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Key Findings From PRB's 2008 World Population Data Sheet



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WORLD POPULATION

In mid-2008, world population stood at 6.7 billion, up from 6.0 billion in 1999. The next milestone, 7 billion, will likely be passed in 2011 or 2012.

During the 20th century, nearly 90 percent of population growth took place in countries classified as less developed (LDCs) by the United Nations—all countries in Africa, Asia (except Japan), Latin America and the Caribbean, and Oceania (except Australia and New Zealand). This remarkable development resulted from an unprecedented decline in death rates in LDCs brought about by the spread of public health measures, health care, and disease prevention, particularly after the end of World War II in 1945. These improvements evolved over centuries in the more developed countries (MDCs), but the LDCs were able to benefit from them virtually overnight.

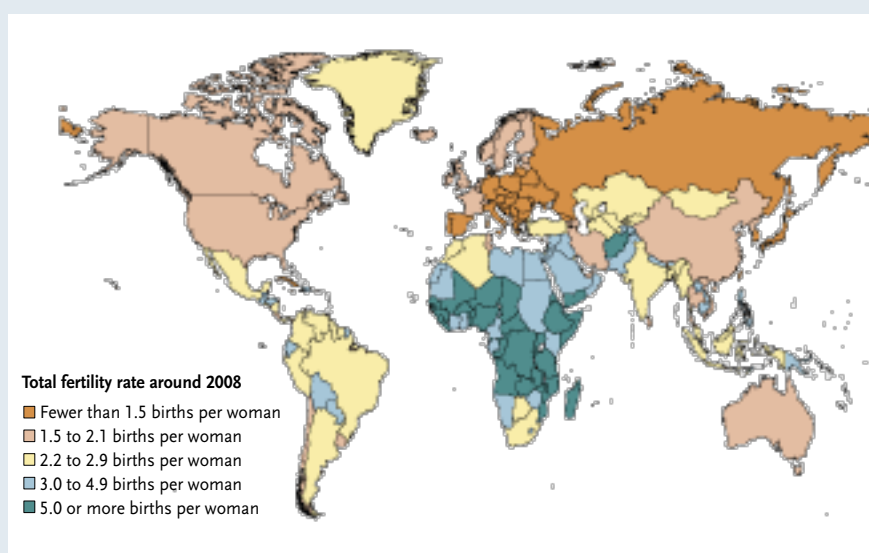
The imbalance in population growth seen over the last century will only intensify in the years to come. Between 2008 and 2050, virtually all population growth will take place in the LDCs. Overall, the small amount of population growth projected for MDCs will be largely accounted for by the United States and Canada. But most of that growth will likely be due to immigration from LDCs. While the LDCs are projected to increase from 5.5 billion in 2008 to 8.1 billion in 2050, the MDCs are projected to grow from 1.2 billion to just 1.3 billion.

There are vast differences in age structure between the MDCs and LDCs. The large number of young people in the LDCs, the “parents of tomorrow,” ensures substantial population growth. Exactly the opposite is true in the MDCs.

Components of Growth

During 2008, about 139 million babies will have been born worldwide and 57 million people will likely die, so that global population will increase by 82 million. Overall, women would average about 2.6 children at the pace of childbearing in 2008, but that figure varies substantially from region to region and country to country. In MDCs, women average 1.6 children, a number insufficient to forestall eventual population decline. Some European countries and Japan are already experiencing more deaths annually than births. In the LDCs, excluding the large statistical effect of China, women average 3.2 children, twice that of the wealthier countries. In the 50 UN-defined least developed countries, the number is even higher—4.7 children per woman.

Regional Patterns of Fertility Support Continued World Population Growth.



NOTE: Total fertility rate is the average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15 to 49).
SOURCE: C. Haub and M.M. Kent, 2008 *World Population Data Sheet*.

In Italy, 20% of the population is ages 65 and older.

In Haiti, only 4% of the population is ages 65 and older.

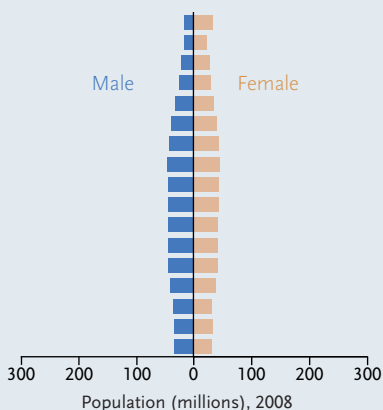
World population is 6.7 billion.

The population of least developed countries is 797 million.

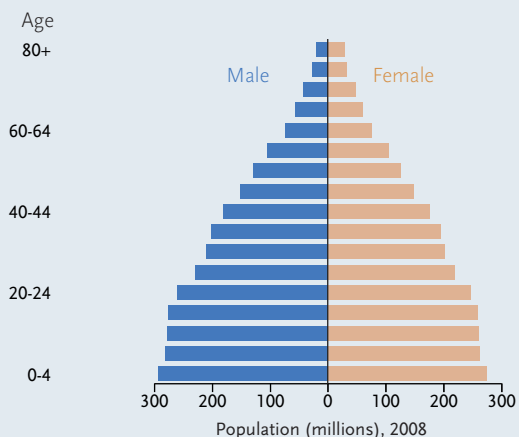


WORLD POPULATION

More Developed Countries Have Fewer Young People Relative to Elderly.



Less Developed Countries Have More Young People Relative to Elderly.



SOURCE: UN Population Division, *World Population Prospects: The 2006 Revision* (2007).

