



# POPULATION *Newsletter*

Number 79

June 2005

## WORLD POPULATION PROSPECTS: THE 2004 REVISION

The Population Division of the Department of Economic and Social Affairs has prepared the official United Nations estimates and projections of the world's population since 1951. *The 2004 Revision of World Population Prospects* is the nineteenth such revision. The *2004 Revision* is the first to incorporate the full results of the 2000 round of national population censuses. It also takes into account the results of recent specialized surveys carried out in developing countries. The purpose of these surveys was to provide both demographic and other data to assess progress made in achieving the internationally agreed development goals, including the Millennium Development Goals. The comprehensive review of past demographic trends and future prospects presented in the *2004 Revision* provides the relevant demographic trends for the assessment of these goals.

The population of the world stands at 6.5 billion today, an increase of 380 million since 2000. Despite declining fertility, world population is projected to grow to 9.1 billion by mid-century.

The *2004 Revision* also demonstrates the diversity in demographic trends that characterizes the different world regions. While population at the global level continues to increase, that of the more developed regions as a whole is barely changing—virtually all population growth is occurring in the less developed regions. The group of 50 countries classified as least developed continues to experience especially rapid population growth.

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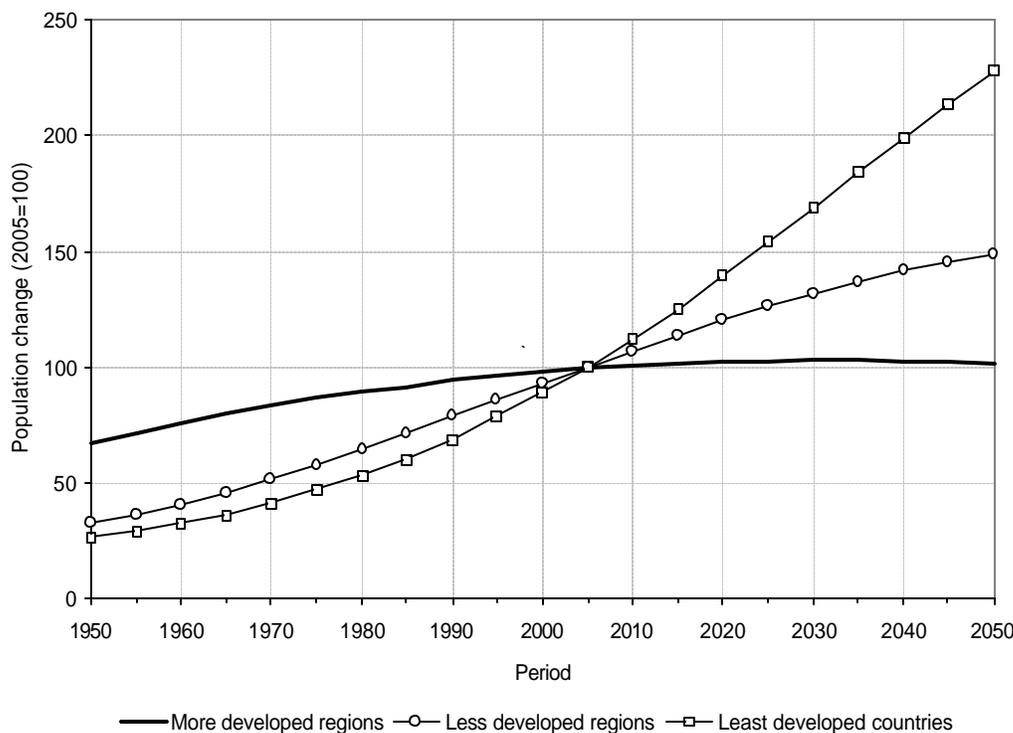
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Today, 95 per cent of all population growth is absorbed by the developing world and only 5 per cent by the developed world. By 2050, according to

the medium variant, the population of the more developed regions as a whole would be declining slowly by about 1 million persons a year and that of

the developing world would still be adding 35 million annually, 22 million of whom would be absorbed by the least developed countries (figure 1).

**Figure 1. Index of population change by level of development: 1950-2050**



Because of its low and declining rate of growth, the population of developed countries as a whole is expected to remain virtually unchanged between 2005 and 2050, at about 1.2 billion persons. The population of 51 countries or areas, including Germany, Italy, Japan, the Baltic States and most of the successor states of the former Soviet Union, is expected to be lower in 2050 than in 2005. In contrast, the population of the 50 least developed countries is projected to more than double, passing from 0.8 billion in 2005 to 1.7 billion in 2050. Growth in the rest of the developing world is also projected to be robust, though less rapid, with its population rising from 4.5 billion to 6.1 billion between 2005 and 2050.

Very rapid population growth is expected to prevail in a number of developing countries, the majority of which are least developed. Between 2005 and 2050, the population is projected at least to triple in Afghanistan, Burkina Faso, Burundi, Chad, Congo, the Democratic Republic of Congo, the Democratic Republic of Timor-Leste, Guinea-Bissau, Liberia, Mali, Niger and Uganda.

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During 2005-2050, nine countries are expected to account for half of the world's projected population increase: India, Pakistan, Nigeria, the Democratic Republic of Congo, Bangladesh, Uganda, the United States of America, Ethiopia and China, listed according to the size of their contribution to population growth during that period.

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Underlying these diverse patterns of population growth are distinct trends in fertility, mortality and international migration. The driving forces behind observed and projected population dynamics are delineated below.

At the beginning of the 21st century, fertility at the world level stood at 2.65 children per woman, about half the level it had been in 1950-1955, when it was estimated to be about 5 children per woman. Global fertility is projected to decline further to 2.05 children per woman by mid-century (medium variant). However, average world fertility levels result from different trends at the country level. In developed countries as a whole, fertility is projected to rise slowly from the current 1.56 children per woman to 1.84 children per woman in 2045-2050. In the least developed countries, with fertility currently at 5 children per woman, a halving of that level to 2.57 children per woman is projected by 2045-2050. In the rest of the developing world, fertility is already moderately low at 2.58 children per woman and is expected to decline further to 1.92 children per woman by mid-century, thus nearly converging to the fertility levels by then typical of the developed world. It is important to note that the achievement of projected fertility declines is contingent on several factors, including broader access to family planning and increasing empowerment of women, especially in the least developed countries.

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Overall, countries with high fertility, all of them in the less developed regions, account for 10 per cent of world population. At the same time, fertility has reached below-replacement levels in many developing countries. Currently this is the case in 23 developing countries, accounting for 25 per cent of the world population. This group includes China, whose fertility during 2000-2005 is estimated at 1.7 children per woman.

Fertility levels in the 44 developed countries, which account for 19 per cent of the world population, are currently very low. All these countries, with the exception of Albania, have below replacement fertility. Fifteen of these countries,

mostly in Southern and Eastern Europe, have fertility below 1.3 children per woman, levels that are unprecedented in human history.

