



# 6 Billion

*A Time for Choices*

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## Summary

The world's population has doubled since 1960 and will reach 6 billion in 1999. The "Day of 6 Billion" will be observed on 12 October.

**W**omen are having fewer children than ever before, and population growth has slowed—from 2.4 to 1.3 per cent in 30 years. But large families in the recent past mean that there are many more women of childbearing age. Global population is still rising by about 78 million people a year. Half the world is under 25 and there are over a billion young people between 15 and 24, the parents of the next generation.

Most population growth is taking place in the world's poorest and least-prepared countries. Whether population growth continues to slow and whether it is accompanied by increasing well-being or increasing hardship will depend on the decisions and action taken in the next decade—and in particular on action to increase education, promote gender equality and ensure the universal exercise of the right to health, including reproductive health.

The fastest growing regions are sub-Saharan Africa, and parts of South Asia and Western Asia. Meanwhile, population growth has slowed or stopped in Europe, North America and Japan. The United States is the only industrial country where large population increases are still projected, largely as the result of immigration.

As we enter the 21st century, over a billion people are still deprived of basic needs. Of the 4.8 billion people in developing countries, nearly three fifths lack basic sanitation. Almost a third have no access to clean water. A quarter do not have adequate housing and a fifth have no access to modern health services. In less-developed regions, a fifth of children do not attend school to grade 5.

There is also increasing pressure on the planet due to wasteful and unbalanced con-

sumption patterns and growing numbers of people, raising demand for food and water. In addition, the effect of global warming remains to be seen. Possible changes, such as sea level rise, increased storms and floods, could affect billions of people.

The cumulative effects of continuing poverty, gender discrimination, HIV/AIDS, environmental change and shrinking resources for development have the potential to wipe out the benefits of lower birth rates.

### The Cairo consensus

Fortunately, there is a global consensus on what needs to be done. At the 1994 International Conference on Population and Development (ICPD) 179 countries agreed that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development. Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility are acknowledged as cornerstones of population and development policies. Concrete goals centre on providing universal education and reproductive health care, including family planning; and reducing infant, child and maternal mortality.

A review of progress since the Cairo Conference has provided growing evidence that the ICPD agenda is practical and realistic, and that despite all obstacles, it is being put into practice. The review included reports on national implementation efforts, global expert meetings and an international forum at The Hague, organized by UNFPA; it culminated in

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a special session of the United Nations General Assembly, from 30 June to 2 July 1999, which identified key actions needed for further progress.

Demographic factors—such as today’s unprecedented numbers of young people, ageing populations, urbanization and international migration—are crucial to plans for alleviating poverty, providing basic social services, ensuring food security, conserving resources and protecting the environment. In the five years since the ICPD, many countries have adopted new development policies incorporating population concerns. Nearly half have reviewed their policies on population and development; more than a third have updated policies to be consistent with ICPD goals.

Two thirds of all countries have introduced policy or legislative measures to promote gender equality and the empowerment of women. Nearly all countries in Latin America have introduced policy measures, legislation or institutional changes to protect women’s rights. More than half the Asian countries and a number of African countries have acted to protect women’s rights in areas like inheritance, property and employment. A number of countries have taken steps to increase men’s responsibility for their sexual and reproductive behaviour and social and family roles.

There are growing efforts to eliminate gender-based violence and harmful traditional practices. Many countries have revised laws and family codes to strengthen measures against female genital mutilation (FGM), rape, forced marriage, domestic violence, dowry murder, and “honour” killings. Fifteen African countries have outlawed FGM.

## Demographic trends

A demographic transition from high to low fertility and mortality is under way and has already occurred in much of the world. Improvements in preventive health and medical care have dramatically reduced mortality—especially infant mortality, which has fallen by two thirds. As a result, global life expectancy has risen from 46 to 66 years in the past half-century. Progress varies widely within regions and countries, however.

Fertility has also declined, but unevenly. In 61 countries, with about 44 per cent of the world’s population, couples are having fewer children than the two they need to “replace” themselves. But even if “replacement fertility” were reached immediately, populations would continue to grow for several decades because of the large number of people now entering their peak childbearing years. This population momentum will account for up to two thirds of the projected growth of world population, more in countries where fertility decline has been fastest. Raising mothers’ age at first birth from 18 to 23 would reduce population momentum by over 40 per cent.

In the early 1950s, couples in developed countries were having an average of 2.8 children; today the average is 1.6. In the less-developed regions, fertility rates have dropped from 6.2 children per woman in 1950 to slightly less than 3 today, and are projected to fall to less than 2.1 by 2045. Fertility has declined most rapidly in the last 50 years in Latin America (from 5.9 to 2.7) and Asia (from 5.9 to 2.6), less rapidly in North Africa and the Middle East (from 6.6 to 3.5) and much more slowly in sub-Saharan Africa (from 6.5 to 5.5).