Although falling mortality rates in less developed countries were responsible for most of the population growth in the 20th century, further progress in reducing mortality may be made by focusing on specific causes and population groups. Maternal mortality—expressed as the risk of a woman dying due to pregnancy-related causes—is featured on this year’s *World Population Data Sheet*. Reducing maternal mortality is one of the United Nations’ Millennium Development Goals. Worldwide, 1 in 92 women are estimated to die from pregnancy-related causes, but the gap between MDCs and LDCs is great. In the MDCs, the risk is 1 in 6,000, and in the LDCs, 1 in 75. The risk is greatest in sub-Saharan Africa, where 1 in 22 women die of such causes.

Case In Point.

Malawi has one of the highest maternal mortality ratios in the world: an estimated 1,100 deaths per 100,000 live births. According to the government of Malawi, one of the main factors contributing to high maternal deaths is low community involvement in health programs. Other factors include limited availability and utilization of maternal health care services, a shortage of skilled medical staff, a weak system for identifying obstetrical complications early, and lack of adequate transportation to hospitals and clinics for emergency cases.

Maternal mortality is linked to such factors as the frequency and type of prenatal care and the type of attendance at birth. In Chad, for example, 56 percent of women did not have any type of prenatal care, 86 percent gave birth at home, and only 1 in 5 had a trained attendant at delivery. Chad’s maternal mortality ratio has been estimated at 1,500 maternal deaths per 100,000 births and, as a result, 1 in 11 women in Chad die from maternal causes. Such high levels of mortality can be prevented with proper care and facilities, services that are frequently lacking in LDCs.

In East Asia, 85% of married women use modern contraception.

In Middle Africa, 7% of married women use modern contraception.

In Australia, for every 1,000 births, 4.7 infants die before their 1st birthday.

In Afghanistan, for every 1,000 births, 163 infants die before their 1st birthday.



Regional Trends

This year's *Data Sheet* includes new data for the least developed countries for the first time. Also included for the first time are data for the Americas, giving weighted averages of the variables for North America and for Latin America and the Caribbean.

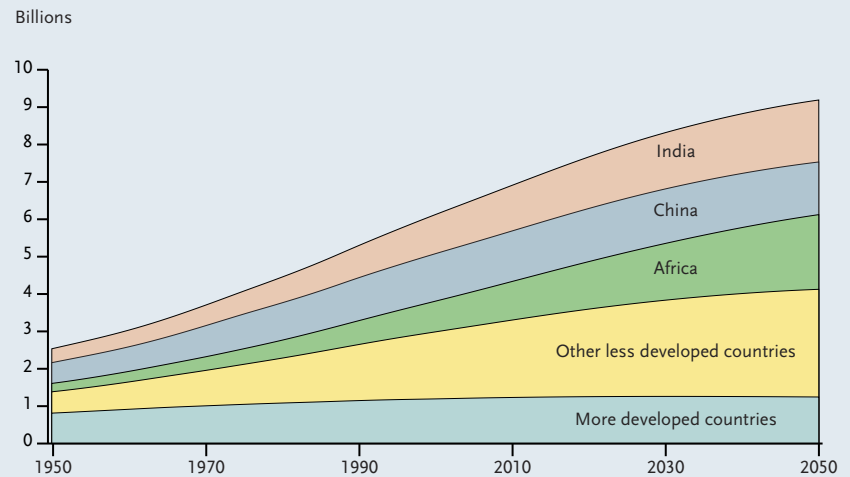
Africa and the Middle East

Africa is the region with both the highest birth rates and the largest *percentage* of population growth projected for 2050. The continent's population of 967 million is growing at about 2.4 percent per year and can be expected to reach 1 billion sometime in 2009. Africa's population is projected to double in size between 2008 and 2050. Even after many decades of explicit national policies, Africa's birth rates remain quite high and its population very young, with 43 percent of sub-Saharan Africa's population below the age of 15.

Africa's demography is quite different from other world regions in several important respects. For one, fertility remains the world's highest with a total fertility rate (TFR) of 4.9—the average number of children a woman would have assuming that current age-specific birth rates remain constant throughout her childbearing years (usually considered to be ages 15 to 49). The TFR is 5.4 in sub-Saharan Africa, a region that contains about 84 percent of the continent's population. In addition, life expectancy at birth is the world's lowest, 54 years in the continent as a whole and 50 in sub-Saharan Africa. Thus, there is ample room for mortality rates to improve so that population growth rates could rise in the absence of a comparable decline in birth rates. But the latter is proving to be a challenge.

Demographic and Health Surveys taken in recent years have shown little or no decline in the TFR in many sub-Saharan Africa countries. Population projections for Africa will likely be subject to future revisions if fertility declines more slowly than anticipated.

Africa and Other Developing Regions Make Up an Increasing Share of World Population.



SOURCE: UN Population Division, *World Population Prospects: The 2006 Revision, Medium Variant* (2007).

Growth of the mainly Arab countries of the Middle East and North Africa (MENA) has been slowed by a veritable revolution in marriage and childbearing in recent decades. While a young population structure ensures momentum for future growth, the pace has slackened thanks to fertility declines in some of the region's largest countries. MENA's total fertility rate declined from about seven children in 1960 to three children in 2006. The decline started first in Lebanon, then in a few other countries, including Egypt, Iran, and Tunisia. These last three countries were among the first to adopt policies to lower fertility as a way to slow population growth. Several changes in recent decades have hastened the decline in fertility: delayed marriage, wider acceptance of and access to family planning services, and increased education of girls and young women.

In Luxembourg, gross national income per capita is \$64,400.

In Liberia, gross national income per capita is \$290.

There are 7,013 people per square kilometer in Singapore.

There are 3 people per square kilometer in Iceland.