Global life expectancy at birth has increased significantly in a relatively short time, from 47 years in 1950-1955 to 65 years in 2000-2005, a gain of 18 years during the fifty-year period. According to the 2004 Revision, mortality will continue to decrease globally on average, while life expectancy is expected to reach 75 years by mid-century. As in the case of fertility, the global trend masks diverse sets of country-specific trends and circumstances. In the more developed regions, the projected increase is from 76 years today to 82 years by mid-century. Among the least developed countries, where life expectancy today is 51 years, it is expected to increase to 67 years in 2045-2050. Because many of these countries are highly affected by the HIV/AIDS epidemic, the projected increase in life expectancy is dependent on the implementation of effective programmes that reduce risks, diminish vulnerability and mitigate the impact of the epidemic. In the rest of the developing world, life expectancy is projected to rise from 66 years today to 76 years by mid-century. Thus, by mid-century, least developed countries could have levels of life expectancy now exhibited by other less developed countries, and the latter would have attained levels of life expectancy now characteristic only of the more developed regions.

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While overall mortality is projected to decrease in most countries, opposite trends are being observed in some countries. For instance, mortality has been increasing in a number of countries with economies in transition, largely as a result of deteriorating social and economic conditions and, in some cases, because of the spread of HIV. Mortality has been on the increase in Eastern Europe since the late 1980s. In 2000-2005, life expectancy in this region was 67.9 years, lower than it had been in 1960-1965 (68.6 years). The Russian Federation and the Ukraine are particularly affected by rises in mortality, partly as a result of the spread of the HIV/AIDS epidemic.

Mortality is also increasing in countries highly affected by the HIV/AIDS epidemic. Twenty-five years into the epidemic, the impact of the disease is evident in terms of increased morbidity and mortality and lower population growth. In Southern Africa, the region with the highest HIV prevalence, life expectancy has fallen from 62 years in 1990-1995 to 48 years in 2000-2005, and is projected to decrease further to 43 years over the next decade before a slow recovery starts. As a consequence, population growth in the region is expected to stall between 2005 and 2020. In Botswana, Lesotho and Swaziland, the population is projected to decrease as deaths outnumber births. In most of the other developing countries affected by the epidemic, population growth will continue to be positive because their moderate or high fertility more than offsets the increase in mortality.

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International migration also has a sizable effect on population size and composition on some groups of countries. During 2005-2050, the net number of international migrants from less to more developed regions is projected to be 98 million or an average of 2.2 million annually. For the developed world, such a level of net migration will largely offset the expected excess of deaths over births during 2005-2050, which amounts to a loss of 73 million people. For the developing world, the 98 million emigrants represent less than 4 per cent of the expected population growth.

Over the period 2000-2005, 74 countries were net receivers of migrants. In 64 of these countries, the projected net migration boosts population growth and in 7 countries, it reverses the otherwise expected population decline (Austria, Croatia, Germany, Greece, Italy, Slovakia and Slovenia). In three countries, international migration reduces the population decline but does not reverse it (Czech Republic, Hungary and the Russian Federation).

Another dominant demographic trend is the ageing of populations, mainly caused by fertility decline and, to a lesser extent, by increases in life expectancy. Populations age when the share of older persons grows relative to that of younger persons.

Globally, the number of persons aged 60 years or older is expected almost to triple, increasing from 672 million in 2005 to nearly 1.9 billion by 2050. Whereas 6 out of every 10 of those older persons live today in developing countries, by 2050, 8 out of every 10 will do so. An even more marked increase is expected in the number of the oldest-old (persons aged 80 years or older): from 86 million in 2005 to 394 million in 2050. In developing countries, the rise will be from 42 million to 278 million, implying that most of the oldest-old will live in the developing world by 2050.

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In developed countries, 20 per cent of today's population is aged 60 years or older and by 2050 that proportion is projected to rise to 32 per cent. The older population in developed countries has already surpassed the number of children (persons aged 0-14 years) and by 2050 there will be 2 older persons for every child. In the developing world, the proportion of the population aged 60 or older is expected to rise from 8 per cent in 2005 to close to 20 per cent by 2050.

Increases in the median age, the age at which 50 per cent of the population is older and 50 per cent younger than that age, are indicative of population ageing. Today, just 11 developed countries have a median age above 40 years. By 2050, there will be 89 countries in that group, of which 45 will be in the developing world. Population ageing, which is now pervasive in developed countries, is also inevitable in the developing world. Because of more rapid fertility declines, the pace of population ageing will be faster in many developing countries than it was in the developed world.

Countries where fertility remains high and has declined only moderately will experience the slowest population ageing. By 2050, about one in five countries is projected to have still a median age equal or less than 30 years. The youngest populations will be found in least developed countries, 11 of which are projected to have median ages equal to or less than 23 years in 2050 (Afghanistan, Angola, Burundi, Chad, the

Democratic Republic of Congo, Equatorial Guinea, Guinea-Bissau, Liberia, Mali, Niger and Uganda).

A Population Database containing the results presented in *World Population Prospects: The 2004 Revision* is available on the United Nations Population Division's website at [www.unpopulation.org](http://www.unpopulation.org). The data in digital form can

also be purchased on CD-ROM. For additional information and pricing, please visit the United Nations Population Division's website or contact the office of Ms. Hania Zlotnik, Director, Population Division, Room DC2-1950, Department of Economic and Social Affairs, United Nations, New York, N.Y. 10017, USA; tel. (212) 963-3179 or fax (212) 963-2147.

## **POPULATION, DEVELOPMENT AND HIV/AIDS WITH PARTICULAR EMPHASIS ON POVERTY: THE CONCISE REPORT**

### **WALL CHART ON POPULATION AND HIV/AIDS 2005**

In accordance with decision 2004/1 of the Commission on Population and Development which reaffirmed that the special theme for its thirty-eight session should be "population, development and HIV/AIDS, with particular emphasis on poverty", the Population Division of the Department of Economic and Social Affairs of the United Nations prepared the *Concise Report on Population, Development and HIV/AIDS with Particular Emphasis on Poverty* (Sales No. E.05.XIII.3).

The report provides a comprehensive look at the determinants and the social and economic impact of HIV/AIDS, at how the epidemic affects, and is affected by the demographic components of population growth, namely, mortality, fertility and migration, and how governments and the international community are responding to the epidemic.

According to the report, since AIDS was first diagnosed in 1981, the epidemic has expanded rapidly, afflicting all regions of the world. Over 20 million people have died from AIDS and nearly 40 million people are currently living with the virus. In the most affected countries, life expectancy has plummeted to levels not seen since the 1950s and 1960s, thus erasing a half century of gains in life expectancy in the highly-affected countries. Even if there were no new infections after mid-2005, the number of AIDS-related deaths would continue to increase because of the large number of people already infected.

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Sub-Saharan Africa has so far borne the brunt of the AIDS devastation, and the region continues to experience high rates of infection. About 3 million people in the region were newly infected with the virus in 2004. However, some countries in Eastern Europe and Asia now have the fastest-growing rates of HIV infection in the world. And in some developed countries, there are signs of a resurgence in the spread of the disease.

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The report also shows that the rising number of deaths due to AIDS is expected to result in a reduction of population growth and, in some instances, even in a decrease of population size. The burden of AIDS, however, is not just measured by the devastating number of deaths. AIDS impacts all sectors of society: families and households, agricultural sustainability, business, the health sector, education, and economic growth. AIDS broadens poverty which, in turn, hinders effective responses to the epidemic by individuals, families, communities and States.

