

# Population Dynamics in the Least Developed Countries: Challenges and Opportunities for Development and Poverty Reduction



United Nations Population Fund (UNFPA)

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## FOREWORD

In 2011, the world population reaches 7 billion, of which 855 million are living in the world's least developed countries (LDCs). Most LDCs confront large challenges in achieving internationally agreed development goals, including the Millennium Development Goals (MDGs). The LDCs are lagging far behind other developing countries in reducing infant, child and maternal mortality, adolescent pregnancies and HIV and AIDS prevalence. This insufficient progress is strongly related to inadequate access to reproductive health care, including family planning services. Limited access to reproductive health and high unmet need for family planning undermine the empowerment of women and contributes to comparatively high levels of fertility.

Opportunities and choices enjoyed by individuals can add up to major demographic change. Between 2005 and 2010, the average fertility rate of the LDCs was 4.4 (compared with 2.5 in other developing countries), and the average population growth rate was 2.3 per cent (compared with 1.2 in other developing countries). Owing to high fertility, the population of the LDCs is expected to nearly double and increase to 1.67 billion between now and 2050 and this will result in a large and growing youth population. Today about 60 per cent of the population in LDCs is under the age of 25, and the number of young people in the LDCs will increase by more than 60 per cent over the next forty years. Young people can be a driver for economic growth and social progress and be able to escape poverty if they enjoy health, education and employment. Young girls are a particularly vulnerable group, but they can also be a very important agent of change if supported and protected.

Over the next forty years, the working-age population of the LDCs will increase by about 15 million per year. This increase raises the stakes in poverty reduction efforts, including those efforts aimed at raising household incomes and creating employment as well as efforts to increase food security, combat hunger and promote sustainable development. The rapid expansion of the population in LDCs also makes it more difficult for countries to increase, and indeed maintain, per-capita spending on essential social services.

Furthermore, while the largest share of the LDCs' population will continue to live in the rural areas, a rapidly increasing proportion of their population is living in urban centres. Urbanization in developing countries poses sizable challenges, but it also provides great opportunities for economically, socially and environmentally sustainable development. Planning ahead for the inevitable urban growth is the best investment countries can make.

This report outlines the population dynamics and their relationship with reproductive health in LDCs and addresses the implications for development and poverty reduction efforts. It also identifies five areas of intervention that can help countries anticipate, shape and plan for demographic change. Most fundamentally, this requires evidence-based policy-making which takes due account of current and future population dynamics, empowers women and further strengthens access to sexual and reproductive health.

Creating and enhancing choices and opportunities means that individuals will be able to realize their human rights and that States have in place mechanisms to ensure that rights are respected, protected and fulfilled. Therefore, enlarging choices and opportunities of the people must be a central objective of development policies and development assistance. The Programme of Action agreed at the International Conference on Population and Development in Cairo (1994) continues to be the most valuable guide.



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## I. INTRODUCTION

In 2011, the world population will reach 7 billion, of which 855 million will be living in the world's least developed countries (LDCs), most of them are young people (60 per cent under 25). And many of them are caught in complex poverty traps - not dissimilar from to the one Beatrice from Zambia is caught in (Box 1).

While the developing world, excluding LDCs, is on track to achieve most of the internationally agreed development objectives - including the goals set at the International Conference on Population and Development (ICPD goals) held in 1994 in Cairo, Egypt, and the goals reaffirmed at the United Nations Millennium Summit (MDGs) held in 2000 in New York, NY, USA – most of the countries in the group of least developed countries are not on track to fully achieve these development objectives.

During the past years before the global economic and financial crisis, many developing countries, including the least developed countries, have benefited from high rates of economic growth. Between 2000 and 2008 the real economic growth in the least developed countries was almost as high as in other developing countries, 6.6 per cent per annum on average (Chart 1, Annex), but adjusted for environmental effects and population growth, the real rate of economic growth was almost half of what it was in other developing countries, namely 2.5 per cent per annum.<sup>1</sup> The combination of environmental effects and high population growth are key components of the constellation of factors that will affect the capacity of the LDCs to catch-up with the income levels of the more advanced developing countries on a sustainable basis. Addressing both challenges therefore becomes an important policy concern.

Poverty estimates for the LDCs are patchy and show considerable divergence. According to the most recent survey-based poverty estimates (United Nations, 2010a), 53 per cent of the population of the LDCs continued living in extreme poverty in 2005 (measured by the international poverty line of \$1 per day) whereas national-accounts consistent poverty estimates (UNCTAD, 2002 and 2008) suggest that the 36 per cent of the population of LDCs was living in extreme poverty in the same year.<sup>2</sup> However, even according to the more optimistic poverty estimates, the number of people living in extreme poverty has actually increased, owing to high population growth, and the proportion of the population living on more than \$1 a day but less than \$2 a day has remained constant at around 40 per cent of the population. The proportion of the population living on less than \$2 a day declined slowly, but in 2005 over three quarters (76 per cent) of the total population was still living on less than \$2 a day (UNCTAD 2008). There are marked differences between the least developed countries in Africa and those in Asia however. In general, African LDCs have higher poverty incidence and the depth of poverty is greater - measured by the average consumption of those living below the poverty lines - than in Asian LDCs (Table 1, Annex). Because population growth in African LDCs is higher than in the Asian LDCs, the number of extremely poor persons in the African LDCs has continued to grow faster (1.9 per cent) than in the Asian LDCs (0.8 per cent) (UNCTAD 2008).

Although the most recent comparable poverty estimates end in 2005, it is likely that the global economic crisis, and the associated spike in food prices, have resulted in many people falling back into extreme poverty in 2008 and 2009 and have most likely negatively affected this progress in many LDCs. Progress of the LDCs was relatively strong as regards the objective of universal primary education; 21 out of 48 countries are currently likely to achieve this objective by the target year of 2015. At the same time, LDCs have significantly reduced gender inequality in primary education, but LDCs continue to suffer from significant gender equality in other areas. Furthermore, many LDCs are lagging behind in the provision of vital health services, including reproductive health care, are making inadequate progress as regards HIV/ AIDS and other diseases, and many LDCs are therefore also lagging behind in the fight against infant, child and maternal mortality (United Nations, 2010c).

The LDCs continue to confront the largest challenges as regards to the MDG target 5b on universal access to reproductive health, including family planning. Universal access to reproductive health is a key objective of the ICPD Programme of Action, and in 2007 it was included as an essential measure of progress towards the achievement of MDG 5 which focuses on improvements in maternal health. But the attainment of universal access to reproductive health care is also closely and directly linked to progress towards other development objectives notably MDG 4 (reduction in child mortality), MDG 6 (the fight against HIV/AIDS and malaria), and

MDG 3 (improvements in gender equality). Furthermore, universal access to reproductive health care can positively contribute to the overarching development objective of poverty reduction, which is measured by an increase in household income or consumption (MDG 1A), a reduction of unemployment (MDG 1B), and by improvements in food security (MDG 1C) (UNFPA, 2010b).

To enlarge the choices and opportunities of individuals, particularly for young people, is a central objective of development, and achieving these objectives can, in turn, have a positive impact both at the individual level as at the community and country level. Choices and opportunities of people are determined by their access to health and education, but also to labour markets and by their household incomes, and indeed by the broader economic, social, political and cultural context. The global financial and economic crisis has highlighted the immense impact that financial speculation and instability can have not only on a country's economic development but also on people's lives, living standards, choice and opportunities.<sup>3</sup>

This report reviews the population dynamics and reproductive health in LDC and provides an overview of the linkages between these trends and the objective of poverty reduction, sustainable development and environmental sustainability. It also provides an analysis of associated challenges and the opportunities for the LDC. In all cases, what is required is integrate population issues in national development strategies. The neglect of population dynamics in development agendas represents one of the most consequential omissions, which can ultimately undermine the sustainability and viability development strategies.

### **Box 1: Beatrice, Zambia**

Beatrice tells the story of her life. It is a story of poverty, abuse and illness, but also a story of the strength, hope and a new beginning. Her experience is shared in some form or another by many of the 855 million people who live in the world's least developed countries today:

Many years passed before Beatrice could have a home, a family. Shortly after she was born in 1966 in Lusaka, Zambia, her parents migrated to Zimbabwe. Her mother came back, but her father stayed there with another woman. [...] Unable to take care of her eight children, her mother sent them to live with different relatives.

When Beatrice was 12 years old, her grandmother got sick and died. [...] She then moved in with an uncle and his family, but she didn't like it at all. They sent her around the neighbourhood to sell fruits and vegetables and she had to walk barefoot for hours on end until her basket was empty. Some days she was too busy for school, other days she couldn't go because she didn't have a uniform or shoes. And she really liked going to school; she liked learning, singing and playing doctor and nurse with her friends. [...] So why did [she] [...] stop? "Oh... I got pregnant, she says and she laughs."

Beatrice [...] didn't know a thing about contraception. It was only when her mother realized that she had missed her period for a while that she understood that she was pregnant. Suddenly, her world fell apart. The head mistress expelled her from school and her boyfriend became harsh with her and insisted that she take some tablets to terminate the pregnancy. Beatrice was already six months along when she [...] went to a hospital and had a miscarriage. [...] Her boyfriend [...] insisted that she go back to school so that she could become a nurse. But she no longer believed that she was capable of it and made a living doing odd jobs. Sometime later, he left her, and she was "heartbroken". Almost two years went by before she met Maximilian. [...] Beatrice got pregnant. [...] For the first time, she had a home of her own and a family of her own. Beatrice does not remember precisely how and when her life turned into hell. She wanted to work, but her husband would not allow her to; she wanted to study tailoring, but her husband would not allow that either. He came home late and drunk more and more frequently; he hit her more often.

Years of abuse and sadness went by; Maximilian and Beatrice had two more daughters and countless more fights. Maximilian had become a unionist so he earned more, but he didn't want to pay for his family's food. He bought a flat and a car; he came home later and later, smelling of perfume. Beatrice started finding condoms in his pockets. When she asked him if he had lovers, he said that it was his life and she should

not meddle. She told him that if he wanted to have relations with her, he'd have to use condoms. He told her she was his wife, not his girlfriend, so he wouldn't. [...] One Monday, in early 2001 [...] "he wanted to tell me something. He mumbled, and kept saying: 'I'm sorry, there's something I need to tell you. There's a problem, my wife, I'm sorry.' But he was very sick and never managed to tell me what he wanted to say" [...] he died [...] A few months later [...] [they] discovered that they were both HIV-positive. [...] Beatrice received counselling [...] They explained that if she and her daughter took care of themselves and took their medicine, they could live for many years. [...] One day, in 2004, she took her daughter to the UTH for a check-up, medicine and food supplements. There, she met Kenan, [...] "we are very happy. Of course, we use condoms to protect one another, because one's virus may harm the other. We also use them as a form of contraception. Though we might even be able to have a child with the new drugs available."

In 2005, under a large tree in the courtyard of the NGO Christian Children Fund, Kenan, Beatrice and a few others started the Pride Health Community Organization (PRICHO), which helps HIV-positive people in the region. PRICHO also takes care of AIDS orphans, organizes workshops and meetings and trains peer educators. [...] Beatrice and others started visiting their neighbours to talk to them about HIV. They distribute condoms and recommend ways to protect against the virus.

Beatrice and Kenan look so happy together; they bought themselves a little house in Kafue and have a small store where they sell fruits and vegetables. Beatrice's children are in school. [...] This year, PRICHO received a Red Ribbon Award from UNAIDS for "using creative and sustainable ways to promote prevention and provide treatment, care, and support to people living with HIV." Beatrice and Kenan went to Vienna to receive the award at the XVIII International AIDS Conference and she was very excited about travelling abroad for the first time. The work she does, she says, is almost like being a nurse, her childhood dream. But the strangest thing of all is that all of this — her marriage, her new life, even her trip — is due to her disease. Or, actually, she says, to the way she handled it: she never let it defeat her.

Source: UNFPA (2010a: 6-11)

## II. POPULATION DYNAMICS

### 1. High Rates of Population Growth but Slowing

In 2011, the world population will reach 7 billion and by 2050 it will grow to over 9 billion. Today, about 855 million persons are living in the LDCs. Around 2017, the population of LDCs will cross the barrier of one billion and by mid-century, it is estimated that about 1.67 billion people will be living in these countries, accounting for 18 per cent of the global population.