WORLD POPULATION



Latin America and the Caribbean

In Latin America and the Caribbean (LAC), the population stands at 577 million in 2008 and is projected to increase to 778 million by 2050, a relatively modest increase of 35 percent when compared with Africa. LAC now has a regional TFR of 2.5, which is moderately low. Guatemala's TFR is 4.4, the highest TFR within the region. Other countries such as Cuba, Chile, Costa Rica, Puerto Rico, and Trinidad and Tobago have TFRs at or below two children per woman. One significant population issue in Latin America is the likelihood that total fertility rates will actually decline to replacement level, 2.1 children per woman. Many Latin American countries, such as Argentina and Brazil, have been close to that fertility level for many years but have not yet reached it.

The region also has the highest net emigration rate at -2 per 1,000 population. LAC has the highest life expectancy at birth of all less developed regions: 73 years.

Asia

Asia is projected to add the largest amount of growth by mid-century, with an increase of 1.4 billion over its 2008 population of 4 billion. This population growth is anticipated despite substantial declines in birth rates in many of its countries. Today, China and India account for nearly two-thirds of the region's population, and in 2050 their share will only be slightly less than that. But it will be India that will grow substantially by 2050. China's population size will be in decline well before 2050 if current projections hold true. Should China change its "one-child" policy, a different picture could emerge.

India's future population remains a question mark. With the world's oldest population policy put in place to slow growth, initially expressed in 1952, the TFR has gradually declined to 2.8, but fertility remains high in the northern states of India. Uttar Pradesh, with a population of about 190 million, has a TFR of 4.2, while Bihar, with a population approaching 100 million, has a TFR of 4.3. These and other northern states will determine the country's future population size. It is within the realm of possibility that India could reach 2 billion in population.

Asia is also home to several countries with very low TFRs. Taiwan currently has the world's lowest, at 1.1 children per woman, while Japan and South Korea have TFRs of 1.3. These countries have expressed considerable concern over population decline and extreme aging in their societies. In Japan, the official population projection anticipates that 40 percent of the population could be ages 65 and older by 2050. As in Europe, countries with low fertility must take steps to increase fertility if they wish to avoid continued population aging, labor force shortages, and a low ratio of tax-paying workers to retirees. Another alternative would be increased immigration, although that solution is not widely accepted.

The Demographic Divide Is Clearly Illustrated When Comparing Italy With the Democratic Republic of the Congo.

	Italy	Congo, Dem. Rep.
Population mid-2008	59.9 million	66.5 million
Population 2025 (projected)	62.0 million	109.7 million
Population below age 15	8.4 million	31.3 million
Population ages 65+	11.9 million	1.7 million
Lifetime births per woman	1.3	6.5
Annual births	568,120	2.9 million
Annual deaths	575,300	0.8 million
Annual natural increase (births minus deaths)	-7,200	2.1 million
Life expectancy at birth	81 years	53 years
Percent of population undernourished	<2.5	74

SOURCE: C. Haub and M.M. Kent, 2008 *World Population Data Sheet*.

In Canada, 1 in 11,000 women dies from a pregnancy-related cause.

In Niger, 1 in 7 women dies from a pregnancy-related cause.

In Kuwait, there are 2 deaths per 1,000 people.

In Guatemala, there are 34 deaths per 1,000 people.



North America & Oceania

Canada and the United States, along with Australia and New Zealand, are somewhat different from the MDCs of Europe in that they have maintained relatively robust population growth. U.S. population growth results from natural increase (births minus deaths) and net immigration of about 1 million per year. Between 2006 and 2007, immigration accounted for 36 percent of U.S. population growth. The TFR in the United States, 2.1, is high for an industrialized country. The higher TFR is in part a result of higher fertility among the growing U.S. Hispanic population, whose TFR is 3.0. But even the TFR of the traditional “majority” population, white non-Hispanics, is 1.9, which is similar to the higher fertility countries of Europe. With a TFR of 1.6, much of Canada’s growth stems from immigration, which at about 200,000 per year is nearly twice the 116,000 of natural increase.

Immigration is expected to propel the U.S. population total to 438 million by 2050, from 304 million today. Along with this growth, the racial and ethnic profile of Americans will continue to shift—with non-Hispanic whites losing their majority status. Taking into account the different birth rates of first-, second-, and third-generation immigrants, the PEW Research Center estimates that immigrants arriving after 2005, and their children and grandchildren, will account for 82 percent of the population growth between 2005 and 2050. However, immigration is the most volatile demographic variable, and the most difficult to predict.

Europe

Demographic developments in Europe have been very much in the news in recent years. Chronically low birth rates have led to the very real prospect of population decrease and unprecedented aging. Europe’s 2008 population of 736 million is projected to decline to 685 million by 2050 because of its low country-level TFRs and in spite of continuing net immigration. The decline, however, is expected to take place primarily in eastern and southern Europe. Eastern Europe’s 2008 population of 295 million is projected to decrease to 231 million by mid-century, while southern Europe is projected to decrease from 155 million to 150 million.

In recent years, there has been a modest increase in European fertility. One of the largest increases has been in Sweden, where the TFR rose from 1.6 in 1996 to 1.9 in 2006. Additional increases have been noted in Bulgaria, the Czech Republic, Estonia, Finland, France, Italy, Latvia, Spain, Ukraine, and the United Kingdom. While some of these countries’ TFRs are still quite low, there is evidence of a modest “rebound” in recent years. Generally, countries that offer support to couples for paid parental leave and child care have seen increases in fertility rates. However, some increases in fertility, such as in Spain and the United Kingdom, have been due to births among immigrants.

The contrast between western European countries such as Italy and developing countries such as the Democratic Republic of the Congo illustrates the demographic divide. On one side of this divide are mostly poor countries with relatively high birth rates and low life expectancies. On the other side are mostly wealthy countries with birth rates so low that population decline and rapid aging are likely.

Case In Point.

