



Economic and Social Council

Distr.: General
26 January 2022

Original: English

Commission on Population and Development

Fifty-fifth session

25–29 April 2022

Item 4 of the provisional agenda

Programme implementation and future programme of work of the Secretariat in the field of population

World demographic trends

Report of the Secretary-General

Summary

The present report, prepared in accordance with resolution 1996/2 of the Economic and Social Council, provides an overview of demographic trends for the world and its regions. It focuses on recent demographic changes, as well as projected trends during the time frame for implementing the 2030 Agenda for Sustainable Development and beyond. The topics covered in the report include population size, fertility, family planning, mortality, changing population age structures, urbanization and international migration. The report also assesses the impact of the coronavirus disease (COVID-19) pandemic on demographic trends, to the extent possible with currently available data.

The world's population numbered 7.8 billion in 2020. Projections of future trends suggest that it is likely to continue growing in future decades, but at a progressively slower pace. Globally, growth could stabilize at a level of roughly 11 billion people by the end of the century. It is expected that the global population will continue its gradual shift towards a higher proportion of older persons (population ageing) and a larger share living in cities (urbanization), and that it will continue to be shaped by significant levels of cross-border mobility (international migration). Given that similar trends are taking place at different times and at varying speeds across countries and regions, the diversity of demographic situations needs to be considered in development planning.

Population patterns and trends interact in multiple and fundamental ways with almost all aspects of sustainable development. Greater attention to population dynamics in national development planning and better data to inform such planning will assist countries in implementing the 2030 Agenda for Sustainable Development. Complete and reliable population data are also essential for monitoring progress towards the achievement of the Sustainable Development Goals at the national, regional and global levels.

* [E/CN.9/2022/1](#).



I. Introduction

1. The present report documents the major demographic trends shaping the size, key characteristics and distribution of the global human population. The population continues to increase in size, although the pace of growth is slowing. While global demographic trends reflect the combined experiences of countries at various stages in the demographic transition from higher to lower levels of fertility and mortality, there is considerable diversity in the growth rate of populations and their distribution by age. The speed of urbanization and patterns of international migration also differ across countries and regions of the world. Knowledge of demographic trends and their potential future trajectories is essential in the planning and implementation of policies and programmes in follow-up to the Programme of Action of the International Conference on Population and Development and the 2030 Agenda for Sustainable Development.

2. In 2020, the world's population numbered 7.8 billion and was projected to grow to approximately 8.5 billion by 2030. Most of the growth between 2020 and 2030 is expected to occur in sub-Saharan Africa and in Central and Southern Asia, where the population will increase by approximately 0.3 billion and 0.2 billion, respectively. The global population is projected to reach 9.7 billion in 2050, and growth could stabilize at a level of roughly 11 billion people by the end of the century. Although a gradual slowdown in the global rate of increase is anticipated, some populations continue to grow rapidly at present, especially in many low-income countries facing multiple challenges in achieving the internationally agreed development goals and ensuring that no one is left behind.

3. The coronavirus disease (COVID-19) pandemic has had a profound impact on the health of populations and on economies and societies around the world. However, empirical evidence of its impact on demographic phenomena remains incomplete, owing both to gaps in the collection of demographic data and to time lags between data collection and dissemination. The full scope of the pandemic and its impact on national demographic trends may not be known for many years. The present report includes a brief review of the evidence currently available.

4. The present report highlights demographic trends in the world, in major geographical regions¹ and in development and income groups. The report is based mainly on data from *World Population Prospects 2019*, the twenty-sixth edition of the United Nations estimates and projections of global population, prepared by the Population Division of the Department of Economic and Social Affairs of the Secretariat. The report also draws on other data sets created and maintained by the Population Division. Data on urbanization and on the size and growth of cities are from *World Urbanization Prospects: The 2018 Revision*. Data on the number and characteristics of international migrants are from the International Migrant Stock 2020 data set. Data about contraceptive use and the unmet need for family planning are from the Estimates and Projections of Family Planning Indicators 2021 data sets. Selected policy assessments are drawn from publications based on successive editions of the United Nations Inquiry among Governments on Population and Development.

¹ In preparing the analysis for the present report, countries and areas were grouped into eight regions based on the classification being used to track progress towards the Sustainable Development Goals (see <https://unstats.un.org/sdgs/indicators/regional-groups/>), namely: (a) sub-Saharan Africa; (b) Northern Africa and Western Asia; (c) Central and Southern Asia; (d) Eastern and South-Eastern Asia; (e) Latin America and the Caribbean; (f) Australia and New Zealand; (g) Oceania, excluding Australia and New Zealand; and (h) Europe and Northern America. These regional groupings are used throughout the present report with a small number of exceptions, which are clearly noted.

II. Population size and change

5. The world's population reached 7.8 billion people in mid-2020, 1 billion more than in 2008 and 2 billion above its level in 1996. According to the latest assessment by the United Nations, the global population is expected to reach 8.5 billion in 2030, the target date for the achievement of the Sustainable Development Goals. It is projected to continue to rise to about 9.7 billion in 2050 and 10.9 billion in 2100 (see figure I).

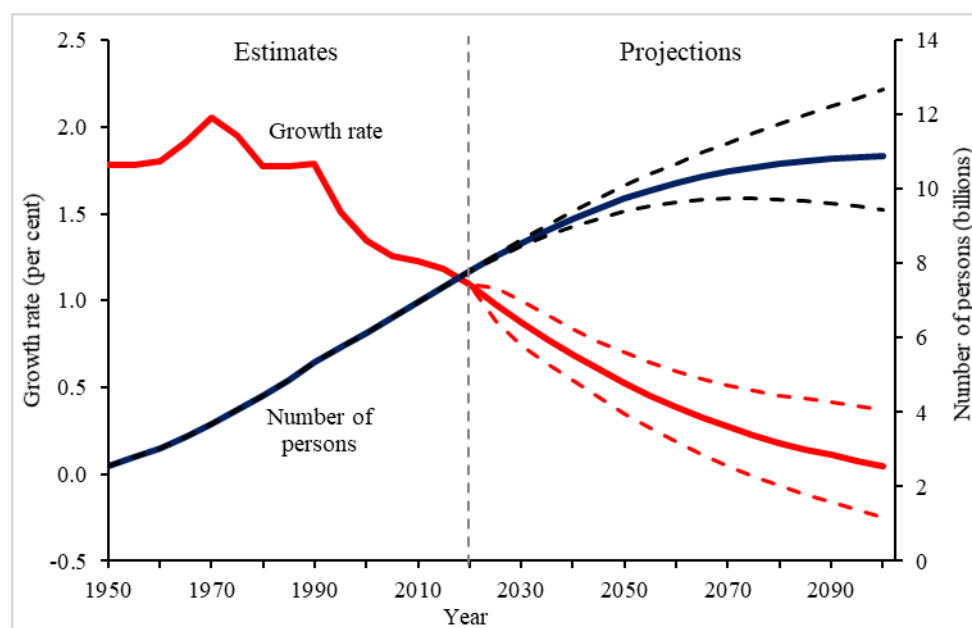
6. The growth rate of the world's population reached a peak of 2.1 per cent per year between 1965 and 1970. Since then, the pace of global population growth has been cut almost in half, reaching an average of 1.1 per cent per year during the period 2015–2020. The rate of global population growth is projected to continue falling to about 0.5 per cent in 2050 and to be close to zero in 2100.

7. Population projections are inherently uncertain, and the degree of uncertainty increases with the length of the projection. The uncertainty of the United Nations population projections is described by prediction intervals. Such intervals indicate that, with an estimated probability of 95 per cent, the global population will number between 8.5 and 8.6 billion in 2030, between 9.4 and 10.1 billion in 2050 and between 9.4 and 12.7 billion in 2100 (see figure I).

8. In short, it is likely that world population will continue to grow through most of the present century, reaching a peak of roughly 11 billion sometime around 2100. The peak could plausibly occur some years earlier at a lower level or some years later at a higher level.

Figure I

Global population size and annual growth rate: estimates, 1950–2020, and projections with prediction intervals, 2020–2100

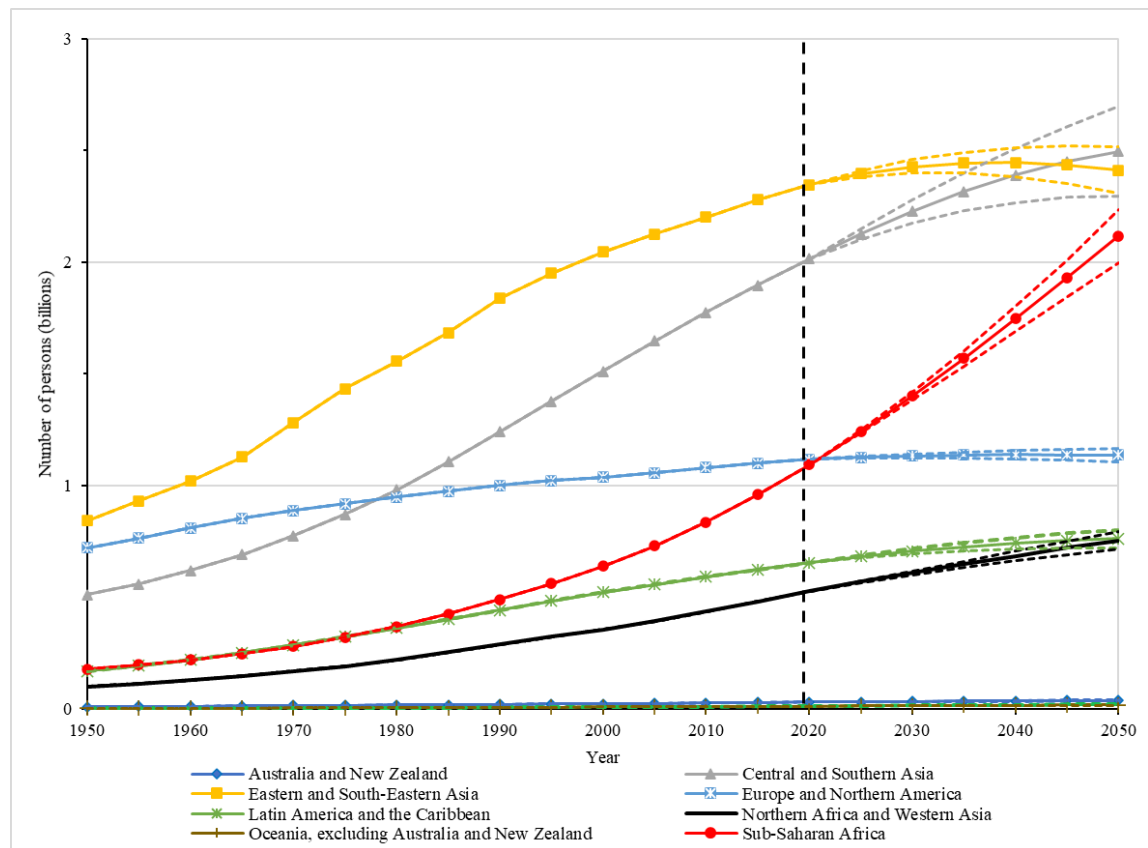


Note: Dotted lines represent the 95 per cent prediction intervals.