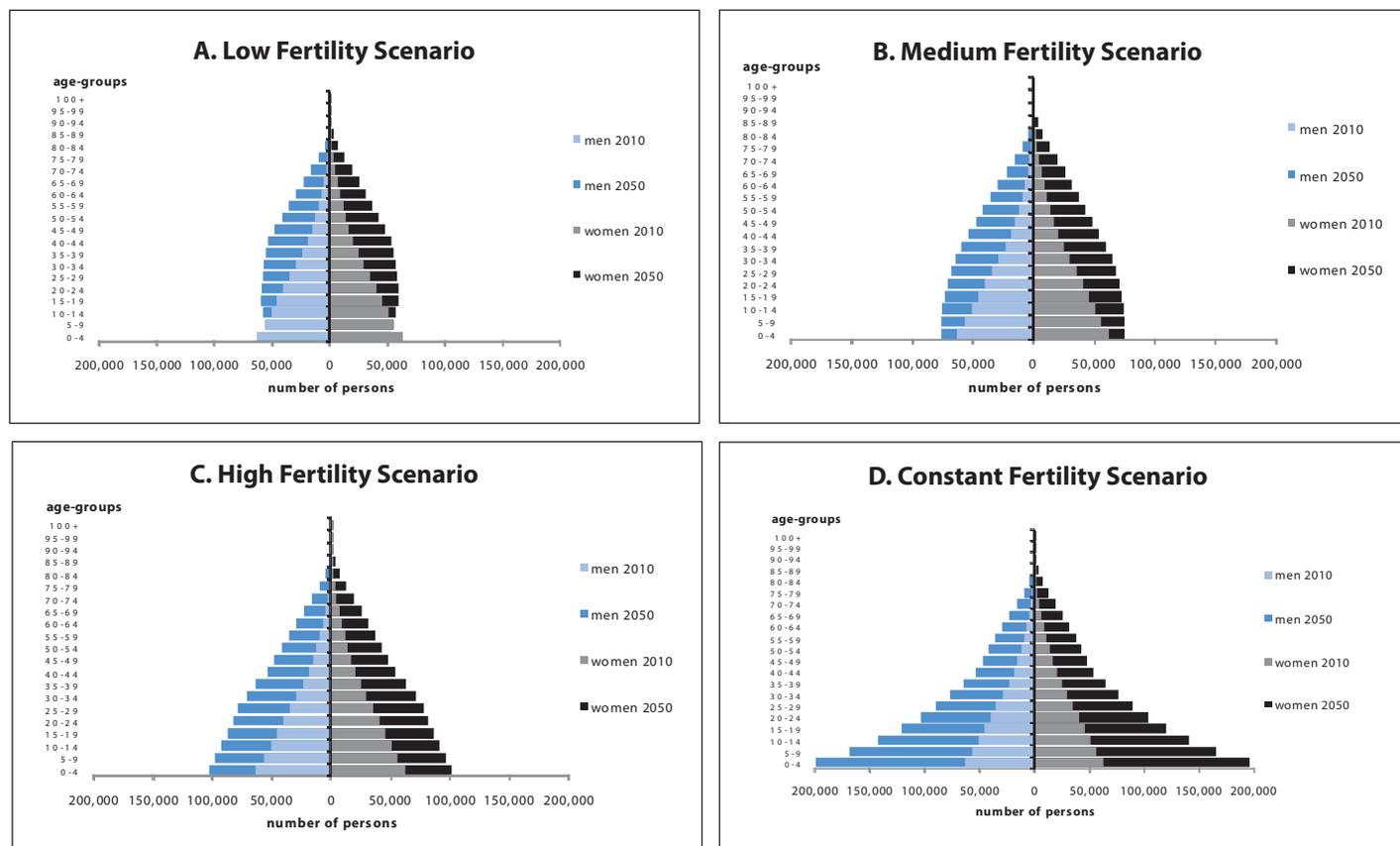
The least developed countries have the highest population growth rate in the world - triple that of other developing countries - and are the least able to meet the needs of growing numbers of people. The overall population of the 48 least developed countries is growing today nearly twice as fast as that of the developing world: at 2.3 per cent annually vs. 1.2 per cent per year. Over the next forty years the population of the LDCs will increase by about 100 per cent, whereas the population of the other developing countries will increase by about 30 per cent and the population of the developed countries will grow by a mere 3 per cent, according to the median projection of the United Nations Population Division (United Nations, 2009a).

Since 1950, the populations of Niger and Uganda have increased six-fold and those of most of the other countries considered have at least quadrupled. Only Afghanistan, Guinea, Guinea-Bissau and Timor-Leste have seen a mere tripling of their populations.

According to the no-change scenario of the United Nations, these populations are expected to increase multiple times by 2100 due to the high levels of fertility. With constant levels of fertility and mortality, Niger's population would increase 57 times, Uganda's population 34 times, and the population of Timor-Leste by almost 31 times (United Nations, 2011a).

The population projections that are most commonly used, and are also used in this analysis, are based on the medium-variant of the UN's population projections. These population projections assume a relatively sustained decline in fertility and therefore suggest a relatively significant deceleration of population growth. Other population projections (Chart 1) suggest different demographic futures.

**Chart 1: Population Pyramids of the LDCs, Based on Alternative Projections, 2010 and 2050**



Source: Based on United Nations (2009a).

Note: Population Pyramids, excluding Kiribati and Tuvalu.

## 2. High Fertility: Stagnating in Some Countries Reducing in Others

Globally, changes in fertility since 1950 have been extraordinary; total fertility levels dropped from high levels at a very fast pace. This is due primarily to voluntary decisions to reduce family sizes. However, fertility levels still vary considerably among countries. There is a significant difference between the fertility in the LDCs and that of the developing world: 4.4 children per woman compared to 2.5 children per woman.

In LDCs fertility decline has been slower than in other developing countries. While the estimated total fertility rate for all LDCs decreased by 34 per cent between 1970-1975 and 2005-2010, from 6.7 to 4.4 children per woman, total fertility in developing countries declined by about 50 per cent, from 5.0 to 2.5 children per woman. Bangladesh is exceptional among the least developed countries. Its Total fertility rate fell by more than 60 per cent between 1970-1975 to 2005-2010; from 6.9 to an estimated 2.4 children per woman (United Nations, 2009a).

But within the countries there are important differences. Capitals and other urban areas have lower fertility as can be seen in Table 2 (Annex). These differences can be also observed if other indicators of social differentiation, as education levels, are used. They are the expression of inequalities in choices and opportunities among different social sectors and geographic areas and need to be addressed.

### 3. Mortality Declining but Still High

Major improvements in longevity have come about due to advances in public health, infrastructure, education and medicine. While developing countries have made dramatic improvements in child mortality since 1950, many least developed countries have not experienced an important decline in survival rates during infancy. In 2010, one in every 8 children dies before the age of five years in the LDCs. Differences in life expectancies are closely related to different disease profiles among countries. Communicable diseases and maternal conditions cause most deaths in the least developed countries (United Nations, 2011a).

Life expectancy in the LDCs rose by 20 years, from 36 to 56 years since 1950. In other developing countries, life expectancy increased by 26 years, from 42 to 68 years over the same period. Developed countries already displayed high life expectancy of 66 years in 1990, and it reached 77 years in 2005-2010. By comparison, life expectancy in LDCs is still at a low level, but is expected to continue increasing if efforts to reduce child mortality combat the spread of HIV/AIDS, and other infectious and parasitic diseases are strengthened (United Nations, 2011a).

### 4. International Migration Still Relatively Low but Growing

Although the net migration rate of LDCs is relatively small (Table 3, Annex), the number of migrants is rapidly growing. Furthermore, the low net migration rate of the LDCs is largely attributable to the fact that the LDCs are not only major home countries of emigrants but also host countries for immigrants. In 2010, LDCs hosted about 11.5 million international migrants (about 5 per cent of the global migrant population), including 2.1 million refugees (about 13 per cent of the global refugee population) (United Nations, 2009b; UNHCR, 2010).

Between 1990 and 2010 the migrant stock in the LDCs increased by 3 per cent. During that time other developing countries witnessed an increase of 20 per cent in their migrant stock while developed countries increased the number of migrants by 55 per cent (United Nations, 2010b). In 2010, the stock of emigrants from LDCs stood at 27.5 million, or 3.2 per cent of the population (World Bank, 2011).

South-South migration from LDCs is significantly higher than South-North migration. According to the latest estimates, 20 per cent of all migrants originating in the LDCs migrated to another LDC and almost 50 per cent of all migrants moved to another developing country. Only around 25 per cent of emigrants from the LDCs move to high-income countries, and of this 19.2 per cent moved to an OECD country (World Bank, 2011). The top ten countries of emigration are Bangladesh, Afghanistan, Burkina Faso, Mozambique, the Republic of Yemen, Mali, Haiti, Nepal, Sudan and Eritrea. Of the women and men that were born in Haiti and found employment in the United States, many worked as manual labourers. Almost half of the men worked in petit services, construction extraction or transport, and more than half of the women worked in the services sectors alone, including 27 per cent in health-care support (Migration Policy Institute, 2010).

Immigrants in least developed countries tend to be younger than those in developing or developed countries. In the least developed countries they have a median age of 29 years, compared with 34 in developing countries, and 43 in the developed countries. The median age of immigrants is closely associated with their educational attainment. The majority of emigrants who have attained at least tertiary education are moving to developed countries. The loss of skilled personnel, especially noticeable in the medical, education and technological sectors, is devastating for LDCs. In 2000, almost 50 per cent of physicians born in the LDCs were working in an OECD country (United Nations, 2010b), and in 2004 about 15 per cent of the population with tertiary education in the LDCs had also emigrated (UNCTAD, 2007).

About 84 per cent of highly skilled persons with tertiary education emigrated from Haiti, 76 per cent of those with tertiary education emigrated from Samoa, 63.3 per cent from the Gambia and 52.5 per cent from Sierra Leone. In Mozambique, Liberia, the Lao People's Democratic Republic, Uganda, Eritrea and Angola emigration of the highly skilled ranges between 30 and 48 per cent (United Nations, 2010b). Measures aimed at reducing emigration from the LDCs, especially of skilled professionals, are unlikely to work unless the LDCs

can create opportunities for education and employment which will improve prospects for a better quality of life for their populations.

LDCs suffer from a loss of skilled professionals which can negatively affect their efforts to promote economic and social development, but at the same time, LDCs are benefiting from an increase in workers' remittances. While it is difficult to balance the costs and benefits of these developments, it is clear that they have significant implications for countries. Although the global financial and economic crisis has resulted in a significant decline in workers' remittances to some countries, the LDCs as a group have seen an increase in workers' remittances during the past years (World Bank, 2011). This increase was particularly evident in Bangladesh, but also in Ethiopia in 2010.

The flow of workers' remittances to LDCs is second to official development assistance. In 2010, the flow of workers' remittances to LDCs was estimated to be 25.9 billion, representing almost 6 per cent of their GDP (World Bank, 2011).

## 5. Increasing Youthful Populations and the Promise of a Demographic Bonus

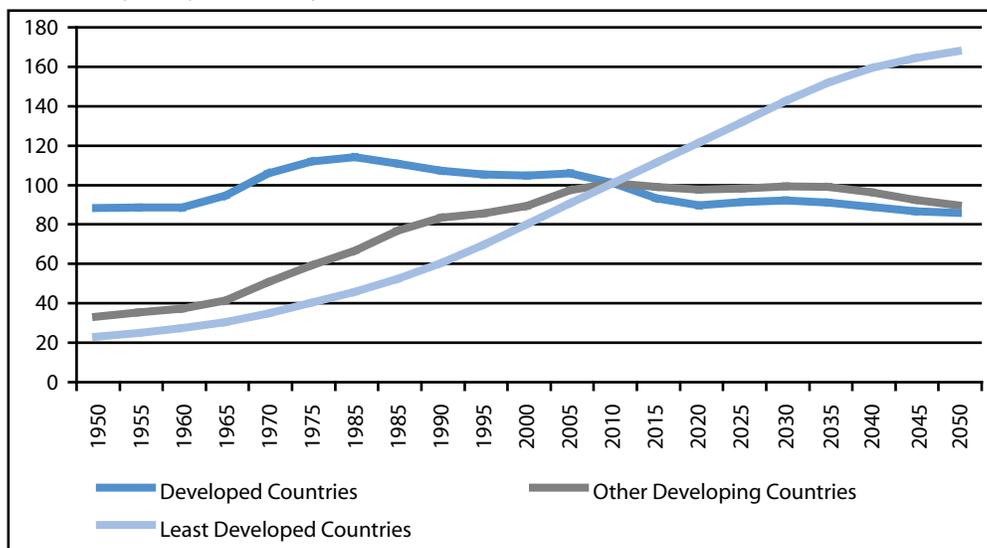
Because of their high fertility and high population growth, the LDCs have the largest and most rapidly growing youth population. Today about 60 percent of the population in LDCs is under the age of 25.

The group of young people between 10 and 24 years continues to grow rapidly in the LDCs. While developed countries reached their maximum of adolescents and youth (179 millions) in 1980 and are decreasing ever since, the number of young people in other developing countries reached its maximum in 2010; it will start declining after that date. However, in the LDCs the number will continue rising and there is not a maximum figure before 2050. In fact, the number of young people in these countries will increase by more than 60 per cent between 2010 and 2050 (Chart 2 and Table 4 in Annex).

A large and growing share of young persons (Chart 3) can support the economic and social development of countries, but can also pose considerable challenges, where countries do not have the capacity to ensure adequate investment, especially in their health and education, and where economies do not generate sufficient productive and remunerative employment for young people.

**Chart 2: Population of Young People (10-24), 1950-2050**

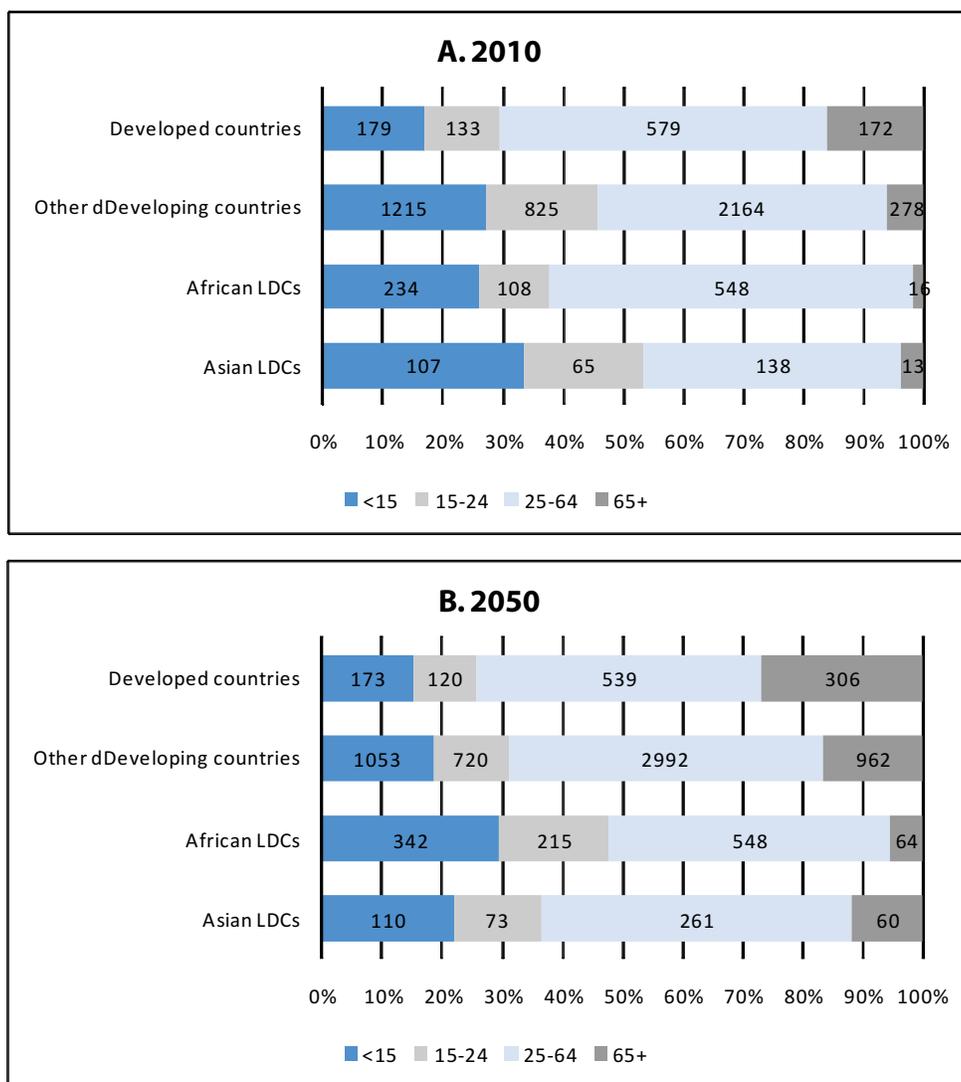
(Index, 2010=100)



Source: Based on United Nations (2009a).

