levels because of their late start in the transition to low mortality. However, two developments have made it necessary to adjust those expectations: HIV/AIDS and the shocks from socio-economic transformations in countries with economies in transition.

The emergence of the virus that causes acquired immunodeficiency syndrome (AIDS) and the worldwide pandemic that it has generated have already produced marked increases in mortality in the countries most affected by the disease. It is estimated that by the end of 2003, about 58 million persons had been infected by the virus and about 38 million were still alive. Some 92 per cent of those infected with HIV are living in the developing countries, with sub-Saharan Africa experiencing the highest prevalence rates. In addition, the number of countries where HIV prevalence has become significant has been growing rapidly in Asia and Latin America and the Caribbean. While it is not yet certain that the spread in those regions will follow the pattern observed in Africa, rapid and effective responses may be required to avert the devastation that Africa is already experiencing.

It has also become evident that mortality has tended to stagnate or even to increase in certain countries with economies in transition, most of which exhibited fairly low mortality in the period 1950-1955. The causes for the slowdown or reversal of the transition to low mortality are multiple and complex, but they have no doubt been exacerbated by the momentous social and economic transformations resulting from the political changes taking place in the former communist countries since 1985.

As a result of those developments and in the light of the increases in mortality that have occurred in countries affected by conflict or civil strife, considerable uncertainty exists about the future path of mortality. It seems less certain than a decade or two ago that mortality will necessarily decrease in all countries in future. Nevertheless, mortality has declined more rapidly than expected in a number of developed countries, so that the possibility of further medical and technological breakthroughs that may increase the human lifespan cannot be ruled out, opening up the prospect of a future where expectations of life at birth of above 85 or 90 years will be a reality in certain populations.

With regard to gender differences in mortality, by the end of the twentieth century, female life expectancy was higher than male life expectancy in all regions, al-

though the difference between the two was relatively small in Western Africa and South-central Asia. However, even in those regions, there was a marked gain in life expectancy for females in relation to males. In the period 1950-1955, South-central Asia had been the only region where females had a lower life expectancy than males.

Female life expectancy increased more than male life expectancy during the last half-century in three major areas: Asia, Europe and Latin America and the Caribbean (see table 5). In contrast, in Africa, Northern America and Oceania, the female advantage remained relatively unchanged or declined. In Europe, life expectancy of females made the greatest gains with respect to that of males, whereas in Africa life expectancy of males made the greatest gains with respect to that of females. Generally, the female advantage in life expectancy increased from 1950-1955 to 2000-2005.

TABLE 5. LIFE EXPECTANCY AT BIRTH BY SEX, AND SEX DIFFERENTIALS, FOR THE WORLD AND MAJOR AREAS, 1950-1955 AND 2000-2005

<i>Major area or region</i>	<i>Male (years)</i>		<i>Female (years)</i>		<i>Difference between female and male life expectancy at birth (years)</i>	
	<i>1950-1955</i>	<i>2000-2005</i>	<i>1950-1955</i>	<i>2000-2005</i>	<i>1950-1955</i>	<i>2000-2005</i>
World	45.3	63.2	48.0	67.7	2.8	4.5
More developed regions	63.5	71.9	68.5	79.3	5.0	7.4
Less developed regions	40.3	61.7	42.0	65.2	1.7	3.5
Least developed regions	35.4	50.1	36.8	52.0	1.4	1.9
Less developed regions without the least developed countries	41.1	64.2	42.8	68.0	1.7	3.8
Europe	62.9	69.6	67.9	78.0	5.0	8.4
Northern America	66.1	74.8	71.9	80.2	5.8	5.4
Oceania	58.1	71.7	62.9	76.2	4.8	4.5
Africa	37.1	48.2	39.7	49.9	2.6	1.7
Asia	40.7	65.4	42.2	69.2	1.4	3.8
Latin America and the Caribbean	49.7	68.3	53.1	74.9	3.4	6.6

Over the past half century, a major part of the reduction of mortality has occurred in childhood. Overall levels of life expectancy are strongly determined by mortality at young ages, especially when mortality is high. Consequently, the marked increases in life expectancy that have occurred since 1950 at the world level reflect in large part sharp drops of mortality in childhood. Future reductions of mortality are expected to result in the virtual elimination of deaths at young ages in many countries. However, certain regions and countries are expected to fare better than others in achieving such a goal.

Another aspect of mortality trends that needs consideration is the changing age distribution of deaths. In contrast with the period 1950-1955, when 43 per cent of all deaths took place before age 5 and just 26 per cent occurred above age 60, by the period 2000-2005, 20 per cent of all deaths took place by age 5 and 50 per cent occurred among persons aged 60 years or over. By mid-century, it is expected that only 5 per cent of all deaths will occur before age 5 and that 79 per cent of all deaths will be those of persons aged 60 years or over.

Most regions of the world are projected to see continuing improvements in their mortality rates and, as a result, an increase in their expectations of life to levels that were, until recently, unprecedented in human history. However, for the least developed countries, even the substantial improvements expected by mid-century are unlikely to eliminate the gap in respect of mortality existing between them and the rest of the world. Moreover, given the setbacks that have occurred recently in many of those countries, it may not be at all certain that the projected improvements will be achieved.

## VI. International migration

About 175 million persons, representing about 3 per cent of the world population in 2000, resided in a country other than the one in which they had been born. The number of migrants more than doubled between 1960 and 2000. Sixty per cent of the world's migrants reside in the more developed regions, while 40 per cent reside in the less developed regions. Most of the world's migrants live in Europe (56 million), Asia (50 million) and Northern America (41 million).

The volume of international migration is nearly equal for men and women. In 2000, females constituted almost 49 per cent of all migrants, up from 47 per cent in 1960 (table 6). While women and girls were slightly more numerous than males among migrants in 2000 in the more developed regions, they accounted for just under 45 per cent of all migrants in the less developed regions. At the regional level, female migrants are more numerous than male migrants in Europe, Latin America and the Caribbean, Northern America and Oceania, but remain underrepresented in many parts of Africa and Asia.