Declining birth rates create the possibility of economic gains, as a “bulge” of young people grow up and become part of the work force while fewer children are born. East Asia has already taken advantage of its “demographic bonus”, which led to increased household and national savings and investment, and particularly social spending. South Asia and Africa are expected to have a similar opportunity in the next couple of decades. To get the benefits, countries will have to strengthen education and health care, including reproductive health, and adopt other supportive policies.

Gains made as a result of increased social sector investment may be vulnerable to global financial turmoil, however. A UNFPA study indicates that the financial crisis that began in South-east Asia in 1997 has thrown millions into poverty and deep distress, and that resulting cuts in social programmes have had a severe social impact, particularly on women’s rights and reproductive health. For example, there have been cutbacks in health promotion and medical service activities, including HIV/AIDS and STD prevention and treatment programmes.

Overall, due to improved health care and increased options, global fertility rates have declined more rapidly than expected. The Population Division of the United Nations Department for Social and Economic Affairs now projects that world population will be around 8.9 billion in 2050, rather than the 9.4 billion predicted in 1996. However, the news is not all good: about one third of the reduction in long-range projections is due to increasing mortality rates in sub-Saharan Africa and parts of the Indian subcontinent due to HIV/AIDS, which is spreading faster than previously anticipated.

In 29 African countries, the average life expectancy at birth is currently seven years less than it would have been without AIDS. However, the population is not expected to decline in these countries because of continuing high fertility. In Botswana, where one of every four adults is infected, life expectancy has fallen from 61 years in the late 1980s to 47 today, and is expected to plunge to 38 by 2005-2010. Nevertheless, the population is still expected to nearly double by 2050.

Slowing and stopping the spread of infection will require improvements in comprehensive reproductive health care, as well as better public education about the risks and consequences of HIV infection. And with

over half of all new infections occurring among young people under 24, there is an urgent need to provide services that meet their needs.

### Shifting population patterns

The distribution of world population is changing, with growth differing between regions, urbanization increasing and international migration becoming more visible and important. In 1960, 70 per cent of the world's people lived in the developing countries; today the figure is 80 per cent, and these countries account for 95 per cent of population growth.

Africa's population has tripled since 1960 and continues to grow the fastest. In 1960, Europe had twice as many people as Africa; by 2050 it is estimated that there will be three times as many Africans as Europeans. Asia, by far the most populous region, has more than doubled in population since 1960, as has Latin America and the Caribbean. In contrast, Northern America's population has grown by 50 per cent, while Europe's has increased by only 20 per cent and is now roughly stable.

Cities are engines of social change; they continue to grow throughout the developing world. In 1960, one in three people lived in a city; today almost half of all people do, and by 2030, it is predicted that more than 60 per cent of the population will live in urban areas. And more and more of these will be megacities with more than 10 million people. The number of such cities has grown from two in 1960 to 17 today and is projected to reach 26 by 2015: 22 in less-developed regions, 18 in Asia.

In all regions, international migration is moving near the top of the policy agenda, as the numbers of migrants increase and the issues they raise become more important. Between 1965 and 1990, migration expanded from 75 million to 120 million people. Migrant workers send more than \$70 billion home each year in remittances, and industries in some countries depend on their labour and skills. More and more migrants are women, almost 50 per cent in 1990, and many are vulnerable to exploitation and harassment.

How to provide food and water for a growing population remains another vital concern. Global per capita grain output has been stagnant for more than a decade and crop land is shrinking. Access to water will also be critical. According to a recent study, one fourth of the world's people are likely to live in countries facing chronic or recurring shortages of fresh water by the year 2050.

### Reproductive health and rights

Reproductive rights endorsed by the Cairo Conference include the right to make free choices about marriage and the number, timing and spacing of children on a basis of equality between men and women; the right

to attain the highest standard of sexual and reproductive health; and freedom from sexual violence and coercion.

The need for universal access to quality reproductive health care is as pressing as ever. Just as important is the creation of social, cultural and economic conditions in which women and men can make free and informed choices about their lives.

More than 585,000 women in developing countries die each year and at least 7 million women suffer infection or injury as a result of pregnancy; 70,000 women die from unsafe abortion. There are over 330 million cases of treatable sexually transmitted diseases annually and 11 new HIV infections every minute. Up to half of the nearly 175 million pregnancies each year are unwanted or ill-timed. Over 350 million women do not have access to a range of safe and effective contraceptive methods. Nearly half of the 130 million births annually are not assisted by a trained delivery attendant. More than half of all women will suffer some form of gender-based violence in their lives. Each year two million girls and young women are at risk of FGM. And 960 million people cannot read or write, two thirds of whom are women.

