



**WHO Statement on the occasion of the
Fortieth Session of the Commission on Population and Development
New York, USA, 9-13 April 2007**

**The Changing Age Structures of Populations and Their Implications for
Development**

Mr Chairman,
Distinguished delegates,
Ladies and Gentlemen,

WHO wishes to thank for the Secretary General's reports on monitoring of world population and of population programmes focusing on the changing age structures of populations and their implications for development. I take the opportunity to commend Secretariat for provision of improved information on these issues and the progress that we are seeing, both at international and national levels. I would like to highlight a number of issues emerging from changing and diverse age structures of populations pertinent to both public health and development.

The current diversity in the age structures of populations presents distinct needs and requirements for action in the area of health and implications for development. Developed countries that have completed their demographic transitions and have undergone "epidemiological transition" are to deal with the health and health care needs of large proportions of older populations in the context of smaller sizes of working-age groups. Developing countries follow this trend, but in differing pace and circumstances. While a group of middle-income countries that have already experienced low mortality rates followed by low fertility have the opportunity to benefit from the productive ability of relatively large groups of working-age populations, the least developed countries still show high levels of fertility and delay in their demographic transitions.

The relatively large proportions of working-age groups in a range of developing countries represent a window of opportunity for enhancing development provided that they are healthy, skilled and employed. This age range represents the peak stages of individuals' reproductive life span and therefore, in addition to the changing disease dynamics, reproductive well-being of working-age populations is a key concern. In this respect, it is imperative to ensure that their fertility desires and needs are met and vulnerability to sexually transmitted infections including HIV and AIDS is minimized. It should also be noted that although fertility has been declined in these countries, unequal distribution of fertility that is higher birth rates in poorer segments, remains. Research evidence shows negative impact of unequal distribution of fertility on overall human development in a population. Hence, the need for greater attention to meeting the family planning needs of poorer populations within countries.

In the group of least developed countries, high fertility persists and although expected to decline, it will remain higher than in the rest of the world for the coming decades. Two hundred million women, the vast majority of whom live in the least developed countries currently have unmet need for family planning. There is and will be in the near future greater need for addressing reproductive health needs of increasing numbers of young and working-age persons if such age structure is to prove beneficial for development in later future.

In addition, current epidemiological dynamics in many of the least developed countries suggest that if effective measures are not in place, the future increase in the proportions of working-age groups due to current high fertility may not create the same window of opportunity for development as it did particularly in some middle-income countries. The devastating effect of HIV and AIDS, for example, is the highest amongst the working-age populations in these countries, thereby limiting their potential contribution to development.

Mr Chairman, although distinct age structures of populations display diverse needs for action, they are not independent of each other. For example, presence of relatively small proportions of working-age groups in developed countries motivates migration from less developed countries, of particularly the relatively skilled persons. Health care workers are not exception to this and seek opportunities for jobs in developed countries in the context of increased health care needs of ageing populations. This could restrain health systems in the developing world with potential negative implications for development.

WHO, in the areas outlined above, continues its efforts to assist countries in addressing their needs in line with the principles of the Programme of Action of the International Conference on Population and Development.

Mr Chairman, it is our hope that Member States, partner agencies, donors and relevant stakeholders will continue to give support to these efforts.

I thank you.

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