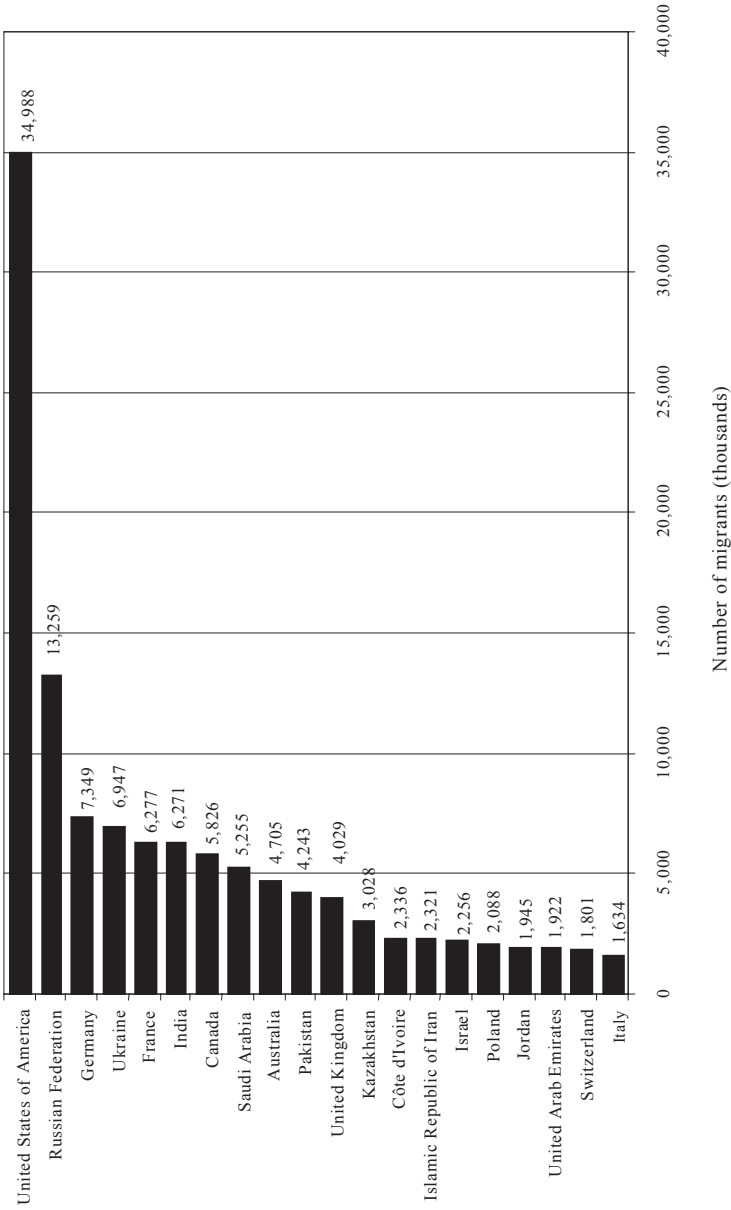
TABLE 6. PROPORTION FEMALE AMONG THE STOCK OF INTERNATIONAL MIGRANTS, BY MAJOR AREA, 1960 AND 2000

<i>Major area</i>	<i>1960</i>	<i>2000</i>
World	46.7	48.6
Developed countries	48.7	51.0
Developed countries excluding USSR	48.7	50.6
Developing countries	45.3	44.6
Africa	42.3	46.7
Asia	46.4	43.3
Latin America and the Caribbean	44.7	50.2
Northern America	49.8	50.3
Oceania	44.4	50.5
Europe	48.5	51.0
USSR (former)	48.0	52.1

Almost 1 of every 10 persons living in the more developed regions was an international migrant in 2000. In contrast, nearly 1 of every 70 persons in the developing countries was a migrant. With 35 million migrants, the United States was the single largest recipient, followed by the Russian Federation with 13 million and Germany with 7 million (figure V). The four countries with the highest proportion of international migrants were: the United Arab Emirates (68 per cent), Kuwait (49 per cent), Jordan (39 per cent) and Israel (37 per cent).



Figure V. Countries with the largest international migrant stock, 2000



Between 1995 and 2000, the more developed regions of the world gained nearly 13 million migrants from the less developed regions, around 2.6 million migrants per year. Net migration accounted for two thirds of the population growth in the more developed regions. The largest gains took place in Northern America, which absorbed about 1.4 million migrants annually, followed by Europe with an annual net gain of over 1 million.

At the end of 2003, the number of refugees in the world stood at 15 million, of whom approximately 10 million were under the mandate of the Office of the United Nations High Commissioner for Refugees (UNHCR) and 5 million under the mandate of the United Nations Relief and Works Agency for Palestine Refugees in the Near East. The largest numbers of refugees were found in Asia (8 million) and in Africa (3 million). Three million refugees were in the developed countries and 12 million in the developing countries.

The remittances sent back to the home country by migrants represent an important aspect of international migration. Those moneys are a major source of foreign exchange earnings for some countries and an important addition to gross domestic product (GDP). For example, in 2000, remittances from abroad constituted more than 10 per cent of GDP for countries such as Albania, Bosnia and Herzegovina, Cape Verde, El Salvador, Jamaica, Jordan, Nicaragua, Samoa and Yemen.



## VII. Population policies

Continued high rates of population growth remain an issue of policy concern for many countries of the developing world. About half of the countries in the less developed regions consider their rate of population growth to be too high. The proportion of such countries encompass much of Africa (77 per cent) and the proportion is significant in Oceania (56 per cent). Concern with rapid population growth is lower among the countries of Asia (36 per cent) and Latin America and the Caribbean (36 per cent).

Nearly 60 per cent of the countries in the less developed regions consider fertility too high and, in the group of 50 least developed countries, close to 80 per cent report fertility as too high. The latter proportion has been rising steadily since the mid-1970s. At that time, about 1 out of 3 of the least developed countries thought its fertility was too high. Adolescent fertility is also a concern for Governments, particularly in the less developed regions. Almost two thirds of the countries in those regions and one third of the countries in the more developed regions view this as a major concern.

Government support for policies and programmes that affect fertility has increased steadily during the last quarter-century: about 90 per cent of countries provide either direct or indirect support for family planning programmes and contraceptives. The practice of limiting access to contraceptives has nearly vanished.

Low fertility has become a concern for an increasing number of countries in recent years, particularly in more developed regions. More than half the countries in those regions consider fertility to be too low, up from one fifth in the mid-1970s. Of the 39 countries that consider fertility too low, 27 were in Europe and 9 in Asia.

Governments' views of their country's mortality level are split according to development level. About 70 per cent of the countries in the more developed regions consider the level of life expectancy to be acceptable, compared with 35 per cent of the less developed countries and 4 per cent of the least developed countries.

Some segments of the population—most notably infants and children under age 5—continue to register unacceptably high mortality levels and are considered problem groups for many countries. Maternal mortality is another serious concern, particularly in the less developed countries. In the less developed regions, 1 country in 5 reports the level of maternal mortality to be acceptable, as compared with three fourths of the countries in the more developed regions. Only two of the least developed countries consider the level of maternal mortality to be acceptable.

