

## **Forty-seventh session of the Commission on Population and Development**

**Presentation on the key linkages between population dynamics and the theme  
for the 2014 annual ministerial review**

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**New York, 9 April 2014**

Mr. Chairman,  
Distinguished delegates,  
Ladies and gentlemen,

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It is an honour to make a short presentation on key linkages between population dynamics and the theme of the 2014 Annual Ministerial Review.

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I will focus on five examples of how population dynamics address on-going and emerging challenges for meeting the MDGs and for sustaining development gains in the future. The examples are on population growth, persistent gaps in reproductive health, shifts in the age structure of populations, international migration and the increasing demand for population data.

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Population growth plays a crucial role in both planning for health service expansion and monitoring progress. Consider three key indicators under MDG5 for the sub-Saharan Africa region. The bars on the left of the chart show change from 1990 to 2011 in the MDG indicators of antenatal care, skilled birth attendance and

contraceptive prevalence. The bars on the right tell a different story in terms of the increase in the absolute numbers of the relevant population receiving the health service.

Progress in the region either stagnated in terms of expanding coverage of antenatal care (reaching about half of all pregnant women in 2011) or had minimal progress over the same period in coverage of skilled birth attendance (from 42 per cent in 1990 to 48 per cent in 2011). However, the absolute number of births for which mothers received care substantially increased (for example, rising from 9 million to 16 million births receiving skilled care during delivery).

Contraceptive prevalence was low in 1990, but more than doubled from 12 per cent of married or in-union women using any method of contraception to 27 per cent in 2011. Yet the absolute number of married or in-union women estimated to be using contraceptives in the region nearly quadrupled over the same period, from 10 million in 1990 to 37 million in 2011.

These examples are a clear indication of the considerable challenges posed by population growth on efforts to deliver basic health services to scale as well as a marker of real progress in the region to meet ever increasing numbers in need of those services.

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The gaps in achieving universal access to reproductive health cut across almost all countries, regardless of population growth.

The relevance of the ICPD Programme of Action and its key actions for further implementation are helpful in this regard. Among the key actions adopted by the General Assembly in 1999 was to reduce the gap between contraceptive use and the





Population data are required for accurate estimates for many of the MDG indicators. Censuses are primary sources for population data. Yet 11 countries have had three or fewer censuses since 1950. Vital statistics are important and strides are being made by some countries to draw on mobile technology to extend the coverage and accuracy of recording births and deaths.

Surveys can help fill the gap in data availability, though even with surveys there remain challenges in the quality, frequency, bias and representativeness of the data in addition to different estimates one can obtain from different methods applied to