As written

Statement to the Thirty-Second Session of the Commission on Population and Development

Agenda Item 4: World Population Situation

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Mr. Chairman, Distinguished Delegates, Ladies and Gentlemen: It is my task to introduce today document E/CN.9/1999/5 entitled *World Demographic Trends*, which summarizes the results of the *1998 Revision* of *World Population Prospects*, the most recent version of the official United Nations estimates and projections of the world's population. The next revision is expected in the year 2000.

As other revisions, the *1998 Revision* presents three projection variants that are expected to encompass the likely future pathway of population growth. Since the speakers that have preceded me this morning have already presented the main highlights of current population dynamics, I will devote these remarks to a discussion of the future.

The three projection variants, known as the "high fertility", "medium fertility" and "low fertility" variants or high, medium and low for short, differ from one another mainly in the degree to which fertility is expected to change over the next fifty years. The medium variant assumes that countries with high fertility today will reach replacement level by 2050 (that is, a level of 2.1 children per woman) and that those countries with fertility under replacement level today will remain under replacement level. The high variant assumes that the fertility of all countries will be at or above replacement level by 2050, whereas the low variant assumes that the fertility of all countries will be below replacement level by 2050.

These assumptions lead to quite different population profiles by 2050. Thus, whereas the high variant produces a growing population with an annual growth rate of 0.9 per cent in 2045-2050, the low variant produces a shrinking population whose size is declining at a rate of 0.2 per cent per year in 2045-2050. The medium variant produces a growing population with an intermediate growth rate of 0.4 per cent per year but with a total fertility of about 2 children per woman which, if maintained, would eventually lead to a reduction of population size.

The different growth dynamics of the three variants produce strikingly different distributions by age. By 2050, the high variant produces a population whose age distribution has a typical pyramidal shape, with a relatively large base and a narrow top, that is, with about 17 children (persons under age 15) for every 10 older persons (age 65 or over). In contrast, the age distribution of the population produced by the low variant has the shape of an inverted pyramid, with a very narrow base and a large top (it has

about 7 children for every 10 older persons). The medium variant produces a more rectangular age distribution, with about 12 children per every 10 older persons.

Major differences are expected to persist during the next century between the population dynamics of today's more and less developed regions. According to the low and high variants, the population of the more developed regions is expected to be within the range of 1 and 1.4 billion persons in 2050, and according to both the medium and the low variants, population size in those regions would be declining by then. Even the high variant produces a rate of population growth of barely 0.2 per cent in 2045-2050. Indeed, according to the medium variant, population growth in more developed regions is expected to be minimal over the next 50 years, with population size oscillating around 1.2 billion over the whole period. And, in all variants, net migration from less developed to more developed regions is expected to make a sizeable contribution to the population growth of more developed regions, by either increasing growth or reducing the rate of decline.

For less developed regions, growth is still expected to be substantial. Their population will increase from 4.7 billion persons today, to anywhere between 6.4 to 9.3 billion by 2050. And, according to both the medium and the high variants, the population of less developed regions will still be growing at moderate rates by 2045-2050. Only the low variant, according to which total fertility in the less developed regions would decline to 1.6 children per woman, produces a declining population by 2045-2050. Furthermore, if China is excluded from the group, positive population growth is expected by all variants at the end of the projection period.

What will it take to make these projections a reality? Excluding China, two thirds of the growth in the less developed regions today originates in the countries of Africa, Western Asia and South-Central Asia. All of these regions are still characterized by fairly high total fertility (an average of 5.1 children per woman in Africa, 3.8 in Western Asia and 3.4 in South-Central Asia). If the pathway embodied by current projections is to hold, the pace of fertility decline, particularly in Africa, needs to emulate that experienced by the developing regions that have already reached a more advanced stage in the transition to low fertility. Our most recent estimates of fertility reductions in a number of African countries provide grounds for optimism and, certainly, the pace of decline in the developing regions of Asia has been robust. But the relatively wide range of projected fertility levels reflected in the three projection variants suggests that the future course of fertility is still uncertain and that developments in the next decade or two will be crucial in determining whether it is likely that the world's population may attain a stable size during the 21st century.

Lastly, Mr. Chairman, I must note that all the projection variants assume that the 21st century will witness a continuous reduction of mortality in the majority of countries. The exceptions are 32 countries with high adult prevalence of HIV/AIDS in 1997, plus Brazil and India, countries in which HIV prevalence is still low but the number of persons affected is large. For those countries, estimates of the impact of HIV/AIDS were incorporated in the projections, with the result that their mortality levels will rise in the

short-term future. As previous speakers have underscored, the toll exacted by the epidemic is high. By 2050, the impact of HIV/AIDS in the 34 most affected countries is expected to reduce the world's population by 186 million persons. Dire as the projected situation for those countries is, I must note that the projections are based on the assumption that the incidence of HIV infection will reach a peak within the next 15 years and will decline slowly thereafter, so that life expectancy will rise during the last part of the projection period. So, if I may be allowed to echo Mr. Chamie's comments this morning, we hope that, if our projections are to be proven wrong, they may err by being too pessimistic about the timing of the decline in HIV incidence and that the spread of the disease may be stopped or slowed down sooner than we are projecting today.

For, as Mr. Chamie implied this morning, the United Nations projections are not meant to be forecasts. Despite the relative stability of demographic processes, especially when compared with economic trends, financial fluctuations or the weather, it is not possible to foresee with accuracy the many developmental, social, technological or even epidemiological changes that may take place over the next 50 years and that may significantly affect population dynamics. The only certainty we have today is that the centenarians of 2050 have already been born. And if our projections about longevity are correct, they now have 8 chances in a million to be part of the more than 2 million centenarians that are expected to be alive at mid-century. This ensures that, at least someone who remembers how things were back in the 1900s will be alive then to assess the accuracy of our projections.

Mr. Chairman, distinguished delegates, I look forward to your comments and questions.

Thank you for your attention.