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Households and families bear most of the burden of HIV/AIDS since they are the primary units for coping with the disease and its consequences. Fifteen million children have lost one or both parents to HIV/AIDS. Though it is common in many societies for relatives to take these orphans into their homes, the rapid rise in the number of orphans overwhelms traditional support systems.

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The report concludes that the eventual course of HIV/AIDS depends on how individuals, families, communities, nations and the world respond now and in the future. Treatment, support and care for those with HIV/AIDS are certainly needed. However, the most critical pillar for action against HIV/AIDS remains prevention. Preventive efforts must address all modes of HIV transmission. The most effective approach to thwart the HIV/AIDS epidemic is to implement a combination of strategies that reduces risks to infection, diminishes vulnerability and mitigates the impact of the disease.

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Although countries are introducing comprehensive HIV/AIDS prevention strategies to raise awareness and change risky behaviour, national and international responses remain inadequate to address the severity of the epidemic. This is one of the main conclusions derived from the data presented on a new wall chart issued by the Population Division of the United Nations Department of Economic and Social Affairs. The wall chart, entitled *Population and HIV/AIDS 2005* (Sales No. E.05.XIII.2) presents the latest available data and information on HIV/AIDS for all countries and regions of the world, with emphasis on government policies and programmes for the

prevention of the disease, and the treatment, care and support of persons affected by it.

The major policy and programme findings of the wall chart are:

- Governments are raising public awareness to change risky behaviours. Approaches include promoting information, education and communication (IEC) programmes through print and broadcast media, theatre, direct mailings and other public service messages. Out of the 228 countries or areas considered, 189 had IEC programmes.

- However, government responses remain inadequate to address the severity of the epidemic. Despite the comprehensive HIV/AIDS prevention strategies that have been implemented, risky behaviour continues to be common.

- Programmes to promote condom use are widespread, but supply shortages and poor quality persist. Some 13 per cent of couples in more developed regions use condoms, in contrast to 3 per cent in less developed regions and 1 per cent in Africa. Condom supplies in less developed regions are estimated to be 40 per cent below the number required.

- Efforts to ensure blood safety have improved considerably. Countries are expanding screening to cover a larger share of the blood supply, and 177 of the 228 countries or areas considered had implemented blood screening. However, national blood screening varies in coverage and comprehensiveness.

- Antiretroviral treatment has significantly prolonged the life and reduced the suffering of AIDS victims, but access to such treatment remains low. While concerted international and national efforts have slashed the price of antiretroviral drugs, only 700,000 out of the 6 million people in developing and countries in transition needing immediate treatment were receiving those drugs by the end of 2004. Seven out of every ten countries provided access to antiretroviral therapy.

- Half of all countries have adopted legal measures to prohibit AIDS-related discrimination. Discrimination and stigma discourage behavioural change and impede the treatment, care and support of infected individuals.

Based on the “Three Ones” principle, governments are creating one agreed HIV/AIDS action framework, one national AIDS coordinating authority and one agreed country-level monitoring and evaluation system. As the Secretary-General of the United Nations said, “AIDS is an exceptional problem that warrants an exceptional response”.

AIDS affects both the rich and the poor. However, the information presented in the wall chart shows that the hardest hit countries are among the poorest in the world and have the lowest levels of national health expenditure. The prevalence of HIV in the least developed countries is nine times that of the more developed regions. The Secretary-General indicated in his report *In Larger Freedom: Towards Development, Security and Human Rights for All* that “in the absence of a cure, only the mass mobilization of every section of society—unheard of to date in the history of public health—can begin to reverse AIDS.”

The two publications show that countries are introducing comprehensive HIV/AIDS prevention strategies to raise awareness and change risky behaviour. But national and international responses remain inadequate to address the severity of the epidemic, especially in the hardest hit countries which are among the poorest in the world and where national health expenditure is still too low to make a dent in the suffering of all those afflicted by the disease. The most effective approach to thwarting the HIV/AIDS epidemic is to implement a combination of strategies that reduces risks, diminishes vulnerability and mitigates the

impact of epidemic. International solidarity is needed to continue to fight the disease in the poorest countries.

These publications provided an essential backdrop to the high-level meeting of the United Nations General Assembly that took place on 2 June 2005 to review national and international responses to the HIV/AIDS epidemic, four years after the adoption by the General Assembly of the 2001 Declaration of Commitment on HIV/AIDS.

For additional information, please contact the office of Ms. Hania Zlotnik, Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, NY 10017, USA, tel.: (212) 963-3179 or fax: (212) 963-2147. The two publications are available on the Population Division’s website at [www.unpopulation.org](http://www.unpopulation.org).

*Population, Development and HIV/AIDS with Particular Emphasis on Poverty: The Concise Report* (United Nations publication, Sales No. E.05.XIII.3) and the Wall chart on *Population and HIV/AIDS 2005* (United Nations publication, Sales No. E.05.XIII.2) are available from United Nations Publications, Two UN Plaza, Room DC2-853, Dept. PRES, New York, NY 10017, USA, tel: 800-253-9646, or 212-963-8302, fax: 212-963-3489, e-mail: [publications@un.org](mailto:publications@un.org); or Section des Ventes et Commercialisation, Bureau E4, CH-1211, Geneva 10, Switzerland, tel: 41-22-917-2614, fax: 41-22-917-0027, e-mail: [unpubli@unog.ch](mailto:unpubli@unog.ch); Internet: <http://www.un.org/publications>

## CONTRIBUTION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT TO THE ACHIEVEMENT OF INTERNATIONALLY AGREED DEVELOPMENT GOALS

The Report of the Secretary-General on the *Contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration* (E/CN.9/2005/6) was prepared by the Population Division of the Department of Economic and Social Affairs in response to decision 2004/1 of the Commission on Population and Development. In that decision, the Commission decided to consider that topic at its thirty eight session in 2005.

In order to ensure that this report would draw upon the widest possible range of views and information on the role of the ICPD Programme of Action in fulfilling the internationally agreed development goals, the Population Division/DESA convened a meeting to review that issue. The meeting brought together representatives from concerned United Nations offices, funds, programmes and agencies as well as from the Millennium project team, and other international experts. Copies of the proceedings of the meeting are available in the publication, *Seminar on the Relevance of Population Aspects for the Achievement of The Millennium Development Goals* (ESA/P/WP.192), which can be consulted on the Population Division's web site at [www.unpopulation.org](http://www.unpopulation.org)

The report notes that population is at the core of development. Population trends influence and are influenced by progress towards achieving the development goals. In considering specific development goals, it is important to bear in mind that the ICPD Programme of Action has the overarching aim of improving human welfare and promoting sustainable development. The Programme of Action was designed to address, in a comprehensive manner, the critical challenges and interrelations between population and sustainable development. The general conclusion of the report is that full implementation of the ICPD Programme of Action and the key actions for its further

implementation would contribute significantly to the achievement of the internationally agreed development goals. Indeed, several ICPD goals are also included in the Millennium Declaration—notably the goals of reducing maternal and child mortality, of combating HIV/AIDS, of ensuring equal access of girls and boys to education and universal access to primary education, and of achieving gender equality and women's empowerment. The Programme of Action and the key actions for its further implementation provide concrete steps for achieving those goals, pointing out that actions to reach the Programme's goals relating to education, gender, mortality and health, including reproductive health, are mutually reinforcing. Notably, the Programme of Action's goal of ensuring access to reproductive health is closely linked to the achievement of other goals regarding poverty reduction, gender, mortality and health, including HIV/AIDS.