9. The anticipated future growth will be concentrated in certain regions. The population of sub-Saharan Africa is projected to increase by over a billion people between 2020 and 2050, almost doubling in size (see figure II and the table below).

Central and Southern Asia will add nearly a half billion people during the same period, reaching a projected population of 2.5 billion in 2050. The population of Northern Africa and Western Asia is projected to increase by 0.2 billion by 2050, while the populations of Eastern and South-Eastern Asia and of Latin America and the Caribbean are both expected to grow by about 0.1 billion between 2020 and 2050. Those five regions will account for almost all global growth over the next three decades. The population of Oceania, including Australia and New Zealand, is projected to increase by 15 million between 2020 and 2050, while Europe and Northern America together may add approximately 19 million people. As a result of these trends, the proportion of the global population living in sub-Saharan Africa is expected to increase from 14 per cent in 2020 to 22 per cent in 2050.

Figure II
Trends in population size by region: estimates, 1950–2020, and projections with prediction intervals, 2020–2050



Note: Dotted lines represent the 95 per cent prediction intervals.

10. The population of high-income countries² is projected to grow only slightly in future decades, rising from 1.26 billion in 2020 to 1.32 billion in 2050. In the same period, the population of middle-income countries will grow by more than a fifth, from 5.75 billion to 6.93 billion, while the population of low-income countries will nearly double, rising from 0.76 billion to 1.47 billion. Similarly, the population of the least developed countries will rise from 1.06 billion in 2020 to 1.88 billion in 2050 (see the table below). Thus, the fastest population growth over the next three decades

² As categorized by the World Bank in 2018.

is expected to occur in the countries facing the greatest challenges in achieving the Sustainable Development Goals, including those on poverty, hunger and health.

World population by region, development group and income group, for selected years, 1970–2100

(Millions)

Region, development group and income group	Estimates			Projections ^a		
	1970	1990	2020	2030	2050	2100
World	3 700	5 327	7 795	8 548	9 735	10 875
Sub-Saharan Africa	281	491	1 094	1 400	2 118	3 775
Northern Africa and Western Asia	169	288	526	609	754	928
Central and Southern Asia	775	1 240	2 015	2 227	2 496	2 330
Eastern and South-Eastern Asia	1 281	1 838	2 347	2 427	2 411	1 967
Latin America and the Caribbean	287	443	654	706	762	680
Australia and New Zealand	16	20	30	33	38	49
Oceania, excluding Australia and New Zealand	4	7	12	15	19	26
Europe and Northern America	888	1 001	1 117	1 132	1 136	1 120
More developed regions	1 008	1 146	1 273	1 286	1 280	1 244
Less developed regions	2 692	4 182	6 521	7 262	8 455	9 631
Least developed countries	307	506	1 057	1 314	1 877	3 047
Other less developed countries	2 385	3 675	5 464	5 949	6 578	6 584
High-income countries	881	1 038	1 263	1 299	1 324	1 304
Middle-income countries	2 607	3 936	5 753	6 253	6 933	7 082
Upper-middle-income countries	1 428	2 056	2 655	2 763	2 800	2 381
Lower-middle-income countries	1 179	1 880	3 098	3 489	4 133	4 702
Low-income countries	211	351	756	994	1 474	2 485

^a Medium variant.

III. Fertility and family planning

Global fertility trends

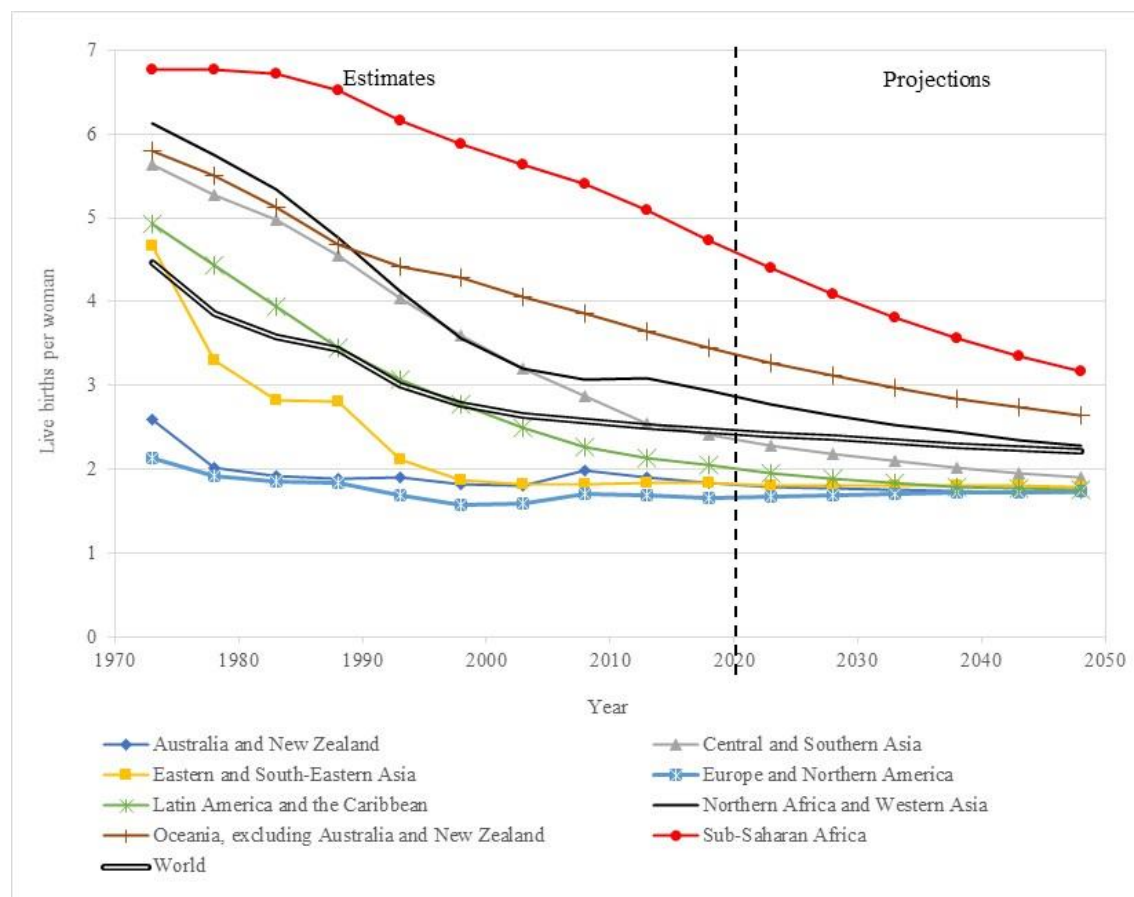
11. Average global fertility declined from 4.5 births³ per woman during the period 1970–1975, to 2.5 births per woman during the period 2015–2020. Globally, the total fertility rate is projected to continue to decline and may reach 2.2 in the period 2045–2050 (see figure III). During the period 2015–2020, sub-Saharan Africa, Northern Africa and Western Asia, and Oceania⁴ had levels of total fertility above the global average, while all other regions had levels below the global average. In Australia and New Zealand, in Eastern and South-Eastern Asia, in Europe and Northern America, and in Latin America and the Caribbean, total fertility in recent years has been below the threshold of 2.1 required to ensure replacement of the population from one generation to the next in low-mortality settings. On the other

³ All references to births in this report refer to live births only and exclude still births, following internationally agreed definitions.

⁴ Unless noted otherwise, all mentions of Oceania in the present report refer to Oceania, excluding Australia and New Zealand, which are treated here as a separate region.

hand, levels of 4.0 or more births per woman were observed in 2020 for 35 countries, including 32 in sub-Saharan Africa. Because of their relatively high fertility levels, the populations of these countries are growing much faster than the global average and have large proportions of children and youth.

Figure III
Total fertility rate, for the world and by region, 1970–2050



12. Since the 1970s, an increasing number of countries have experienced fertility levels below the replacement threshold of 2.1 births per woman and some have remained below that level for several decades. Sustained below-replacement fertility is increasingly regarded as a topic of concern by national Governments because it accelerates the pace of population ageing and leads to population decline in the long run.