During the 20 years since HIV/AIDS was identified as a disease, the pandemic has emerged as one of the leading causes of adult mortality in many countries, particularly in the less developed regions of the world. More than 80 per cent of the countries in those regions have reported that AIDS is a major concern, as have nearly

90 per cent of the least developed countries. Concern has also been substantial in the more developed regions, where three quarters of the countries view AIDS as a major concern.

Developed and developing countries show a similar inclination towards restricting immigration. Among developed and developing countries, one third have policies aimed at lowering their immigration levels. In comparison, in the mid-1970s, 18 per cent of the developed countries and 3 per cent of the developing countries had adopted such policies. Concerning emigration, both the developed and the developing countries show similar trends in their views and policies. About 3 out of 4 countries, whether developed or developing, view their level of emigration as satisfactory, whereas 1 country in 4 has policies aimed at lowering emigration.

For many years, Governments have expressed concern about the spatial distribution of their populations. This concern often arises from high levels of migration from rural to urban areas, urban sprawl and the uncontrolled growth of primate cities and metropolitan areas. Governments in the past have attempted to change distribution in a variety of ways, inter alia, through building new capitals, encouraging growth in small and medium-sized cities rather than in large ones, creating regional development zones, controlling the movement of people to cities and limiting urban sprawl by curbing development. Most of those attempts have failed to achieve their objectives, and population distribution remains an area of major concern to a significant number of Governments, particularly in the less developed regions.

## VIII. Conclusions to part one

World population has reached 6.5 billion and is currently growing at about 1.2 per cent annually. The 7 billion mark is projected to be reached in 2012, just seven years from now. Long-range population projections suggest that the world's population could ultimately stabilize at about 9 billion people.

While world population is continuing to grow, considerable diversity exists in the expected population growth of countries. The population of many countries, particularly in Africa and Asia, will increase greatly in the coming decades. In contrast, owing to below-replacement fertility levels, some developed countries are expected to experience significant population decline.

The world's urban population is increasing rapidly, and is expected to increase from today's 3.2 billion persons to about 5 billion in 2030. Half the world's population is expected to live in urban areas by 2007.

The number of very large urban agglomerations is increasing. Tokyo, Mexico City, New York–Newark, Mumbai (Bombay), São Paulo and Delhi all have more than 15 million persons. However, about half of all urban-dwellers live in small settlements with fewer than 500,000 inhabitants.

The proportion of older persons is expected to continue rising well into the twenty-first century. As the pace of population ageing is much faster in the developing countries than in the developed ones, developing countries will have less time to adjust to the consequences of population ageing. Moreover, population ageing in the developing countries is taking place at much lower levels of socio-economic development.

Most developed countries exhibit fertility levels at or below the replacement level. Although most developing countries are far advanced in the transition from high to low fertility, some developing countries, mainly in Africa, still exhibit high fertility.

Contraceptive use has increased significantly over the past decade, from 54 per cent in 1990 to 63 per cent in 2000. Short-acting and reversible methods are more popular in the developed countries, whereas longer-acting methods are more popular in the developing countries.

During the twentieth century, mortality experienced the most rapid decline in the history of humanity, owing to better hygiene, improved nutrition and medical practices based on scientific evidence. Until recently, it was expected that mortality would continue declining in all countries. However, HIV/AIDS has already produced marked increases in mortality in Africa, the region most affected by the disease.

About 175 million persons reside in a country other than the one in which they were born. The number of migrants more than doubled between 1960 and 2000; 60 per cent of the world's migrants reside in the more developed regions. Affecting

countries of origin, transit and destination, international migration is in the forefront of national and international agendas.

Developed and developing countries differ significantly with regard to their population concerns. High mortality, particularly infant and child mortality, maternal mortality and mortality related to HIV/AIDS, is the most significant population concern for developing countries. The most significant demographic concern of the developed countries relates to low fertility and its consequences, including population ageing and the shrinking of the working-age population.

In sum, the current population picture is one of dynamic population change, reflected in new and diverse patterns of childbearing, mortality, migration, urbanization and ageing. The continuation and consequences of these population trends present opportunities as well as challenges for all societies in the twenty-first century.

## **Part Two**

# **ACHIEVING THE INTERNATIONALLY AGREED DEVELOPMENT GOALS**





## IX. Population trends relevant for development

The goal of development is to improve the quality of life of all people. In that sense, population is at the core of development. In 2005, 759 million, or 12 per cent, of the 6.5 billion inhabitants of the world live in the least developed countries. Between 2005 and 2015, the least developed countries as a whole are expected to absorb a quarter of all population growth in the world. High fertility levels characterize the majority of the least developed countries. Consequently, their populations are still young, with 42 per cent of their inhabitants being children under age 15. Levels of extreme poverty in most of the least developed countries are high: over 20 per cent of their overall population live in extreme poverty, surviving on less than US\$ 1 per day, and in 10 of them that proportion is higher than 40 per cent. Although fertility levels have started to decline in some of the least developed countries, the desired number of children remains high. Nevertheless, in the majority of the least developed countries, the number of children that women have surpasses the number desired, suggesting that universal provision of family planning services could result in a reduction of unwanted fertility.

The rest of the developing world, whose population amounts to 4.5 billion, includes the two population giants: China, with 1.3 billion people, and India, with 1.1 billion. In China, fertility is already well below 2 children per woman, whereas in India it is about 3 children per woman. The process of population ageing is therefore more advanced in China, where 8 per cent of the population are aged 65 years or over. In India, the equivalent proportion is 5 per cent. However, China has a smaller proportion of children (21 per cent) than India (32 per cent) and China's dependency ratio, that is to say, the number of children and elderly persons per 10 persons of working age, is 5 compared with India's dependency ratio, which is 6. In both countries, the proportion of persons living in extreme poverty is significant, but the proportion in China (17 per cent) is about half that in India (35 per cent).

Most countries of Latin America and the Caribbean are already far advanced in the transition to low fertility. Average fertility in the region is currently 2.5 children per woman. Children under age 15 account for 30 per cent of the population and persons aged 65 years or over account for 6 per cent. There are about 6 dependants (children and the elderly) per every 10 adults of working age and that ratio is expected to continue declining as fertility falls even further. Although levels of extreme poverty tend to be below 10 per cent in most of Latin America and the Caribbean, countries in Central America tend to have higher levels of extreme poverty and most Latin American countries are characterized by the prevalence of very unequal income distributions. A major concern in the region is therefore the reduction of this inequality.

Population trends vary considerably in the remaining developing countries, with current fertility ranging from less than 1.5 children per woman in Armenia, Georgia and the Republic of Korea to over 5 children per woman in the Congo and Nigeria.