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The report notes that countries are at very different stages in the demographic transition, and are also at very different stages in fulfilling the agreed development goals. Today, countries at an earlier stage in the demographic transition—that is, the transition from high to lower levels of mortality and fertility—are generally also the countries that are furthest from fulfilling the development goals. In those settings, high rates of population growth typically coexist with fertility levels in excess of those desired, as well as large numbers of mistimed births. These demographic challenges are intertwined with poor access to basic social services and slow progress in combating poverty.

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Implementation of the ICPD Programme of Action, including measures to ensure that all couples and individuals have access to the information, education and means to choose the number and spacing of their children, would contribute to accelerating the transition to lower fertility in developing countries that still have high fertility levels. Slower population growth in turn would improve the ability of those countries to adjust to future population increases, to combat poverty, to protect and repair the environment, and to set the conditions for sustainable development. The transition to lower fertility not only slows population growth but also leads to a population age composition that is favourable for development, as the number of workers increases relative to the numbers of children and older persons. Recent research has strengthened the evidence that this “demographic bonus” can contribute significantly to economic growth and poverty reduction, in contexts that also support development of human resources and employment creation. Implementation of the recommendations of the ICPD Programme of Action, especially in regard to education and training, gender equality and health, including reproductive health, would also help create favourable conditions for economic growth and poverty reduction.

The broader development agenda extends beyond a focus on the countries that are far from achieving the development goals. The ICPD Programme of Action focuses on the needs of

vulnerable groups and underserved groups in all countries. It also promotes the equal participation and sharing of responsibility of women and men in all areas of family and community life. And it provides a set of concrete recommendations regarding processes and partnerships for achieving those goals.

In conclusion, the ICPD Programme of Action and the key actions for its further implementation offer guidance on ways of addressing the major current and future development challenges. Their full implementation would contribute significantly to the attainment of the objectives set by the United Nations Millennium Declaration as well as other internationally agreed development goals. Implementation of the Programme of Action depends crucially on building a partnership for global development where all actors, including governments, multilateral and donor agencies, civil society and the private sector cooperate to realize its goals and objectives.

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The *Report of the Secretary-General* (United Nations publication, E/CN.9/2005/6) is available on the Population Division’s website at [www.unpopulation.org](http://www.unpopulation.org)

## COMMISSION ON POPULATION AND DEVELOPMENT

The thirty-eighth session of the Commission on Population and Development was held at United Nations Headquarters from 4 to 8 April 2005 and on 14 April 2005. The special theme for the session was “Population, development and HIV/AIDS, with particular emphasis on poverty”.

The documents before the Commission included a report on world population monitoring, focusing on the theme of the session. The report provided an overview of population, HIV/AIDS and poverty, followed by sections on the determinants of HIV/AIDS; mortality, population growth and

orphanhood; fertility and sexual behaviour; geographic mobility and HIV; HIV/AIDS, development and poverty; government views and policies; and prevention, care and treatment. The report showed the rapid expansion of the HIV/AIDS epidemic since 1980, so that it now afflicts all regions of the world. HIV/AIDS has affected both the rich and the poor, but the hardest-hit countries are among the poorest in the world. The report concludes that unless more vigorous action is taken to combat the disease and its effects, the HIV/AIDS epidemic will compromise the future development of many countries, especially the poorest. The most

effective approach to thwarting the epidemic is to implement a combination of strategies to reduce risks of infection, diminish vulnerability to its effects and mitigate the impact of the disease.

Other documents before the Commission included the report of the Bureau of the Commission on Population and Development on its intersessional meeting, held in Lima, Peru from 16 to 19 October 2004; and reports of the Secretary-General on (a) the monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty; (b) the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD); (c) the contribution of the implementation of the ICPD Programme of Action, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration; (d) the working methods of the Commission on Population and Development; (e) world demographic trends; (f) the programme implementation and progress of work in 2004 by the Population Division of the Department of Economic and Social Affairs; and (g) the draft programme of work of the Population Division for the period 2006-2007.

The Commission heard keynote addresses by Ms. Debrework Zewdie, Director of the Global HIV/AIDS Programme at the World Bank, and Dr. Paulo Roberto Teixeira, Senior Consultant to the São Paulo State STD/AIDS Programme of Brazil.

In its consideration of follow-up actions to the recommendations of the International Conference on Population and Development (agenda item 3), the Commission adopted one decision and one resolution. In the decision, the Commission established that the theme for its fortieth session in 2007 should be “the changing age structures of populations and their implications for development”. In the resolution adopted under this agenda item, the Commission reaffirmed the Programme of Action of the International Conference on Population and Development as well as the goals, targets and actions set forth in the Declaration of Commitment on HIV/AIDS. The resolution underscored the importance of actions by Governments and the international community to respond to the HIV/AIDS epidemic, reaffirming the need for

Governments to intensify national efforts and international cooperation in the implementation of the Declaration of Commitment on HIV/AIDS. Stressing that HIV/AIDS was contributing to the intensification of poverty in many countries, it urged the international community to complement and supplement, through increased international development assistance, the efforts of developing countries that were committing increased national funds to fight AIDS. In doing so, it stressed the need for an integrated approach in national responses to the epidemic that would include an action framework to facilitate the coordination of work by all partners, one national HIV/AIDS framework, one national HIV coordinating body and one agreed country-level monitoring and evaluation system.

In considering the contribution of the ICPD Programme of Action, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration (agenda item 4), the Commission adopted a resolution which stressed that the full implementation of the Programme of Action and the key actions for its further implementation made an essential contribution to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration. The resolution also emphasized the importance of integrating the goal of universal access to reproductive health into strategies to attain the internationally agreed development goals, including those contained in the United Nations Millennium Declaration; it emphasized the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plans; it emphasized the importance of paying closer attention to the interrelations between population structure and trends, including population ageing, with poverty and development; and it urged Member States and the organizations and bodies of the United Nations system to strengthen international cooperation in the area of international migration and development. In the same resolution, the Commission stressed the promotion of women’s reproductive health; welcomed the increase in both domestic expenditures and international donor assistance for the achievement of the goals of the ICPD; recognized that the effective implementation of the Programme of Action required an increased

commitment of financial resources; encouraged Governments, international organizations, international financial institutions and other relevant stakeholders to assist the developing countries and countries with economies in transition in implementing the Programme of Action; and, lastly, called for the allocation of adequate resources to all areas of the Programme of Action, including the costed package.

