



United Nations

Department of
Economic and
Social Affairs

Population Prospects of Countries in Special Situations

Tracking demographic change among the
least developed countries,
landlocked developing countries and
small island developing States



Department of Economic and Social Affairs
Population Division

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United Nations
New York, 2023

United Nations Department of Economic and Social Affairs, Population Division

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Suggested citation

United Nations Department of Economic and Social Affairs, Population Division (2023). *Population Prospects of Countries in Special Situations: Tracking demographic change among the least developed countries, landlocked developing countries and small island developing States*. UN DESA/POP/2023/TR/NO. 6.

This report is available in electronic format on the Division's website at www.unpopulation.org. For further information about this report, please contact the Office of the Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, 10017, USA, by Fax: 1 212 963 2147 or by email at population@un.org.

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United Nations Publication

Sales No.: E.24.XIII.3

ISBN: 9789210030502

eISBN: 9789213587942

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Foreword

Today, the groups of countries in special situations – constituting the least developed countries (LDCs), the landlocked developing countries (LLDCs) and the small island developing States (SIDS) – are home to an estimated 1.3 billion people, representing 17 per cent of the world's population. Even though these countries have made progress in implementing the 2030 Agenda for Sustainable Development, they continue to face significant challenges on their path towards a prosperous, equitable and sustainable future, within a context of multiple and intersecting vulnerabilities and constraints.

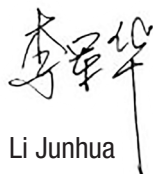
With about half of the projected global population growth between today and 2050 taking place in LDCs, LLDCs and SIDS, the future of these countries will increasingly determine whether global development goals will be achieved. Countries with sustained high rates of population growth, in particular, will face mounting challenges to eradicate poverty and improve access to essential services on a per capita basis in the coming decades.

This report provides a snapshot of the population dynamics in these three groups of vulnerable countries, covering levels and trends in total population, fertility, mortality and migration. It examines the demographic diversity among and within these groups by highlighting regional differences. Even though many countries are still in the early phases of the demographic transition, typically marked by rapid population growth, some are already experiencing slow population growth and population stabilization. A few countries are facing the prospect of population decline, in some cases compounded by net outmigration.

By analyzing the linkages between these demographic trends and the prospect of achieving selected targets of the Sustainable Development Goals (SDGs), including those related to sexual and reproductive health, education, child mortality and adult mortality, the report seeks to provide strategic guidance and foresight for effective population and development policies, strategies and interventions. The analysis demonstrates that reliable, timely and internationally comparable demographic data play a central role in understanding the interrelationships between population dynamics and the challenges and opportunities associated with the pursuit of sustainable development while ensuring that no one is left behind.

Publication of this report comes at an opportune time as the international community is preparing for the fourth International Conference on the Small Island Developing States (Antigua and Barbuda, May 2024), the third United Nations Conference on the Landlocked Developing Countries (Kigali, Rwanda, June 2024) and the Summit of the Future (September 2024). We hope that the report will also support the review of progress in implementing the Doha Programme of Action for Least Developed Countries, adopted at the fifth United Nations Conference on the Least Developed Countries, held in Doha, Qatar, in March 2023.

As the international community seeks to address the challenges and leverage the opportunities of demographic change in the context of sustainable development, we hope that this report will be a useful resource for policymakers, researchers and development partners working towards achieving a more equitable and sustainable future, where the aspirations of every individual, regardless of geographical location, socioeconomic status or other circumstances, can be realized.



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Acknowledgements

This report was prepared by Lina Bassarsky, Danan Gu, and Thomas Spoorenberg. The authors wish to thank John Wilmoth, Bela Hovy, and Karoline Schmid for their inputs in reviewing the draft.

The assistance from William Dunbar, Bintou Papoute Ouedraogo and Donna Culpepper in editing and desktop publishing is acknowledged.

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Explanatory notes

The following symbols have been used in the tables throughout this report:

A minus sign (-) before a figure indicates a decrease or negative number.

A full stop (.) is used to indicate decimals.