On average, these countries have a fertility of about 3.1 children per woman, higher than that in Latin America and the Caribbean but similar to that of India. Because of their higher average fertility, the proportion of children in their population stands at 33 per cent, whereas the proportion of elderly amounts to just 5 per cent. The number of dependants per 10 adults of working age is 6, lower than the equivalent value of 8 for the least developed countries. That is, just as the latter would, the higher-fertility countries in this group would most likely benefit from increased efforts to reduce unwanted fertility. The countries in this group located in sub-Saharan Africa tend to have high levels of extreme poverty, often surpassing 20 per cent. Levels of extreme poverty tend to be lower in the Asian and North African countries in this group.

In developed countries, fertility declined much earlier than in the developing world and has been very low (below 2 children per woman) since the 1980s. Consequently, population declined in 17 developed countries during 2000-2005 and during 2005-2015 will do so in 25 of them, including Italy, the Russian Federation and Ukraine. Furthermore, population ageing is more advanced in developed countries, where over 15 per cent of the population is aged 65 years or over and just 17 per cent is under age 15. The dependency ratio in the developed world is currently under 5 children and elderly persons per 10 adults of working age but it is rising and is expected to reach 7 by 2050.

Rising dependency ratios are also expected in China over the next 40 years but not in India, Latin America and the Caribbean and the rest of the developing world taken as a whole. In all groups and regions, however, the proportion of elderly is expected to rise as the proportion of children falls with declining fertility. The expected reductions in fertility are consistent with the continued implementation of the Programme of Action of the International Conference on Population and Development and would be less likely to materialize in certain regions if the objective of providing family planning services to all who needed and wanted them was not met.

The world today encompasses, therefore, countries at all stages of the demographic transition, that is to say, the transition from a regime of high fertility and high mortality producing low population growth to one where both fertility and mortality are low and produce again low rates of population change. The fact that, during the transition, mortality reductions usually precede fertility reductions leads to a period of rapid population growth. The end of that period of rapid growth has been reached or is within reach of about two fifths of humanity today. Another two fifths of the world population is already advanced on the path to lower population growth, but the remaining fifth is still growing very rapidly, largely because it has barely begun the transition to low fertility. Furthermore, for all the countries that are highly affected by the HIV/AIDS epidemic, the transition to lower mortality has been interrupted, and the epidemic is having major detrimental effects on both population trends and socio-economic development. Bearing this context in mind is therefore crucial in assessing to what extent the implementation of the Programme of Action can contribute to the achievement of the agreed development goals, since its recommendations for action are not equally relevant for all countries.

## X. Importance of human rights

Respect for human rights underpins the attainment of development because if a person's human rights are not safeguarded and respected that person's well-being is undermined. The Programme of Action underscores the importance of human rights by reiterating several of them in the principles set forth in its chapter II. Furthermore, a number of objectives and recommendations contained in the Programme of Action are justifiable not only because they lead to development or have positive impacts on the socio-economic status of people, but because they are an expression of the fundamental rights of the individual. For instance, article 26 of the Universal Declaration of Human Rights<sup>14</sup> states that "(e)veryone has the right to education" and that "(e)lementary education shall be compulsory". Both the Programme of Action and the Millennium Development Goals reaffirm this right in setting out the goal of achieving universal primary education for both girls and boys by 2015. Similarly, article 24 of the Convention on the Rights of the Child<sup>15</sup> calls for a reduction of infant and child mortality; appropriate prenatal and post-natal care for mothers; and the development of preventive health care, guidance for parents and family planning education and services. The Programme of Action contains specific recommendations and goals to make these rights a reality, goals that are consistent with those included in the Millennium Development Goals with regard to the reduction of mortality in childhood and the improvement of maternal health.

A key aspect of the Programme of Action is its emphasis on measures to advance gender equality and equity and the empowerment of women as a matter of right. As with education, this goal is important in itself and need not be justified in terms of its likely impact on development. The Programme of Action underscores that the "human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights" (chap. II, principle 4). Such a recognition is also reflected in the Millennium Development Goal of promoting gender equality and the empowerment of women.

In sum, implementing the Programme of Action in all its aspects would not only contribute to the attainment of a number of universally agreed development goals but also ensure that all people enjoy fully certain key human rights.



## **XI. Achieving sustainable development and ensuring environmental sustainability**

The key development goal for the international community is to achieve sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future. The Programme of Action also has this as an overriding goal. According to the Programme of Action, the achievement of sustainable development requires that the interrelationships between population, resources, the environment and development be fully recognized, properly managed and brought into a harmonious, dynamic balance (principle 6). Because population is expected to increase substantially, especially in developing countries, the Programme of Action recognizes the usefulness of achieving a lower population growth as early as possible. It notes that in many countries, slower population growth has bought more time to adjust to future population increases, improving the ability of those countries to combat poverty, protect and repair the environment, and set the conditions for sustainable development (para. 3.14). Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life (*ibid.*).

Consequently, the Programme of Action calls for the formulation of development strategies that realistically reflect the short-term, medium-term and long-term implications of population dynamics (para. 3.5) by integrating population into development and environment programmes that take into account patterns of production and consumption and seek to bring about population trends consistent with the achievement of sustainable development and the improvement of the quality of life (para. 3.6).

The Programme of Action notes that, to ensure the economic well-being of growing populations, investment in human resource development must be given priority, by increasing access to, *inter alia*, information, education, skill development and employment opportunities (para. 3.17). It particularly underscores that existing inequities and barriers to women in the workforce should be eliminated and that women's access to productive resources, and ownership of land, and their right to inherit property, should be promoted and strengthened (para. 3.18). It encourages Governments and the private sector to foster job creation in all sectors by expanding trade and investment on an environmentally sound basis, increasing investment in human resource development, and developing democratic institutions and good governance (para. 3.21). Full implementation of these measures would contribute significantly to promoting development.

One of the major development goals is to ensure environmental sustainability, particularly by integrating the principles of sustainable development into country policies and programmes, so as to reverse the loss of environmental resources. The Programme of Action recognizes that meeting the basic human needs of growing

populations is dependent on a healthy environment and it provides guidance on how to address the human dimensions of pressures on the environment. However, it also recognizes that “(d)emographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development” (para. 3.25). To prevent or reverse these outcomes, the Programme of Action supports the objectives and actions agreed to in Agenda 21<sup>16</sup> and recommends that Governments “(i)mplement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations” (para. 3.29 *e*). This recommendation, in conjunction with the call for the integration of “demographic factors into environment impact assessments and other planning and decision-making processes aimed at achieving sustainable development” (para. 3.29 *a*), is fully consistent with the Millennium Development Goals and underscores the importance of population aspects in the pursuit of sustainable development. In this regard, although the Programme of Action recognizes that further increases in population numbers are inevitable, particularly in the poorer and most vulnerable countries, the implementation of its call for universal access to family planning services is expected to contribute to a reduction in the growth of the world’s population.