In its review of the methods of work (agenda item 6), the Commission established a regular geographic rotation of its Chair, starting with the election held at the thirty-ninth session; reaffirmed its central role in coordinating the review and assessment of the overall implementation of the Programme of Action and the outcome of the twenty-first special session of the General Assembly; and reiterated the need to conduct periodically comprehensive reviews and appraisals of the implementation of the ICPD Programme of Action and the key actions for its further implementation. In the same decision, the Commission reaffirmed the importance and utility of an ongoing exchange of views and information between itself and the Economic and Social Council;

recalled the role of the Bureau of the Commission in planning the Commission's annual session and making proposals for its programme of work; welcomed the format of inviting keynote speakers to address the sessions of the Commission; decided to establish at its thirty-ninth session a multi-year programme of work; and decided to further consider its methods of work at its thirty-ninth session in 2006. The Commission also decided to promote increased sharing of national, regional and international experiences through focused and interactive dialogues among experts and practitioners, and stressed the importance of making written reports of the intersessional meetings of the Bureau available at the earliest possible opportunity after the meetings.

The Commission took note of the documents submitted at its thirty-eighth session, approved the draft provisional agenda for its thirty-ninth session, to be held in New York in 2006, and adopted the report of its thirty-eighth session.

The documents presented at the Commission on Population and Development are available on the Population Division's website at [www.unpopulation.org](http://www.unpopulation.org).

## 2005 RESOLUTIONS AND DECISIONS ADOPTED BY THE COMMISSION ON POPULATION AND DEVELOPMENT AND THE GENERAL ASSEMBLY WITH REGARD TO POPULATION AND DEVELOPMENT

### Resolution 2005/1 Population, development and HIV/AIDS, with particular emphasis on poverty

*The Commission on Population and Development,*

*Recognizing* that the implementation of the Programme of Action of the International Conference on Population and Development<sup>1</sup> and the key actions for its further implementation<sup>2</sup> are integrally linked to global efforts to eradicate poverty and achieve sustainable development and that the achievement of the goals of the Programme of Action is consistent with and makes an essential contribution to the attainment of the development goals set out in the United Nations Millennium Declaration,<sup>3</sup>

*Recalling* General Assembly resolution 58/236 of 23 December 2003 entitled "Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS", resolution 49/2 on women, the girl child and HIV/AIDS of the Commission on the Status of Women, and Assembly resolution 58/179 of 22 December 2003 entitled "Access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria",

*Welcoming* the decision to convene, on 2 June 2005, a high-level meeting of the General Assembly to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS,<sup>4</sup>

*Noting* that poverty and inequality increase people's vulnerabilities to HIV, posing increased risks of infection to populations in every region,

while at the same time undermining the socio-economic conditions of people living with HIV,

*Deeply concerned* that the global HIV/AIDS pandemic disproportionately impacts women and girls, and that the majority of new HIV infections occur among young people,

*Emphasizing* that gender equality and the empowerment of women and girls are fundamental elements in the reduction of their vulnerability to HIV/AIDS, and emphasizing also that the advancement of women and girls is key to reversing the pandemic,

*Noting with profound concern* that 39.4 million people worldwide are living with HIV/AIDS, and that the HIV/AIDS pandemic claimed 3.1 million lives in 2004 and to date has orphaned 15 million children,

*Noting with deep concern* that the number of new cases of HIV infection remains unacceptably high, especially among individuals at high vulnerability and/or risk, as the infection spreads in the general population, particularly to women of reproductive age and adolescent girls, with the number of people living with HIV and AIDS increasing,

*Recognizing* that the internationally agreed development goals including those contained in the Millennium Declaration will not be achieved without, inter alia, an intensified, expanded and effective global response to HIV/AIDS, since it affects population dynamics, shortens life expectancy and slows economic growth through lost productivity and other factors that undermine development,

*Reaffirming* that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, and reaffirming also the importance of the elimination of all forms of stigma imposed on and discrimination directed against people living with or at risk of HIV/AIDS, including the most vulnerable,

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<sup>1</sup> *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

<sup>2</sup> General Assembly resolution S-21/2, annex.

<sup>3</sup> See General Assembly resolution 55/2.

<sup>4</sup> General Assembly resolution S-26/2, annex.

*Recognizing* that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

*Recognizing also* that economic and social development, and an enabling policy and legislative environment as well as sufficient resources, are essential for an effective and truly multisectoral response to the epidemic,

*Acknowledging* that prevention, care, support and treatment for those infected or affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combating the epidemic,

*Emphasizing* that the majority of HIV infections are sexually transmitted and that the infection is also associated with exposure to infected blood and mother-to-child transmission, that HIV and sexual and reproductive ill health have mostly common root causes, and that HIV transmission is influenced by a number of social factors including inequality, poverty, gender inequality and marginalization of those individuals at high vulnerability and/or risk,

*Taking note* of the report of the Secretary-General on world population monitoring, focusing on population, development and HIV/AIDS, with particular emphasis on poverty,<sup>5</sup>

*Bearing in mind* the reports of the International Conference on Population and Development<sup>6</sup> and on the key actions for the further implementation of the Programme of Action,<sup>7</sup> in their entirety,

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development<sup>1</sup> and the key actions for its further implementation;<sup>2</sup>

2. *Also reaffirms* the goals, targets and actions set forth in the Declaration of Commitment on

HIV/AIDS,<sup>4</sup> which complement and reinforce those in the Programme of Action of the International Conference on Population and Development and its five-year review and the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;<sup>3</sup>

3. *Stresses with deep concern* that the HIV/AIDS emergency, with its devastating scale and impact, requires urgent actions in all fields and at all levels;

4. *Stresses* that HIV/AIDS contributes to the intensification of poverty in many countries, affecting individuals, families and communities as well as every sector of society, reduces human capital and has profound and long-lasting effects on the country's social and economic development, and that combating this trend requires urgent and sustained long-term action and coordinated response in all fields and at all levels;

5. *Reaffirms* the need for Governments, supported by relevant actors, all stakeholders including civil society and the private sector, to intensify national efforts and international cooperation in the implementation of the Declaration of Commitment on HIV/AIDS;

6. *Recognizes* that the HIV pandemic is having a devastating impact on children, that the global number of orphans continues to increase, and that other children are vulnerable because they have an ill parent, live in poor households that have taken in orphans, live in child-headed households, or are discriminated against, and that more than 2 million children are living with HIV/AIDS themselves; and stresses the need to strengthen multisectoral responses in this regard, including psychosocial support to children and families infected and affected by HIV/AIDS;

7. *Stresses* the importance of building up national competence and capacity to provide impact assessment of the epidemic which should be used in planning for prevention, treatment and care, and for addressing HIV/AIDS;

8. *Urges* the international community to complement and supplement, through increased international development assistance, efforts of the developing countries that commit increased national funds to fighting the HIV/AIDS epidemic, particularly those countries most affected by

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<sup>5</sup> E/CN.9/2005/3.

<sup>6</sup> *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18).

<sup>7</sup> See General Assembly resolution S-21/2 and *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3* (A/S-21/5/Rev.1).