In a recent article by Russell Shorto in the *New York Times Magazine* on “childless Europe,” Carl Haub, co-author of the 2008 *World Population Data Sheet*, noted: “Maybe tinkering with the retirement age and making other economic adjustments is good . . . But you can’t go on forever with a total fertility rate of 1.2. If you compare the size of the 0-to-4 and 29-to-34 age groups in Spain and Italy right now, you see the younger almost half the size of the older. You can’t keep going with a completely upside-down age distribution, with the pyramid standing on its point. You can’t have a country where everybody lives in a nursing home.”

The population of the Democratic Republic of the Congo is projected to increase from 66 million in 2008 to 110 million in 2025.

The population of China is projected to increase from 1.32 billion in 2008 to 1.48 billion in 2025.

The United States’ population is projected to increase from 304 million in 2008 to 356 million by 2025.

Russia’s population is projected to decline from 142 million in 2008 to 129 million by 2025.

HIV/AIDS

Estimates of Those Living With HIV Remain Highest in Sub-Saharan Africa.

	People with HIV, 2007 (millions)
Latin America & Caribbean	1.9
North America	1.2
North Africa & Middle East	0.4
Sub-Saharan Africa	22.0
East Asia	0.7
South & Southeast Asia	4.2
Eastern Europe & Central Asia	1.5
Western & Central Europe	0.7
Oceania	0.1

SOURCE: UNAIDS, 2008 *Report on the Global AIDS Epidemic* (2008).

Case In Point.

In the United States, the largest risk group among both black and white men has been men who have sex with men—over 50 percent of new infections each year are attributable to these two groups. The risk is also substantial among black and Hispanic heterosexual women, with almost 20 percent of new infections found in these two groups.

Despite the high risk among African Americans, many are unaware of whether or not they are infected. In addition, African Americans with AIDS are likely to die sooner than whites. African American men between ages 25 and 34 and infected with AIDS are six times more likely to die than infected white men of the same ages.

HIV/AIDS prevalence is of greater concern in some areas of the United States than in others. The HIV/AIDS epidemic presents a major public health challenge in the District of Columbia, which has the highest rate of new AIDS cases reported annually in the United States and increasing transmission of HIV through heterosexual contact.

HIV/AIDS continues to pose a threat worldwide, with an estimated 33 million people infected at the end of 2007 and over two-thirds of these in sub-Saharan Africa. This number, however, represents a reduction in the UNAIDS estimates. The total of 33 million is approximately 6 million lower than had previously been estimated. Why did this happen?

For many years, national HIV estimates were, in large part, based upon data collected at “sentinel sites.” These sites tested for HIV among groups such as pregnant women at prenatal clinics and patients coming to clinics for treatment of sexually transmitted infections.

But sentinel site data presented a significant statistical problem. In most countries, tested groups were not representative of the total population. Since 2001, however, a new source of information and data on HIV prevalence levels has become available for a growing number of countries: Demographic and Health Surveys that use nationally representative samples.

DHS Tests for HIV

The Demographic and Health Survey (DHS) program, conducted by Macro International in cooperation with national agencies, began testing survey respondents for HIV in 2001 and 2002 in Mali and Zambia. To date, over 30 such DHS surveys, along with HIV/AIDS Indicator Surveys, have been completed, and all but one (Uganda) indicated that HIV prevalence is likely lower than previously estimated. On average, the DHS figures were about 20 percent below sentinel site-based estimates.

In 2007, the release of India’s third DHS, National Family Health Survey-3, caused the largest single drop in the global number of people with HIV. Prior to the survey, India’s HIV-prevalence rate was estimated at 0.9 percent of the adult population. After the survey, the prevalence rate was lowered to 0.4 percent, based on the survey results and adjustments for groups typically not covered in household surveys, such as some intravenous drug users and commercial sex workers, groups often at high risk of contracting HIV. India’s new estimate resulted in a global decrease of about 2 million HIV-positive people.

Incorporating the growing body of new data, UNAIDS now estimates that 0.8 percent of adults were infected with HIV in 2007. The lower figures are good news, but the epidemic is far from over. UNAIDS also estimates that, in 2007, 2.7 million children and adults were newly infected with HIV and 2.0 million people died.

In Vietnam, 0.5% of adults have HIV/AIDS.

In Swaziland, 26.1% of adults have HIV/AIDS.

Worldwide, 0.8% of adults have HIV/AIDS.

In sub-Saharan Africa, 5.0% of adults have HIV/AIDS.



NUTRITION

One key indicator of long-term child malnutrition is stunting, a failure to reach one's biological potential for growth, resulting in especially low height for age.

Most often, stunting occurs within the first two years of life, a time when children require adequate nutrients in order to grow at a healthy rate. Stunting can result from an inadequate quantity or quality of food consumed; from infectious diseases, especially diarrhea; or from a combination of the two, with infection hindering the absorption of nutrients.

Stunting is most often found in low-income countries. In 40 of these countries, more than 40 percent of the children under 5 years old are stunted. The highest regional rates of stunting are in eastern and middle Africa, at 50 percent and 42 percent, respectively. South-Central Asia has a prevalence rate of almost 41 percent. India, with rates in some states over 60 percent, has 61 million stunted children.

The prevalence of stunting is highest in the poorest regions of the affected countries, and among the poorest segments of their populations. A major problem in developing countries, stunting is also an issue for poorer populations in more developed countries. In the United States in 2006, only 2.4 percent of all children had low height for age, but there was a higher proportion, 6.4 percent, among low income children ages 5 and under in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Stunting is also strongly associated with mothers' level of education—the lower the mothers' level of schooling, the higher the rate of stunting. In India, about 57 percent of the children born in the last five years to mothers with no education were stunted, compared with about 22 percent for children of mothers with secondary education.