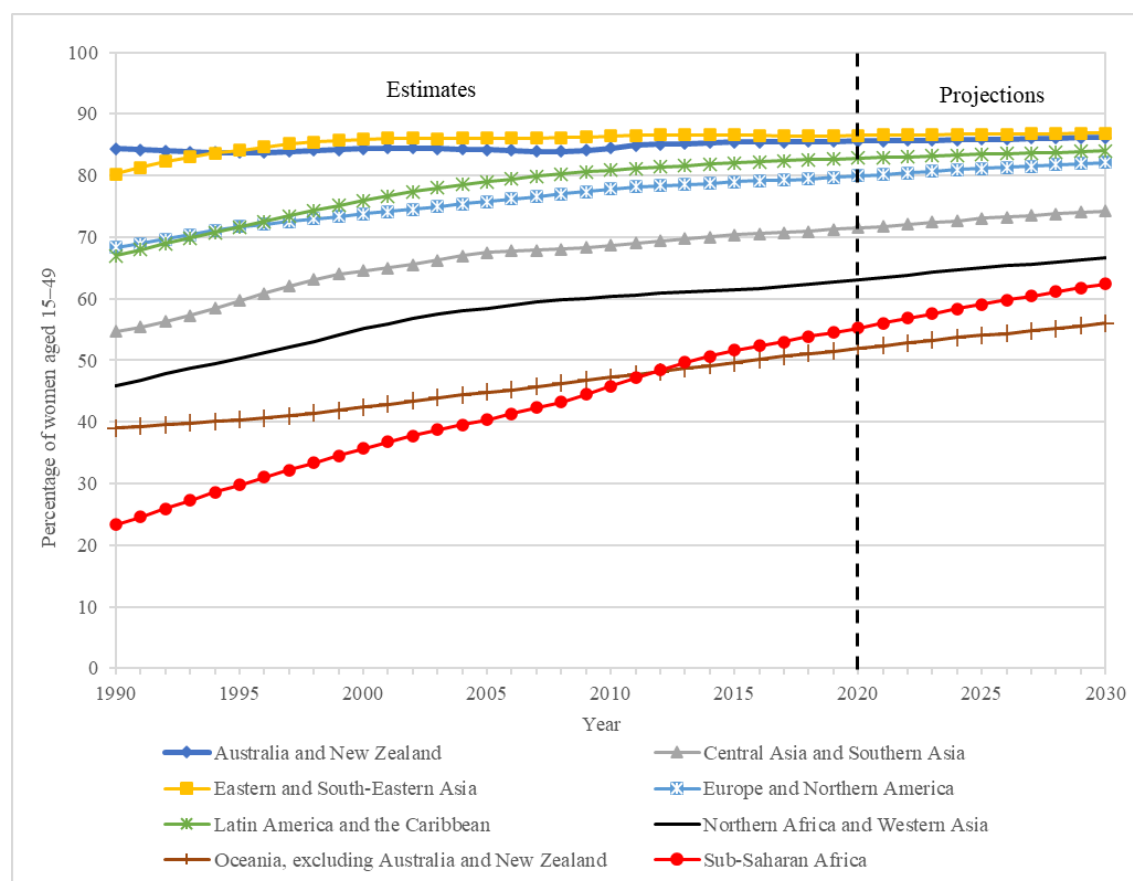
Trends in contraceptive use and the unmet need for family planning

13. Owing to the increased availability and accessibility of family planning services and information, growing numbers of people have been able to enjoy the basic human right to decide freely and responsibly on the number and spacing of their children. The proportion of women of reproductive age whose need for family planning was satisfied by modern contraceptive methods (Sustainable Development Goal indicator 3.7.1) has increased gradually in recent decades, rising globally from 67 per cent in 1990 to almost 77 per cent in 2020. However, progress has been uneven across regions, and just over half of the women who want to avoid pregnancy are using a modern contraceptive method in sub-Saharan Africa (55.3 per cent) and Oceania, excluding

Australia and New Zealand (51.9 per cent) (see figure IV). The significant increase in contraceptive use observed since 1990 in Central and Southern Asia and in Latin America and the Caribbean, among other regions, has contributed to the fertility declines observed in those regions.

Figure IV

Proportion of women of reproductive age (15–49 years) whose need for family planning is satisfied by modern contraceptive methods, by region, 1990–2030



14. Nevertheless, nearly 1 in 10 women of reproductive age worldwide has an unmet need for family planning. In other words, 1 in 10 women wants to avoid or postpone pregnancy but is not using any form of contraception. While the proportion of women of reproductive age with an unmet need for family planning declined from 11.2 per cent in 2000 to 8.9 per cent in 2020, the number of such women grew globally from 148 to 171 million owing to the increase in the number of women of reproductive age.

Adolescent fertility

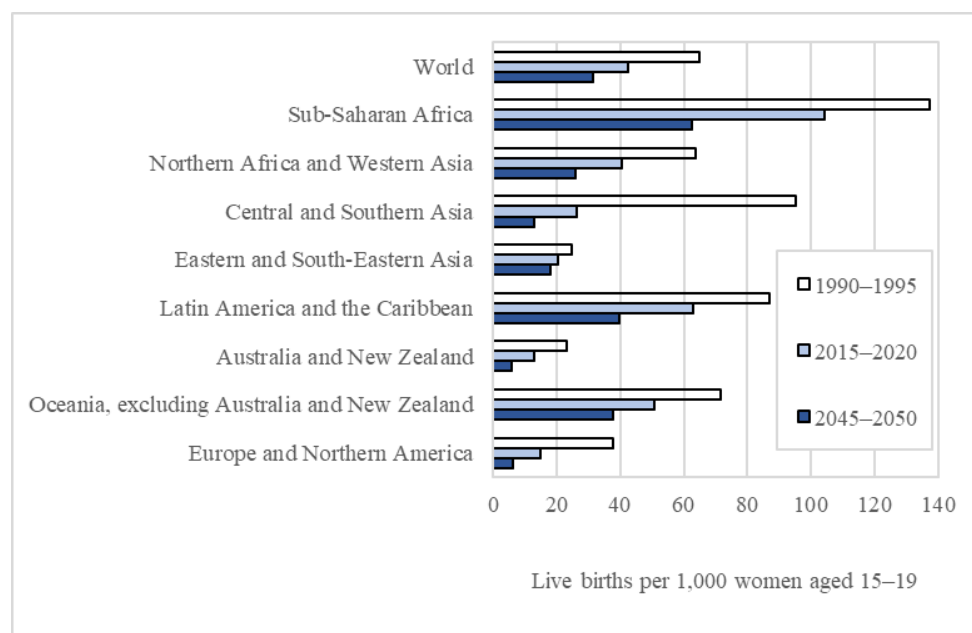
15. Early marriage, early childbearing and unintended pregnancies often have adverse social and economic consequences for girls and young women and pose health risks to both mother and child. Early marriage is an important predictor and determinant of early childbearing. One positive development in recent decades is that the proportion of young women between 15 and 19 years of age who are married or in a cohabiting union has decreased in most countries.⁵ However, among women in

⁵ United Nations, Department of Economic and Social Affairs, Population Division, World Marriage Data 2019 data set. Available at <https://population.un.org/MarriageData/Index.html#/home>.

this age range, complications of pregnancy and childbirth remain the leading cause of death globally.⁶

16. Investment in the education of girls, elimination of early marriage and expanded access to information, education and services in the area of sexual and reproductive health remain priority actions to reduce risks from early pregnancy and support a continuing decline in adolescent fertility. The global annual adolescent birth rate declined from 65 births per 1,000 women aged 15 to 19 years in the early 1990s to 43 births per 1,000 during the period 2015–2020. A further decline to 31 births per 1,000 is projected for the period 2045–2050 (see figure V).

Figure V
Adolescent birth rate, for the world and by region, 1990–1995, 2015–2020 and 2045–2050



17. In Latin America and the Caribbean, the adolescent birth rate has declined significantly, but remained relatively high, at 63 births per 1,000, during the period 2015–2020; it is projected to decline further to 40 births per 1,000 during the period 2045–2050. Adolescent fertility is also expected to remain high in sub-Saharan Africa, where 23 countries had an adolescent birth rate of over 100 births per 1,000 during the period 2015–2020 and 26 countries are projected to remain above 50 births per 1,000 through mid-century. In all other regions except Oceania, the adolescent birth rate was below 50 births per 1,000 during the period 2015–2020 and is projected to drop below 30 births per 1,000 during the period 2045–2050.

18. The international community recognized the importance of addressing fertility among younger adolescents aged 10 to 14 years and has included this measure as indicator 3.7.2 of the Sustainable Development Goals monitoring framework. Results from a recent global compilation of available data indicate that three countries in Africa and one in Asia had levels of early adolescent fertility of 10 or more births per 1,000 girls aged 10 to 14 years; eight additional countries in Africa had estimated rates between 6 and 9 births per 1,000 girls in this age group. Most countries in Africa

⁶ World Health Organization (WHO), “Adolescent and young adult health”, 18 January 2021. Available at www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions.

(24 of 38) had levels of early adolescent fertility between 1 and 5 births per 1,000, as did most countries of Latin America and the Caribbean.

COVID-19 and fertility

19. The COVID-19 pandemic could potentially influence fertility levels through several pathways, including postponement of childbearing owing to uncertainty with regard to the disease and its economic impacts, disruptions in patterns of marriage or household formation and reduced access to sexual and reproductive health-care services, including for family planning. The impacts may differ across high-, middle- and low-income settings.

20. In the early stages of the pandemic, global supply chain interruptions led to lower production, distribution and availability of contraceptive commodities, as well as reductions in service availability, as health-care facilities sought to provide care for large numbers of patients with COVID-19. In addition, shelter-in-place protocols restricted access to care.⁷

21. However, more recent studies in selected countries of sub-Saharan Africa have uncovered little evidence of disruptions in contraceptive availability and, instead, have found evidence in some cases of increased demand for and use of family planning services.⁸ In short, the evidence available thus far has not confirmed a widespread increase in unintended pregnancies and births in low- and middle-income countries as a result of the pandemic.