HIV/AIDS, particularly in Africa, especially sub-Saharan Africa, and the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and countries in other affected regions whose resources for dealing with the epidemic are seriously limited;

9. *Stresses* the need for an integrated approach in national responses to the HIV/AIDS epidemic that includes an action framework to facilitate the coordination of work by all partners, one national HIV/AIDS framework, one national HIV coordinating body and one agreed country-level monitoring and evaluation system, all of which allow for the inclusiveness and flexibility needed to foster and promote effective locally developed solutions; and commends the Joint United Nations Programme on HIV/AIDS for its leadership in engaging the support of Governments, civil society organizations, the private sector, and international cooperation and multilateral agencies for making the “Three Ones” a reality;

10. *Notes with deep concern* that the HIV pandemic is straining resources in the health sector and in this regard stresses the need to strengthen health systems, including through international cooperation, by addressing the severe shortage of skilled health personnel as a major obstacle to the expansion of programmes to fight the HIV/AIDS pandemic and to improve sexual and reproductive health;

11. *Emphasizes* the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches where they exist, as a necessary strategy for fighting the HIV/AIDS pandemic and mitigating its impact on population that could result in more relevant and cost-effective interventions with greater impact;

12. *Urges* Governments to implement measures to increase capacities of adults and adolescents to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culture- and gender-sensitive framework;

13. *Also urges* Governments to take all necessary measures to empower women and

strengthen their economic independence, and to promote and protect the full enjoyment of all human rights and fundamental freedoms in order to enable all individuals to protect themselves from HIV infection, sexually transmitted infections and reproductive ill health;

14. *Stresses* the importance of ensuring that young women and men have access to information, education, including peer education and youth-specific HIV education, sexual education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers;

15. *Also stresses* the importance of building local capacity by working with national programmes and local organizations to create an effective and sustainable response to the HIV/AIDS epidemic;

16. *Urges* Governments to expand access to care and treatment to those in need, particularly those living in poverty, including the prevention of mother-to-child transmission, in a progressive and sustainable manner, and treatment of opportunistic diseases as well as the effective use of antiretroviral medication, and to promote access to safe, low-cost and effective drugs and related pharmaceutical products;

17. *Reaffirms* the need to strengthen pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order to further promote innovation and the development of domestic industry consistent with international law;

18. *Urges* relevant United Nations organizations as well as other relevant international organizations to further support national efforts for the implementation of the Declaration of Commitment on HIV/AIDS and to address the issue of the cost, availability and affordability of drugs and related technology;

19. *Stresses* the importance of implementing the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the Agreement on Trade-related Aspects of Intellectual Property Rights and public health;

20. *Urges* Governments to enact, strengthen or enforce, as appropriate, public policies, laws, regulations or other measures to combat all forms of discrimination directed against and stigma imposed on people living with HIV/AIDS and individuals at high vulnerability and risk;

21. *Encourages* the design and implementation of programmes to enable men, including young men, to adopt safe and responsible sexual and reproductive behaviour and to use effective methods to prevent the spread of HIV/AIDS;

22. *Stresses* the importance of strengthening programmes and partnerships, including public-private partnerships, to mobilize the required technical and financial resources as part of a broad-based approach to the prevention of HIV, including through reproductive and sexual health care, as the mainstay of the national, regional and international response to the pandemic, and calls for the support of the international community in closing the funding gaps for sexual and reproductive health programmes;

23. *Encourages* increased investments in HIV/AIDS-related research nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and also encourages the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines and microbicides when they become available;

24. *Urges* the international community to provide urgently the resources needed for an expanded and comprehensive response to HIV/AIDS, in particular as identified by the Joint United Nations Programme on HIV/AIDS and its co-sponsors, and to also provide full funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and welcomes its decision to create a voluntary replenishment mechanism to assure more predictable funding;

25. *Encourages* the United Nations Population Fund, in close collaboration with the Joint United Nations Programme on HIV/AIDS and other relevant funds, programmes and agencies, to continue to implement HIV prevention strategies, recognizing that sexual and reproductive health programmes are key entry points for HIV prevention, and taking into account the need for a

comprehensive approach to prevention and treatment, commends the Fund for its Global Strategy for Reproductive Health Commodity Security and urges all countries in a position to do so as well as other development partners to contribute to the trust fund;

26. *Commends* the commitment made by the World Health Organization and the Joint United Nations Programme on HIV/AIDS to working with the international community to support developing countries in achieving the “3 by 5” target, that is to say, the target of providing antiretroviral medicines to 3 million people infected with HIV/AIDS by the end of 2005, urges Governments to continue to work collaboratively with the World Health Organization and the Joint United Nations Programme on HIV/AIDS beyond 2005 towards the goal of making HIV/AIDS prevention and treatment services accessible to all who need them;

27. *Requests* the Secretary-General to continue to strengthen the work of the Secretariat as well as other relevant funds, programmes and agencies on the gender dynamics and demographic aspects of HIV/AIDS in a comprehensive manner, including on infant, child and maternal mortality and its impact on population and development, and to reflect this in his reports to the forthcoming sessions of the Commission on Population and Development.

#### **Resolution 2005/2**

**Contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration**

*The Commission on Population and Development,*

*Welcoming* the decision of the General Assembly<sup>8</sup> to convene, at the commencement of its sixtieth session, a high-level plenary meeting of the Assembly to undertake a comprehensive review of the progress made in the fulfilment of all the commitments contained in the United Nations Millennium Declaration,<sup>9</sup> including the internationally agreed development goals and the

<sup>8</sup> See General Assembly resolution 58/291.

<sup>9</sup> See General Assembly resolution 55/2.

global partnership required for their achievement, and of the progress made in the integrated and coordinated implementation, at the national, regional and international levels, of the outcomes and commitments of the major United Nations conferences and summits in the economic, social and related fields,

*Welcoming* also the decision of the General Assembly<sup>10</sup> to devote a high-level dialogue to international migration and development during its sixty-first session,

*Welcoming further* the decision of the Economic and Social Council<sup>11</sup> to devote the high-level segment of its substantive session of 2005 to the topic “Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, as well as implementing the outcomes of the major United Nations conferences and summits: progress made, challenges and opportunities”,

*Recalling* General Assembly resolution 57/270 B of 23 June 2003 on the integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic and social fields,

*Reaffirming* the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,

*Taking note* of the report of the Secretary-General<sup>12</sup> on the contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,

*Taking into account* both the progress made so far in the follow-up and implementation of the Programme of Action and the challenges and obstacles that lie ahead with respect to achieving the goals and objectives set therein as well as in the other outcomes of major United Nations conferences and summits, including the United Nations Millennium Declaration,

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<sup>10</sup> See General Assembly resolutions 58/208 and 59/241.

<sup>11</sup> See Economic and Social Council decision 2004/294.

<sup>12</sup> E/CN.9/2005/6.

