

**COMMISSION ON POPULATION AND DEVELOPMENT  
FORTY-SECOND SESSION**

**WORLD POPULATION MONITORING, FOCUSING ON THE CONTRIBUTION OF THE PROGRAMME OF  
ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT TO THE  
INTERNATIONALLY AGREED DEVELOPMENT GOALS, INCLUDING THE MILLENNIUM  
DEVELOPMENT GOALS  
E/CN.9/2009/3**

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Mme. Chairperson, distinguished delegates, ladies and gentleman,

I have the honour to introduce the World Population Monitoring Report, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals (E/CN.9/2009/3).

The ICPD Programme of Action provides a comprehensive set of objectives and recommendations to improve human wellbeing and promote sustainable development. It includes guidelines on policies, programmes and measures that are directly related to population dynamics and influence the growth and structure of populations. The report documents the interrelations between population dynamics and development outcomes and provides evidence on how implementation of the Programme of Action can make a significant contribution to the attainment of key development goals, including the MDGs.

The past four decades have shown that government policy and commitment can make an important difference in shaping population dynamics. Critical to the success of the Programme of Action in guiding policy is its emphasis on action based on human rights, which means that pursuing its objectives is justifiable not only because they accelerate development or improve human wellbeing, but also because they are an expression of the rights of the individual. In particular, the measures to advance gender equality and equity and the empowerment of women that the Programme of Action champions are as much a matter of rights as of development.

Madame Chairperson,

Because of progress made in implementing the Programme of Action, the population of the world is growing today at 1.2 per cent per year instead of the 1.7 per cent per year at the time of ICPD. However, rapid population growth remains a concern, particularly in the least developed countries where growth rates remain high. Today, 11 countries have population growth rates exceeding 3 per cent annually and 36 countries have growth rates ranging between 2 per cent and 3 per cent, and about three-quarters of those countries report that their population growth rates are unacceptably high.

Populations growing rapidly because of high fertility have young age structures and high numbers of children and adolescents relative to the number of persons of working age. In low-income countries, where the number of children and youth is growing rapidly, providing the resources to expand education and health care for that segment of the population is difficult.

In contrast, rapid declines in fertility produce populations where the proportion of children declines with respect to that of persons of working age and produces an age structure that can facilitate economic growth provided it is supported by the right policies, including those supporting education, health and the generation of jobs. Thus, it is estimated that demographic change alone accounted for a 14 per cent reduction in poverty levels in the developing world during 1960-2000 and could produce an additional 14 per cent reduction during 2000-2015 if fertility decline accelerates in high-fertility countries.

High fertility also hinders improvements in wellbeing at the household level, particularly among the poor. By having fewer children, poor households can invest more on the nutrition, health and education of each. The evidence shows that children born into large families have, on average, fewer opportunities to receive schooling than children born into small families.

Today, most developing countries are not on track to meet the goal of reducing child mortality by two-thirds between 1990 and 2007, as called for by MDG 4. Efforts to reduce child mortality need to be intensified. Slower population growth, by reducing the increase in the number of children, would facilitate the expansion of interventions that require scheduled delivery, such as immunizations or the distribution of bednets. In addition, expanded access to family planning would allow a better spacing of births that, by itself, can reduce child mortality. Studies have consistently shown that closely spaced pregnancies or pregnancies occurring to women at very young ages or at older ages as well as high-order pregnancies involve greater risks of death for infants. If the average interval between pregnancies could be increased to 36 months, child mortality would decrease by as much as 25 per cent.

Because the population at risk of pregnancy overlaps with that at risk of being exposed to HIV, family planning programmes can contribute to reduce the risk of infection particularly if they include counselling on HIV/AIDS and voluntary testing. In addition, preventing unwanted pregnancies among HIV-positive women is important in reducing HIV prevalence among children.

The reduction of maternal mortality called for by MDG 5 is proving very difficult to achieve, particularly in the least developed countries. A woman's probability of surviving the reproductive years can be increased by reducing the number of pregnancies she has. It is estimated that, if unplanned and unwanted pregnancies could be avoided, maternal deaths would drop by between 25 and 40 per cent. Expanded access to modern contraceptives would be the means of achieving such reduction. In addition, greater efforts need to be made to provide pregnant women with antenatal care, skilled care during delivery and the post-partum period, and access to emergency obstetric interventions when complications arise.

Increased access to family planning is a cost-effective measure for reducing maternal mortality. It is estimated that success in preventing unplanned or unwanted pregnancies in 16 African countries could reduce by between 4 and 21 per cent the cumulative costs of implementing a safe motherhood programme between 2005 and 2015.

Madame Chairperson,

Slowing population growth by reducing fertility also has positive implications for sustainability. Taking access to water as just one example, providing adequate access for a growing world population is a challenge. Because population growth increases demand for water in all sectors of the economy, including agriculture, moderating that growth will make it easier to conserve water, make the investments necessary to make water accessible to more people and expand the coverage of sanitation to meet the targets set under MDG 7.

In sum, while progress has been made over the past fifteen years in implementing the Programme of Action, there remain shortfalls and gaps, especially among the low-income countries, shortfalls whose consequences impact negatively on the achievement of the internationally agreed development goals, including the MDGs.

Increasing access to family planning in line with the target of providing universal access to reproductive health is a cost effective measure to both reach that target and contribute to the attainment of other development goals. Today, an estimated 106 million married women have an unmet need for family planning and levels of unmet need are highest in countries with high fertility, particularly those in Sub-Saharan Africa, a quarter of which have unmet need levels surpassing 30 per cent and half have levels ranging from 20 to 30 per cent. Lack of services or difficulty in accessing services is the main reason women in those countries have for not using contraception, followed by lack of awareness and information about family planning methods.

It is also important to accelerate progress in ensuring gender equality and empowering women. Expanding the educational opportunities of girls and boys alike, promoting the enrolment of girls and young women in secondary and higher levels of education, and delaying marriage and the onset of childbearing are all measures that need to be pursued vigorously.

Over the past four decades, there is ample evidence that government commitment buttressed by adequate funding has made a major difference in the effectiveness of population policy. Given that scarcely six years remain to achieve the goals and objectives of the ICPD Programme of Action, there is no time to lose to ensure that countries lagging behind redouble their efforts to attain those goals. The measures that need to be taken are well known and proven. The will and the means to implement them are the main ingredients lacking. Clearly, the time to act is now.

Thank you, Madame Chairperson.