Note: Based on medium variant of population projections

**Chart 3: Age Distribution of Population, 2010 and 2050 (million)**



Source: Based on United Nations (2009a).

Note: Based on medium variant of population projections

### Age Dependency Ratio and Demographic Dividend

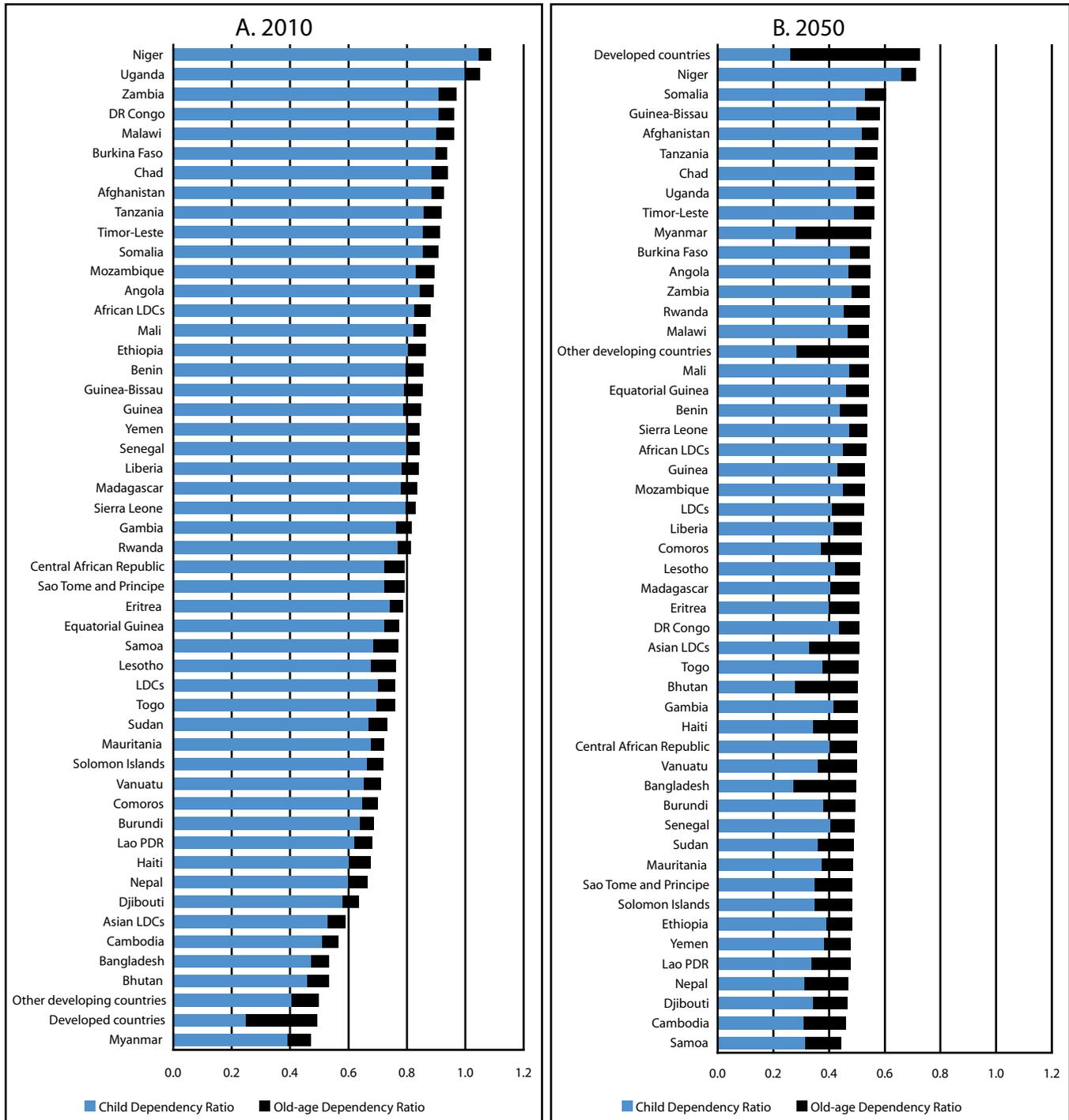
The hypothesis of the demographic bonus, associated with a large youth population, is rooted in the demographic transition (Bloom, Canning and Sevilla 2003). A declining dependency ratio, which is mirrored by an expansion of the working-age population, can create a window of opportunity for development. A fall in the number of dependents can enable households to increase investments - particularly in the human capital of their children - whereas a rise in the number of working-age people can expand a country's productive potential and output. It is these windows of opportunities - at the level of households and the level of countries that are at the heart of the demographic bonus.

Most developing countries have already passed the phase in which they can reap the demographic bonus. To date, the advanced developing countries in South-East Asia and South America have been the main beneficiaries of the demographic dividend, and the Republic of Korea is probably the most famous example of a country that has managed to reap the demographic bonus (Khan, 1997, 2004). There, a sharp fall in the birth rate in the mid-1960s dramatically reduced the number of dependent children, thus creating a large labour force. Furthermore, by diverting funds made available from declining primary school enrolment to boosting sec-

ondary and tertiary education, the Government was able to develop a highly educated, skilled labour force. The Republic of Korea also serves as a good example of how the demographic dividend is merely a window of opportunity for development as, in time, the age distribution changes again and the people who are in working age now become old-age dependents (Basten et al., 2011b).

Currently, Asian LDCs have a greater opportunity to reap the demographic bonus than African LDCs as their fertility rates are declining at a faster pace. The Asian LDCs therefore see a more rapid fall in the share of young-age dependents, but at the same time some Asian LDCs are witnessing the start of a process of increase in the share of old-age dependents, albeit from low levels. But demographic change in Asian LDCs is strongly influenced by Bangladesh, which is by far the most populous country in the LDC group. However, the most important trend observed in LDCs will be a decline in the share of dependents, and an increase in the share of the working-age population, and therefore all LDCs are theoretically positioned to take advantage of the demographic bonus (Chart 4).

**Chart 4: Dependency Ratios in LDCs, 2010 and 2050**

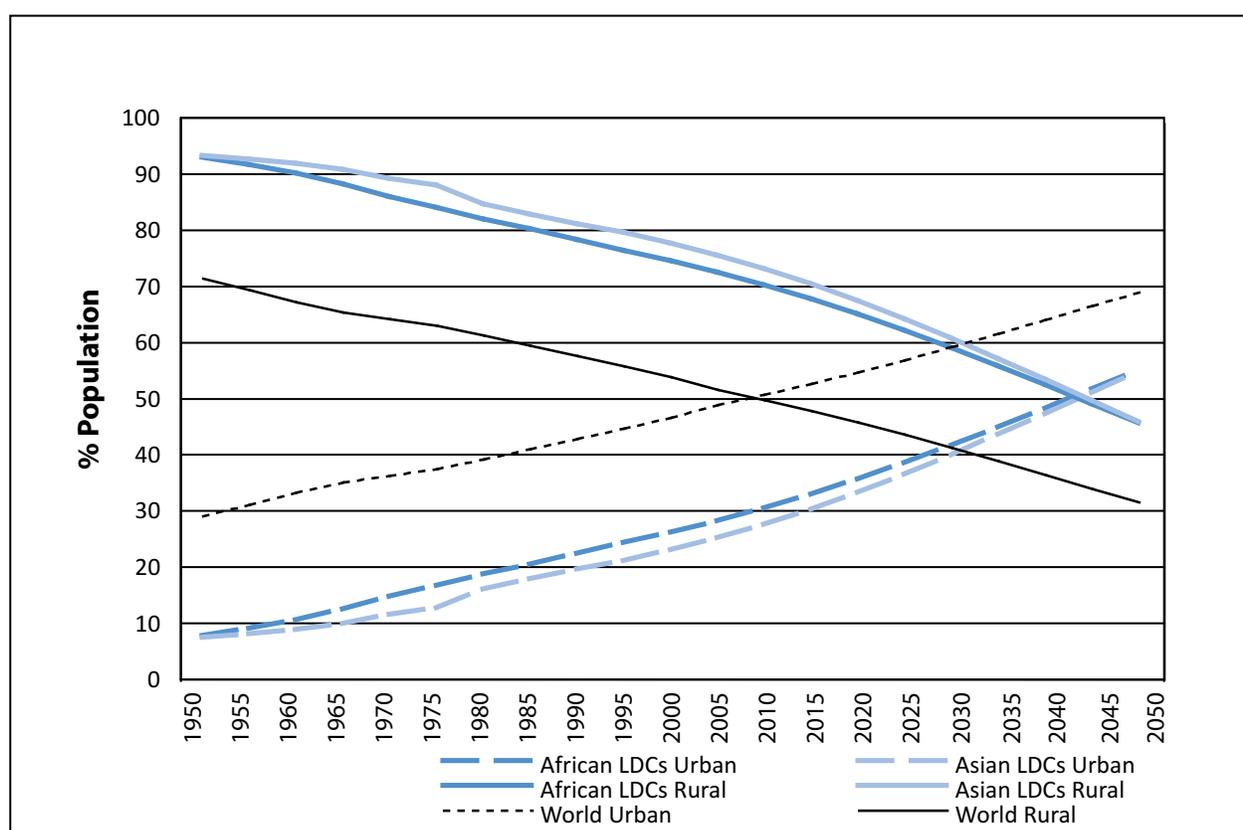


Source: Based on United Nations (2009a).  
 Note: Based on medium variant of population projections.

## 6. Rapid Urbanization and High Rural-Urban Migration within Still Predominantly Rural Societies

Changing spatial distributions of populations - including rapid rural-urban migration and urbanization - are changing the nature of employment, poverty reduction, and environmental impacts and vulnerabilities. In 2008, the share of the urban population for the first time exceeded the share of people living in the rural areas at the global level (Chart 5; UNFPA, 2007a), and even in the LDCs where the majority of people are still living in the rural areas, the decade 2000-2010 was the first in which the growth of the urban population was faster than the growth of the rural population (United Nations, 2010e).

**Chart 5: Rural-Urban Distribution of Population, LDCs and World, 1950-2050**



Source: Based on United Nations (2009a).

Note: Weighted average, not including small island States, based on medium variant of population projections.

The level of urbanization (29.2 per cent) in LDCs is more than 20 percentage points below world average (50.5 per cent). However, by 2030, the urban population of the LDCs is projected to have increased around 41 per cent, due to rural to urban migration, natural increase and reclassification of rural to urban areas.

The large majority of the poorest people still live (and will continue to live) in rural areas. Nonetheless, the urban growth rate in LDCs is 3.95 per cent, which means that the urban population in LDCs will increase by around 116 million over the next decade while the rural population will only increase by 88 million during the same period (see Table 1). If trends in fertility, mortality and migration continue as projected, the rural population will start declining after 2035 while the urban population will continue growing. By 2050, the urban population of LDCs will approach one billion. Therefore, the LDCs face the dual challenge of how to promote the development of rural areas and bring about a reduction in rural poverty, while at the same time promoting the development of the growing population living in urban areas and combating an increase in urban poverty and particularly in the number of urban poor. The latter challenge is particularly urgent as an increasing share of the labour force is moving to urban areas in search for employment opportunities in the non-agricultural sectors.<sup>4</sup>

While urbanization is often associated with a rise in household incomes and a fall in poverty, neither can be attributed to urbanization as such. It is the development of non-agricultural industries and services in urban areas and their forward and backward linkages with the agricultural sector that allow for a significant reduction in poverty. The associated rise in household incomes in the urban areas encourages further development of non-agricultural industries.