*Emphasizing* the importance of the contribution of the implementation of the Programme of Action, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration, and that three of the four quantifiable goals contained in the Programme of Action, namely, reducing maternal mortality, reducing infant and child mortality and ensuring universal access to primary education, are fully reflected in the Millennium Declaration,

*Bearing in mind* the reports of the International Conference on Population and Development<sup>13</sup> and on the key actions for the further implementation of the Programme of Action,<sup>14</sup> in their entirety,

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development<sup>15</sup> and the key actions for its further implementation;<sup>16</sup>

2. *Stresses* that the full implementation of the Programme of Action and the key actions for its further implementation is an essential contribution to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration,<sup>9</sup> and in this regard fully underscores the relevance of the Programme of Action and the key actions to the review of progress made in fulfilling the commitments of the Millennium Declaration and the outcomes and commitments of major United Nations conferences and summits in the economic, social and related fields;

3. *Emphasizes* the importance of integrating the goal of universal access to reproductive health by 2015 set at the International Conference on Population and Development into strategies to attain the internationally agreed development goals, including those contained in the Millennium

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<sup>13</sup> *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18).

<sup>14</sup> See General Assembly resolution S-21/2 and *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3 (A/S-21/5/Rev.1)*.

<sup>15</sup> *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

<sup>16</sup> General Assembly resolution S-21/2, annex.

Declaration, in particular those related to improving maternal health, reducing infant and child mortality, promoting gender equality, combating HIV/AIDS, eradicating poverty and achieving universal access to primary education;

4. *Also emphasizes* the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies where they exist and sector-wide approaches where they exist, as a necessary strategy to fight the HIV/AIDS pandemic and to mitigate its impact on populations, which could result in more relevant and cost-effective interventions with greater impact;

5. *Further emphasizes* the importance of closer attention in policy dialogue and policy development to the interrelations between population structure and trends, including population ageing, and poverty and development;

6. *Urges* Member States and the organizations and bodies of the United Nations system to strengthen international cooperation in the area of international migration and development in order to address the root causes of migration, especially those related to poverty, and to maximize the benefit of migration for those concerned;

7. *Stresses* that promoting women's reproductive health, their full enjoyment of all human rights and fundamental freedoms, their empowerment, their equal access to resources and their freedom from gender-based violence is essential to achieving gender equality, addressing the feminization of poverty and halving poverty by 2015;

8. *Welcomes* the increase in both domestic expenditures and international donor assistance for the achievement of the goals of the International Conference on Population and Development;

9. *Recognizes* that the effective implementation of the Programme of Action requires an increased commitment of financial resources, both domestically and externally, and in this context calls upon developed countries to complement the national financial efforts of developing countries related to population and development and to intensify their efforts to transfer

new and additional resources to the developing countries, in accordance with the relevant provisions of the Programme of Action, in order to ensure that population and development objectives and goals are met;

10. *Encourages* Governments, international organizations, including those of the United Nations system, international financial institutions and other relevant stakeholders to assist the developing countries and countries with economies in transition in the implementation of the Programme of Action through technical assistance and capacity-building activities in order to accelerate that implementation;

11. *Calls for* the allocation of adequate resources to all areas of the Programme of Action, including the costed package.

#### **Decision 2005/1 Special theme for the Commission on Population and Development in the year 2007**

The Commission on Population and Development decides that the special theme for the fortieth session of the Commission in 2007 shall be "The changing age structures of populations and their implications for development".

#### **Decision 2005/2 Methods of work of the Commission on Population and Development**

The Commission on Population and Development, recalling General Assembly resolution 57/270 B of 23 June 2003, in which the Assembly requested that each functional commission of the Economic and Social Council examine its methods of work in order to better pursue the implementation of the outcomes of the major United Nations conferences and summits, and to report to the Council no later than 2005 on the results of its examination, recalling also decision 2004/2 of the Commission on Population and Development on its methods of work, taking note of Council decision 2005/213 of 31 March 2005 on the improvement of the work of the Commission and reaffirming that the Assembly, through its role in policy formulation, the Council, through its role in overall guidance and coordination, in accordance with Assembly resolution 48/162 of 20 December 1993, and the Commission constitute a three-tiered intergovernmental mechanism that plays the primary role in the implementation of the Programme of

Action of the International Conference on Population and Development:<sup>17</sup>

(a) Decides that the regular geographical rotation of the chair of the Commission on Population and Development, as established by the Commission at its thirty-seventh session, shall start with the election held at the thirty-ninth session of the Commission and that the order of rotation shall be as follows: (i) African States; (ii) Asian States; (iii) Eastern European States; (iv) Latin American and Caribbean States; and (v) Western European and other States;

(b) Reaffirms the central role of the Commission in coordinating the review and assessment of the overall implementation of the Programme of Action of the International Conference on Population and Development<sup>17</sup> and the outcome of the twenty-first special session of the General Assembly<sup>18</sup> at all levels;

(c) Reiterates the need to conduct periodically comprehensive reviews and appraisals of the implementation of the Programme of Action and the key actions for its further implementation;

(d) Reaffirms the importance and utility of an ongoing exchange of views and information between the Commission and the Economic and Social Council, including by means of meetings of the Bureau of the Commission with the Bureau of the Council;

(e) Recalls the role of the Bureau of the Commission in planning the Commission's annual session, and in making proposals for its programme of work;

(f) Welcomes the format of inviting keynote speakers to the sessions of the Commission, and requests the Bureau of the Commission to make the necessary arrangements for their participation and to inform member States accordingly;

(g) Decides to establish, at its thirty-ninth session, a multi-year programme of work for covering a series of general themes that will be based on the Programme of Action and its

implementation, and to determine, at that session, the duration of and themes for the programme of work;

(h) Also decides that the Commission, at its thirty-ninth session, will further consider its methods of work, and that such consideration will include the nature of the outcomes of the Commission, the inclusion of new or emerging issues in its agenda, the organization of the multi-year programme of work and its possible organization into a series of two-year cycles, and the contribution of the Commission to the work of the Economic and Social Council, as well as other possible measures to revitalize the work of the Commission, and requests the Bureau to seek the views of member States thereon;

(i) Further decides that, in the examination of its themes, the Commission should promote increased sharing of national, regional and international experiences, such as best practices and lessons learned, through focused and interactive dialogues among experts and practitioners with the participation of keynote speakers and civil society representatives, including non-governmental organizations, in accordance with the rules of procedure of the functional commissions of the Economic and Social Council;

(j) Stresses the importance of making written reports on the intersessional meetings of the Bureau available at the earliest possible opportunity after a meeting or, in any case, within four weeks of the end of the meeting;

(k) Encourages the regional commissions to plan their activities with a view to contributing to the current work of the Commission, and in so doing, to collaborate, as appropriate, with other regional or subregional intergovernmental organizations as well as with offices, agencies, funds and programmes of the United Nations system.

### **Decision 2005/3**

#### **Documents considered by the Commission on Population and Development at its thirty-eighth session**

The Commission on Population and Development takes note of the following documents:

(a) Report of the Secretary-General on the monitoring of population programmes, focusing on population, development and HIV/AIDS, with particular emphasis on poverty (E/CN.9/2005/4);

<sup>17</sup> *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

<sup>18</sup> General Assembly resolution S-21/2, annex.

(b) Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2005/5);

(c) Report of the Secretary-General on the working methods of the Commission on Population and Development (E/CN.9/2005/7);

(d) Report of the Secretary-General on world demographic trends (E/CN.9/2005/8);

(e) Report of the Secretary-General on programme implementation and progress of work in the field of population in 2004: Population Division, Department of Economic and Social Affairs (E/CN.9/2005/9).