As agreed in Cairo, many countries are working to improve the quality, scope and availability of reproductive health services, and are training staff to provide better information, wider choices and client-centred care.

Contraceptive use in developing countries increased by 1.2 per cent annually between 1990 and 1995, but the needs of 20-25 per cent of couples are still not being met. Unmet need is highest in sub-Saharan Africa (29 per cent) and lowest in Latin America and the Caribbean (18 and 20 per cent). At the same time, more investment is needed in research and development of new fertility regulation methods for men, as well as female-controlled barrier methods to prevent both sexually transmitted infections and pregnancy.

One of the most difficult areas to tackle has been reducing maternal mortality. Studies and experience show that improving maternal health calls for better health facilities, emergency care provision, and trained health care providers to ensure appropriate and effective care—which requires policy priority and the necessary resources.

Providing appropriate information and services for unmarried adolescents and young adults—both married and unmarried—has also been difficult in many countries.

The 1999 fifth-year review of the ICPD urged governments to take concrete action to increase skilled attendance in childbirth; review laws affecting reproductive health; increase spending on reproductive health; involve communities, non-governmental organizations (NGOs) and the private sector in programmes; promote male responsibility; ensure availability of services; and provide testing and counselling

for sexually transmitted diseases, including HIV/AIDS, as part of primary health care.

The review also called on governments to promote responsible sexual behaviour based on mutual respect and gender equity; prevent the sexual exploitation of children; ensure that refugees receive sexual and reproductive health care and information; eliminate harmful traditional practices such as FGM; and ensure that adolescents have information and services to help them lead healthy, responsible lives.

### Partnership and empowerment

NGOs, parliamentarians, religious leaders, the private sector and community groups have key roles to play in carrying out the Cairo agenda. Many governments are working more closely with civil society partners in designing programmes and providing services, especially for hard-to-reach sectors of the population.

In the years since the ICPD, the relationship between civil society organizations and governments has continued to grow. The number of NGOs working on reproductive health and rights has grown, as has the number of NGO networks, strengthening impact overall. In many countries, NGOs, especially health and family planning advocates and women's groups, not only champion reproductive health and rights and gender equity, but also provide services to improve women's status. NGOs also play a vital role in monitoring governments' progress in implementing the ICPD Programme of Action.

However, success depends on setting up partnerships that are mutually supportive, managing existing partnerships effectively, and getting government officials to support collaboration. A 1998 survey found that only 49 of 114 developing countries responding had taken significant measures to promote the involvement of NGOs at various stages of policy and programme implementation.

### Finding the resources

The goals of the ICPD are universally accepted as necessary to promote human rights and personal well-being, fight poverty and improve national and global security. Yet funding is falling short and governments now face critical decisions about whether they will commit the resources to realize their vision.

It was estimated in Cairo that \$17 billion would be required annually by the year 2000 for population and reproductive health activities, about two thirds (\$11.3 billion) from within developing countries and one third (\$5.7 billion) from international donors.

As of 1997, developing countries were spending about \$7.7 billion annually, but five large countries (China, India, Indonesia, the Islamic Republic of Iran and Mexico) accounted for a large majority of that total. Most other developing countries, particularly the 51 least developed, had neither the public resources nor private income to meet their domestic needs.

International assistance in 1997 was less than \$2 billion—far short of the goal. Leading donors in the 1990s such as the Netherlands, Norway and Denmark have allocated a relatively large share of their gross national product to development assistance including the share to population. Others, notably Australia, Finland and the United Kingdom, have begun to increase the population share. On the other hand, the United States, while still the leading donor for population activities, has significantly reduced its level of support.

Unless funding increases substantially, the shortfall could spell continued high rates of unwanted pregnancy, abortion, maternal and child deaths, and an even faster spread of HIV/AIDS. The shortage of funding also means that progress towards human rights and equality in health care will be slower than ever.

The private sector, including NGOs and foundations, is helping to bridge the assistance gap, and user fees for services are generating some resources in developing countries.

Expanding the level and variety of committed resources and better managing their use is an urgent priority. Whether we seize the opportunity by acting decisively and providing the necessary funding will have a major impact on life in the 21st century. The decisions taken in the next decade will determine how fast the world adds the next billion people and the billion after that, whether the new billions will be born to lives of poverty and deprivation, whether equality will be established between men and women, and what effect population growth will have on natural resources and the environment.

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