22. Available data in high-income countries suggest that the impact of COVID-19 is mostly an interruption, rather than a permanent change, in long-term trends. Successive waves of the pandemic may have produced temporary reductions in the numbers of conceptions and births, without disrupting long-term trends in countries with low fertility.

IV. Mortality

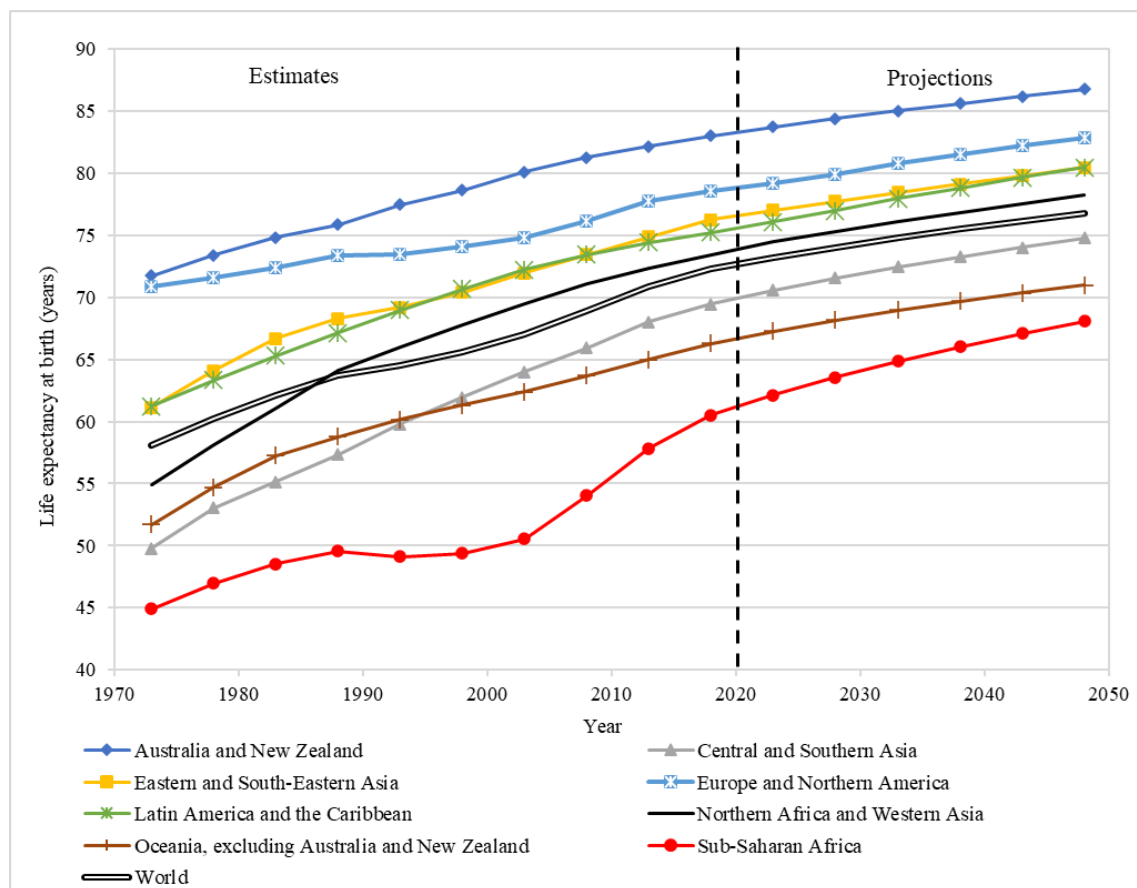
23. The average global level of life expectancy at birth rose from 58.1 years during the period 1970–1975 to 72.3 years during the period 2015–2020, and it is projected to increase further to 76.8 years in the period 2045–2050 (see figure VI). By the end of the century, global life expectancy at birth is likely to exceed 82 years. During the period 2015–2020, life expectancy at birth among women worldwide was 74.7 years, while for men it was 69.9 years.

24. The difference in life expectancy at birth between sub-Saharan Africa and Australia and New Zealand, the regions with the lowest and highest life expectancies, respectively, decreased from 27 years during the period 1970–1975 to 22 years during the period 2015–2020. At the same time, progress in sub-Saharan Africa lagged behind that of some other less developed regions. For example, the gap in life expectancy between sub-Saharan Africa and Central and Southern Asia grew from 5 years to 9 years over the same time span.

⁷ *World Family Planning 2020 Highlights: Accelerating Action to Ensure Universal Access to Family Planning* (United Nations publications, 2020).

⁸ Report of the United Nations expert group meeting on the impact of the COVID-19 pandemic on fertility (New York, May 2021).

Figure VI
Life expectancy at birth, for the world and by region, 1970–2050



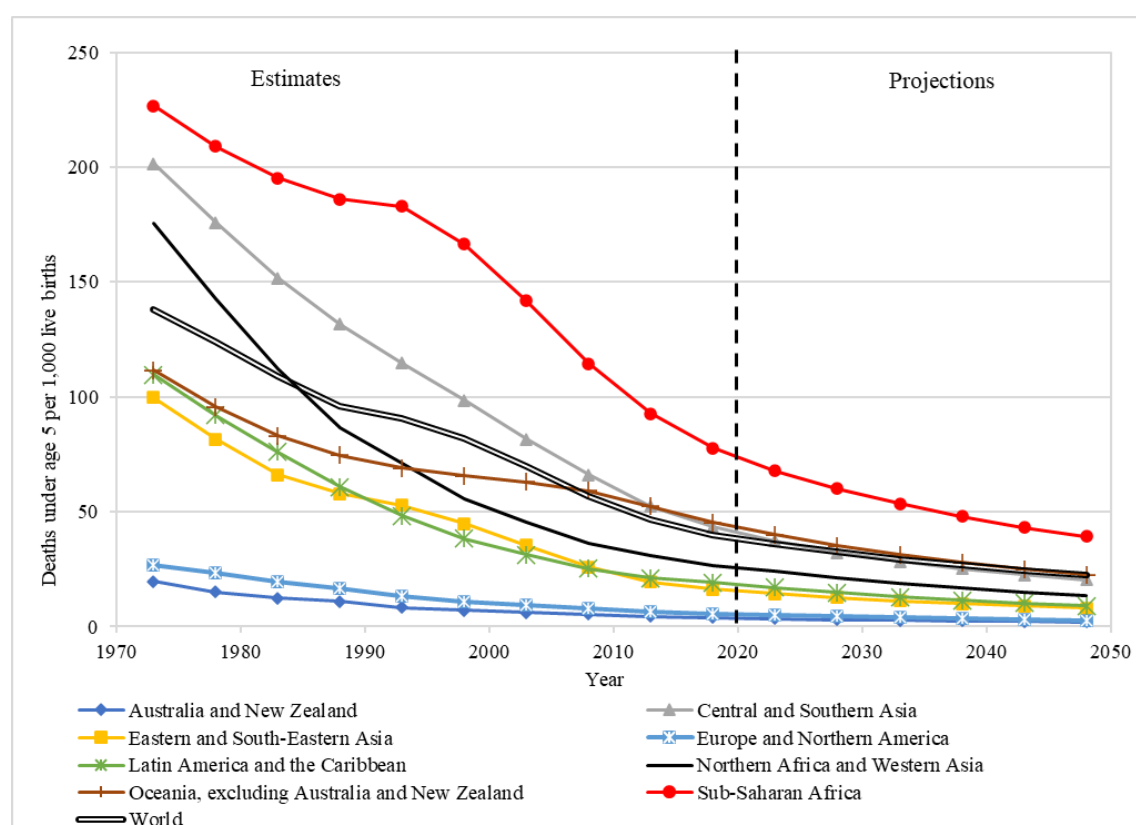
25. During the period 2015–2020, life expectancy at birth in the high-income countries and areas reached 80.9 years. Thirty-eight countries or areas had a life expectancy of more than 80 years. The highest level of life expectancy at birth for a national population was recorded for Japan (84.4 years). However, in 39 countries, including some of the world’s poorest, life expectancy remained below 65 years, and for the least developed countries it was 64.7 years.

26. For the countries heavily affected by the HIV/AIDS epidemic, the increase of life expectancy at birth since the 1950s was followed by a decrease during the 1980s and 1990s. Life expectancy in sub-Saharan Africa reached 49.6 years during the period 1985–1990, but then fell to 49.1 years during the period 1990–1995, followed by small increases over the next decade. In recent years, some of the losses due to HIV/AIDS have been reversed: life expectancy at birth for sub-Saharan Africa was 60.5 years during the period 2015–2020.

27. In many countries, including many low-income countries, the predominant causes of death have shifted from communicable diseases to non-communicable diseases, such as cancers, cardiovascular diseases and other ailments often linked to lifestyle choices, including the consumption of tobacco and alcohol, unhealthy diets with high shares of processed foods and a lack of physical activity. The percentage of the global population affected by overweight and obesity is increasing, including among children, as is the prevalence of diabetes.

28. The global under-5 mortality rate – the probability of dying between birth and a child’s fifth birthday – was cut by more than a half over a quarter century, declining from 91 deaths per 1,000 births during the period 1990–1995 to 40 deaths per 1,000 births during the period 2015–2020 (see figure VII). Over the same period, the largest reduction in under-5 mortality in absolute terms was recorded for sub-Saharan Africa, where the rate declined from 183 to 78 deaths per 1,000 births, followed by Central and Southern Asia, from 115 to 43; Northern Africa and Western Asia, from 71 to 27; Eastern and South-Eastern Asia, from 53 to 16; Latin America and the Caribbean, from 48 to 19; Oceania, from 69 to 45; Europe and Northern America, from 13 to 6; and Australia and New Zealand, from 8 to 4.

