

# THE WORLD AT 7 BILLION

## Population and child survival

A historic milestone will be reached this month when the global population reaches 7 billion for the first time. No one knows precisely where or when the world's 7 billionth person will be born, but the prospects for that baby of growing up healthy and educated are better than at any point in history.

In comparison with 1999, when the 6 billion milestone was reached, and 1987, when the 5 billion population mark was passed, child mortality has fallen and children are now far more likely to reach their fifth birthday, receive routine immunisation, attend primary school, and be properly fed.

It is often assumed that saving children's lives will simply add to the burden of hunger and poverty, but global trends show the opposite is true. While increasing global hunger is a serious cause for concern, the Malthusian scenario of a rising global population and worsening social conditions has not materialised.



A newborn baby boy in Freetown, Sierra Leone.

With the world population about to reach 7 billion, one of the most effective ways of managing population growth is to end preventable deaths among children and mothers.

(photo: Aubrey Wade)

This story of success must not be a cause of complacency. More than 7.5 million children still die before their fifth birthday, and almost 70 million children miss out on a basic education. But it does demonstrate that real progress is possible even in developing countries with rapidly growing populations. While progress is uneven, and in many cases insufficient to achieve the United Nations Millennium Development Goals by 2015, in every region there has been progress over the last two decades.

These gains have been accompanied by marked reductions in fertility rates amongst women in almost every developing country, which in time will stabilise the global population. These two trends – of improvements in wellbeing for children, and falling fertility – are not coincidental. Where women are empowered and able to control the timing and spacing of births, children are more likely to survive and thrive. Girls' education is key to this empowerment. Equally, women tend to choose to have fewer children where they can be confident their children will reach adulthood.

Ending preventable deaths amongst children and mothers is one of the most urgent development challenges the world faces. Meeting this challenge is also one of the most effective ways of managing population growth.



Child mortality has fallen steadily over the past three decades, while immunisation rates among babies have increased.

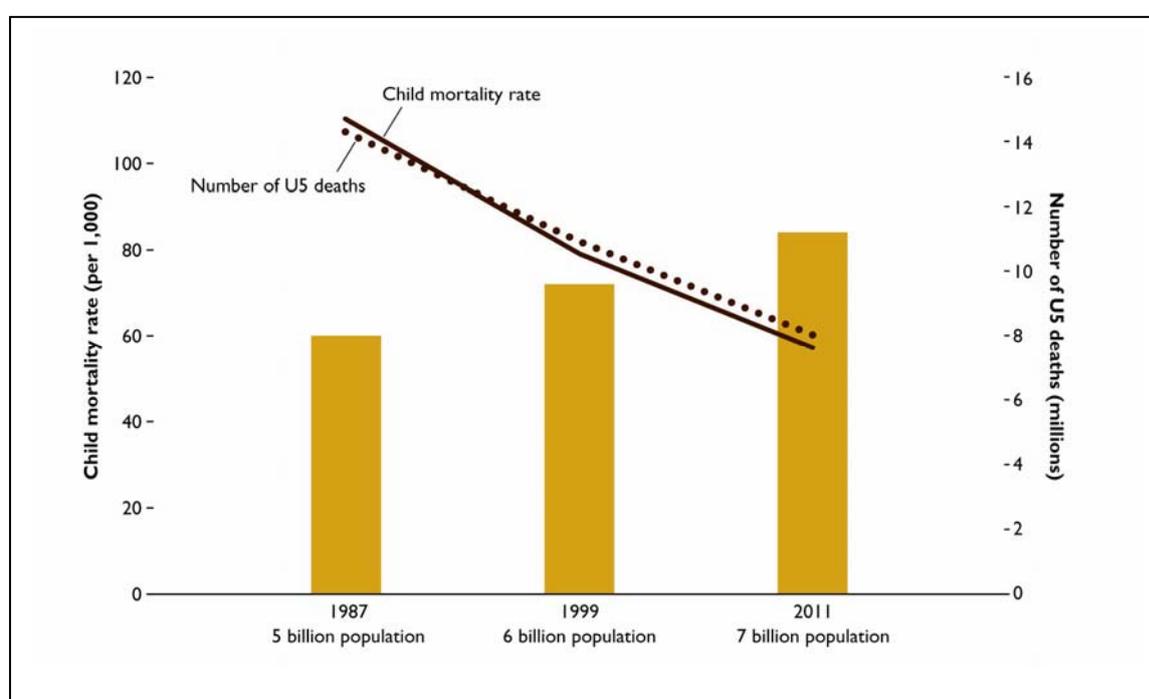
(photo: Rachel Palmer/Save the Children)

## MORE CHILDREN SURVIVE TO FIVE

In **1987**, the world's population passed 5 billion. In that year 14.7 million children – one in every nine – died from preventable causes. Just over half of children – 55% – were immunised against deadly diseases like measles and tetanus.