## **HANIA ZLOTNIK, APPOINTED DIRECTOR OF THE POPULATION DIVISION**



degree from Princeton University, United States

**Hania Zlotnik** has been appointed Director of the United Nations Population Division. Ms. Zlotnik, a native of Mexico, received her undergraduate degree from the Universidad Nacional Autónoma de México in mathematics, and her PhD

of America in statistics and demography. She started her professional career as a research associate at the Washington-based National Research Council in 1977. She has been a United Nations staff member since 1982, serving in the Population Division successively as Chief of the Mortality and Migration Section, Chief of the Population Estimates and Projections Section and, most recently, Chief of the Demographic Analysis Branch. An internationally recognized expert on migration, she had been the Vice-President of the International Union for the Scientific Study of Population during 2002-2005.

## SELECTED WORK IN PROGRESS

### *International Migration to and from Selected Countries: The 2004 Revision*

The Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat is currently preparing a database that contains time series data on the flows of international migrants in 14 major receiving countries in the developed world, namely, Australia, Belgium, Canada, Denmark, Finland, Germany, Italy, the Netherlands, New Zealand, Norway, Spain, Sweden, the United Kingdom and the United States of America. It provides statistics on annual international migration flows classified by the country or area of origin or destination, covering, in most cases, the period 1960-2003. For countries which were not major receiving countries in the 1960s, namely Denmark, Finland, Italy, Norway and Spain, the time series start in 1980. The time series provides national data to study on levels and trends of international migration flows over time. The database will be available in Excel format on CD-ROM. Detailed documentation

describing the data available for each country will also be made available to users.

### *International Migration Report 2005*

In its continuing efforts to address the issue of international migration and to provide timely, comparable information, the Population Division of the Department of Economic and Social Affairs of the United Nations is currently preparing a report entitled *International Migration Report 2005*. The report will present key indicators on international migration for countries, regions and the world for 1995 and 2005. Among the indicators to be included are the estimates of the migrant stock, the net migration flows, the number of refugees and migrant remittances. These data will be supplemented with information concerning governments' views and policies on immigration and emigration, as well as the parties to United Nations instruments concerning international migration. The report will also provide a summary of recent levels and trends in international migration.

## RECENT PUBLICATIONS

### *Studies*

*World Population Prospects: The 2004 Revision*  
ST/ESA/SER.A/244

*Population, Development and HIV/AIDS with Particular Emphasis on Poverty: The Concise Report*  
ST/ESA/SER.A/247. Sales No. E.05.XIII.3  
(Available in Arabic, Chinese, English, French, Russian and Spanish)

*Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals*  
New York, 17-19 November 2004. ESA/P/WP.192

*World Fertility Report 2003*  
ST/ESA/SER.A/234. Sales No. E.04.XIII.10

*Population Bulletin of the United Nations: Policy Responses to Population Decline and Ageing*  
Special Issue Nos. 44/45 2002. ST/ESA/SER.N/44-45. Sales No. E.02.XIII.4

*World Population Monitoring 2003: Population, education and development*  
ST/ESA/SER.A/228. Sales No. E.03.XIII.12

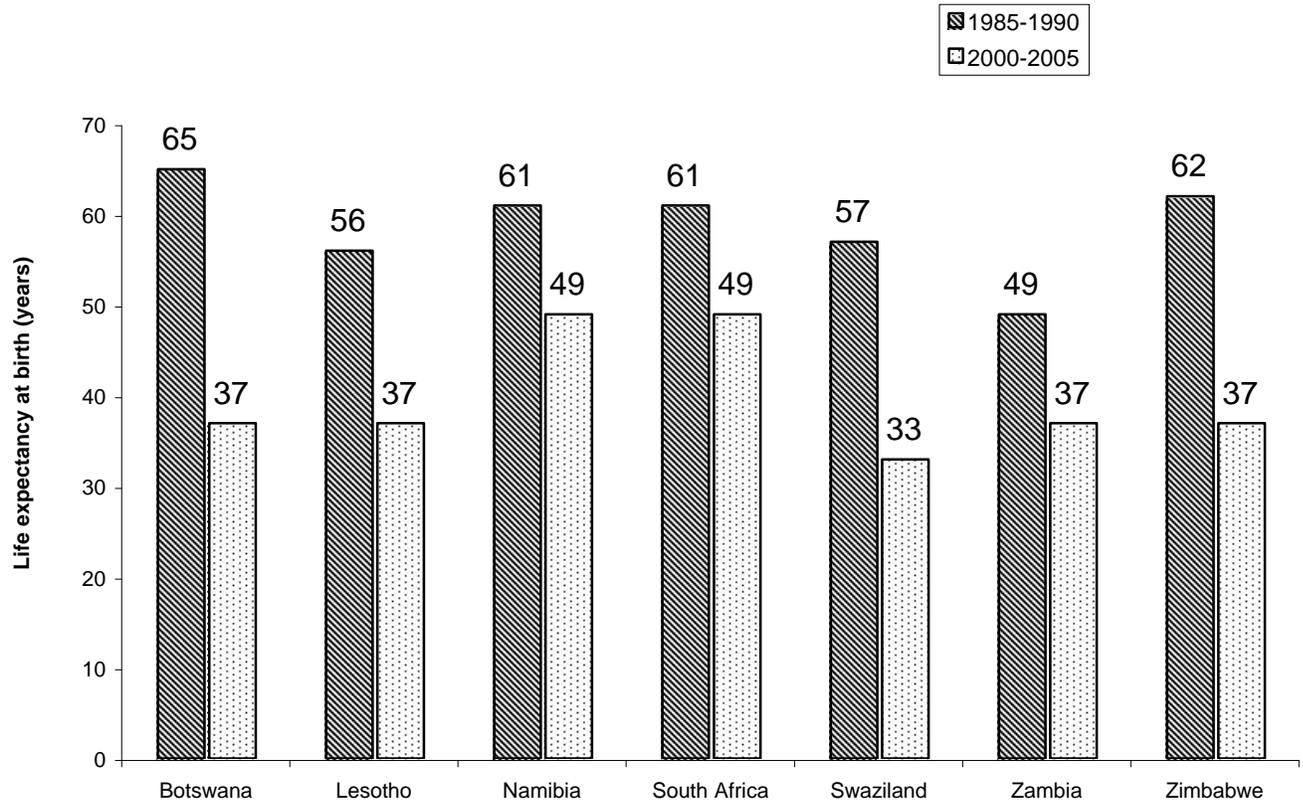
*Key Mortality Indicators (CD-ROM)*  
POP/DB/MORT/2005

### *Wall Charts*

*Population and HIV/AIDS 2005*  
ST/ESA/SER.A/241. Sales No. E.05.XIII.2

*World Fertility Patterns 2004*  
ST/ESA/SER.A/238. Sales No. E.04.XIII.12

**Life expectancy at birth in the seven countries with highest HIV prevalence,  
1985-1990 and 2000-2005**



Source: *Population and HIV/AIDS 2005* (United Nations publication, Sales No. E.05.XIII.2)