Figure VII

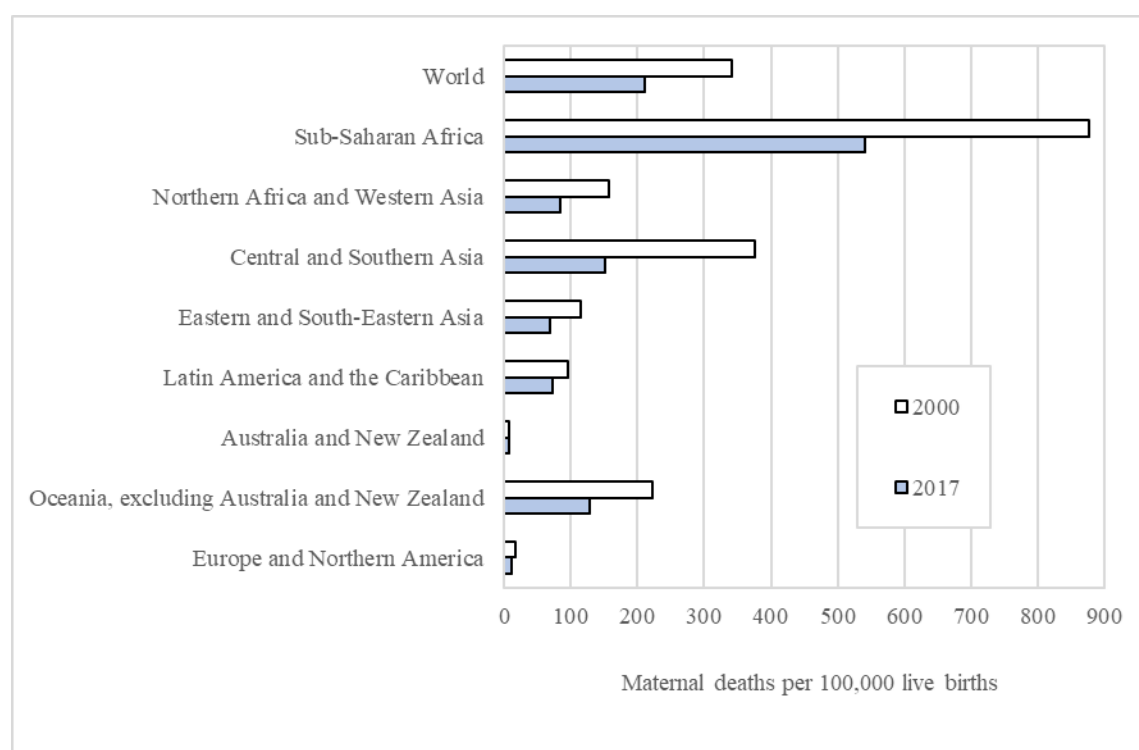
Under-5 mortality rate, for the world and by region, 1970–2050

29. Continuing high levels of infant and child mortality are due largely to the high incidence and fatality of communicable diseases at younger ages. Progress in reducing infant and child mortality from such diseases depends mostly on improvements in living conditions, sanitation and nutrition, and on access to primary health care, including vaccinations.

30. Target 3.2 of the Sustainable Development Goals calls for the achievement of a level of under-5 mortality of no more than 25 per 1,000 births by 2030. Australia and New Zealand, Europe and Northern America, Eastern and South-Eastern Asia, and Latin America and the Caribbean had already reached this target by 2020, for each region as a whole (see figure VII). The region of Northern Africa and Western Asia is expected to meet the target by 2030. Sub-Saharan Africa, Central and Southern Asia, and Oceania, however, seem unlikely to meet the target if future trends resemble those of recent years.

31. Target 3.1 of the Sustainable Development Goals calls for a reduction in the global maternal mortality ratio to less than 70 maternal deaths per 100,000 births by 2030. From 2000 to 2017, the global maternal mortality ratio fell by 38 per cent, to 211 maternal deaths per 100,000 births in 2017 (see figure VIII). The number of maternal deaths declined from an estimated 451,000 in 2000 to 295,000 in 2017. All developing regions experienced substantial reductions in maternal mortality between 2000 and 2017. However, in 2017, the maternal mortality ratio remained above 500 deaths per 100,000 births in sub-Saharan Africa and above 100 deaths per 100,000 births in Central and Southern Asia and in Oceania. If target 3.1 is to be achieved globally by 2030, the pace of reduction of maternal mortality must be accelerated. According to recent projections, the target could be achieved globally if all countries reduced their maternal mortality ratios by 6.1 per cent per year between 2016 and 2030.⁹

Figure VIII

Maternal mortality ratio, for the world and by region, 2000 and 2017**COVID-19 and mortality trends**

32. Globally, as at 14 January 2022, there had been 319 million confirmed cases of COVID-19, resulting in 5.5 million deaths, as reported to the World Health Organization.¹⁰ However, evidence from analyses of excess deaths during 2020 and 2021, compared with the number of deaths that would have been expected in the absence of the pandemic, suggests that the numbers for some countries may be severely undercounted owing to deficiencies in reporting.

33. Corroborating studies have focused on countries with available data on numbers of deaths over time since the start of the pandemic, disaggregated by age and sex

⁹ WHO and others, *Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division* (Geneva, WHO, 2019).

¹⁰ WHO, WHO Coronavirus (COVID-19) Dashboard. Available at <https://covid19.who.int/> (accessed 14 January 2022).

when possible. A study examining total reported deaths for 103 countries or territories found excess mortality in most countries, reaching 50 per cent or more of expected numbers of deaths in 4 countries (Bolivia (Plurinational State of), Ecuador, Mexico and Peru).¹¹ Underreporting of deaths was a significant problem in many countries.

34. An analysis of 29 countries that had complete data for 2020 on deaths by age and sex found that life expectancy at birth declined from 2019 to 2020 in 27 of the 29 countries.¹² Reductions of more than one year were measured in 11 countries for males and 8 for females. The reductions in life expectancy were mostly attributable to increased mortality above age 60 and to deaths officially attributed to COVID-19. By contrast, for children and youth, a December 2021 report of the United Nations Children's Fund and partners examined data for 2020 from over 80 countries and areas and found no convincing evidence of a reversal in child mortality gains in 2020, as had been feared early in the pandemic.¹³

V. Population ageing and changing age structures

35. The age structure of the global population continues to undergo unprecedented and substantial changes driven by increasing levels of life expectancy and decreasing levels of fertility, as part of the demographic transition. Changing population age structures have major implications in the short term for labour market dynamics and in the long run for the financial sustainability of social security, health-care and pension systems.¹⁴

36. Population ageing is a global trend with major social and economic consequences that is characterized by an upward shift over many decades in a population's age distribution, resulting in a larger proportion of the population at older ages and a smaller share at younger ages. Globally, there were 728 million persons aged 65 years or older in 2020, or about 9 per cent of the total population. This proportion is projected to reach nearly 12 per cent in 2030 and 16 per cent in 2050; it could be nearly 23 per cent by 2100. Women comprised 55 per cent of persons aged 65 years or older worldwide in 2020 and 62 per cent of those aged 80 years or older.

37. Since 2018, persons aged 65 years or older have outnumbered children under 5 years of age worldwide (see figure IX). During the period 2020–2050, the number of persons aged 65 or older is projected to more than double, while the number of children under age 5 is projected to remain relatively stable. Moreover, by 2050, persons aged 65 years or older are expected to outnumber adolescents and youth aged 15 to 24 years, with projected populations of 1.5 billion and 1.3 billion, respectively. Throughout the period until 2050, the population aged 65 years or older will be growing faster than any younger age group. For 201 countries or areas with at least 90,000 inhabitants in 2019, and for all regions of the world, an increasing proportion of persons aged 65 or older is expected between 2020 and 2050.

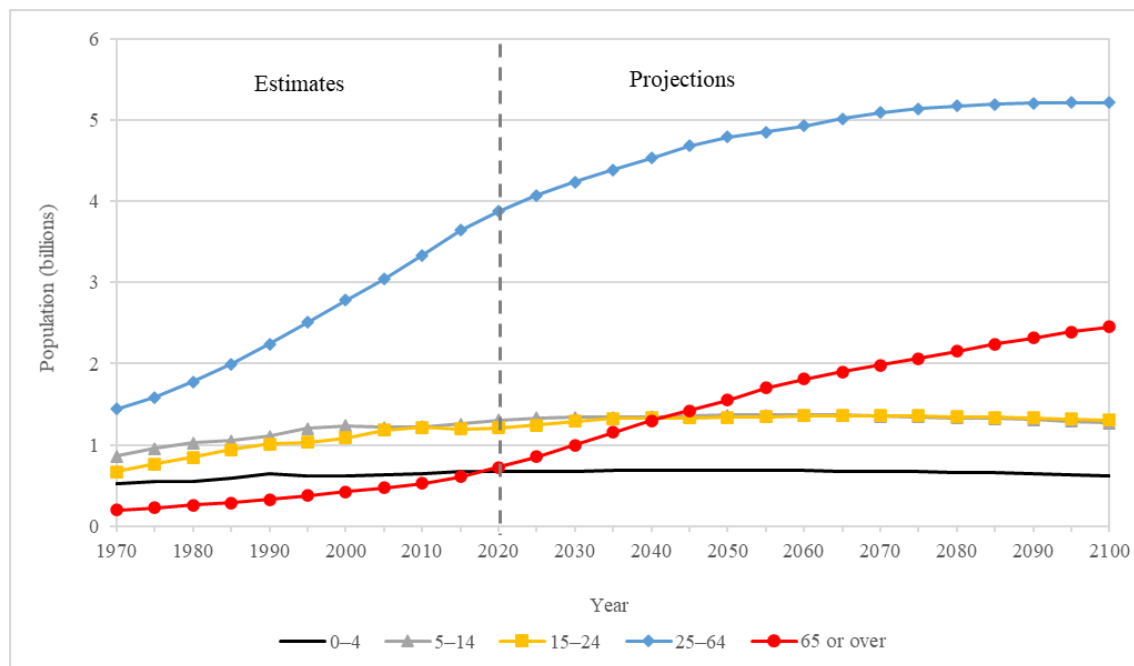
¹¹ Ariel Karlinsky and Dmitry Kobak, "Tracking excess mortality across countries during the COVID-19 pandemic with the World Mortality Dataset", *eLife*, art. 10:e69336 (June 2021).