While some countries have reduced the prevalence of stunting among children under age 5, others have faltered. For example, rates of stunting in Colombia fell from 25.5 percent in 1986 to 10.7 percent in 2005. Guatemala, Uganda, and Senegal have also made important progress in reducing stunting. However, many sub-Saharan African countries have seen no improvement.

Consequences

Stunting has important consequences for the cognitive abilities of children, their performance in schools, their long-term productivity as adults, and the economic development of countries. Studies have shown that stunting is associated with a reduction in IQ of 5 to 11 points. In addition, stunted children are likely to spend fewer years in school, to be less productive, and to earn less income as adults.

Interventions

Efforts to combat stunting need to focus on fetal development and on the first two years of a child's life, after which the damage done to a child's cognitive development and stature may be irreversible. Stunting can be prevented by helping families better understand how and what to feed their infants and young children or by giving families food supplements or the means to purchase additional food. Community-based efforts to address stunting are the most likely to be successful.

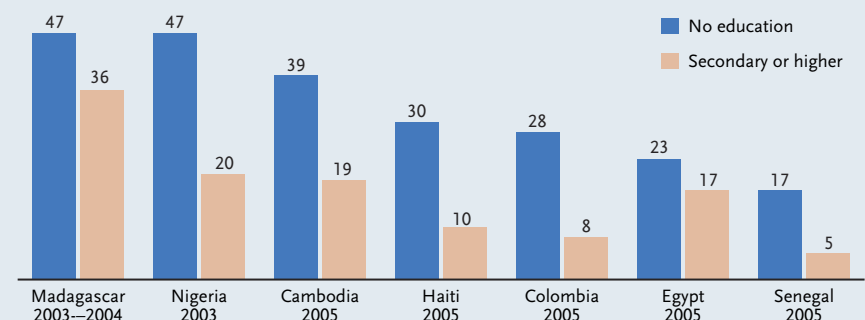
Case In Point.

Nutrition interventions that can reduce stunting are a worthwhile investment in a country's economic development.

A cohort study initiated in Guatemala more than 25 years ago provided two different nutritional supplements to young children in select impoverished villages. One supplement, "atole," contained protein; the other supplement, "fresco," did not. When the study participants were reassessed as adults, the males who had been given atole before age 3 had lower rates of stunting and significantly higher hourly wages than the other group.

Mother's Education Is a Key to Children's Nutritional Status.

Percent of children under age 3 who are stunted, by mother's education



SOURCE: Demographic and Health Surveys.

In Eritrea, 75% of the population is undernourished.

In India, 20% of the population is undernourished.

In Germany, there are only 8 births annually for every 1,000 people.

In Sierra Leone, there are 48 births annually for every 1,000 people.

ENVIRONMENT



Case In Point.

Ethiopia is the second most-populous country in Africa and one of the least urbanized countries in the world, with 84 percent of its population living in rural areas. Only 42 percent of Ethiopians enjoy access to improved water sources and access in rural areas is estimated at half that. Ethiopia actually receives abundant annual rainfall, but the absence of infrastructure for capturing and storing water makes the large rural agrarian population vulnerable to droughts that periodically affect the region. The growing population has also led to smaller fragmented farms, which further contribute to food insecurity when water becomes scarce.

Fresh water is crucial for all living things. Humans now depend on fresh water in nearly all aspects of life and the economy including: drinking, washing and sanitation, agriculture, manufacturing, mining, and energy production.

Modern society's demands on water grew rapidly during the last century. In the 20th century, global water consumption grew sixfold—twice the rate of population growth during the same period. Much of the increase in human water consumption was made possible through construction of dams and reservoirs, affecting nearly 60 percent of the world's major river basins.

One of the great challenges of meeting the growing water demands of the world's population is that fresh water is not distributed evenly across the world's surface. The world's arid regions, for example, only receive 2 percent of the world's rainfall despite covering 40 percent of the world's surface. The result of this uneven distribution is that many regions of the world currently face or will soon face water scarcity challenges. Research on population distribution and water scarcity indicates that 2.3 billion people live in "stressed" water basins—areas with per capita water supply of less than 1,700 cubic meters per year, and 3.5 billion people will live in stressed water basins by 2025.

Access to Clean Water

Securing access to clean water is a key aspect of development for the world's poorest countries. The UN Millennium Development Goals set the challenge of halving by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation. This access is vital in the prevention of diarrheal diseases, which account for 1.5 million deaths annually, the majority among children younger than 5. In areas with little access to clean water and sanitation facilities, improving access can be among the most cost-effective means of reducing morbidity and mortality.

The *2008 World Population Data Sheet* highlights current levels of access to improved water for all countries of the world. The data indicate that only 62 percent of least developed countries have access to an improved water source. Those countries with the poorest access to safe drinking water also are among the most rapidly growing countries, and many are projected to double their populations by 2050. Hence, governments in these countries face the great challenge of increasing access to safe water for a growing number of people with already stressed water supplies.

The Countries With the Least Access to an Improved Water Source Have Among the World's Fastest-Growing Populations.

	Population with improved drinking water source (%)		Population (millions)	
	2006	mid-2008	mid-2008	mid-2025
Afghanistan	22	32.7	32.7	50.3
Somalia	29	9.0	9.0	14.3
Papua New Guinea	40	6.5	6.5	8.6
Ethiopia	42	79.1	79.1	110.5
Mozambique	42	20.4	20.4	27.5
Niger	42	14.7	14.7	26.3
Equatorial Guinea	43	0.6	0.6	0.9
Congo, Dem. Rep.	46	66.5	66.5	109.7
Fiji	47	0.9	0.9	0.9
Madagascar	47	18.9	18.9	28.0
Nigeria	47	148.1	148.1	205.4

SOURCE: C. Haub and M.M. Kent, 2008 *World Population Data Sheet*.