## XII. Eradication of poverty

The Programme of Action recognizes that “(w)idespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services ... including family planning. All these factors contribute to high levels of fertility, morbidity and mortality, as well as to low economic productivity. Poverty is also closely related to inappropriate spatial distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious environmental degradation” (para. 3.13). The Programme of Action stresses that sustained economic growth in the context of sustainable development is essential to eradicating poverty, which in turn will contribute to slowing population growth and to achieving early population stabilization (para. 3.15).

In addition, research carried out during the 1990s has shown that changes in the age distribution of a population resulting from declining fertility can help accelerate economic growth. As fertility declines, the proportion of the population comprising children (persons under age 15) also declines, whereas the proportion of the population of working age increases, resulting in a decreasing dependency ratio (defined as the average number of children and elderly persons per 10 persons of working age). Provided jobs are available for the rising number of workers, a country can reap the benefits of increased production and lower costs associated with the decreasing proportion of dependants. This so-called demographic bonus can thus contribute significantly to economic growth and poverty reduction in contexts where governance facilitates human resource development and employment creation. The experience of the newly industrializing countries in Asia provides an example of this outcome. However, over the long run, the demographic bonus dissipates as the population continues to age and the dependency ratio rises again because of increasing proportions of elderly persons.

Implementation of the Programme of Action, particularly of measures to ensure that family planning services are affordable, acceptable and accessible to all who need and want them, can help reduce unwanted fertility, especially in the high-fertility countries of today, and thus trigger the process that gives rise to the demographic bonus. Because most of those high-fertility countries are among the least developed countries where levels of extreme poverty are high, the advantages that can be brought by the demographic bonus can also contribute to the reduction of poverty. However, realizing those advantages requires that economic growth be possible in the countries involved and that it be accompanied by substantial job growth.

Not all countries experiencing a decline of fertility have seen economic growth increase markedly as a result of the demographic bonus. Many of the countries in Latin America, for instance, have experienced slow economic growth despite being fairly



advanced in the transition to low fertility. Most of them are middle-income countries where levels of extreme poverty are low. Relative poverty, however, is significant. Consequently, in addition to the positive effects that the demographic bonus might still have on economic growth, measures adopted to improve income distribution—for instance, income-generation and employment strategies directed to the poor, as suggested by the Programme of Action—would be of benefit to these countries.

The Programme of Action also recognizes that high priority should be given “to meeting the needs, and increasing the opportunities, for information, education, jobs, skill development and relevant reproductive health services, of all underserved members of society” (para. 3.19), who generally include the poor in both urban and rural areas. Its full implementation would therefore contribute to the reduction of inequalities within societies.

Compared with the objectives of the Programme of Action regarding poverty eradication, the Millennium Development Goal target relative to the eradication of extreme poverty is more modest, calling for a 50 per cent reduction, between 1990 and 2015, of the proportion of people living on less than US\$ 1 a day. The countries most likely to contribute to the attainment of this goal at the global level, China and India, are both beneficiaries of the demographic bonus. Countries whose fertility is still high and where the proportion of the population living in extreme poverty is also substantial would benefit from reductions of fertility brought about by the prevention of unwanted births, which the Programme of Action aims to achieve, but they cannot expect to attain the Millennium Development Goal target without implementing other macroeconomic measures to raise economic growth, create jobs and increase the income share of the poor.

Implementation of the Programme of Action can also contribute to the reduction of poverty by preventing pregnancy among young adolescents, reducing maternal mortality, and slowing the spread of HIV. Single adolescent women who become pregnant are more likely to drop out of school, thus compromising their future earning capacity and becoming more likely to end in poverty. Maternal mortality and the mortality of parents due to HIV/AIDS often lead to or exacerbate poverty.

The Programme of Action also acknowledges that international migration can have significant positive impacts on development, especially through remittances. Remittances have become the second largest source of foreign exchange for developing countries, following foreign direct investment (FDI). Furthermore, remittance levels are double those of official development assistance (ODA). Remittances benefit both the families that receive them and their communities through multiplier effects and may therefore contribute to the reduction of extreme poverty even if the very poor do not migrate.

### XIII. Reduction of hunger

Because poverty and malnutrition often go together, sustained economic growth broadly shared is also necessary to reduce hunger, particularly in the least developed countries. The Programme of Action acknowledges the importance of attaining food security at all levels and calls for measures to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations (para. 3.20). The Millennium Development Goal target of reducing by half, between 1990 and 2015, the proportion of people suffering from hunger is consistent with this call. Because there is no shortage of food worldwide, combating hunger implies providing people with the means of acquiring food. Fair trade is necessary to achieve this objective, since agricultural subsidies in developed countries distort world prices and hurt farmers in developing countries, thereby contributing to high rural poverty in the latter. In sub-Saharan Africa, where population growth has surpassed increases in agricultural productivity, food availability per capita has dropped, leading to rises in malnutrition and hunger. In that region, increases in agricultural productivity, reductions in population growth, improved governance and economic growth would together serve to reduce poverty and hunger.

Implementation of other recommendations in the Programme of Action—including improvements in education and gender equality, the achievement of better child health, the implementation of policies to address the impact of HIV/AIDS and urban poverty, and the provision of reproductive health services that reduce both unwanted fertility and maternal mortality—can also contribute to reducing hunger. Studies have shown that a mother's low educational attainment is the factor most consistently related to malnutrition among children in developing countries. With more education, as called for in the Programme of Action, women are better able to ensure the health and proper nutrition of their children. Enhancing the status of women, particularly by providing them with access to income and resources, can also result in better intra-household distribution of food, thus preventing female malnutrition. Lastly, measures to prevent the spread of HIV are crucial in forestalling the potentially devastating effects that the HIV/AIDS epidemic, by debilitating or reducing the agricultural labour force, can have on agricultural productivity.



## **XIV. Achievement of universal primary education**

The Programme of Action stresses the importance of achieving universal education by 2015, especially of girls (para. 11.6) and calls for the extension of education for all to the secondary and higher levels (paras. 11.6, 11.8 and 4.18). Thus, the goals regarding education set by the Programme of Action are similar to, but more ambitious than, the target for Millennium Development Goal 2, which is to ensure that universal primary education is achieved by 2015. By calling for the extension of education to the secondary level as well, the Programme of Action, if fulfilled, would accrue substantial benefits that could contribute to the attainment of other development goals, including the reduction of poverty and hunger through the effects that improvements in human capital might bring; the reduction of child mortality, of maternal mortality and of the spread of HIV; the promotion of gender equality and the empowerment of women; and the facilitation of sustainable development and possibly the conservation of natural resources. Gaining more education would also enhance the ability of young persons to use information technologies.