Unless otherwise stated, years given refer to 1 July.

Use of a dash (–) between years, for example, 2023–2050, signifies the full period involved, from 1 July of the first year to 1 July of the second year.

A 0 or 0.0 indicates that the magnitude is zero.

Two dots (..) indicate that data are not available or are not reported separately.

References to region, development group, country or area:

The designations employed in this publication and the material presented in it do not imply the expression of any opinions whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term “country” as used in this report also refers, as appropriate, to territories or areas.

In this publication, data for countries and areas are often aggregated in six continental regions: Africa, Asia, Europe, Latin America and the Caribbean, Northern America, and Oceania. Further information on continental regions is available from: <https://unstats.un.org/unsd/methodology/m49/>.

The designation of “more developed” and “less developed”, or “developed” and “developing”, is intended for statistical purposes and does not express a judgment about the stage in the development process reached by a particular country or area. More developed regions comprise all countries and areas of Europe and North-ern America, plus Australia, New Zealand and Japan. Less developed regions comprise all countries and areas of Africa, Asia (excluding Japan), Latin America and the Caribbean, and Oceania (excluding Australia and New Zealand).

The group of least developed countries (LDCs) includes 45 countries, located in Africa (33), Asia (8), Latin America and the Caribbean (1), and Oceania (3). Further information is available at: <https://www.un.org/ohrlls/content/least-developed-countries>.

The group of landlocked developing countries (LLDCs) includes 32 countries, located in Africa (16), Asia (12), Europe (2), Latin America and the Caribbean (2). Further information is available at: <https://www.un.org/ohrlls/content/landlocked-developing-countries>.

The group of small island developing States (SIDS) includes 57 countries or territories, located in the Caribbean (29), the Pacific (20), and the Atlantic, Indian Ocean and South China Sea region (AIS) (8). Further information is available at: <https://www.un.org/ohrlls/content/small-island-developing-states>.

The classification of countries and areas by income level is based on gross national income (GNI) per capita as reported by the World Bank (June 2023). These income groups are not available for all countries and areas Further information is available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.

List of abbreviations

ABR	Adolescent birth rate
AIS	Atlantic, Indian Ocean and South China Sea
APoA	Almaty Programme of Action
COVID-19	Coronavirus disease 2019
CRC	Committee on the Rights of the Child
EPMM	Ending preventable maternal mortality
GDP	Gross Domestic Product
HLPF	High-level Political Forum on Sustainable Development
ILO	International Labour Organization
IOM	International Organization for Migration
LDCs	Least developed countries
LEAB	Life expectancy at birth
LLDCs	Landlocked developing countries
MMR	Maternal mortality ratio
NCDs	Non-communicable diseases
NEET	Not in education, employment, or training
SAMOA	SIDS Accelerated Modalities of Action
SDGs	Sustainable Development Goals
SIDS	Small island developing States
SRHS	Sexual and reproductive health services
TFR	Total fertility rate
UNCED	United Nations Conference on Environment and Development
UN DESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UN ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN IGME	United Nations Inter-Agency Group for Child Mortality Estimation
UN-OHRLLS	United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States
VPoA	Vienna Programme of Action
WHO	World Health Organization



Students return to Billy Town Public School in Billy Town Liberia after the threat of Ebola outbreak diminishes on March 5, 2015. Dominic Chavez/World Bank.

Executive summary

In 2023, more than 1.3 billion people lived in the 110 countries and territories designated as least developed countries (LDCs), landlocked developing countries (LLDCs) and small island developing States (SIDS). These groups of countries in special situations face important socioeconomic and environmental challenges to the achievement of sustainable development. Many of them experience widespread poverty and hunger, inadequate access to quality education and lifelong learning opportunities, low levels of human capital and labour productivity, and heightened vulnerability to economic and environmental shocks. Half of the increase in the world's population between 2023 and 2050 is projected to occur in these countries, with about 40 per cent of global growth taking place in the current African LDCs and LLDCs, meaning that the demographic future of these countries will have an increasingly important impact on global development over the next few decades.