But in contrast to many advanced countries, rapid urban growth and rural-urban migration in the least developed countries is often associated with negative economic and social developments. Many of these countries have a weak agricultural sector - characterized by low and often falling agricultural labour productivity and

**Table 1: Geographic distribution of population and labor force in LDCs, 2000-2020**

		Distribution of population (%)			Absolute numbers, millions			Average annual change (%)	
		2000	2010	2020	2000	2010	2020	2000-10	2010-20
<b>LDCs</b>									
Total population	Urban	25.0	30.0	35.0	168.4	252.4	371.6	4.0	3.9
	Rural	75.0	70.0	65.0	508.7	602.4	688.1	1.7	1.3
Labor force	Agricultural	70.0	65.0	60.0	199.6	244.8	292.5	2.0	1.8
	Non-agricultural	30.0	35.0	40.0	84.2	130.5	195.3	4.4	4.0
<b>African LDCs</b>									
Total population	Urban	26.0	31.0	36.0	105.8	162.3	243.7	4.3	4.1
	Rural	74.0	69.0	64.0	300.1	369.7	439.1	2.1	1.7
Labor force	Agricultural	76.0	71.0	66.0	126.1	160.9	201.9	2.4	2.3
	Non-agricultural	24.0	29.0	34.0	40.7	65.7	105.0	4.8	4.7
<b>Asian LDCs</b>									
Total population	Urban	23.0	28.0	34.0	62.6	90.2	128.0	3.6	3.5
	Rural	77.0	72.0	66.0	208.6	232.7	249.0	1.1	0.7
Labor force	Agricultural	63.0	56.0	50.0	73.5	83.9	90.5	1.3	0.8
	Non-agricultural	37.0	44.0	50.0	43.5	64.9	90.2	4.0	3.3

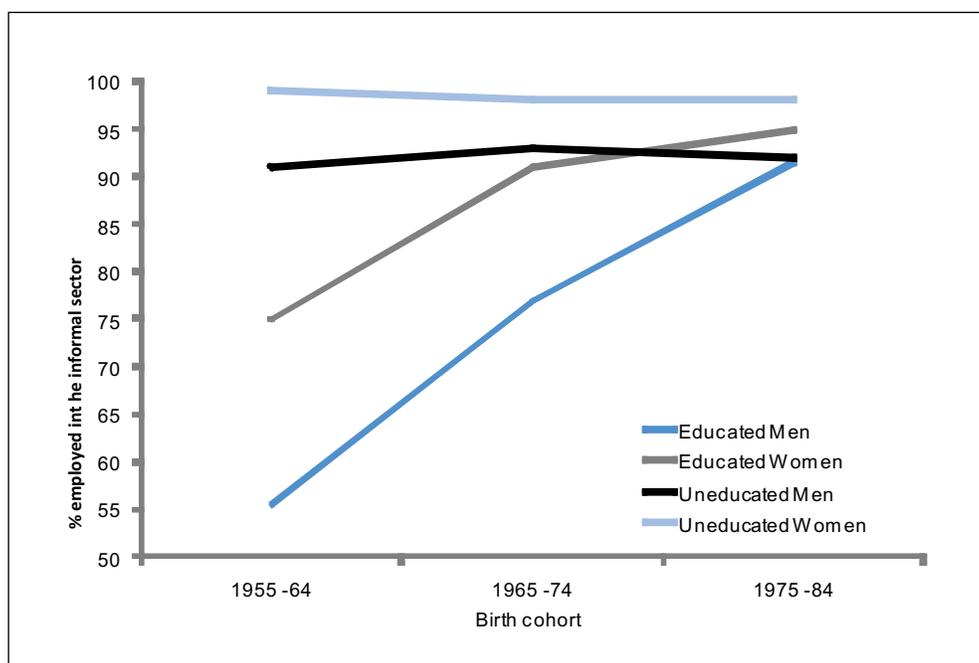
Source: Based on United Nations (2009a) and FAO, FAOSTAT, online, 7 November 2010.

Note: Labor force is economically active population.

yields - and have at the same time a weak non-agricultural sector (UNCTAD, 2006). Because the limited employment options in agriculture and the lower potential wages associated with these activities, people living in rural areas move to urban centres. But because of the weak expansion of non-agricultural sectors - both industry and services - many cannot find formal employment in these sectors. They are more likely to be working in the informal sector than in the formal sector (Herrmann and Khan, 2008).

The case of Burkina Faso shows that the number of people, both educated and uneducated, who find their first employment in the informal sector has increased significantly during the past decades (Chart 6).

**Chart 6: Percentage of First Job Obtained by Men and Women in the Informal Sector by Education and Birth Cohort, Urban Burkina Faso, 1955-64, 1965-74 and 1975-84**



Source: Based on Calvès and Schoumaker (2004).

In some cases, informal city jobs help people climb above the \$1 poverty line, but they are hardly enough to help people get above the \$2 poverty line and live an increasingly prosperous life (Table 2). The informal urban sector is also potentially the most vulnerable to adverse external shocks (Khan, 2006).

**Table 2: Changes in Rural and Urban Poverty in LDCs**

	Earliest year available	Latest year available	Population in numbers (thousands)				Population in poverty (thousands)				Poverty headcount ratio at national poverty line (% of population)			
			Earliest year		Latest year		Earliest year		Latest year		Earliest year		Latest year	
			Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Benin	1995	2003	3620	2104	4466	2892	912	600	2054	839	25.2	28.5	46.0	29.0
Burkina Faso	1998	2003	9249	1759	10592	2262	5651	394	5550	434	61.1	22.4	52.4	19.2
Burundi	1990	1998	5325	356	5818	494	1917	153	3758	329	36.0	43.0	64.6	66.5
Ethiopia	1996	2000	50427	8277	55753	9762	23701	2756	25089	3612	47.0	33.3	45.0	37.0
Gambia	1998	2003	642	571	689	747	392	274	434	426	61.0	48.0	63.0	57.0
Lesotho	1993	2003	1410	263	1529	429	760	73	925	178	53.9	27.8	60.5	41.5
Madagascar	1997	2005	10281	3673	12594	5020	7814	2321	6738	2610	76.0	63.2	53.5	52.0
Malawi	1998	2005	9483	1593	11287	2367	6306	875	6309	601	66.5	54.9	55.9	25.4
Mauritania	1996	2000	1402	930	1563	1041	918	280	957	264	65.5	30.1	61.2	25.4
Mozambique	1997	2003	12078	4810	13265	6518	8612	2982	7176	3363	71.3	62.0	54.1	51.6
Tanzania	1991	2001	21260	5055	27084	7942	8674	1579	10482	2340	40.8	31.2	38.7	29.5
Uganda	2000	2006	21481	2952	25895	3757	8034	283	8856	515	37.4	9.6	34.2	13.7
Zambia	1998	2004	6380	3596	6604	4108	5302	2014	5151	2177	83.1	56.0	78.0	53.0
Bangladesh	1996	2005	101792	28818	113813	39309	56189	8472	49850	11164	55.2	29.4	43.8	28.4
Cambodia	1997	2007	10151	1825	11035	2612	4071	385	3829	470	40.1	21.1	34.7	18.0
Lao PDR	1993	1998	3812	753	4140	1037	1855	250	1696	279	48.7	33.1	41.0	26.9
Nepal	1996	2004	19650	2520	22595	4081	8503	543	7818	392	43.3	21.6	34.6	9.6

Source: Basten et al. (2011b).

## 7. Poverty and Underemployment are Pervasive

In the LDCs where, by all measures, the number of people who live in extreme poverty has been increasing during the past decades poverty reduction remains an overarching development objective for years to come. Out of 17 LDCs for which changes in rural and urban poverty can be tracked (Table 2), 13 countries have seen a decline in poverty incidence in the rural areas, and same 12 countries, except Ethiopia, have also witnessed a simultaneous decline in poverty incidence in the urban areas. However, in Benin, Burundi, The Gambia and Lesotho, both urban and rural poverty incidence have continued to rise. But in 5 out of the 13 countries where rural poverty incidence have fallen, the number of extremely poor people has actually risen, and 9 out of the 12 countries where urban poverty incidence have fallen, the number of poor people has also been rising. Available data does not adequately cover the years prior to the global economic crisis, during which many LDCs have benefited from considerable economic growth, and may hence underestimate poverty reduction, but the data also fails to cover the period since the global economic crisis, during which many of the LDCs have not only seen a slowdown of economic growth but also a rise in food prices. While the increase in food prices can provide much needed stimulus for agricultural production in LDCs, its immediate effect on has exacerbated food insecurity of low-income household.

The extent of poverty strongly depends on the inclusiveness of economic growth, which is in turn influenced by the economic specialization of countries. Countries that have a strong specialization in capital-intensive, extractive or enclave industries often have a less inclusive growth and even jobless growth, as well as higher income inequality and poverty, than countries where economic growth is based on labour intensive and/ or strongly interconnected economic sectors. As economic growth alone is often insufficient to reduce poverty, poverty reduction also requires will targeted pro-poor policies. These include labour market policies, which discourage rising income inequality and support the integration of women and younger people; social investment, particularly in health and education, as well as technical and vocational training; and social transfers,

which provide cash or in-kind support to those left behind. In the least developed countries that are characterized by a large number of poor people, on the one side, and significant constraints on financial resources, on the other, social transfers are effectively dependent on higher per-capita growth. Higher economic growth and employment creation therefore effectively become the most important mean to sustainable poverty reduction. Without productive employment, households will find it difficult to increase investment in their children, and without productive employment, countries will find it difficult to realize the promises of the demographic bonus.

Considering that employment creation is one of the most fundamental objectives of economic policy, employment data for the majority of poor countries is woefully inadequate in terms of coverage, timeliness and international comparability. An overview of the employment and unemployment rates in individual LDCs is presented in annexed Table 5, based on updated estimates for LDC. Compared with developed countries, where the unemployment rate in 2010 averages 8.6 per cent the unemployment rate in LDCs is relatively low with 5.8 per cent (ILO 2011)<sup>5</sup>. However, on average it is higher in African LDCs (6.9 per cent) than in the Asian LDCs (4.1 per cent). The unemployment rate of youth is on average 2.5 times as high as the adult unemployment rate, but in individual countries it can be even 4 times as high or more (Basten et al., 2011b).

However, in poor countries that do not provide (significant) unemployment benefits, hardly anybody can afford to be without employment. Almost everybody will therefore have a job, but many will have a job that is not sufficiently productive or remunerative. The unemployment rate is therefore appropriately complemented by measures of underemployment. As there is no commonly acceptable definition of underemployment, underemployment estimates vary widely and do not lend themselves to international comparison. In the 18 LDCs for which underemployment estimates could be compiled for varying years, underemployment is considerably higher than unemployment (Basten et al., 2011b). In these LDCs 4 out of 10 persons with a job (25 per cent) suffers from underemployment, and according to the latest ILO estimates (ILO, 2011) in the LDCs 8 out of 10 persons with a job are affected by vulnerable employment. Vulnerable employment is also higher for women (87 per cent) than for men (76 per cent).

But many LDCs not only confront the challenge of creating more jobs — as highlighted by pervasive unemployment, underemployment and vulnerable employment — the LDCs simultaneously confront the challenge of creating more productive, remunerative and decent work — as highlighted by widespread working poverty. According to the most recent estimates (ILO, 2011), about 60 per cent of the people who are employed in the LDCs earn less than \$1 per day<sup>6</sup>. The figure is even higher for Africa LDCs (64 per cent) than for Asian LDCs (54 per cent). By all measures, these countries have a staggering employment deficit, and there is a great risk that this employment deficit will further increase over the next decades. Between now and 2050, the working-age population of the LDCs will increase by an annual average of about 15 million, and the labour force of the LDCs will increase by about 33 thousand per day over the next forty years, on average.<sup>7</sup>

Unemployment is particularly pervasive amongst the younger entrants in the labour market but also amongst those with lower educational attainment. And in many countries, unemployment, underemployment and vulnerable employment also have a very strong gender dimension. The inability of younger generations and women to participate more actively in the labour markets significantly decreases the ability of these cohorts to escape poverty.

Poverty reduction in the absence of large scale redistributive policies - which are not possible because of a lack of economic resources and in many countries also because of a lack of political will or resolve - will ultimately depend on higher economic growth which contributes to the creation of productive and remunerative employment. But to ensure sustainability of economic growth will also require more sustainable consumption and production. Compared with other countries, the LDCs are more vulnerable to the effect of climate change, and suffer a more rapid deterioration of their natural resources (Annex Chart 1).

### III. REPRODUCTIVE HEALTH AND ITS LINKAGES WITH DEVELOPMENT AND POVERTY REDUCTION

#### 1. Progressing but Still Far from the Target of Universal Access to Reproductive Health

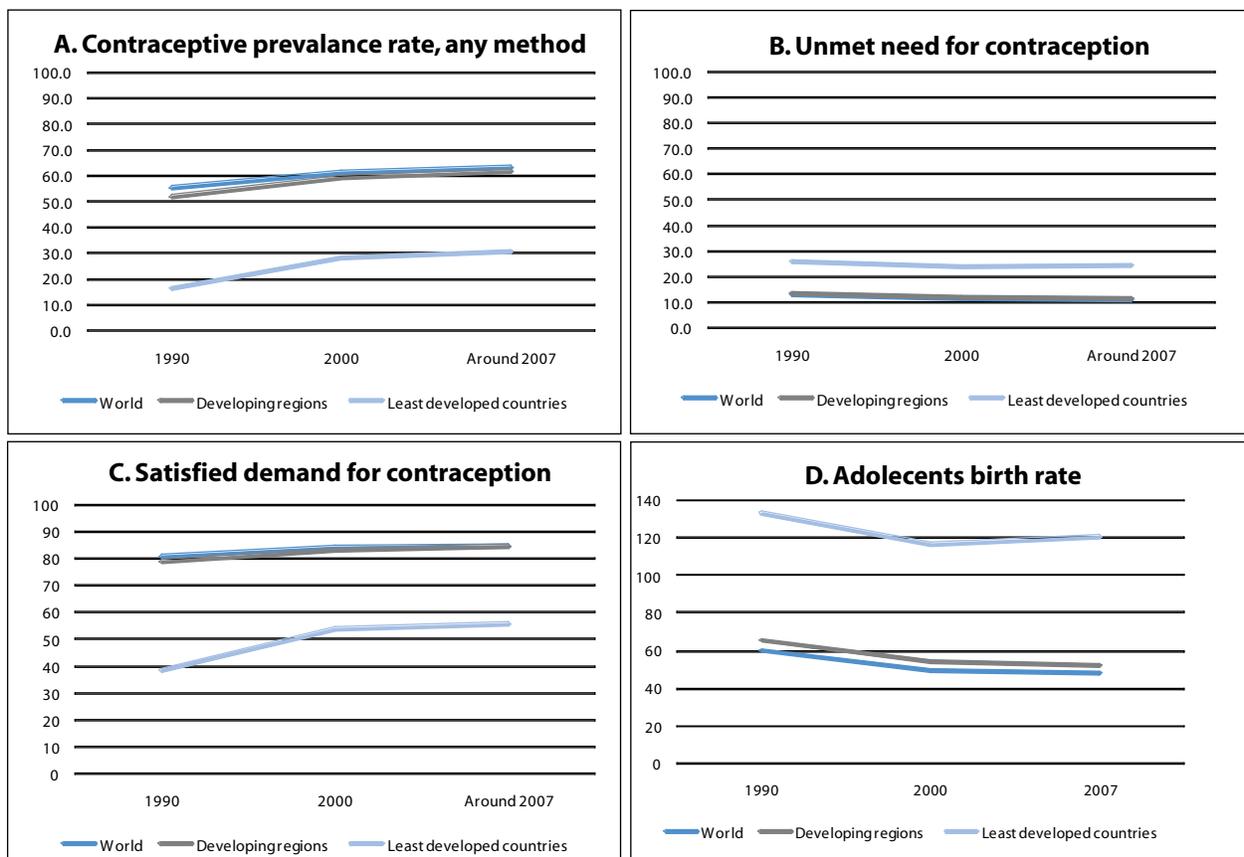
Despite the importance of reproductive health care services, many people in the LDCs, especially the poorest, continue to suffer from inadequate access to these services, which negatively affects progress towards many related developed objectives. Progress towards universal access to reproductive health is measured by the adolescent birth rates, the contraceptive prevalence, and the unmet need for family planning, and access to antenatal care.<sup>8</sup>

To increase access to reproductive health, particularly family planning, is entirely feasible development objective. The 1990s witnessed significant gains in both of these areas, but in many LDCs, particularly from Africa, the progress has come to a stand-still since about 2000. But the stalled progress has not affected everyone in the same way: in general, those most advantaged have progressed, while the least advantaged have lost ground.