Improving educational attainment, particularly of girls, would also have an impact on population dynamics, since education is known to influence demographic behaviour with respect to nuptiality, fertility, health and migration. Education also affects the intergenerational formation of human capital, with the education of mothers influencing the educational attainment of children. Conversely, high fertility and rapid population growth have hindered the achievement of universal primary education in many developing countries, especially the least developed. Early marriage and pregnancy among adolescent women often curtail their education. Implementation of the Programme of Action, by preventing early marriage and pregnancy as well as unwanted births, would contribute to achieving universal primary education.



## **XV. Gender equality and the empowerment of women**

Both the Programme of Action and the United Nations Millennium Declaration call for the achievement of gender equality and the empowerment of women, recognizing that both are important in combating poverty, hunger and disease and in achieving sustainable development. However, the Programme of Action sets a broader agenda and provides more detailed guidance on how to achieve that goal, not only focusing on measures to improve the status of women but also including recommendations on the involvement and participation of men in realizing gender equality.

With regard to women, the Programme of Action stresses the importance of increasing their equal participation and equitable representation at all levels of the political process; of improving their ability to earn income in occupations beyond the range of traditional ones so as to achieve economic self-reliance; and of ensuring their equal access to the labour market and social security systems; of ensuring their equal rights to buy, hold and sell property and land, obtain credit and negotiate contracts in their own name, and exercise their right to inheritance (paras. 4.4 and 4.6). The Programme of Action also underscores the need to eliminate all practices that discriminate against women and all forms of violence against women or girls (paras. 4.5, 4.9 and 4.10). Furthermore, it points out repeatedly that actions to enhance the welfare of people should be particularly tailored to meeting the needs of women and girls.

With respect to education, the Programme of Action states that “(e)ducation is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process” (para. 4.2). It therefore urges countries to ensure the widest and earliest possible access of girls and women to secondary and higher levels of education, as well as to vocational education and technical training. It also calls for the closing of the gender gap in primary and secondary education by 2005 (para. 11.8), providing guidelines on measures to keep girls and adolescents in school. Its implementation would therefore result in the elimination of gender disparities in primary and secondary education as called for by the Millennium Development Goals.

Acknowledging that “full participation and partnership of both women and men are required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household” (para. 4.1), the Programme of Action puts considerable emphasis on the gender aspects of reproductive life, especially in relation to the maintenance of reproductive health and access to reproductive health-care services, including family planning. For women, having access to affordable, acceptable and convenient reproductive health-care services is essential to having control over their reproductive lives and to ensuring that the timing of their pregnancies fits with their family, education and work plans. Realizing the

reproductive rights of women is therefore essential for their empowerment. However, according to the objectives stressed by the Programme of Action, both women and men should “have access to the information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities” (para. 7.36 (b)) and it is also important “to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children’s education, health and nutrition; and recognition and promotion of the equal value of children of both sexes” (para. 4.27).

In essence, full implementation of the Programme of Action entails both the empowerment of women in all spheres of life and a greater involvement of men in the exercise of reproductive rights and responsibilities. The achievement of gender equality in those terms would not only be consistent with the improvement of the status of women as called for in the Beijing Platform for Action,<sup>17</sup> but also contribute to enhancing economic growth and reducing poverty through the growing and more productive participation of women in the economy; to reducing child mortality and improving maternal health because of the increasing education and decision-making power of women; and to reducing the transmission of HIV by improving the willingness of men and women to accept responsibility for their own and their partner’s sexual health.

## XVI. Improvement of health

Good health is essential for the well-being of individuals and societies. In countries where poor health is common, labour productivity suffers. High rates of morbidity and mortality are still common in many low-income countries, especially those highly affected by infectious diseases such as HIV/AIDS, malaria and tuberculosis. A major goal of the international community is to provide access to primary health-care services to all and to reduce the risks of contracting the major infectious diseases. The Programme of Action calls upon all countries to provide primary health care to all and to make efforts to ensure a longer and healthier life for their populations. It sets quantitative goals urging high-mortality countries to achieve a life expectancy at birth greater than 70 years by 2015 and the rest to achieve a life expectancy at birth greater than 75 years by the same date (para. 8.5). Achievement of those goals would imply that major progress had been made in combating the major causes of death in poor countries and in providing adequate sanitation and health services to most people on the planet. The full implementation of the Programme of Action would ensure access to health-care services for all people and especially for the most underserved and vulnerable groups.

### 1. Reducing mortality in childhood

The Programme of Action urged that by 2000, under-five mortality should be reduced by one third or to a maximum of 70 deaths per 1,000 births in all countries, and that under-five mortality should decline to below 45 deaths per 1,000 births in all countries by 2015 (para. 8.16), a goal consistent with the United Nations Millennium Declaration's goal of reducing under-five mortality by two thirds between 1990 and 2015. The measures proposed to achieve this goal are summarized in the key actions for the further implementation of the Programme of Action as follows: Governments should continue to support reductions in child mortality "by strengthening infant and child health programmes that emphasize improved prenatal care and nutrition, including breastfeeding, unless it is medically contraindicated, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances, and improvements in household sanitation; and by strengthening maternal health services, quality family-planning services to help couples to time and space births, and efforts to prevent transmission of HIV/AIDS and other sexually transmitted diseases" (para. 18 (a)). Clearly, implementation of these measures would contribute to the attainment of the goals set.

Other measures included in the Programme of Action whose implementation would also contribute to the reduction of child mortality are: the reduction of poverty; the increase of educational attainment, especially among women; the improvement of maternal health; the promotion of the empowerment and equality of women;



and the reduction of the spread of HIV/AIDS. These measures, which are consistent with several of the goals contained in the United Nations Millennium Declaration, illustrate the synergies existing between the mutually reinforcing development goals and actions recommended by the Programme of Action.

## 2. Improving maternal health

Ensuring women's health is a major concern of the Programme of Action. In that respect, its implementation would contribute to realizing the basic right contained in article 12 of the Convention on the Elimination of All Forms of Discrimination against Women,<sup>18</sup> which states:

- “1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning.
- “2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”

To realize this right, the Programme of Action calls for an expansion of “the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to Caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care; and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants” (para. 8.22). In addition, the Programme of Action urges countries to reduce maternal mortality by one half between 1990 and 2000, and by a further one half by 2015 (para. 8.21). This goal is equivalent to that of reducing the maternal mortality ratio by 75 per cent between 1990 and 2015 as called for by the United Nations Millennium Declaration, that is to say, implementation of the Programme of Action would fulfil the Millennium Declaration goal.