¹² José Manuel Aburto and others, "Quantifying impacts of the COVID-19 pandemic through life-expectancy losses: a population-level study of 29 countries", *International Journal of Epidemiology*, art. dyab207 (September 2021).

¹³ United Nations Children's Fund (UNICEF) and others, *Levels and Trends in Child Mortality Report 2021: Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation* (New York, UNICEF, 2021).

¹⁴ See [E/CN.9/2022/2](#) for a detailed discussion.

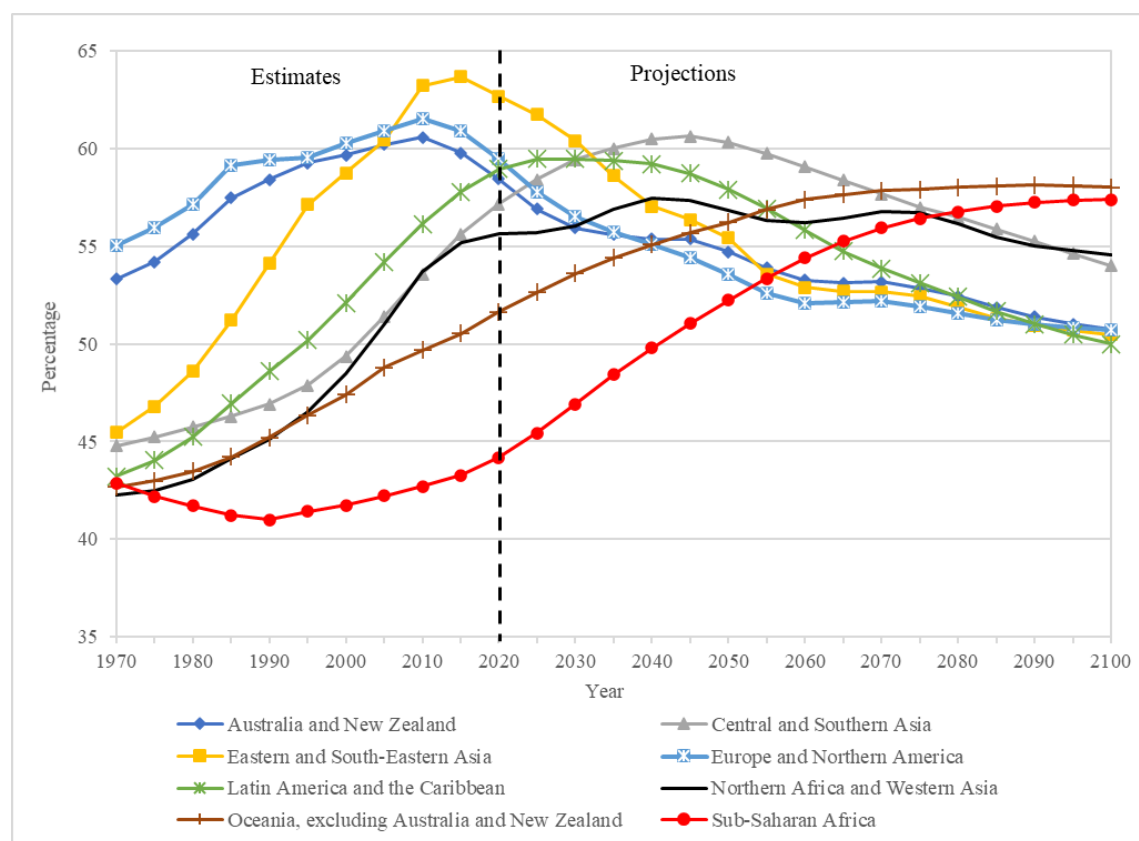
Figure IX
Global population by age group: estimates, 1970–2020, and projections, 2020–2100



38. Important regional variations can be observed in the proportion of the population that is of working age, that is, between the ages of 20 and 64 years inclusive (see figure X). The share of the working-age population is projected to be substantially higher in 2050 than it is today in some regions and to be noticeably lower in others. In sub-Saharan Africa and Oceania, and in parts of Asia and of Latin America and the Caribbean, the working-age population is growing faster than other age groups owing to the fertility decline of recent decades. Such conditions can yield an opportunity for accelerated economic growth known as the “demographic dividend”.

39. The percentage of the population between ages 20 and 64 years in sub-Saharan Africa and Oceania is projected to continue to rise for several decades and possibly through the end of the century. In Latin America and the Caribbean, however, the period of increase will be shorter, with a peak being reached around 2030, while in Central and Southern Asia the peak is expected to be around 2045.

Figure X
**Percentage of population aged 20 to 64 years, by region: estimates, 1970–2020,
 and projections, 2020–2100**



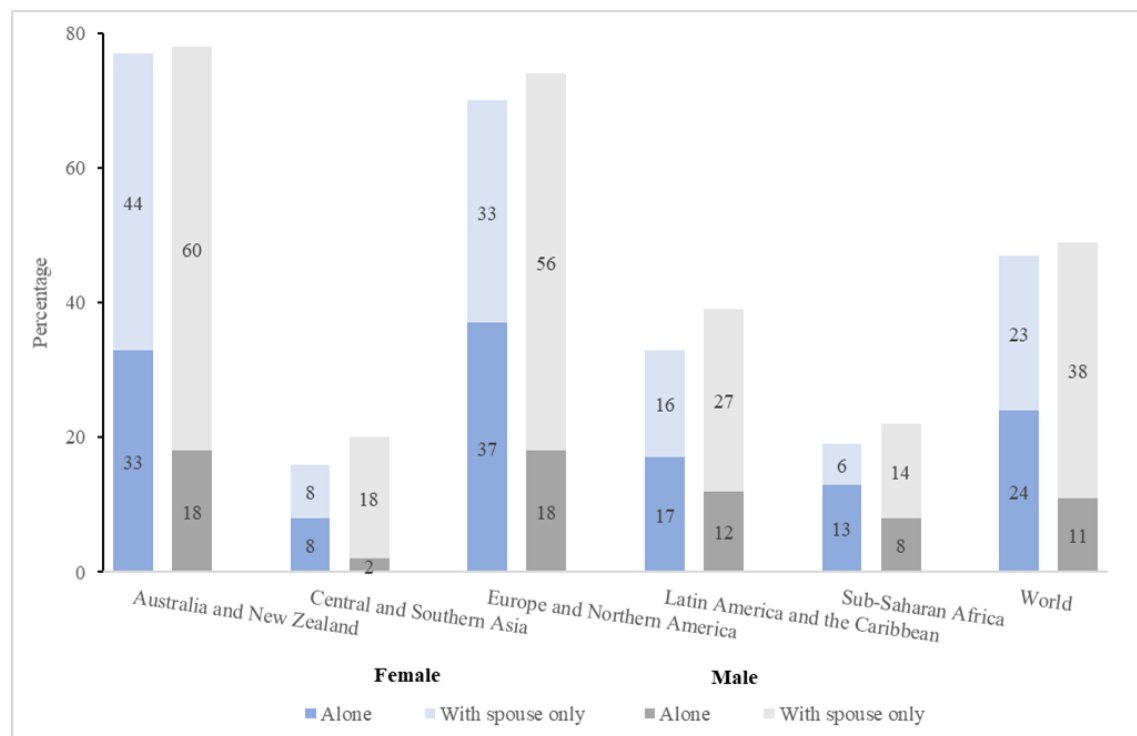
40. Population ageing is occurring alongside broader social and economic changes taking place throughout the world. Declines in fertility, changes in patterns of marriage, cohabitation and divorce, increased levels of education among younger generations and continued rural-to-urban and international migration, in tandem with rapid economic development, are reshaping the context in which older persons live, including the size and composition of their households and their living arrangements.¹⁵ Lower mortality throughout the life course for women compared with men has led not only to longer lives for women and additional opportunities for economic activity and social participation, but is also associated with more years of living alone, a higher likelihood of disability or debilitating illness at advanced ages and increased need for care.

41. At the global level between 2006 and 2015, older women were more than twice as likely as their male counterparts to live alone: 24 per cent versus 11 per cent (see figure XI). The gender gap in the proportion of persons living alone was especially wide in Europe and Northern America (37 per cent for women versus 18 per cent for men) and in Australia and New Zealand (33 per cent for women versus 18 per cent for men). These regions were also marked by large gender differences with respect to persons living with a spouse only. Whereas globally the difference between older men and older women living with a spouse only was 15 percentage points (38 per cent for

¹⁵ Data on living arrangements of older persons are drawn from the Database on Households and Living Arrangements of Older Persons 2019. Available at www.un.org/development/desa/pd/data/living-arrangements-older-persons.

men versus 23 per cent for women), there was a 23-point gap in Europe and Northern America (56 per cent for men versus 33 per cent for women).

Figure XI
Percentage of men and women aged 65 years or older who live alone or with a spouse only, for the world and by selected region, 2006–2015



42. Living arrangements contributed to observed differences in age patterns of COVID-19 mortality. While older persons displayed a heightened vulnerability to COVID-19 in all settings, their living arrangements also affected the risk of exposure to and infection with the virus. In the early stages of the epidemic, nursing home residents¹⁶ were at high risk of infection because the congregate setting facilitated transmission of the virus through contact with medical personnel and fellow residents.¹⁷ Risks posed by the living arrangements of older persons have particular relevance in the light of the pledge made by Governments in the 2030 Agenda for Sustainable Development that no one will be left behind and the launching of the United Nations Decade of Healthy Ageing (2021–2030).