Most recent data (Chart 7), also shows that the least developed countries have a high adolescent pregnancy rate, 121 births per 1,000 girls of 15-19 years, compared with 52 in developing countries; a low contraceptive prevalence rate, 31 percent compared with 62 in developing countries; and a high rate of unmet need for family planning, 24 percent compared to 11 in developing countries.

But disparities are not only apparent between countries but also amongst the population of the poorest countries themselves. Data from demographic and health surveys that were undertaken in 1998 and again in 2008 in a total of 17 African LDCs show that even in countries where progress towards universal access to reproductive health has generally been slow, many women who have a relatively high economic and social status have seen marked improvements in reproductive health care (UNFPA, 2010b). Women with a secondary or higher

**Chart 7: Key Indicators on Access to Sexual and Reproductive Health Care and Family Planning, 1990-2007**



Source: Based on United Nations (2009).

education, women in urban areas, or women from the wealthiest households are less likely to become mothers as adolescents, more likely to use contraceptives and less likely to have an unmet need for contraception than women with no or primary education, women in rural areas, or women from poor households.

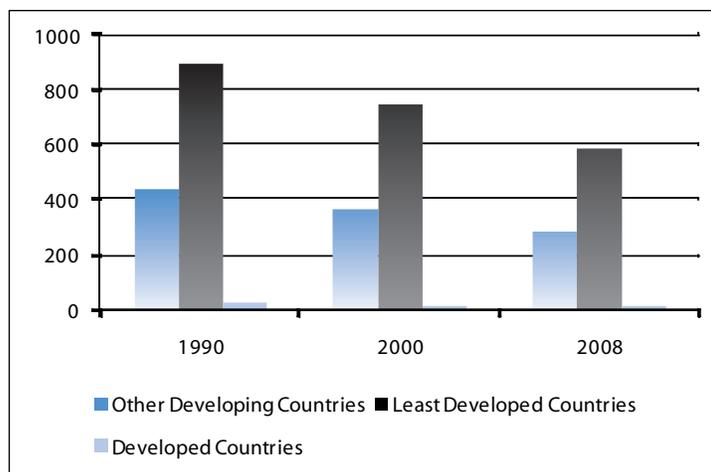
The adolescent birth rate is a critical indicator of opportunities available to individual girls and the vulnerabilities they experience during adolescence and beyond. Maternal mortality is the leading cause of death amongst adolescent girls. Most adolescent girls give birth for the first time - which always comes with greater risks than subsequent pregnancies - and yet adolescent girls are more likely to give birth without skilled attendants. They also have disproportionately high rates of complications from pregnancy, delivery and abortion, and in many cases, higher rates of unmet need. The consequences add up for the girls over their lifetime, and have implications for future generations, as newborns and infants of adolescent mothers are at higher risk of low birth weight and mortality (WHO, 2010). These factors reinforce the importance of reaching people with information, education and services that are appropriate to their age and needs, starting from childhood through adolescence and extending through the life cycle. The adolescent birth rate is also key indicator of universal access to reproductive health due to the large cohort of youth in developing countries

Limited access to reproductive health care and family planning can result in poverty traps at the level of households - for example by increasing the financial burden of disease and the number of dependents - but at the same time it can also reinforce poverty-traps at the level of societies - for example by contributing to high rates of fertility and population growth. Limited access to reproductive health, family planning and contraception, also slows progress towards many other development objectives.

The maternal mortality ratio, the number of maternal deaths per 100,000 live births, has been recently estimated for 147 countries (WHO, 2010). These new estimates suggest that numerous developing countries, including some least developed countries, have made headways in the reduction of maternal mortality. Yet, developing countries still account for 99 per cent (355,000) of all maternal deaths. Six LDCs, namely Afghanistan, Bangladesh, Democratic Republic of the Congo, Ethiopia, Sudan and the United Republic of Tanzania, and five other developing countries, Indonesia, Kenya, Nigeria and Pakistan, accounted for 65 per cent of all deaths.

Despite notable progress in the reduction of maternal mortality, the LDCs are still lagging far behind other developing countries (Chart 8). So far, only 5 out of 147 countries have achieved a reduction in the maternal mortality ratio by 75 per cent over the period 1990-2008, these countries include Bhutan as well as a former LDC, Maldives. Another 75 countries, including 21 LDCs, are on track toward achieving MDG target 5A, but 65 countries, including 17 are off track to achieving this target. Furthermore, 27 countries, including Lesotho, Somalia and Zambia - witness a stagnation or even reversal in maternal mortality ratios.

**Chart 8: Maternal Mortality Ratio, 1990-2008**  
(Maternal deaths per 100,000 live births)



Source: Based on WHO (2010).

## IV. IMPLICATIONS FOR DEVELOPMENT STRATEGIES: FIVE AREAS OF INTERVENTION FOR A BALANCED, EQUITABLE AND SUSTAINABLE DEVELOPMENT

### 1. Focus Investments on Adolescents and Youth

Adolescents and youth are our present and our future. They not only have a transformative impact on all aspects of societies, including the economic, social, cultural and political, they will also be the parents and teachers of the next generation. As it has been mentioned before, people under 25 make up 44.5 per cent of the world's population, but the percentage reaches 60 per cent in the least developed countries. Their choices will determine the next population wave. When young people can claim their right to health, education and decent working conditions, they become powerful force for economic development and positive change.

Yet, many suffer from limited service, poor education and considerable health risks. They face high risks to their sexual and reproductive health, yet have the least access to information and services. Early or unintended pregnancies deny many adolescents and youth the chance to complete their education or establish themselves. Many young people are also negatively affected by environmental degradation, political instability and violence, as well as an unfavourable economic environment, sluggish economic development and limited employment opportunities.

In the least developed countries, which continue to have a high fertility and high population growth, particularly in the younger ages, the capacity to seize the demographic dividend, crucially depends on investing in education and ensuring employment of younger generations. In many countries there is a growing gap between expectations and the realities confronted by younger generations. The younger labour force suffers from higher unemployment, underemployment and vulnerable employment than the adult labour force. The marginalization of younger people in the labour force, particularly in the least developed countries, is the most dramatic form of marginalization confronted by younger generations. It not only impairs their efforts to live a more prosperous life; it also negatively affects their participation in political, social and cultural life more broadly.

The younger generations in the least developed countries make up, not just a particularly large share of the population, but they also make up a large share of migrants to the urban agglomerations. The decision to leave the rural areas and move to cities is often motivated by the search for economic opportunities, but also by the search for new social and cultural values and networks. The stories of young people published in the Youth Supplement to UNFPA's 2007 Report on urbanization provide a powerful illustration of these dynamics (UNFPA, 2007b): "Their stories give a sense of the lives of young women and men and the opportunities, pressures, and risks of modern urban living: as migrants who have left the countryside to work and make their home in the cities; as community organizers fighting for better housing and services in the margins of cities; as victims of sexual abuse and violence; sometimes even as perpetrators of violence themselves; as young women freed from traditional gender roles and discrimination; and as urbanites involved in music and culture to escape from urban poverty and insecurity, and to celebrate their lives".

The expectations that countries have in the younger generations — to be a driver of development and contribute to a further increase in living standards — must be matched by concomitant investment that favour the younger generations. Such investments are not only a question of economic necessity, but also a question of social justice and indeed human rights. Countries will need to focus on developing the human capital that enables younger generations to work towards their dreams - and this starts with appropriate investment in sexual and reproductive health care and education, and requires a particular focus on overcoming gender discrimination - but countries will also need to focus on developing the necessary economic, social and political conditions that allow younger generations to thrive.

The most recent violent clashes between young populations and the establishment in Northern Africa highlight the importance of strong economic development, which provides productive employment, food security and economic opportunities for younger generations, but also the importance of political participation, which

enables younger generations to make their voices heard. During demonstrations in the streets of Cairo, one young man was saying “the government oppresses all the people, no money, no jobs, no good life”, another was shouting “[...] we want to eat, we want life, we want to build a home” (Financial Times, 29/30 January 2011: 2). The countries in North Africa do not fall into the group of least developed countries, however, like countries in North Africa and the Middle East many least developed countries have large youth populations and suffer from massive unemployment and underemployment.

In conclusion, governments need to design and implement supportive policies that give young people opportunities to reach their full potential and provide the information, including sexuality education, and services young people need to protect their sexual and reproductive health and make informed decisions. But also, civil society organizations must represent young people and amplify their voices and viewpoints so that they are heard and considered by decision-makers. Adolescents and young people must take advantage of opportunities to continue to speak out and participate in the future of your countries.

Investment in adolescents and youth must make a special effort not to leave out young girls and women. Fewer women than men benefit from advanced education and fewer are able to escape poverty. Eliminating child marriage, enabling adolescent girls to delay pregnancy, ending discrimination against pregnant girls, and providing support to young mothers can help ensure that girls complete an education (Box 2).

### **Box 2: Breaking the Trap by Supporting the Poorest Girls at Risk of Child Marriage**

Today, one in seven girls in the developing world marries before age 15. If present trends continue, an additional 100 million girls are expected to marry in the next decade: that amounts to 25,000 girls married each day in the next ten years<sup>9</sup>. Despite these staggering numbers, child marriage is still a silent, underreported reality and one of the most egregious human rights violations. This harmful practice disrupts their education, denies them of their childhood, and limits their opportunities. Moreover, child marriage brings high development costs by entrenching girls and their future families in lives of poverty.

Child marriage violates girls’ rights in many ways and seriously jeopardizes their health. With much older husbands, married girls lack power to refuse unwanted and unprotected sexual intercourse. Child marriage exposes young married girls to greater risk of HIV and sexually-transmitted infections (STIs). Married girls are often expected to have children as soon as they are married. These youngest, first-time mothers face significant risks during pregnancy, including obstetric fistula and maternal death. Indeed, pregnancy-related complications are the number one killers of girls in the age 15-19 years.

In the Amhara region of Ethiopia, rates of child marriage and early childbearing (as well as consequences such as obstetric fistula) are among the highest in the world. Nearly half of all girls are married by their 15<sup>th</sup> birthday. Berhane Hewan is working to change that. Amharic for “Light for Eve”, Berhane Hewan is designed to build the knowledge, skills, and resources of adolescent girls so they can avoid early marriage and increase their life options. The programme also sensitizes communities about the dangers and risks of child marriages, and seeks alternatives to the practice.

The programme also supports married girls. Developed with extensive community involvement, girls learn functional literacy, life skills, and reproductive health. They are encouraged to attend school, and they participate in married and unmarried girls’ clubs led by adult female mentors. They also have the opportunity to save money. Girls who attend the programme regularly for 18-24 months are awarded a lamb. Evaluation results show that younger girls in the programme were more likely to defer marriage and be in school compared to their peers in other villages. Community involvement is one of the keys to the program’s success: 96 per cent of participants remain unmarried after two years in the programme. This is significant given delaying the age at first birth reduces adverse birth outcomes, including maternal mortality and morbidity. Additionally, married girls in the programme were more than three times as likely to use family planning methods. This project provides adolescent girls with education to help them delay marriage and promotes community conversations in which parents and religious leaders discuss child marriage and issues that affect the girls’ well-being.

Berhane Hewan is run by the Ministry of Youth and Sports and the Amhara Region Youth and Sports Bureau, with support from UNFPA, the Nike Foundation/UN Foundation, and technical support from the Population Council. UNFPA also advocates, through the Ethiopian Orthodox Church, to encourage Priests to refrain from conducting or blessing such marriages. At this stage, various initiatives are underway to scale up the programme in different parts of the country, while supporting its continuity and sustainability in existing villages with the active involvement of the government and communities.<sup>10</sup>

## 2. Increase Access to Sexual and Reproductive Health Care and Empower Women

Inadequate access to reproductive health care means a large unmet need for family planning services and contributes to high levels of fertility. Improved access to reproductive health care and family planning not only contribute to a reduction of the maternal and child mortality and a decreasing spread of sexually transmitted diseases, it also empowers women to decide the timing, spacing and number of their children.

Providing women with family planning, as well as maternal and newborn health services would result in a decline in maternal deaths by an estimated 70 per cent compared to a decline of 57 per cent if countries invested in maternal and newborn health care without addressing family planning needs. It is further estimated that the integrated provision of these services would result in a reduction by more than 60 per cent of healthy years of life lost due to disability and premature death among women and newborns. Addressing contraceptive needs would also reduce unintended pregnancies, as well as abortions and associated complications. The number of women requiring medical care for complications from unsafe abortion could be reduced by as much as 73 per cent, had contraceptive needs of women been addressed in the first place (United Nations, 2010a).