A key preventive measure to reduce a woman's lifetime probability of dying from pregnancy-related causes is to ensure access to family planning to avoid unwanted pregnancies. In addition, the presence of a trained attendant at delivery and access to emergency obstetric care are essential to preventing deaths occurring because of complications during delivery. Providing access to quality services for the management of complications arising from abortion and offering post-abortion counselling, education and family planning services so as to help prevent repeat abortions (para. 8.25) are also measures needed to reduce the risks of maternal death. The avoidance of early marriage and of pregnancy among very young women is also conducive to

the reduction of maternal mortality (para. 8.24), as are strategies to reduce the spread of HIV. The Programme of Action calls for all these actions and also notes that, to enhance the effectiveness of programmes for the improvement of maternal health, it is important to engage men's support (para. 8.22).

The implementation of all these measures and the achievement of lower maternal mortality, particularly among the vulnerable and underserved population groups, would improve not only the health of women, but also that of their children, and the well-being of their families, thus contributing to reducing child mortality and malnutrition.

### **3. Combating HIV/AIDS, malaria and other diseases**

The Programme of Action recognizes that infectious and parasitic diseases continue to be a major affliction of large numbers of people. To combat them, it suggests that developing countries be assisted in producing generic drugs for their domestic markets so as to ensure the wide availability and accessibility of such drugs (para. 8.9). This recommendation is complementary to the call in the United Nations Millennium Declaration for the pharmaceutical industry to make essential drugs more widely available to and affordable by all who need them in developing countries. In addition, the Programme of Action calls upon all countries to ensure "a safe and sanitary living environment for all population groups through measures aimed at avoiding crowded housing conditions, reducing air pollution, ensuring access to clean water and sanitation, improving waste management, and increasing the safety of the workplace" (para. 8.10). Although no explicit mention is made of the provision of insecticide-treated netting to protect humans against the bite of the mosquito that transmits malaria, such measures would also be necessary to combat the spread of that disease. Both access to adequate treatment and the implementation of preventive measures to avoid infection are necessary in order to reduce the spread of diseases such as malaria and tuberculosis, and implementation of the Programme of Action would contribute towards making this a reality.

With respect to HIV/AIDS, the Programme of Action underscores the disastrous consequences of the epidemic for individuals, communities and entire nations. It therefore emphasizes the need for measures to prevent the spread of HIV and to treat and support those infected. One of its objectives is therefore "(t)o ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; and to ensure that sexual and reproductive health programmes address HIV infection and AIDS" (para. 8.29 *(b)*). This objective, if achieved, would palliate the negative effects of the disease.

Whereas the Programme of Action does not include quantitative targets regarding HIV/AIDS, the key actions for its further implementation do, by calling for a reduction by 2005 of global HIV prevalence among persons aged 15-24 and for a 25 per cent reduction in that prevalence in the most affected countries. It also calls for a 25 per cent reduction by 2010 of global HIV prevalence among those aged 15-24 (para. 70). Achievement of these goals would therefore contribute directly to the goal included in the United Nations Millennium Declaration of having halted or begun to reverse the spread of HIV by 2015. Reducing the prevalence of HIV/AIDS would also contribute to the achievement of other development goals, including the reduction of poverty, the reduction of child mortality and the reduction of maternal mortality.

To combat the spread of HIV, the Programme of Action attaches "high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents" (para. 8.31). It also suggests that "(w)herever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases" (*ibid.*), since the latter are known to be factors facilitating infection by HIV. Emphasis is given to the promotion of responsible sexual behaviour, including voluntary sexual abstinence, and its inclusion in education and information programmes. Wide availability of affordable condoms and drugs for the prevention and treatment of sexually transmitted diseases is recommended, and action to control the quality of blood products and equipment decontamination is stressed (para. 8.35). All these measures plus making information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, integral components of all reproductive and sexual health services (para. 7.32) and facilitating the distribution of condoms through those services (para. 7.33) would contribute significantly to the control of the epidemic.

The Programme of Action stresses the importance of providing young people and adolescents of both sexes with the information and education needed to prevent the transmission of sexually transmitted diseases, and the need to ensure that adolescent and adult men take responsibility for their own sexual health and the prevention of sexually transmitted diseases. Full implementation of these measures, together with the provisions aimed at improving the status of women and empowering them, would greatly contribute to reducing the transmission of HIV in contexts where the subordination of women to men and the weak economic position of women have constituted a factor promoting the spread of the disease, particularly among women.

## **XVII. Challenges of changing population and age distributions**

### **1. Improving livelihoods in an urbanizing world**

Over the next 15 years, the growth in the world population will be absorbed mainly by urban areas of developing countries, and the world's population will become more urban than rural. As a result, extreme poverty, which has until now been more common in rural than in urban areas, will become increasingly an urban phenomenon. In most developing countries, where urban-dwellers have better access to education and health services than do rural inhabitants, rural-urban migration is a means of improving the access of migrants to such services and of improving their livelihoods. Nevertheless, the rapid pace of urbanization has strained the capacity of Governments to provide adequate services to urban-dwellers and the number of persons living in slums has been rising, amounting to about 900 million today. In this light, the goal of improving the lives of 100 million slum-dwellers by 2020, one of the goals set forth in the United Nations Millennium Declaration, is a modest one.

Although not all slum-dwellers are poor, those having the greatest needs are among the poor and underserved populations focused on by the Programme of Action when it stresses the importance of providing underserved groups with “information, education, jobs, skill development and reproductive health services” (para. 3.19). To achieve improvement of the lives of slum-dwellers, programmes aimed specifically at improving their access to basic services are necessary. The Programme of Action provides guidance on the types of improvements required and, implicitly, recognizes the importance of targeting programmes to satisfy the particular needs of underserved population groups. It also calls upon Governments “to respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate the health and social problems” in urban agglomerations (para. 9.14) and “to improve the plight of the urban poor ... by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation” (para. 9.15). A full implementation of these recommendations would certainly contribute to improving the lives of slum-dwellers.