By **1999**, when the global population reached 6 billion, one in 12 died children died before their fifth birthday – a total of 10.6 million. A baby born that year could expect to live to 64 and had a 72% likelihood of being immunised. In 1999, 18% of children – 106 million globally – were not enrolled in primary school.

**Fig 1. Child mortality and total deaths have fallen as population has increased**



Today, in **2011**, the child mortality rate has fallen to one in 16, and the total number of under five deaths is 7.6 million – half what it was in 1987. Even keeping the total number of deaths stable with a growing population is a challenge, so this reduction is a remarkable success. Routine immunisation has reached a new high of 82% and a baby born now has a life expectancy of more than 69 years. Education enrolment continues to improve as the latest figures show that number of children out of school is down to 12% or 67 million children.<sup>1</sup>

## CHILD SURVIVAL AND FERTILITY

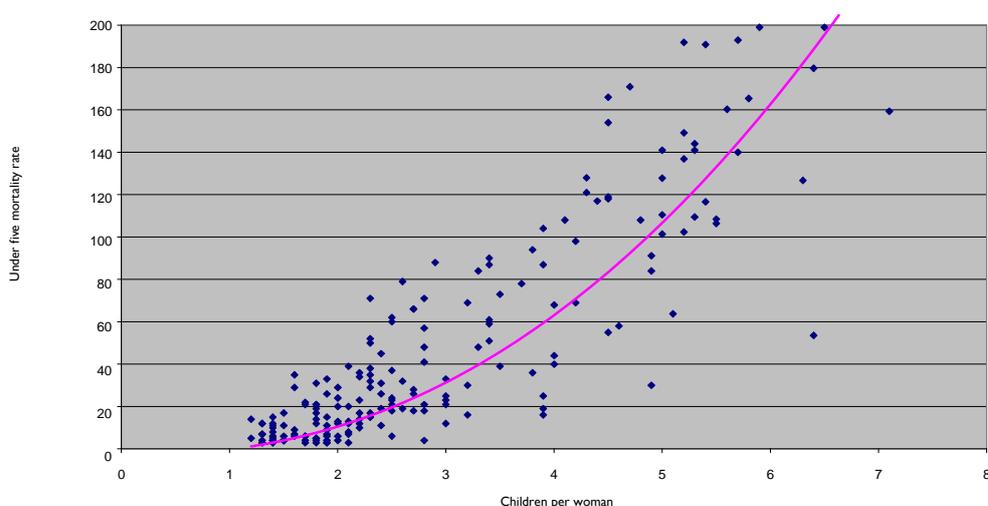
7.6 million children died in 2010 from preventable causes – principally from complications and infections during and after birth, and from diarrhoea, pneumonia and malaria. Child and maternal malnutrition is an underlying factor in about one-third of these deaths. Addressing the direct and indirect causes of these deaths is a moral imperative. But improving child and maternal health and reducing mortality also contribute to a virtuous circle: when women are better able to manage their fertility and have fewer children, those children are more likely to survive their early years, and grow up educated and properly nourished.

High fertility rates and rapid population growth rates correlate closely with high rates of child and maternal mortality. The historical trend is for child mortality to fall first, through improved health, nutrition and sanitation, before being followed by a drop in fertility rates. This is what has happened in recent decades: the global fertility rate has fallen from 5.6 children per woman in 1970 to 2.5 in 2010.

As living conditions improve and children become healthier, parents feel more confident that their children will survive, families become smaller, and parents are more likely to invest in their children's education and development. At the same time, women's ability to delay the birth of their first child into their twenties, and to space their births, significantly reduces the risks to both mothers and children of dying during childbirth and the 28 days after birth – a period that accounts for 40% of all child deaths globally. Lower fertility rates can make it easier for governments to plan, fund and provide services on which children depend, including healthcare and education.