In short, access to reproductive health care including family planning ensures that more women survive hemorrhage and infection, fewer women suffer from fistula, infertility and other pregnancy/ childbirth-related health problems, and newborns have better chances of surviving asphyxia, low birth weight and infection (United Nations, 2010a).

Besides the obvious medical benefits, access to reproductive health care, helps to empower women. By giving women and their families a chance to plan the number, timing and spacing of their children, access to reproductive health care also gives women a chance to better balance their reproductive and productive objectives, pursue higher education and combine child-bearing with employment. Finally, as the size of families declined, investments in each family member tend to increase. This has positive effects on the education of children, as well as the prospects of children to escape poverty (Box 3).

“Sexual and reproductive health interventions are a good investment and the benefits of such interventions

### **Box 3: Breaking the Trap by Addressing the Linkages between Population and Poverty and Improving Access to Reproductive Health Care**

Population is implicated in the determination of poverty in a number of ways, some more superficial, some more profound. At the aggregate level, one major difference between the LDCs of Sub-Saharan Africa and the Asian LDCs is the much higher rate of population growth of the former. This means that, even if the proportion of poor is being reduced at the same rate in both, the absolute number of poor in the former is growing, whereas the same does not necessarily happen in the latter. In Burkina Faso, for example, the incidence of extreme poverty between 1994 and 2003 decreased from 71.2 per cent to 56.5 per cent, but because population growth was high and actually increased during this period, there were about 3 per cent more poor in 2003 than in 1994. In Bangladesh, on the other hand, extreme poverty decreased somewhat less between 1996 and 2005: from 59.4 per cent to 49.6 per cent. But because population growth in Bangladesh was substantially lower, the number of poor in this country fell by about 2 per cent.

This would be little more than an arithmetical truism, however, if there were not more fundamental ways in which poverty is linked to population. Due to its lower fertility, 65.2 per cent of the population of Bangladesh in 2010 was between the ages of 15 and 65, compared to only 51.2 per cent of the population of Burkina Faso. This phenomenon, of increased proportions of the population in the productive ages, as a consequence of lower fertility, has been called the demographic bonus or demographic dividend (see discussion above). By itself, it does not guarantee economic growth or poverty reduction, but it does provide an opportunity, during a period of a few decades, to make significant advances in both of these.

Disaggregating the population by poverty status, one also notes that it is the poorest population segments that contribute most to high fertility, often against their will. In Burkina Faso, the richest 20 per cent of women are the only ones that, on average, have fewer children (3.6) than they would like to have (4.3), whereas women in the other strata have

on average 0.6 children more than they would like. In Bangladesh, the richest 20 per cent manage to have exactly the number of children they want (2.2), but the poorest 20 per cent of women, who have almost the same fertility goal (2.3 children), actually have one more child, on average, than this stated goal. This reflects a major difference in the degree to which poor and rich women have the opportunity to convert their fertility goals into actual outcomes.

These differences have actual implications for the chances of poor families to rise out of poverty. Research in countries where families have been accompanied over time shows that families with small numbers of children are less likely to fall into poverty and take less time to rise out of it, when they do. There are several reasons for this. The main ones are:

- Families with fewer children have a higher proportion of members that are potentially economically active and that can be mobilized in times of need;
- Families with fewer children can invest more in human capital formation, per child;
- Families with fewer children have longer birth spacing between them, thereby reducing episodes of malnutrition and infection which increase the human and monetary cost of raising a given number of children to adulthood.

Reproductive health care, apart from affecting poverty through the number of children, also contributes to poverty reduction in other, more direct ways. For example, one of the ways in which families often fall into poverty is as a consequence of catastrophic health expenditures, which force them to liquidate assets. Primary health care, including reproductive health care, is one of the mechanisms by which the incidence of such episodes can be reduced.

are far-reaching” (United Nations, 2010a). Yet, this area has suffered from considerable under-investment, to the detriment to the poor and most marginalized populations. Investment in reproductive health care is further weakened by the often limited alignment between donor aid and country priorities, as well as unbalanced funding of different services, fragmentation and unpredictability, all of which have weakened national ownership and long-term sustainability.

Reproductive health care and family planning is often undermined by poverty and gender discrimination. Violence against women and girls also negatively affects their sexual and reproductive health and can result in other chronic health and mental health problems. To address the multiple and interrelated challenges, UNFPA recently developed a Reproductive Rights and Sexual and Reproductive Health Framework which outlines four priority areas to accelerate achievement of universal access to reproductive health within a rights-based, comprehensive and multi-sectoral approach: i) support for the provision of a basic package of sexual and reproductive health services including family planning, pregnancy-related services including skilled attendance at delivery and emergency obstetric care; HIV prevention and diagnosis and treatment of sexually transmitted infections; prevention and early diagnosis of breast and cervical cancers; and care for survivors of gender-based violence, with reproductive health commodity security for each component of the package; ii) the integration of HIV prevention, management and care in sexual and reproductive health services; iii) gender sensitive life-skills based sexual and reproductive health education for adolescents and youth; and iv) sexual and reproductive health services in emergencies and humanitarian crises (UNFPA, 2008).

The empowerment of women is undermined by social and cultural stereotypes, but traditional gender roles can also be reinforced by underdeveloped infrastructure, which requires that women spend a great deal of their time transporting goods, collecting fire wood and fetching water, and effectively undermines their participation in the formal labour markets. The development of vital infrastructure, including transport systems, power grids and water supply, can make strong contributions to women’s empowerment (Sachs, 2003).

Decisive policies are needed that support the empowerment of women on the broadest possible basis, and that help women balance both their productive and reproductive objectives. Ending violence against women, promoting women’s property and inheritance rights; expanding access to reproductive health care and ensuring that women actively participate in governance directly benefits families and communities. Progress in gender equality is also linked to improve human capital, as women’s control over household resources leads to higher investments in children’s health, nutrition and education. Investing in gender equality has short- and long-term social and economic multiplier effects (Box 4).

#### **Box 4: Breaking the Poverty Trap by Promoting Gender Equality**

The links between increased gender equality and poverty reduction have been known and clear evidence has been accumulating from a range of sectors for the last decade. One of the key findings of recent research by the World Bank is that “other things being equal, gender inequality retards both economic growth and poverty reduction” (World Bank, 2003: 6). Further, there is a reinforcing cycle of poverty and gender inequality that is difficult to break without sustained commitment to multidimensional approaches to development that consistently promote gender equality.

A significant factor in the negative cycle of poverty and gender inequality is poor health. Poverty undermines women’s ability to access health services and particularly inhibits their ability to make independent decisions about their own sexual and reproductive health. When governments and donors neglect to address this negative cycle they are negligent of their human rights obligations (Belhadj and Touré, 2008).

Effective and holistic development strategies to promote gender equality and empower women are needed to ensure social stability and economic growth. Ensuring girls’ and women’s access to education and economic opportunities and equal participation in decision-making at all levels is fundamental to this objective.

Overlapping interventions, for example those that facilitate literacy, SRH education and microfinance, can also foster women’s awareness of political processes and provide them with skills of influence that can be used to advocate for their rights. In Niger, where the maternal mortality ratio is one of the highest in the world, (648 deaths per 100,000 live births)<sup>11</sup>, UNFPA has implemented an innovative strategy known as *Ecole des Maris* (husbands’ schools) to involve men in the promotion of reproductive health and fostering behavioral change at community level. They provide a forum for men to discuss, make decisions and take action on maternal health issues and problems.

Case study development, documentation of evidence and lessons learned and sharing information between development partners is critical to promoting gender equality. The current economic climate requires that interventions be cost-effective and it has been proven that investing in gender equality pays off in better family health, education and well-being, building social capital that is critical to poverty reduction. Borges (2007) notes that women re-invest 90 per cent of their income in families and communities compared to men who reinvest only 30 per cent to 40 per cent of their income. Such gender-differentiated investment patterns lend support to the World Bank’s view that investing in women and gender equality is the basis of sound economics (World Bank, 2006). This is particularly relevant in LDCs, where investments in women must be increased to promote economic development and to attain the MDGs, especially poverty reduction.

### **3. Strengthening Capacity to Integrate Population Dynamics in the Framework of Sustainable Development**

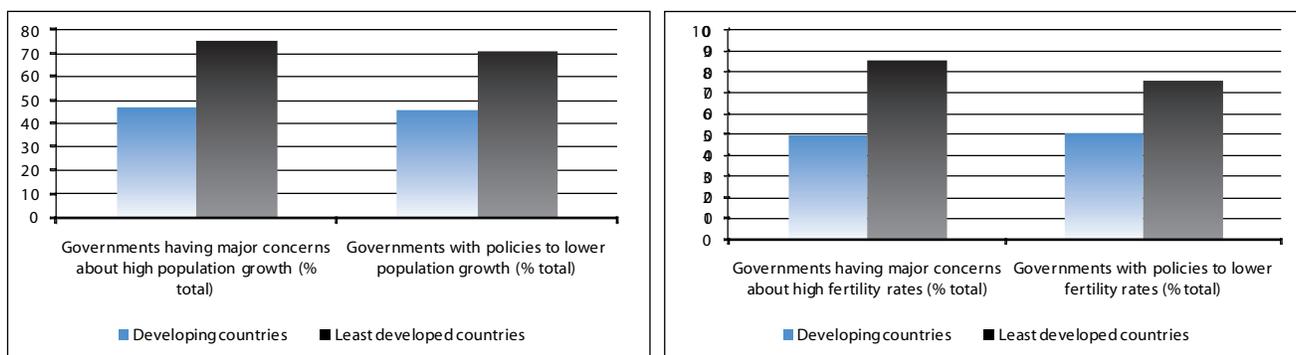
#### **Linking Population Change to Environmental Sustainability**

For every 100 people added to the world’s population over the next years, 97 are in the developing countries. While more and more developing countries are witnessing a marked deceleration of population growth and associated with this a rapid ageing of their populations, the majority of the least developed countries continue to have high population growth.

Reducing poverty and raising living standards in a context of rapid population growth are among the most important challenges faced by LDCs. It would be wrong to assume that the stabilization of populations itself will inevitably lead to more sustainable development, but the stabilization of population is a necessary step towards a more sustainable development trajectory. In this regard, policies that help women to implement their reproductive decisions will have an impact of fertility and therefore on population growth. The relatively high unmet need for family planning in the LDCs indicated that this is an area where policies and programmes still make a major difference.

The majority of the governments of LDCs are concerned with their population growth. According to the most recent survey of the United Nations Population Division more than 70 per cent of the governments of LDCs have “major concerns” about high fertility, high population growth and are pursuing policies to addressing these challenges (Chart 9).

**Chart 9: Government Views and Policies on High Fertility and Population Growth, 2009**



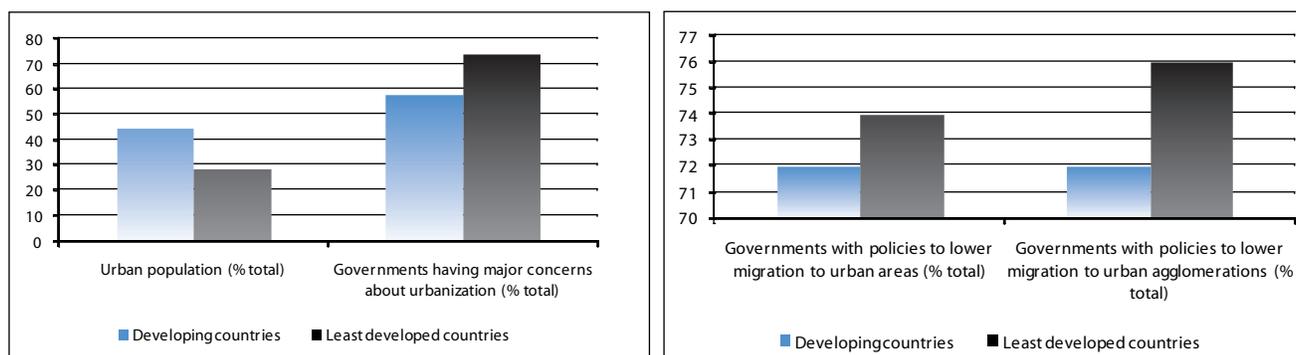
Source: Based on United Nations (2010d)

## Unleashing the Potential of Urban Growth

Over 70 percent of LDC's Governments have major concerns about urbanization, and a similar number have policies in place to reduce migration to urban areas (Chart 10). It is clearly the case that rapid urbanization puts a strain on the ability of cities to provide services and employment to their residents. Yet urbanization is an inevitable process, anti-urbanization policies undermine cities' and countries' ability to plan proactively for urban growth.

Most urban policies are focused on the current state of urban areas and challenges within them. For countries and cities that have already experienced most of their urban transition, this is an appropriate and necessary focus; but in countries where urban population growth has just begun, more forward-looking planning is required.

**Chart 10: Government Views and Policies on Urbanization, 2009**



Source: Based on United Nations (2010d)

In this regard, it is essential to shift from policies attempting to slow or stop urban population growth to policies attempting to seize the associated benefits while ensuring developmental sustainability. This means planning for the land, housing and service needs of the urban poor, particularly as the number of urban poor in least developed countries will increase over the coming decades. Furthermore, many urban areas, including many that are growing at the most rapid rates, are in low elevation coastal zones (Balk et al., 2009). There, the urban poor are frequently relegated to the most vulnerable locations, for instance flood plains.

As population is more concentrated and potentially have access to common information and infrastructure, urbanization can mean better opportunities for governments to provide services, including reproductive health

services, with greater reach, at lower cost per capita. Greater personal interaction in cities also means more interactive spaces that increase the flow of information and create a framework for cultural outreach.

Urbanization can also provide opportunities for energy-efficient growth, as the density of urban areas is more suitable to efficient public transportation systems and low-carbon economic development. While LDCs have historically contributed very little to global greenhouse gas emissions, planning for more efficient urban areas will lessen reliance on natural resources and provide more opportunities for the urban poor, in addition to reducing future emissions.

Urbanization is an integral part of the development process—one that can lead to better education, more economic opportunity and increased access to services and infrastructure. At the same time, many problems of urban areas, and particularly those that urban areas in LDCs are vulnerable to — insecure housing tenure, unequal access to services and infrastructure, inequality and environmental degradation — will be exacerbated by fast-paced growth without proper planning.