In Nigeria, there is 1 vehicle for every 1,000 people.

In the United States, there are 787 vehicles for every 1,000 people.

In Mauritius, 100% of the population has access to an improved drinking water source.

In Fiji, 47% of the population has access to an improved drinking water source.

URBANIZATION

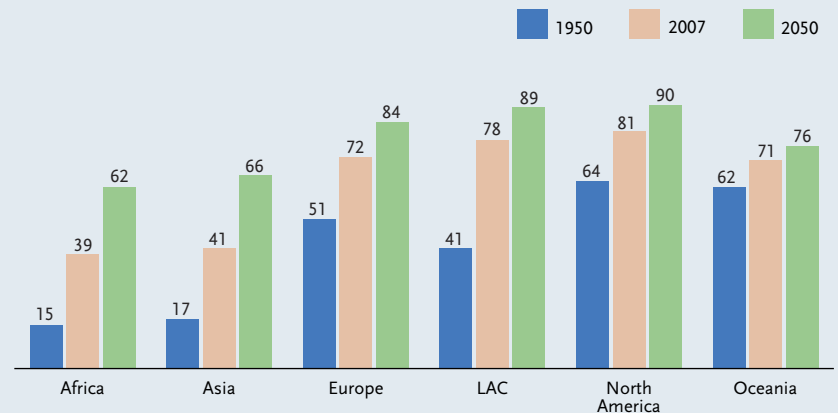
For the first time, the world population is evenly divided between urban and rural areas. By 2050, urban residents are likely to make up 70 percent of the world's population.

Government definitions of "urban" vary, ranging from population centers of 100 or more dwellings in Peru to cities with 50,000 or more inhabitants in Japan. But it is not always the number of inhabitants that determines "urban." Other factors may also be incorporated into the definition. These include population density, the presence of a governmental authority, or the main economic activity. Botswana, for instance, requires that 75 percent of the economic activity be nonagricultural before an agglomeration of at least 5,000 people may be considered urban.

More than half of urban growth occurs in cities with populations of 500,000 citizens or fewer. Megacities—urban areas with populations of 10 million or more—only account for 8 percent of the urban population.

Between 2007 and 2050, Asia is expected to more than double its urban population with an increase of 1.8 billion people. South-Central Asia is projected to nearly triple its urban population in this time while eastern Asia's urban population will likely only double. By 2050, Africa is projected to triple its urban population, although Asia and Africa will still have a significantly lower rate of urban living than all other regions in the world. Virtually all of the urban population growth will be happening in less developed regions. The more developed areas of the world are expected to see a 12 percent increase in urbanization between 2007 and 2050. By 2050, North America's population may be 90 percent urban.

The Percent of the Population Living in Urban Areas Is Projected to Rise Rapidly in the Less Developed Regions—Asia, Africa, and Latin America.



SOURCE: UN Population Division, *World Urbanization Prospects: The 2007 Revision, Executive Summary* (2007).

Effects of Urban Living

Urban populations consume more food, durable goods, and energy than their rural counterparts. Energy consumption in cities can also create changes in local weather patterns that can adversely affect areas beyond the city itself. However, urban areas can absorb much of the world's large population growth without extensive land use.

Urban areas offer distinct health benefits to residents. Concentration makes service delivery of everything from health care to clean water easier and more efficient in urban areas. Studies show a clear urban health advantage in access to services and levels of disease (except for HIV). Unfortunately, the poor—the largest segment of the urban population—often do not see these benefits. The urban poor show rates of sickness much closer to their rural counterparts, and if the poor live in slums without adequate sanitation or safe drinking water, urban living can have a deleterious effect on health.

Case In Point.

The Philippines is one of the world's fastest urbanizing countries. In 1980, the country's population was only 37.5 percent urban, but by 2010, it is expected to be 66.4 percent urban. The Philippines is representative of the main causes of urbanization in the beginning of the 21st century: much is due to natural increase (births minus deaths in urban areas), while the rest is due to rural migration. Rural-to-urban migration accounts for only an estimated one-third of the increased urbanization the world over. In the Philippines, the number of urban areas with 50,000 inhabitants or more is projected to grow from 200 to 600 between 2003 and 2020, and many people will become urbanized simply by living in the same place, a trend seen around the globe.

In Puerto Rico, 94% of the population lives in urban areas.

In Nepal, 17% of the population lives in urban areas.

Uganda's population is projected to increase by 263% between 2008 and 2050.

Europe's population is projected to decrease by 7% between 2008 and 2050.

MIGRATION



Most of the world's 191 million international migrants are concentrated in a relatively small number of countries in North America, Europe, and the former Soviet Union.

In 2005, the United States was home to more foreign-born residents than any other country—38 million, or one of every five immigrants worldwide. The Russian Federation was second, with 12 million immigrants, and Germany was third (10 million).

In recent years, globalization, uneven population growth, and economic differences across countries have increased the flow of people across national borders. In 1960, there were only 30 countries with half a million immigrants or more; by 2005, the number of countries with this distinction had more than doubled, to 64.

Case In Point.

Most of the debate about immigration in the United States is focused on the estimated 12 million unauthorized migrants currently residing in the United States. Unauthorized migrants include those who entered the United States illegally and those who entered the country legally but violated the terms of their admission (in most cases, by overstaying their visas). The Pew Hispanic Center estimates that between 2000 and 2005, the unauthorized migrant population increased by about 500,000 each year.

About 56 percent of unauthorized immigrants are estimated to be Mexican, and another 22 percent are from elsewhere in Latin America. About 40 percent of the unauthorized population came to the United States since 2000.

The growing number of unauthorized immigrants in the United States has gotten the attention of state policymakers and their constituents. Hundreds of pieces of legislation have been put before state legislatures around the country to deal with the issue. Most of these bills—but not all—are proposals to crack down on illegal workers and the businesses that hire them.

