

**Statement to the Thirty-Eighth Session on the
Commission on Population and Development**

**By
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Mr. Chairman, distinguished Delegates,

I have the honour to address you today for the first time as Director of the Population Division. Mr. Joseph Chamie, the previous Director of the Division, retired at the end of 2004. He directed the Division since 1994 when, as Deputy Secretary-General for the International Conference on Population and Development, he led the substantive preparations for the Conference. All of you who know Joseph Chamie will agree that he always managed to convey his enthusiasm for population issues and to make others understand their relevance for the achievement of human well-being. Following in his steps, I wish to highlight today the key population trends determining the context for development and for the universal improvement of the quality of life.

We are living in truly extraordinary times. During our lifetimes, the world population grew at speeds unprecedented in human history. In scarcely 12 years, between 1987 and 1999, the world population rose from 5 billion to 6 billion persons. But the speed of growth has been slowing down and the next billion is expected to be reached by 2012, or 13 years after the 6th billion was attained.

Remarkably, most of this population increase is and will continue to be concentrated in the developing world. Out of every 100 persons added to the population in the coming decade, 97 will live in developing countries. Despite the major reductions in fertility achieved by most developing countries, population growth is today six times faster in the less developed regions than in the more developed regions.

Different population trends are associated with different development levels. The least developed countries, which account for 12 per cent of the world population, are expected to absorb a quarter of all population growth during the next decade. By contrast, the population of Europe has begun a slow decline.

These striking differences in population trends result from differences in the timing of the transition from high to low fertility. Today, 2.4 billion people live in the 57 countries where fertility is already below 2 children per woman, but another billion live in the 56 countries where fertility averages 4 children or more.

Countries with moderate or high levels of fertility, whose populations are young and growing, face the challenge of providing education, health services and gainful employment to large and increasing numbers of young people. These are the countries where attainment of the internationally agreed development goals is most urgent.

However, many of them are least developed countries where levels of extreme poverty are high, with 20 per cent of their population, on average, surviving on less than \$US 1 per day.

These countries are the most likely to reap major benefits from the full implementation of the ICPD Programme of Action. Policies and programmes that effectively increase child survival, reduce maternal mortality, and provide the means for couples and individuals to have the number of children they desire would likely speed the fertility reductions that are already under way or trigger such reductions in countries where fertility remains high. These changes, in turn, have the potential of reducing dependency ratios and increasing economic growth provided jobs can be created for the growing number of persons of working age. As the Programme of Action states: “the transition to low fertility in developing countries [...] would produce slower population growth, which in turn would improve the ability of those countries to adjust to future population increases, to combat poverty, protect and repair the environment, and set the conditions for sustainable development. Even a difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.”

All countries would also benefit from programmes directed to satisfy the basic needs of the poor and other vulnerable segments of the population, especially with regard to health care and education. Even in countries that have made considerable progress towards the attainment of internationally agreed development goals, such as the reduction of child mortality, maternal mortality or the provision of education to all, major differences persist among different socio-economic groups. Reducing these differences, as called for in the Programme of Action, remains a major challenge.

Mr. Chairman,

In developing countries today, there are over 1.6 billion children under age 15 and nearly one billion young people aged 15 to 24. Ensuring that they all receive the education they require to become productive members of society and that their health needs are met are major goals embraced by the international community.

About 45 out of every 100 young people in the developing world live today in countries that are already highly affected by the HIV/AIDS epidemic. The international community has set the goal of reducing the spread of the disease among these young people. Today, in the most affected countries, a young person aged 15 is expected to have a very high probability of contracting HIV by age 50, with that probability ranging from 40 to 70 per cent.

Preventing the further spread of HIV requires a coordinated and multifaceted approach. In highly affected countries, HIV/AIDS has already erased decades of progress in combating mortality. Furthermore, because the disease strikes young adults in their most productive years, it has a particularly destructive effect on families and households and

on the long-term economic developed of the affected societies, exacerbating poverty and reducing human capital.

Although Governments are increasingly adopting comprehensive policies and multi-sectoral programmes to address the challenges posed by the disease, much remains to be done. While surveys reveal that awareness about the threats posed by AIDS is high in countries with severe epidemics, large proportions of the population still lack adequate understanding of how to prevent infection and risky behaviours persist. The most effective programmes include appropriate education, information and communication efforts to promote the adoption of responsible behaviour. The ABC strategy involving abstinence, being faithful, and the correct and consistent use of condoms has become a key component of programmes to modify behaviour. Programmes that contribute to the reduction of partners have been successful in slowing the spread of HIV. Because women are more susceptible to HIV infection than men and many married women are being infected by their spouses, it is crucial to “emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including [...] the prevention of sexually transmitted diseases, including HIV” as called for in the ICPD Programme of Action.

In all countries, it is urgent to provide legal protection from discriminatory practices to those living with HIV/AIDS. In 2004, about 4 out of every 10 countries still lacked legislation ensuring such protection. Furthermore, a third of all countries had no policies ensuring women’s equal access to HIV/AIDS prevention and care services.

It is also important to combat the discrimination and stigma that increases the vulnerability of groups at the highest risk of HIV infection and to devise interventions that reduce the spread of the disease among those groups. Otherwise, the risk of HIV spreading to the general population remains serious.

As is well know, there are about 40 million persons currently living with HIV/AIDS, the vast majority of whom lack access to the antiretroviral treatment that can significantly prolong life and reduce suffering. Although concerted international and national efforts have successfully slashed the price of these medicines, treatment remains beyond the reach of most victims of the disease in developing countries. Furthermore, it is important that growing availability of HIV therapies does not lead to a neglect of prevention efforts.

Mr. Chairman,

Although HIV affects rich and poor, young and old, and all regions of the world, the epidemic has disproportionately affected groups that already face social and economic disadvantages. Even if all new infections could be prevented as of today, the expected toll of the disease would hardly change over the next decade because of the large number of persons already infected. It is therefore more important than ever that international solidarity be brought to bear in addressing this ongoing human tragedy. In this context, the deliberations of the Commission in the coming days can make an important contribution by reaffirming such solidarity and mapping the way forward. In doing so, I

am sure that reference to the guidelines set in the ICPD Programme of Action and the key actions for its further implementation will prove useful, thus revalidating their continued relevance.

Mr. Chairman, I add my voice to those who have preceded me in wishing you and the other members of the Bureau, success in directing this session of the Commission.