Efforts to discourage rural-urban migration are often ineffective and merely distract from the need to plan for future urban expansion, which will inevitably happen. Further investment in urban areas however must be complemented by investments in the rural areas, and generally policies should seek to strengthen the linkages between both. This is especially true in the least developed countries, where the number of people in the rural areas will continue to grow over the next decades, even though the share of the rural population in the total population is shrinking.

In conclusion, urbanization can be a powerful driver of economic and social development and at the same time it can help to reduce environmental impacts. As populations continue to grow, it makes environmental and economic sense for populations to move closer together in urban areas. Urbanization enable countries to provide essential services, including health and education, at lower costs per capita and also allows for economies of scale in the development of vital infrastructure, including housing, water, sanitation and transport. Urbanization can also reduce energy consumption, particularly in transport and housing, and it can create interactive spaces that further cultural outreach and exchange.

#### **4. Unfolding the Linkages between Population and Climate Change**

Climate change poses one of the most important challenges to the least developed countries. The climate change hazards LDCs are facing include a rise in sea levels, an increase in average temperatures, and an increasing frequency in droughts and floods. These changes have a major impact also on the agricultural development and on food security. LDCs have contributed negligibly to global emissions, with per capita emissions below the levels that are considered globally sustainable and well below the levels of the advanced economies. Yet LDCs will be among those experiencing the most significant impacts of climate change. Concurrent with increases in expected climate hazards the LDCs are witnessing major changes in the spatial distribution and composition of their populations, inevitably resulting in major changes in exposure, sensitivity and adaptive capacity.<sup>12</sup>

Growing populations in both low elevation coastal zones and drylands, including rural urban migrants, will have to cope with increased exposure to climate hazards. Both agricultural and nomadic or seasonal migratory livelihoods are extremely sensitive to changes in temperature and precipitation patterns. And people's education, health and access to services will shape their capacity to adapt in the face of a changing environment (Guzman et al., 2009).

LDCs have significant challenges in their response to climate change, including human and institutional capacities, lack of financial resources and limited access to technology (United Nations and UNFCCC, 2011). Amidst these challenges, ensuring focus on the most vulnerable populations, and that adaptation has people at the centre is essential. Integrating population dynamics and data into LDC climate change responses will help to identify and support the most vulnerable, while at the same time linking physical and social dimensions of adaptation, pushing the time horizon of decision-making towards the long term, and helping countries shift from reactive to anticipatory adaptation.

## 5. Making Data an Instrument of Public Policy and Development

Vulnerability is one of the outstanding challenges of current times, and a defining characteristic of the world's least developed countries. There is an urgent need to better understand the determinants of vulnerability of the LDCs, in order to develop appropriate policy responses; guide investment in physical and human capital; strengthen institutional capacities; and promote a more sustainable path of development.

Valid, reliable, timely, culturally relevant and internationally comparable data enable social and economic research and evidence-based policy making that effectively targets development objectives and the most vulnerable and poor populations. Data are of crucial for sound and successful policy and programme development, implementation, monitoring and evaluation in response to population dynamics and changing policy contexts influencing every aspect of human, social and economic development.

Policy-making in most LDCs is hampered by the lack of timely and reliable data. Based on information from the International Household Survey Network (IHSN), since 2006 there are only 13 least developed countries that conducted a Demographic and Health Survey (DHS) and only 17 that conducted a Multiple Indicator Cluster Survey (MICS) (Table 3).

With respect to censuses, 27 least developed countries conducted their census consecutively in the last three census rounds (Table 6, Annex). Six LDCs that are conducting a census in the 2010 round, did not conduct a census in the round of the 2000 census, but have 1990 census data to rely on. Eight other LDCs did not conduct a census in the previous two rounds but have their census scheduled for the 2010 round (United Nations, 2011b).

Better data collection can help to break the trap in which many LDCs are unable to properly assess development challenge and design effective policies. Good data is necessary to assess demographic trends and needs, prepare risk and shock analysis of households, economies and states and identify coping mechanisms to mitigate vulnerabilities. Marginalized and excluded groups can be identified and targeted accordingly for intervention. Disaggregated data is not only a mechanism for identifying such inequalities and inequities; it is at the same time a powerful tool for advocacy and empowerment.

**Table 3: Countries with DHS and MICS after 2006**

DHS Surveys		MICS Surveys	
Country	Year	Country	Year
Bangladesh	2007	Angola	2008
Benin	2006	Bangladesh	2006
DRC	2007	Burkina Faso	2006
Liberia	2007	Central African Republic	2006
Mali	2006	Djibouti	2006
Nepal	2006	Cambodia	2006
Niger	2006	Guinea-Bissau	2006
Rwanda	2007	Lao PDR	2006
Sierra Leone	2008	Malawi	2006
Solomon Islands	2006	Mauritania	2007
Tanzania	2007	Mozambique	2008
Uganda	2006	Niger	2006
Zambia	2007	Sao Tome and Principe	2006
		Somalia	2006
		Sudan	2006
		Togo	2006
		Yemen	2006

Source: Based on International Household Survey Network (IHSN) Central Survey Catalog.

To anticipate and plan for population dynamics before they unfold, rather than reacting to them after they pose challenges, UNFPA is helping governments to identify and support the most vulnerable populations, which begins with a careful examination of current and future population trends (Box 5). To this end, UNFPA assists developing countries in collecting and analyzing population data, and has developed a regionally-specific guide to Population Situation Analysis (UNFPA, 2011b).

#### **Box 5: Breaking the Trap through the Data that Help to Build Evidence-based Policy Making**

Reliable data collection provides better information on the realities in the countries, thus enabling the government to take better decisions important for policy formulation. Data can reveal striking situations in countries. When analysis of census and survey data identified skewed sex-ratio in Asia or levels of migration necessary to counteract declining and ageing populations policy debate heated up.

Many countries have made demonstrable progress in obtaining data through their censuses, demographic and thematic surveys as well as administrative registers, such as birth and death recording systems. However, there are still notable gaps in the availability of data on topics such as international and internal migration, environmental vulnerability, women's reproductive health and gender issues in emergency responses. Much remains to be done to analyze and use this data to foster sound, evidence-based policy-making and programming.

UNFPA supported more than seventy countries during the 2010 census round, either by providing direct technical assistance or through brokering knowledge and identifying external experts for support.

In October 2010, UNFPA assisted the National Statistical Office of Malawi in the preparation of population projections at the national and district level based on the 2008 census results. The projections indicated the persistence of a young population structure and identified important future trends, such a population growth, especially of the working age population. The Commissioner of Statistics indicated that the projections would be a useful source of information for the next years and promotes the maximum use of the results as a basis for evidence-based population policy design and planning.

In Ethiopia in 2008, the Census Commission presented the 2007 census report to the House of Peoples' Representatives with discrepancies between the enumerated and projected population of the state of Amhara. Representatives raised concerns about the differences, reducing the population of the state by 2.4 million, compared to the projection made in 1994. It is likely that the main difference was due to the effect of migration on population size. Migration could, however, not be estimated because of data problems, particularly missing data due to dual coding. A second possible error could have resulted from incomplete coverage of the 1994 census and duplications and omissions of households in some enumeration areas. In a difficult and complex operation like the census, minor errors can invalidate an entire process and result in inconsistencies and political conflict. Ethiopia considers an inter-censal survey in order to address these issues.

## **IV. THE WAY FORWARD**

The story of Beatrice from Zambia (Box 1), gives a human face to the many complex development challenges confronted by LDCs. These challenges have to do with adequate access to health care an education, but also with economic and social opportunities.

Poverty traps exist at many levels, the individual, household, country and global; and these traps can reinforce each other. To break these traps and promote sustained and sustainable development requires more balanced development strategies and policies on behalf of the developing countries as well as their development partners. There is an emphasis, particularly after the second half of 1990s, on the promotion of human and social development. This shift was encouraged by a series of international land mark, including the United Nations Conference on Environment and Development (Earth Summit, June 1992, Rio de Janeiro); World Conference on Human Rights (June 1993, Vienna); International Conference on Population and Development (September 1994, Cairo); World Summit for Social Development (March 1995, Copenhagen); Fourth World Conference on Women (September 1995, Beijing); and Second United Nations Conference on Human Settlements (June 1996, Istanbul).

The inception of the Millennium Development Goals has been associated with a major refocusing of official development assistance. Since the turn of the millennium, the share of development assistance dedicated to economic development (infrastructure and production) has significantly declined, whereas the share of development assistance allocated to social development (education, health and population-related issues) has considerably increased (UNCTAD, 2006 and 2007).

The increase in aid for population-related matters, including spending on sexual and reproductive health, was the second largest, following the increase of aid for governance-related matters, including support to civil society organizations. Yet, despite this increase, development aid provided for population-related matters remains insufficient to ensure the attainment of population-related development objectives. During the past years the cost associated with the implementation of the ICPD agenda has more than tripled which is largely due to an increase in the cost for HIV/AIDS related interventions. According to the latest estimates, the annual cost for the implementation of this agenda alone amounts to US\$ 64 billion in 2010 - almost half of total development assistance provided last year - and this amount is expected to increase to almost US\$ 70 billion by 2015 (UNFPA, 2009a). The summary of UNFPA's study on the financing of the ICPD agenda for the African region therefore concludes that "while funding has increased, the resources mobilized are inadequate to meet current needs and costs which have grown tremendously since the targets were agreed" (UNFPA, 2009b: 5).

The past decades have highlighted the need for a more balanced approach to development, which goes beyond a narrow focus on economic or social development objectives and instead emphasizes the complementarity and integration of economic and social objectives. Accordingly, the LDCs and their development partners will need to place greater emphasis on the development of productive capacities in the context of a more inclusive social and human development. Access to sexual and reproductive health care and gender empowerment in particular are key components of this strategy and they remain outstanding challenges that need to be addressed.

Population issues are intrinsically and inseparably linked to the ambition of LDCs to foster their development, and therefore assume a central place in their development and poverty reduction strategies. Population dynamics constitute pressing development challenges in themselves - large and growing youthful population and fast-paced urbanization - but these population dynamics also influence high priority development objectives - poverty reduction, food security, environmental sustainability, and climate change adaptation and mitigation.

To ensure universal access to health care, including reproductive health care, as well as universal attainment of education, including secondary education, will require that investments keep up with the population growth and the changing location of the population. Hitherto countries have often reacted to population dynamics after they unfolded, rather than anticipating population dynamics with appropriate actions to follow.

Poverty reduction requires higher economic growth -- which calls for a strengthening of productive capacities -- but environmental sustainability requires green economic growth -- which depends on more sustainable patterns of consumption and production. Accordingly, it is essential that efforts to promote economic development through a strengthening of productive capacities be systematically linked to efforts to promote environmental sustainability through more sustainable patterns of production and consumption.

This report highlights five areas of intervention that can be considered as key elements of a more balanced, equitable and sustainable development strategy: i) focus Investments in adolescents and youth; ii) increase access to sexual and reproductive health care and empower women; iii) strengthening capacity to address integrate population dynamics in the framework of sustainable development; iv) unfolding the linkages between population and climate change; and v) making data an instrument of public policy and development. Investments in all these areas can help to enlarge people's choices and opportunities and add up to make a big difference in a country's development. All these areas can be considered as key elements of sustainable development strategies for LDCs.

### 1. The Least Developed Countries

The Least Developed Countries (LDCs) represent the poorest and weakest segment of the international community. Extreme poverty, the structural weaknesses of their economies and the lack of capacities related to growth, often compounded by structural handicaps, hamper efforts of these countries to improve the quality of life of their people. These countries are also characterized by their acute susceptibility to external economic shocks, natural and man-made disasters and communicable diseases. The current list of LDCs includes 48 countries; 33 in Africa, 14 in Asia and the Pacific and one in Latin America. Cape Verde graduated from the list at the end of 2007, and the Maldives at the beginning of 2011.

In its latest triennial review of the list of Least Developed Countries (LDCs) in 2009, the Committee for Development Policy used the following three criteria for the identification of the LDCs:

A **low-income** criterion, based on a three-year average estimate of the gross national income (GNI) per capita (under \$905 for inclusion, above \$ 1,086 for graduation);

A **human capital** status criterion, involving a composite Human Assets Index (HAI) based on indicators of: (a) nutrition: percentage of population undernourished; (b) health: mortality rate for children aged five years or under; (c) education: the gross secondary school enrolment ratio; and (d) adult literacy rate; and

An **economic vulnerability** criterion, involving a composite Economic Vulnerability Index (EVI) based on indicators of: (a) population size; (b) remoteness; (c) merchandise export concentration; (d) share of agriculture, forestry and fisheries in gross domestic product; (e) homelessness owing to natural disasters; (f) instability of agricultural production; and (g) instability of exports of goods and services.

To be added to the list, a country must satisfy all three criteria. In addition, since the fundamental meaning of the LDC category, i.e. the recognition of structural handicaps, excludes large economies, the population must not exceed 75 million. To become eligible for graduation, a country must reach threshold levels for graduation for at least two of the aforementioned three criteria, or its GNI per capita must exceed at least twice the threshold level, and the likelihood that the level of GNI per capita is sustainable must be deemed high.

With regard to the 2009 triennial review of the list, the CDP recommended that Equatorial Guinea be graduated from the list of least developed countries. Tuvalu and Vanuatu were considered eligible but not recommended for graduation due to doubts about the sustainability of their progress. Kiribati, which had met the criteria for the first time in the 2006 review was no longer, found eligible. Samoa, initially scheduled for graduation in December 2010, was found to have shown continued positive development progress. However, due to the devastating tsunami that hit the island in 2009, it was decided to postpone Samoa's graduation from December 2010 to January 1, 2014.