Regional Patterns

Between 1990 and 2005, the United States gained the most international migrants (15 million), followed by Germany and Spain. Migrants from developing countries are drawn to the United States and Europe by the higher wages and economic opportunities in more developed regions.

These trends also have a strong demographic component. In 2005, there were 600 million workers in more developed countries, but 2.4 billion workers in the less developed countries. Many developed countries, particularly in Europe, are aging rapidly and facing potential labor shortages in the coming decades. Just to maintain the sizes of their 1995 labor forces, France, Germany, Italy, and the United Kingdom would have to quadruple current annual immigration levels, from 237,000 to 1.1 million.

The largest flow of in-migrants is from less developed to more developed countries (62 million in 2005), but there are almost as many (61 million) who move from one developing country to another. Many of these so called “south-south” migrants are moving for work opportunities (for example, Nepalese workers moving to India for seasonal farm work). Others have moved to escape conflict or natural disasters. Refugee migration is most common in Africa, which has one-seventh of the world's population but one-fourth of the world's 10 million refugees.

Impact on Sending and Receiving Countries

In developed countries, immigration can help spur economic growth, reduce labor force shortages, and bring new vitality to communities with stagnating or declining populations. Unauthorized migration is a major issue in the United States and many European countries, prompting many leaders to look for solutions that minimize push factors in sending countries.

For every 1,000 residents of Ireland, 15 more people enter the country every year.

For every 1,000 residents of Grenada, 10 people leave the country every year.

In Africa, 41% of the population is under age 15.

In Asia, 27% of the population is under age 15.



The impact of migrants on receiving countries depends, in part, on the relative size of the foreign-born population. In the United States, foreign-born residents account for roughly 13 percent of the total population, but in some countries with high labor needs, the proportions are much higher. In the Persian Gulf states, which have long relied on migrant workers from South Asia to fill private-sector jobs, more than 1 in 3 residents were foreign born in 2005.

Africa has also experienced large migration flows in recent decades, often in response to natural disasters, economic problems, or civil unrest. In 1994, Africa witnessed one of the world's largest refugee movements in recent times, as 2 million Rwandans left their country, straining local infrastructures, contributing to the spread of infectious diseases, and upsetting ethnic balances in neighboring countries.

Emigration can help relieve population pressures and reduce unemployment in migrant-sending countries. Migrant workers also send billions of dollars home to their countries of origin. These remittances are larger than the total of all official development assistance worldwide, and are among the fastest-growing international financial flows. Formal remittances to developing countries doubled between the late 1980s and mid-1990s to almost \$60 billion a year, doubled again by 2002, and doubled again to \$240 billion in 2007.

Although migrant-sending countries benefit from remittances from those who left, they also lose some of their most industrious workers. In parts of the Caribbean, 70 percent of the highly educated work force has left to work in Canada, the United States, or Europe.

Some highly skilled workers do return to their home countries, but these return rates vary widely by country. Return rates have been relatively high in China and Korea, boosting economic

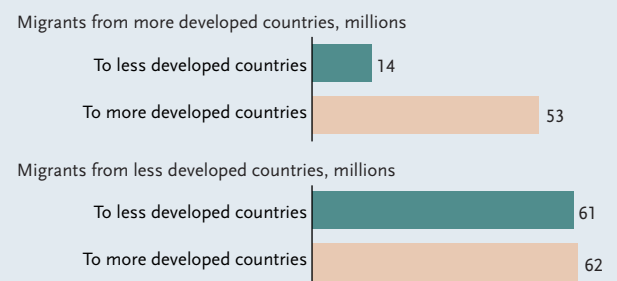
development in those countries. India has had relatively low return rates, but this could change if the United States continues to shift white-collar jobs overseas, creating new, local job opportunities for returning high-skilled workers.

Rich countries are the main source of remittances, and the United States is by far the largest, with \$42 billion in recorded outward flows in 2006. Because of the difficulty in capturing information on all money spent outside the United States, this amount is likely an underestimate. Most of this money flows to Mexico, which received \$25 billion in remittances in 2007, only slightly less than India and China. Mexico accounts for only 2 percent of the population living in developing countries but receives 10 percent of developing-country remittances.

Although the long-term effects on development are unclear, remittances can provide an efficient means of raising incomes and investing directly in the health and education of people in poor countries.

Migrants Leaving LDCs Are as Likely to Go to Another LDC as They Are to Enter an MDC.

Origin and Destination of International Migrants, 2005



Sources: UN Population Division, *International Migration Report* (2006); and UN, *International Migration 2006* (Wall Chart).

In Israel, life expectancy at birth is 80 years.

In Zambia, life expectancy at birth is 38 years.

Japan has one of the world's lowest fertility rates: 1.3 children per woman.

Guinea-Bissau has one of the world's highest fertility rates: 7.1 children per woman.

SOURCES

We used many sources for *World Population Highlights: Key Findings From PRB's 2008 World Population Data Sheet*. References are grouped by chapter title. For more information, please contact PRB.

WORLD POPULATION

Pamela Asigi, Taru Bahl, and Pushpa Jamieson, "Reducing Maternal Mortality by Involving the Community," accessed online at www.prb.org/pdf07/womendelivernewsletter1.pdf, on June 30, 2008.

Farzaneh Roudi-Fahimi and Mary Mederios Kent, "Fertility Declining in the Middle East and North Africa," accessed online at www.prb.org/Articles/2008/menafertilitydecline.aspx, on June 30, 2008.

John Guengant and John May, "Africa's Greatest Challenge is to Reduce Fertility," *Financial Times* (London), March 14, 2008, accessed online at www.ft.com, on June 30, 2008.