There is a lag between falling fertility rates and slowing population growth, but over time falling fertility rates will stabilise the global population. More than half the people on the planet – 3.7 billion – are currently in their reproductive years, which means that even though fertility is dropping, the population will continue to grow for some time, before stabilising at between 7.8 and 11.7 billion people by mid-century.<sup>2</sup>

**Fig 2. Countries with low fertility rates have lower child mortality rates**



This population growth is concentrated in developing countries, with some of the poorest countries still experiencing both very high mortality and fertility rates. Women in Chad and Afghanistan, for example, have more than six children on average, and those children have a one in five chance of dying before the age of five.<sup>3</sup> Populous middle-income countries are still witnessing high fertility rates in the poorest and most neglected areas. For example, women in Bihar, one of India's poorest and most populous states, with a population of over 100 million, have an average of four children.<sup>4</sup>

## BREAKING THE CYCLE

Many countries have already broken the cycle of high birth rates and high death rates. As well as improvements to maternal and child health, education and nutrition, poverty has fallen rapidly – it is estimated that between 2005 and 2010, the total number of people around the world living below the international income poverty line fell by nearly half a billion people to under 900 million.<sup>5</sup>

Strengthening women's reproductive rights and social status has been key in the countries that have seen dramatic demographic changes. Empowered women tend to choose to have fewer children as they are better able to make decisions on contraception, and they are more likely to space their pregnancies and have their first baby later in life. Perhaps the single most important factor in women's empowerment is to invest in girls' education.

Increasing access to modern family planning also plays a vital role. There is a huge unmet need for contraception globally, with an estimated 125 million women who would like to control their fertility but either lack access to contraception or are not free to decide to use it.<sup>6</sup> This need is greatest in low-income countries – in the case of newly independent South Sudan, the contraception prevalence rate is just 3.7%<sup>7</sup>, compared to 61% globally.<sup>8</sup>

While cultural attitudes to the role of women are an important factor in fertility rates, government policy and funding also have a powerful influence. In 2001, African governments pledged to spend 15% of their budget on health (although so far only eight have reached this target) and many countries now have national health plans in place to tackle their own biggest health challenges. Aid to health from international donors has also increased, by 2.5 times since 1999.<sup>9</sup> The UN Every Woman Every Child strategy on women's and children's health, launched in 2010, has elicited significant policy and funding commitments, and the WHO is now putting in place an accountability framework to drive implementation.



Reem, age 11, from Pakistan.

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## AN AGENDA FOR THE NEXT BILLION

The 7 billion population milestone is a moment for the international community both to reflect on its achievements, and intensify action to stabilise the global population at a sustainable level and save children's lives. Action taken in the next few years to improve newborn, maternal and child health, to get children into school and to combat hunger and poverty will have a significant impact on the fertility rate. Exactly when the global population stabilises, and the level at which it stabilises, will depend on decisions made today.

**Health** – In order to stay healthy, every child needs to be within reach of a health worker able to prevent and treat the key causes of child mortality and illness. To be fully effective health workers must be part of a functioning health service and have the right training, support, equipment and supplies. Ensuring every child is fully immunised is key to further progress in reducing child mortality, and gives parents confidence that their children are protected from disease.

**Education** – While remarkable progress has been made in getting children enrolled in school, ensuring children complete a good-quality education is an ongoing challenge, especially among the hardest-to-reach children in conflict-affected and fragile states. Further effort is needed to create equal opportunities for boys and girls: there is still a two percentage point difference between the primary school enrolment rates for girls and boys (down from a 6 point gap in 1999), with significant gender gaps persisting in some of the most populous developing countries, such as Pakistan.

**Equity** – Saving more children's lives will require concerted action to tackle inequality between and within countries – a child's chance of survival differs greatly depending both on what country and on what part of that country they live in. To accelerate progress, policy and funding need to focus on the children who have so far been left behind, including those in the least developed countries, and in neglected areas like slums or remote rural communities.<sup>10</sup> There is debate over what should replace the MDGs as a framework to guide development, but whatever follows after 2015 must incorporate specific goals for ensuring progress for all income and social groups.

## Endnotes

<sup>1</sup> Education for All, Global Monitoring Report 2011. Statistical Tables, pg 309

<sup>2</sup> United Nations Population Division, reference in J Sachs and A Lane (2008) *Common Wealth: Economics for a crowded planet*

<sup>3</sup> State of the World's Population 2010 – Fertility rates are Chad, 6.0, and Afghanistan, 6.42

<sup>4</sup> India Census, 2011

<sup>5</sup> Chandy, L and Gertz, G. (2011) *Poverty in Numbers*, The Brookings Institution

<sup>6</sup> United Nations Department of Economic and Social Affairs (March 2009) UN Population Division Policy Brief, No 2009/1

<sup>7</sup> United Nations Every Woman, Every Child, 2011 *Commitments to Advance the Global Strategy for Women's and Children's Health*

<sup>8</sup> UNICEF, *State of the World's Children 2011*

<sup>9</sup> Organisation for Economic Co-operation and Development, Development Assistance Committee Statistics

<sup>10</sup> See Save the Children's May 2011 paper, *The Least Developed Countries: Biggest challenge, least assistance*

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