## The Least Developed Countries

### Africa (33)

1	Angola	18	Madagascar
2	Benin	19	Malawi #
3	Burkina Faso #	20	Mali #
4	Burundi #	21	Mauritania
5	Central African Republic #	22	Mozambique
6	Chad #	23	Niger #
7	Comoros *	24	Rwanda #
8	Democratic Republic of the Congo	25	São Tomé and Príncipe *
9	Djibouti	26	Senegal
10	Equatorial Guinea	27	Sierra Leone
11	Eritrea	28	Somalia
12	Ethiopia #	29	Sudan
13	Gambia	30	Togo
14	Guinea	31	Uganda #
15	Guinea-Bissau *	32	United Republic of Tanzania
16	Lesotho #	33	Zambia #
17	Liberia		

### Asia (14)

1	Afghanistan #	8	Nepal #
2	Bangladesh	9	Samoa *
3	Bhutan #	10	Solomon Islands *
4	Cambodia	11	Timor-Leste *
5	Kiribati *	12	Tuvalu *
6	Lao People's Democratic Republic #	13	Vanuatu *
7	Myanmar	14	Yemen

### Latin America and the Caribbean (1)

1	Haiti *
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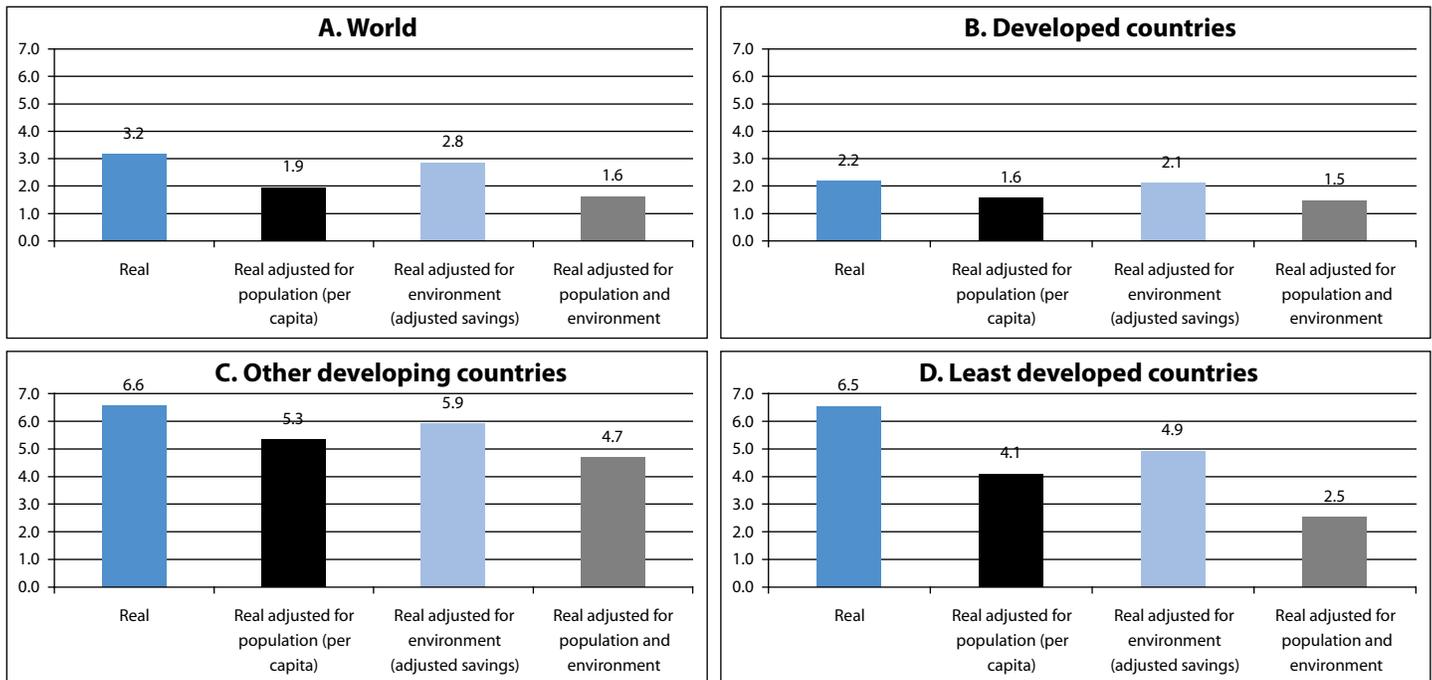
Source: UN-OHRLLS, website, 10 March 2011

Notes: # Also Landlocked developing country (LLDC)

\* Small Island Developing States (SIDS)

## 2. Charts and Tables

**Annex Chart 1: Average Rate of Real Economic Growth Adjusted for Population and Environmental Depletion and Damages, Average 2000-2008**



Source: Estimates, based on World Bank, World Development Indicators, online, 17 February 2011.

Note: Environmental adjustments account for damages caused by carbon dioxide and particulate emissions, as well as depletion of energy, minerals and forests.

Rate of economic growth is based on log estimation.

**Annex Table 1: Population Living on Less than \$1 and Less than \$2 a Day in LDCs, 1990-2005**

	less than \$1 a day				between \$1 and \$2 a day				less than \$2 a day			
	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005
Percentage of total population												
<b>LDCs</b>	40.4	40.8	38.9	36.1	41.2	39.6	39.8	39.6	81.6	80.4	78.8	75.7
African LDCs	49.7	49.3	46.9	43.9	34.2	33.7	35.3	36	83.9	83.1	82.2	79.9
Asian LDCs	26.9	28.3	26.9	24	51.4	48.1	46.7	45.2	78.3	76.4	73.6	69.2
Million												
<b>LDCs</b>	212.4	245.2	264.6	277	216.4	237.8	270.5	303.8	428.8	483	535.1	580.8
African LDCs	154.9	176.1	192	205.6	106.5	120.5	144.4	169	261.4	296.5	336.4	374.6
Asian LDCs	56.9	68.4	71.9	70.6	108.7	116.1	124.8	133.3	165.6	184.5	196.7	203.9

Source: UNCTAD (2008).

## Annex Table 2: Rural and Urban Fertility Rates and Largest City Population

	Total fertility rate				Largest city	Largest city population (in thousands)			
	Rural areas (a)	Urban areas (b)	Largest city (c)	Difference (c-a)		Total at period closest to survey	Total in 2009	% of national urban population in 2009	% of national total population in 2009
<b>LDCs</b>									
Burkina Faso (2003)	6.5	3.4	2.8	3.7	Ouagadougou	1475	1777	45.4	11.3
Congo DR (2007)	7	5.4	3.7	3.3	Kinshasa	7274	8401	36.8	12.7
Ethiopia (2005)	6	2.4	1.8	4.2	Addis Ababa	2738	2863	21	3.5
Haiti (2005-06)	5	2.7	2.2	2.8	Port-au-Prince	876	2643	52.1	26.3
Liberia (2009)	7.5	4.2	3.5	4	Monrovia	1011	882	47	22.3
Mali (2001)	7.2	5.4	4.8	2.4	Bamako	1809	1628	35.7	12.5
Mozambique (2003)	6.1	4.4	3.2	2.9	Maputo	1767	1589	18.4	6.9
Niger (2006)	7.3	6.1	5.4	1.9	Niamey	708	1004	38.7	6.6
Rwanda (2005)	6.3	4.9	4	2.3	Kigali	603	909	49	9.1
Senegal (2008-9)	5.8	4	3.7	2.1	Dhakar	2243	2777	52.6	22.2
Sudan (1989-90)	5.3	3.9	3.7	1.6	Khartoum	4273	5021	30.2	11.9
Togo (1998)	6.3	3.2	2.7	3.6	Lomé	1377	1593	56.3	24.1
Zambia (2007)	7.5	4.3	4.1	3.4	Lusaka	1085	1413	30.7	10.9
Bangladesh (2007)	2.8	2.4	2.8	0	Dhaka	..	14251	31.9	8.8
Cambodia (2005)	3.5	2.8							
<b>Other developing countries</b>									
Cameroon (2004)	6.1	4	3.2	2.9	Douala/Yaounde	2743	2053	18.3	10.5
Congo (2005)	6.1	3.8	3.6	2.5	Brazzaville	1375	1292	56.9	35.1
Cote d'Ivoire (1998-99)	6	4	3.4	2.6	Abidjan	2878	4009	38.2	19
Ghana (2008)	4.9	3.1	2.5	2.4	Greater Accra	1659	2269	18.8	9.5
Kenya (2003)	5.4	3.3	2.7	2.7	Nairobi	2948	3375	38.8	8.5
Zimbabwe (2005-06)	4.6	2.6	2.5	2.1	Harare-Chitungwiza*	1766	1606	34	12.8
Indonesia (2007)	2.8	2.3	2.1	..	Jakarta*	8839	9121	9	4
Philippines (2008)	3.8	2.8	2.3	..	National Capital Region	11553	11449	25.6	12.4
Sri Lanka (1987)	2.8	2.1	2.1	..	Metro Colombo	647	681	23.5	3.4
Thailand (1987)	2.4	..	1.7	..	Bangkok	6355	6902	30.3	10.2

Source: Basten et al. (2011a).

**Annex Table 3: Main Indicators of Population Dynamics, 2005-2010 and 2045-2050**

	2005-2010	2045-2050
<b>Least developed countries</b>		
Crude birth rate (births per 1,000 population)	34.8	19.5
Crude death rate (deaths per 1,000 population)	11.4	7.7
Net migration rate (per 1,000 population)	-0.4	-0.3
Rate of natural increase (increase/ decrease per 1,000)	23.4	11.8
Change in population size (increase/ decrease per 1,000)	23.0	11.5
Average population growth rate (%)	2.3	1.15
Life expectancy at birth by sex, total average (years)	55.9	68.5
Life expectancy at birth by sex, male average (years)	54.7	66.7
Life expectancy at birth by sex, female average (years)	57.2	70.4
<b>Other developing countries</b>		
Crude birth rate (births per 1,000 population)	20.2	12.5
Crude death rate (deaths per 1,000 population)	7.5	10.1
Net migration rate (per 1,000 population)	-0.5	-0.3
Rate of natural increase (crude birth rate - crude death rate)	12.7	2.4
Change in population size (increase/ decrease per 1,000)	12.2	2.1
Average population growth rate (%)	1.2	0.21
Life expectancy at birth by sex, total average (years)	67.7	75.9
Life expectancy at birth by sex, male average (years)	66.0	73.8
Life expectancy at birth by sex, female average (years)	69.6	78.1
<b>Developed countries</b>		
Crude birth rate (births per 1,000 population)	11.2	10.2
Crude death rate (deaths per 1,000 population)	10.1	12.7
Net migration rate (per 1,000 population)	2.2	1.9
Rate of natural increase (crude birth rate - crude death rate)	1.1	-2.5
Change in population size (increase/ decrease per 1,000)	3.3	-0.6
Average population growth rate (%)	0.3	-0.07
Life expectancy at birth by sex, total average (years)	77.1	82.8
Life expectancy at birth by sex, male average (years)	73.6	79.9
Life expectancy at birth by sex, female average (years)	80.5	85.6

Source: United Nations (2009a).

Note: Rate of natural increase = crude birth rate - crude death rate. Change in population size = rate of natural increase + net migration rate.

## END NOTES

<sup>1</sup> For a methodology on adjusting the wealth of nations to damages of the natural environment and depletions of resources, see United Nations (2003) and World Bank (2010).

<sup>2</sup> Data from UNCTAD (2002 and 2008) are widely considered as the most comprehensive, robust and internationally comparable poverty estimates for the LDCs. For brevity, extreme poverty is referred to as \$1 poverty, but the actual threshold is \$1.25 in 2005 purchasing power parities for survey-based poverty estimates, and \$1.08 in 1993 purchasing power parities for national accounts consistent poverty estimates. The threshold for \$2 poverty is \$2.17 for national-accounts consistent poverty estimates. For a discussion of the different poverty estimates, see for example Karshenas (2001).

<sup>3</sup> As part of the UN's Rapid Impact and Vulnerability Analysis, UNFPA has produced three in-depth case studies examining the effect of the global financial and economic crisis on the health care sector and on families in Columbia, Ethiopia and Jordan.

<sup>4</sup> For a discussion of development and structural change in a labour surplus economy, see also Fei and Ranis (1964), and Lewis (1954).

<sup>5</sup> Harmonized unemployment rate as provided by the OECD Main Economic Indicators (MEI), Labour Force Statistics, online, 11 April 2011.

<sup>6</sup> Based on survey-based poverty estimates (United Nations, 2010c).

<sup>7</sup> Estimates based on the United Nations (2009).

<sup>8</sup> To see it in statistical perspective, adolescent birth rates are the number of births per 1,000 girls between the ages of 15 and 19. The contraceptive prevalence rate is the percentage of women who are married or in union and of reproductive age (15-49 years old), using any method of contraception, either modern or less reliable traditional methods. The unmet need for family planning is the proportion of women not using contraception among women of reproductive age (15-49 years old), who are either married or in union, fecund and sexually active, but do not want any more children or would like to delay the birth of their next child for at least two years.

<sup>9</sup> ICRW child marriage fact sheet: <http://www.icrw.org/child-marriage-facts-and-figures>

<sup>10</sup> Using the Convention on the Rights of the Child as a framework, these rights include the right to life, health, education, participation, protection from harmful practices, and freedom from abuse and exploitation. It is a violation of Article 16(2) of the Universal Declaration of Human Rights, which provides: "Marriage shall be entered into only with the free and full consent of the intending spouses."

<sup>11</sup> UNFPA Niger: <http://niger.unfpa.org/docs/SiteRep/Ecole%20des%20maris.pdf>

<sup>12</sup> Vulnerability to the impacts of climate change is at the intersection of exposure, sensitivity and adaptive capacity (IPCC, 2007).

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## ACKNOWLEDGEMENTS

The report was prepared by the Population and Development Branch of the Technical Division of UNFPA. This paper was written by Michael Herrmann, Jose Miguel Guzman, Sabrina Juran and Daniel Schensul, with inputs and comments from Werner Haug, Ralph Hakkert, Aminata Toure, Sylvia Wong, Edilberto Loaiza, Gayle Nelson, Ann Pawliczko from UNFPA, as well as Haider Ali Khan, University of Denver.



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

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ISBN 978-0-89714-981-5

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