Carl Haub, "U.S. Population Could Reach 438 Million by 2050, and Immigration Is Key," accessed online at www.prb.org/Articles/2008/pewprojections.aspx, on June 30, 2008.

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

Jeffrey Passel and D'Vera Cohn, *U.S. Population Projections 2005-2050* (Washington, DC: Pew Research Trust, 2008), accessed online at <http://pewhispanic.org/files/reports/85.pdf>, on June 30, 2008.

Russell Shorto, "Childless Europe," *The New York Times Magazine*, June 29, 2008.

HIV/AIDS

Tom Coates, "HIV Prevention: What Do We Do Next?" presentation at the Johns Hopkins University and Population Reference Bureau Annual Symposium on Health and Population, May 1, 2008, accessed online at www.prb.org/Journalists/Webcasts/2008/hiv-aids.aspx, on June 30, 2008.

DC Department of Health, "Snapshot of the HIV/AIDS Epidemic in the District of Columbia," *DC Department of Health HIV/AIDS Fact Sheet* (revised November 2007), accessed online at www.dchealth.dc.gov, on June 30, 2008.

Carl Haub, "National Surveys Trigger Lower Estimates of Global HIV Prevalence, but Pandemic Still Devastates Lives, Families," accessed online at www.prb.org/Articles/2007/surveyestimates.aspx, on June 30, 2008.

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

UNAIDS, *2008 Report on the Global AIDS Epidemic* (New York: UNAIDS, 2008).

NUTRITION

Robert E. Black et al., "Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences," *The Lancet* 371, no. 9608 (2008): 243-59.

Carl Haub, *2007 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2007).

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

John Hoddriott et al., "Effect of a Nutrition Intervention During Early Childhood on Economic Productivity in Guatemalan Adults," *The Lancet* 371, no. 9610 (2008): 411-16.

F. James Levinson and Lucy Bassett, *Malnutrition Is the Leading Killer of Young Children* (Washington, DC: Population Reference Bureau, 2007).

Macro International Inc., STATcompiler, accessed online at www.measuredhs.com, on June 17, 2008.

Mary E. Penny et al., "Effectiveness of an Educational Intervention Delivered Through the Health Services to Improve Nutrition in Young Children: A Cluster-Randomised Controlled Trial," *The Lancet* 365, no. 9464 (2005): 1863-72.

B. Polhamus et al., *Pediatric Nutrition Surveillance 2006 Report* (Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007).

Cesar G. Victoria et al., "Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital," *The Lancet* 371, no. 9609 (2008): 340-57.

The World Bank, *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*, accessed online at www.who.int, on June 17, 2008.

ENVIRONMENT

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

Dean T. Jamison et al., eds., *Disease Control Priorities in Developing Countries*, 2d ed. (Washington, DC: The World Bank and Oxford University Press, 2006).

Annette Prüss-Üstün and Carlos Corvalán, *Preventing Disease Through Healthy Environments: Towards an Estimate of the Environmental Burden of Disease* (Geneva: World Health Organization, 2006): 34.

Carmen Revenga, *Will There Be Enough Water?* (Washington, DC: World Resources Institute, 2001).

World Meteorological Organization (WMO), *Comprehensive Assessment of the Freshwater Resources of the World* (Stockholm: WMO and Stockholm Environment Institute, 1997).

URBANIZATION

Yvette Collymore, "Rapid Population Growth, Crowded Cities Present Challenges in the Philippines," accessed online at www.prb.org, on June 27, 2008.

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

Terry McGee, "Urbanization Takes on New Dimensions in Asia's Population Giants," accessed online at www.prb.org, on June 24, 2008.

Mark Montgomery, "Urban Poverty and Health in Developing Countries," *Population Bulletin* (forthcoming).

PRB Staff, "World Population Highlights: Key Findings From PRB's 2007 World Population Data Sheet," *Population Bulletin* 62, no. 3 (2007).

UNFPA, *State of World Population 2007: Unleashing the Potential of Urban Growth* (New York: UNFPA, 2008).

United Nations, *World Urbanization Prospects: The 2007 Revision, Executive Summary*, accessed online at www.un.org, on June 24, 2008.

MIGRATION

Carl Haub and Mary Mederios Kent, *2008 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2008).

Marlene A. Lee and Mark Mather, "U.S. Labor Force Trends," *Population Bulletin* 63, no. 3 (2008).

Phillip Martin and Gottfried Zürcher, "Managing Migration: The Global Challenge," *Population Bulletin* 63, no. 1 (2008).

Kevin O'Neil, "Remittances From the United States in Context," accessed online at www.migrationinformation.org/feature/display.cfm?ID=138, on June 27, 2008.

Jeffrey S. Passel, *Size and Characteristics of the Unauthorized Migrant Population in the U.S.: Estimates Based on the March 2005 Current Population Survey* (Washington, DC: Pew Hispanic Center, 2006).

T.R. Reid, "Hill Impasse Spurs States to Tackle Illegal Immigration," *Washington Post*, May 3, 2006.

United Nations, *Trends in Total Migrant Stock: The 2005 Revision*, accessed online at www.un.org/esa/population/publications/migration/UN_Migrant_Stock_Documentation_2005.pdf, on June 27, 2008.

World Bank, *Remittance Trends 2007*, accessed online at <http://siteresources.worldbank.org/EXT/DECPROSPECTS/Resources/476882-1157133580628/BriefingNote3.pdf>, on June 27, 2008.

World Bank, *Migration and Remittances Factbook 2008*, accessed online at <http://econ.worldbank.org>, on June 27, 2008.

In Chile, life expectancy for women is 81 years.

In Lesotho, life expectancy for women is 36 years.

In Portugal, life expectancy for men is 75 years.

In Zimbabwe, life expectancy for men is 40 years.

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