### **2. Population ageing**

The number and proportion of older people are expected to continue increasing over the foreseeable future, leading to population age distributions unprecedented in human history. Given the social and economic implications of such changes, “(i)t is essential to integrate the evolving process of global ageing within the larger process of development”, as stated in paragraph 9 of the Madrid International Plan of Action on

Ageing, 2002,<sup>19</sup> adopted by the Second World Assembly on Ageing, held in Madrid from 8 to 12 April 2002. The Programme of Action of the International Conference on Population and Development recognizes that elderly people constitute a valuable and important component of a society's human resources and recommends a series of measures to ensure that elderly persons are able to work and live independently as long as possible or as desired. These measures include the development of social security systems that ensure greater intergenerational and intragenerational equity and solidarity (para. 6.18); facilitating the use of the skills and abilities of older persons for the benefit of society (para. 6.19); valuing and recognizing the contribution that elderly people make to families and society (para. 6.19); and strengthening formal and informal support systems for elderly people, with special attention to the needs of elderly women (para. 6.20). These measures contribute to empowering elderly persons and promoting their full participation in society, as called for by the International Plan of Action on Ageing.

## **XVIII. Developing a global partnership for development**

The Programme of Action gives considerable attention to the ways and means by which its recommendations may be implemented. In particular, it includes cost estimates for the major components of basic national programmes on population and reproductive health, programmes aimed at providing reproductive health services to all who need them. The Programme of Action acknowledges that domestic resources provide the largest portion of the funds needed, estimating that only about a third of those costs would come from external sources. The least developed countries and other low-income developing countries would require a greater share of external resources on a concessional and grant basis.

Recalling that international cooperation has been essential for the implementation of population and development programmes in the past, the Programme of Action notes that international cooperation has become increasingly important and varied because “(c)ountries that formerly attached minimal importance to population issues now recognize them at the core of their development challenge. International migration and AIDS, for instance ... are currently high-priority issues in a large number of countries” (para. 14.1). Consequently, the Programme of Action encourages Governments to build partnerships with multilateral and donor agencies, civil society (including community-based organizations and non-governmental organizations) and the private sector, as appropriate, for the purpose of undertaking projects or developing programmes for the implementation of its recommendations. It also calls upon the international community to support South-South collaborative arrangements and facilitate direct South-South cooperation. At the programme level, it recommends national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries. It also reiterates the call for the international community to “strive for the fulfilment of the agreed target of 0.7 per cent of gross national product for overall official development assistance and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals” of the Programme of Action (para. 14.11). The implementation of these recommendations would not only ensure the achievement of those goals and objectives but also contribute to building the global partnership for development called for in the United Nations Millennium Declaration.



## **XIX. Conclusions to part two**

Population is at the core of development, and population trends are a key element of the context in which development takes place. Consequently, measures directed towards influencing demographic behaviour and population dynamics, such as those contained in the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, would, if fully implemented, contribute significantly to the achievement of universally agreed development goals, including those in the United Nations Millennium Declaration.

Implementation of the Programme of Action, particularly of measures to ensure that all couples and individuals have the number of children they desire and the information, education and means to do so, would contribute to accelerating the transition to low fertility in developing countries that still have high fertility levels, and would produce slower population growth, which in turn would improve the ability of those countries to adjust to future population increases, to combat poverty, to protect and repair the environment, and to set the conditions for sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.

Furthermore, reduction of fertility gives rise to the “demographic bonus” whereby the proportion of the population of working age increases relative to that of children and the elderly, a change that can contribute significantly to economic growth and poverty reduction in contexts where governance facilitates human resource development and employment creation. Implementation of other recommendations included in the Programme of Action regarding the provision of education to all, especially girls and women, and increased investment in human resource development would also contribute to ensuring the benefits of the demographic bonus.

Fulfilment of the goals and objectives of the Programme of Action would ensure the achievement of equivalent goals included in the United Nations Millennium Declaration, particularly reduction of child mortality and maternal mortality, universal access to primary education, parity in access to secondary and higher education between boys and girls, reductions in the spread of HIV, and achievement of gender equality and women’s empowerment. Because of synergies between these goals and other universally agreed development goals, further benefits would be reaped.

For instance, implementation of the Programme of Action would lead to both the empowerment of women in all spheres of life and a greater involvement of men in the exercise of reproductive rights and responsibilities. These achievements would contribute to enhancing economic growth and reducing poverty, reducing child mortality and improving maternal health, and reducing the spread of HIV. Similarly, improvements in education, particularly of girls, would contribute to reducing poverty, hunger, child and maternal mortality, and the spread of HIV, as well as promote gender equality. Furthermore, a better-educated population would likely change its



demographic behaviour with respect to nuptiality, fertility, health and migration in ways leading to greater well-being.

The Programme of Action offers guidance on ways of addressing the major challenges of the future, including increasing urbanization and population ageing, so that its fulfilment would contribute to the attainment of the objectives set both by the United Nations Millennium Declaration and by the Second World Assembly on Ageing. The Programme of Action also focuses special attention on the needs of vulnerable groups, including children and youth, the elderly, the poor, the disabled and indigenous populations, and stresses the need to provide support and protection to families, especially single-parent families, and to vulnerable family members, such as orphans and widows. Consequently, full implementation of the Programme of Action would benefit all segments of society, particularly the most vulnerable, and lead to less inequality. It would also promote the equal participation and sharing of responsibility of women and men in all areas of family and community life.

Implementation of the Programme of Action depends crucially on building a partnership for global development where all actors, including Governments, multi-lateral and donor agencies, civil society and the private sector, cooperate to realize its goals and objectives. In this way, it would validate the importance of the goals included in the United Nations Millennium Declaration and contribute to underscoring that international cooperation is essential for the implementation of population and development programmes, particularly in the least developed and other low-income developing countries.

## Notes

- <sup>1</sup>See General Assembly resolution 55/2.
- <sup>2</sup>*Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.
- <sup>3</sup>General Assembly resolution S-21/2, annex.
- <sup>4</sup>ESA/P/WP.192/Rev.1. United Nations publication.
- <sup>5</sup>To be issued in 2005 as a United Nations publication.
- <sup>6</sup>United Nations publication, Sales No. E.04.XIII.6.
- <sup>7</sup>United Nations publication, Sales No. E.04.XIII.2.
- <sup>8</sup>United Nations publication, Sales No. E.04.XIII.10.
- <sup>9</sup>ESA/P/WP.188. United Nations publication.
- <sup>10</sup>United Nations publication, Sales No. E.03.XIII.4.
- <sup>11</sup>United Nations publication, Sales No. E.04.II.C.3.
- <sup>12</sup>United Nations publication, Sales No. E.04.XIII.3.
- <sup>13</sup>*Report of the United Nations World Population Conference, 1974, Bucharest, 19-30 August 1974* (United Nations publication, Sales No. E.75.XIII.3), chap. I.
- <sup>14</sup>General Assembly resolution 217 A (III).
- <sup>15</sup>General Assembly resolution 44/25, annex.
- <sup>16</sup>*Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.
- <sup>17</sup>*Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.
- <sup>18</sup>General Assembly resolution 34/180, annex.
- <sup>19</sup>*Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.





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