VI. Urbanization and city growth

43. Urbanization is an important driver of economic growth and human development. Cities concentrate economic activities and innovations and provide infrastructure and social services that benefit persons residing in non-urban areas. In 2020, an estimated 56 per cent of the global population lived in urban areas. By 2030, the share of the world's population living in urban areas is expected to reach 60 per

¹⁶ Nursing homes do not include long-term independent living or assisted living facilities.

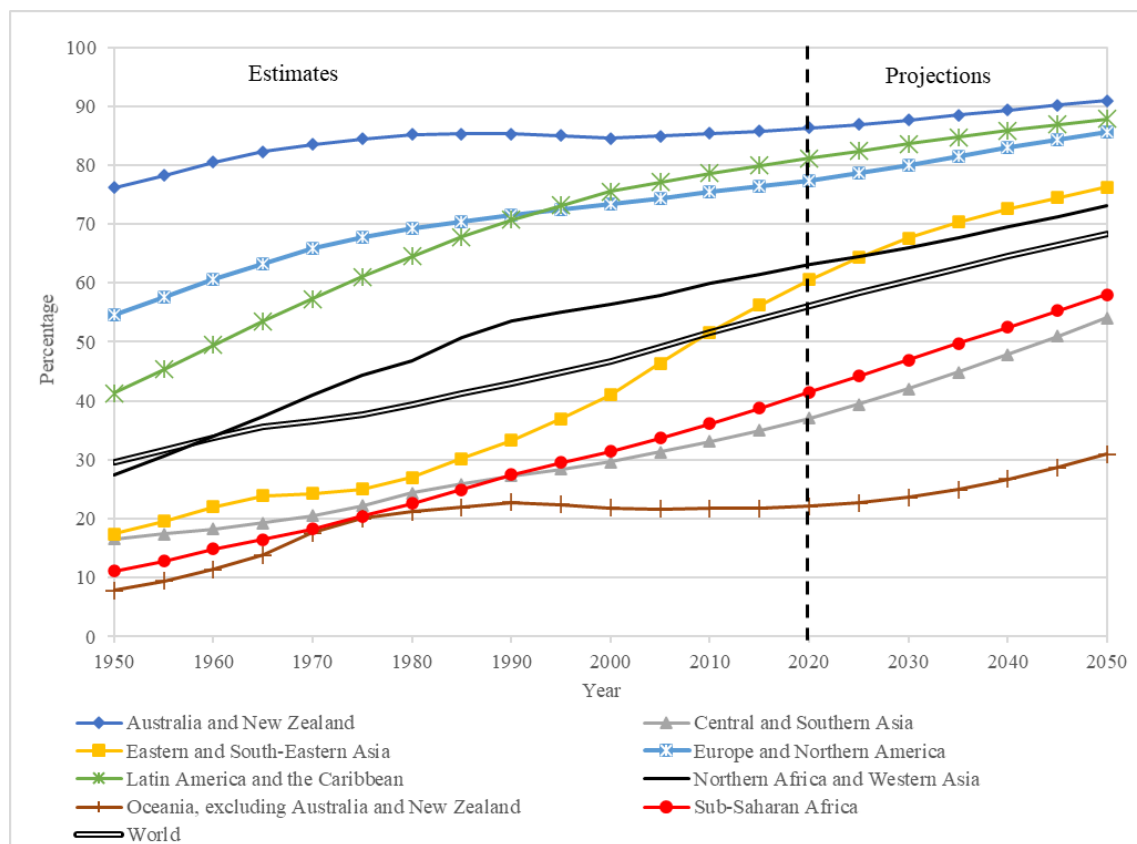
¹⁷ *World Population Ageing 2020 Highlights: Living Arrangements of Older Persons* (United Nations publication, 2020).

cent. In 2050, approximately two thirds of the global population may be living in urban areas, compared with roughly one third in 1950. Moreover, projections indicate that all of the anticipated growth of the human population between now and 2050 will be accounted for by the growth of populations residing in urban areas.

44. Growth in the share of the population living in cities and in the number and size of cities is driven by a combination of factors, including a surplus of births relative to deaths occurring in urban areas, migration from rural to urban areas of the same country, reclassification of formerly rural areas as urban and migration to urban areas of persons relocating from other countries. Indeed, many cities attract considerable numbers of international migrants and play an important role in their integration into the host society. Urbanization and the growth of cities also transform the lives of persons living in the rural areas around cities.

45. Currently, the most urbanized region is Australia and New Zealand, with 86 per cent of the population living in cities and urban areas, followed by Latin America and the Caribbean, with 81 per cent, Europe and Northern America, with 77 per cent, Northern Africa and Western Asia, with 63 per cent, and Eastern and South-Eastern Asia, with 61 per cent (see figure XII). In 2020, less than half of the population was living in urban areas in sub-Saharan Africa (41 per cent), Central and Southern Asia (36 per cent) and Oceania (22 per cent). However, these regions are urbanizing rapidly. In 2030, it is projected that urban settlements will be home to 47 per cent of the population in sub Saharan Africa, 42 per cent in Central and Southern Asia, and 24 per cent in Oceania. By 2030, the share of the urban population is projected to rise to 88 per cent in Australia and New Zealand, 84 per cent in Latin America and the Caribbean, 80 per cent in Europe and Northern America, 68 per cent in Eastern and South-Eastern Asia, and 66 per cent in Northern Africa and Western Asia.

Figure XII
Urban population as a percentage of total population, for the world and by region: estimates, 1950–2020, and projections, 2020–2050



46. As the urban population has grown worldwide, so too have the number of cities and the size of city populations. For example, the number of cities with more than 10 million inhabitants – often called “megacities” – grew from 10 in 1990 to 34 in 2020 and is projected to rise to 43 in 2030. All megacities that are expected to emerge before 2030 are found in the less developed regions. The overall growth of the urban population is driven by growth in cities of all sizes. The number of large cities (between 5 million and 10 million inhabitants) increased from 21 in 1990 to 51 in 2020 and is expected to rise to 66 in 2030. The number of medium-sized cities (between 1 million and 5 million) and of smaller cities (fewer than 1 million) is increasing as well, especially in the less developed regions.

47. Rapid and unplanned urban growth presents major challenges for sustainable development, as it can lead to urban sprawl, pollution and other forms of environmental degradation. Government policies for planning and managing urban growth can help to mitigate these negative effects and should be aimed at sustainability and a more equitable sharing of the benefits of urbanization. In 2019, a majority of Governments reported having policies in place to promote sustainable urbanization and improve the living conditions of the urban poor.¹⁸

¹⁸ United Nations, Department of Economic and Social Affairs, Population Division, “Policies on spatial distribution and urbanization have broad impacts on sustainable development”, Population Facts, No. 2020/2 (December 2020).

48. The relationship between COVID-19 and levels of urbanization is complex. While early transmission was concentrated in densely populated urban centres, many cities were able to implement control measures that effectively limited its spread. The pandemic has brought disease and death to rural areas as well: in several countries of the Organisation for Economic Co-operation and Development (OECD), death rates from COVID-19 in rural areas exceeded those in urban areas during the latter half of 2020.¹⁹

VII. International migration

49. In 2020, the COVID-19 pandemic drastically affected all forms of human mobility, including international migration. Around the globe, the closing of national borders and severe disruptions to international travel obliged hundreds of thousands of people to cancel or delay plans of moving abroad. Hundreds of thousands of migrants were stranded, unable to return to their countries, while others were forced to return to their home countries earlier than planned, when job opportunities dried up and schools closed.²⁰

50. While it is too soon to understand the full extent of the pandemic's impact on migration trends, estimates by the United Nations in late 2020 indicate that pandemic-related disruptions may have reduced the number of international migrants, or "migrant stock", by around 2 million by mid-2020, corresponding to a decrease of approximately 27 per cent in the global increase expected from July 2019 to June 2020. The limited data available on inflows of long-term migrants to OECD countries show a drop of 31 per cent in annual entries between 2019 and 2020. The number of new permits issued to international students also declined.²¹ Several Gulf countries have reported declines of approximately 10 per cent in the number of foreign workers in the first half of 2021 compared with the same period in 2020.²²

51. Prior to the disruptions in migration flows caused by the pandemic in 2020, the number of international migrants²³ had grown robustly over the past two decades. The estimated number of international migrants reached 281 million in 2020, which is comparable in size to the population of Indonesia, the world's fourth most populous country. This number had increased by 48 million between 2000 and 2010 and by 60 million between 2010 and 2020. Although the increase was due mostly to labour and family migration, humanitarian crises also contributed, with a doubling from 17 million to 34 million in the number of persons forcibly displaced across national borders between 2000 and 2020.

52. While most migrants move for labour, education or family reasons, many are forced to leave their countries owing to violence, conflict or persecution. Despite the many positive impacts of international migration, migrants – and migrant women in particular – remain among the most vulnerable members of society. Countries are increasingly recognizing the importance of implementing gender-responsive migration policies.

¹⁹ Organisation for Economic Co-operation and Development (OECD), "The COVID-19 crisis in urban and rural areas", in *OECD Regional Outlook 2021: Addressing COVID-19 and Moving to Net Zero Greenhouse Gas Emissions* (Paris, 2021).

²⁰ United Nations, "Policy brief: COVID-19 and people on the move", June 2020.

²¹ OECD, *International Migration Outlook 2021* (Paris, 2021).

²² Dilip Ratha and others, *Recovery: COVID-19 Crisis through a Migration Lens*, Migration and Development Brief, No. 35 (Washington, D.C., World Bank, 2021).

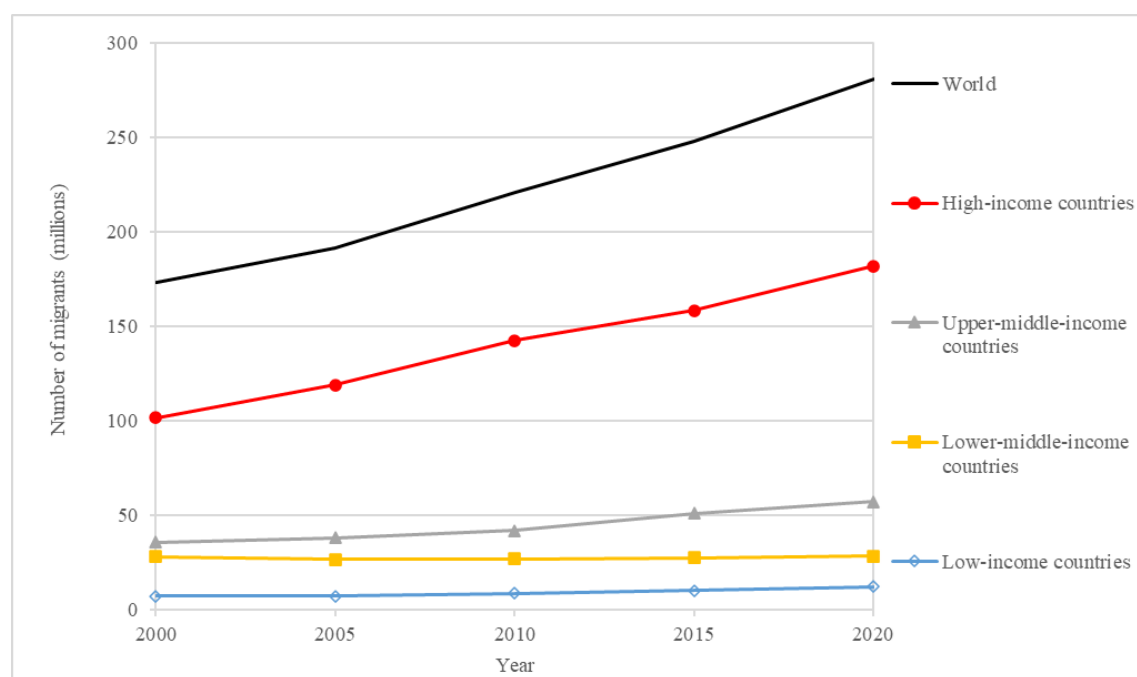
²³ International migrants are persons living outside their country of birth, or outside their country of citizenship when data on country of birth are not available.

53. As of 2020, 65 per cent of all international migrants worldwide, or 182 million, lived in high-income countries (see figure XIII). Thirty-one per cent, or 86 million, lived in middle-income,²⁴ mostly upper-middle-income, countries, while low-income countries hosted nearly 12 million, or just 4 per cent of the total. The proportion of international migrants in the population of destination countries also varied widely across income groups. Migrants comprised nearly 15 per cent of the population in high-income countries, compared with less than 2 per cent in middle- and low-income countries.

54. Among the regions, Europe was home to 87 million international migrants in 2020. Northern America, with 59 million, hosted the second largest number, followed by Northern Africa and Western Asia, with nearly 50 million. In other regions, the number of international migrants was much smaller. Estimates indicate that between 2000 and 2020 Europe added 30 million international migrants; Northern Africa and Western Asia, 29 million; and Northern America, about 18 million. Of the 29 million additional migrants in Northern Africa and Western Asia, approximately 9 million were refugees or asylum seekers.

Figure XIII

Number of international migrants, by World Bank income group at destination, 2000–2020



55. Most international migrants come from middle-income countries, which accounted for nearly 177 million, or nearly 63 per cent, of the total in 2020. Some 37 million international migrants, or approximately 13 per cent of the total, originated in low-income countries. While the number of migrants coming from low-income countries remains small compared to other income groups, it grew rapidly from 2000 to 2020, with much of the increase driven by humanitarian crises. In 2020, nearly half of all international migrants from low-income countries were refugees or asylum seekers. For migrants originating in middle- and high-income countries, those forcibly displaced across borders comprised a much smaller share of the total.

²⁴ Middle-income countries are comprised of upper-middle-income countries and lower-middle-income countries.

56. In 2020, 18 million persons from India were living outside of their country of birth. Other countries with a large diaspora included Mexico and the Russian Federation (11 million each), China (10 million) and the Syrian Arab Republic (8 million). Of the 20 countries or areas with the largest number of international migrants abroad in 2020, all but 2, Afghanistan and the Syrian Arab Republic, were middle-income or high-income countries. Six of the twenty countries with the largest number of international migrants living abroad were from Europe, 5 from Central and Southern Asia and 4 from Eastern and South-Eastern Asia. Many countries with large transnational communities were among the top recipients of remittances.

57. In 2020, nearly half of all international migrants at the global level were living in their region of origin. Europe had the largest share of intraregional migration, with 70 per cent of all migrants born in Europe residing in another European country, and sub-Saharan Africa had the second largest share, with 63 per cent. In contrast, the largest share of the diaspora of Central and Southern Asia resided outside the region (78 per cent). Other regions with large shares of the transnational population residing outside the region of origin included Latin America and the Caribbean (74 per cent) and Northern America (75 per cent).

58. Government policies during the COVID-19 pandemic impacted migration and mobility. Available data²⁵ indicate that many Governments adopted a variety of policy measures to restrict international movements as a means to contain the spread of COVID-19. Nine out of 10 Governments reported having imposed travel restrictions, such as travel bans or border closures. Two thirds had suspended visa services, such as the processing of applications or issuance of documents, and 3 out of 10 Governments reported having suspended the processing of applications from asylum seekers. At the same time, 9 out of 10 Governments reported taking measures to provide access to testing and treatment for COVID-19 regardless of migration status, 84 per cent reported offering extensions of residency or work permits to migrants already in the country, and 61 per cent had introduced special programs to facilitate the retention or entry of migrant workers in essential service sectors.

VIII. Conclusions and recommendations

59. The world's population continues to grow, albeit at a declining pace. Underlying this global trend is a wide variety of national patterns of fertility, mortality and international migration, leading to population growth in some regions, to stable population sizes in others and to population decline in a growing number of countries and areas.

60. Knowledge of current demographic trends and their potential future trajectories is essential for formulating and implementing policies and programmes in follow-up to the Programme of Action of the International Conference on Population and Development and the 2030 Agenda for Sustainable Development. Governments are encouraged to plan for the opportunities and challenges associated with current and projected trends in fertility, mortality and migration, as they will affect the size and characteristics of future populations in ways that may facilitate or hinder the achievement of inclusive and sustainable development.

²⁵ The data is from 89 countries that responded to the international migration module of the thirteenth United Nations Inquiry among Governments on Population and Development between November 2020 and October 2021. See United Nations, World Population Policies database, available at www.un.org/development/desa/pd/data/world-population-policies.

61. The average global fertility level has declined steadily, reaching 2.5 births per woman in 2020. However, many countries and areas still have fertility levels higher than 4.0 births per woman, driving continued rapid population growth and ensuring a relatively youthful population. Meanwhile, in several regions, fertility has fallen below the replacement level, resulting in rapid ageing of the population and, in some cases, population decline.

62. In line with the 2030 Agenda, Member States are encouraged to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, to integrate reproductive health into national strategies and programmes, and in general to enable individuals to achieve their reproductive aspirations by implementing policies that advance gender equality, promote work-life balance and support families.

63. In countries where the population is growing rapidly, it is advisable for Governments, with the support of the international community, as appropriate, to plan for the associated increase in demand for education, health care and other essential services.

64. In countries with sustained low levels of fertility, ensuring access to high-quality, affordable childcare, encouraging flexible work schedules and facilitating parents' re-entry into the labour market following childbirth and parental leave can have a positive impact on the quality of life and support a rebound in the fertility level.

65. Although adolescent fertility has declined globally, it remains high in some countries. Early marriage and childbearing can have multiple adverse, life-long consequences, especially for adolescent girls. Governments are urged to invest in the education of all children, to eliminate early and forced marriages and to expand access to information, education and services for adolescents concerning their sexual and reproductive health.

66. Long-term global trends towards increased rates of survival across age ranges are projected to continue, contingent on further substantial reductions in child and maternal mortality and the implementation of measures to address hunger and malnutrition, as well as infectious and non-communicable diseases. However, the COVID-19 pandemic has caused millions of excess deaths and strained health systems around the world.

67. Governments are encouraged to strengthen efforts to ensure universal health coverage and to promote vaccine equity and other measures to mitigate the pandemic, as well as to strengthen systems for the collection and dissemination of data on deaths disaggregated by age, sex and cause of death. Enduring improvements and resiliency during future pandemics will require better linkages between civil registration and health information systems.

68. Well-managed urbanization can help cities to reap the benefits of agglomeration while minimizing environmental degradation and other adverse impacts of urban growth. Urban planning is critical for the sustainable development of an urban infrastructure that provides access for all, especially the urban poor, to essential services, including safe water and sanitation, health care, education and adequate housing. Governments may also wish to promote the principles and practices of sustainable urbanization to address environmental issues, including climate change.

69. Travel restrictions and other containment measures taken in response to the COVID-19 pandemic reduced human mobility and the contribution of international migration to sustainable development in countries of origin and destination. Member States are encouraged to continue to implement the Global

Compact for Safe, Orderly and Regular Migration and its framework for the governance of migration, which will remain valid in a post-COVID-19 world.

70. The strengthening of the demographic evidence base and improvement of the reliability, timeliness and accessibility of demographic data are critical in monitoring the status of implementation of the Programme of Action of the International Conference on Population and Development and the population-related Goals and targets of the 2030 Agenda. The United Nations system should support countries, upon their request, in strengthening the collection, analysis and dissemination of population-related data and indicators, and in particular to provide data disaggregated by key demographic characteristics, including age, sex, marital status and migration status, in line with the 2030 Agenda.