In addition to their common characteristics, the differences in population size, growth and other demographic characteristics between and within LLDCs, LLDCs and SIDS, along with their unique challenges, underscore the need for demographic insight to support tailored strategies for sustainable development. It will require far-reaching socioeconomic transformation for these countries to be able to address these challenges, increase their resilience and adaptive capacity and enjoy a sustainable and prosperous future.

With close to 1.2 billion people living in LDCs in 2023, of which more than two thirds are in Africa, the demographic prospects of these countries should inform national sustainable development initiatives. The total population of the current LDCs is expected to be more than 1.5 times as large as today by 2050, reaching 1.9 billion, or slightly over a fifth of the global population. More than half of the 45 LDCs are classified as LLDCs or SIDS, with a weak natural resource base. Continuing high levels of fertility are driving rapid growth of their populations, exacerbating the demand for resources and investments to eradicate poverty, hunger and malnutrition, and to ensure universal access to quality health care and education.

The demographic profiles of LDCs through 2050 also present important regional variations, with youthful populations found particularly in Africa and rapid ageing of populations particularly in Asia. Although the total fertility rate in African LDCs is trending downwards, it is expected to remain above 3 live births per woman through 2050, resulting in a growing number of school-age children. Accelerated action is needed to ensure sustained investments in human capital by improving access to quality education, health care and other basic services for child development. High fertility in the past has led to large cohorts of youth and adults, offering the potential for accelerated economic growth when fertility levels fall and remain at lower levels. To harness this potential, targeted policies should focus on improving workforce skills, education, gender inclusivity and the creation of sufficient numbers of jobs to absorb the growing labour supply, accompanied by sustained investments to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education.

In Asian LDCs, the share of people aged 65 or older is projected to double from 6 to 12 per cent between 2023 and 2050, creating significant demands and needs for age-appropriate health care, housing and social protection, including pensions. These challenges will be eventually encountered by all countries, including those with youthful populations today, requiring forward-looking policies to promote healthy ageing and support long-term care systems.

The adolescent birth rate in LDCs is more than eight times as high as in the more developed regions. Promoting gender equality, continued investments in quality education, particularly for girls and young women, and access to sexual and reproductive health care, including for family planning, can help reduce high fertility rates, lower adolescent birth rates and maternal and child mortality, and maximize the impact of the demographic dividend. Even though progress has been made in all of these areas, challenges persist, especially in reducing maternal and child mortality.

The nearly 577 million people residing in LLDCs in 2023 are primarily concentrated in the less-developed regions of Africa and Asia. LLDCs present a diverse demographic landscape. While progress has been made in reducing child

mortality and increasing life expectancy in all LLDCs, living standards and access to quality health-care services vary significantly among these countries. Most of the 32 LLDCs, particularly those in Africa, continue to record high fertility rates, resulting in a youthful population structure. This demographic youthfulness, in particular the concentration of women in the reproductive age range, has important implications for future population change. Even with the number of births per woman declining over time, the relatively large cohorts of childbearing women will sustain population growth over the next 30 years or so.

Three quarters of the total population of LLDCs are in countries that are also designated as LDCs, meaning that the LLDCs now stand at a critical juncture. The choices made in the coming years will have far-reaching implications for their demographic futures, impacting the prospects for their social and economic development. To ensure sustainable growth and well-being, LLDC governments should design and implement policies and programmes to address health care, including sexual and reproductive health and family planning, and international migration among other issues, as well as strategies to address the population ageing that is most noticeable in European and some Asian LLDCs.

As of 2023, the SIDS comprise a diverse group of 57 countries and territories scattered across three regions: the Caribbean, the Pacific, and the Atlantic, Indian Ocean and South China Sea (AIS). While their combined population was 73.5 million in 2023, most SIDS had fewer than 1 million inhabitants, and only four exceeded 10 million (Cuba, Dominican Republic, Haiti and Papua New Guinea).

Population growth in SIDS has slowed over the past two decades, with birth rates projected to decrease and death rates expected to rise due to ageing populations. Nevertheless, the population of the SIDS group is expected to continue to grow, reaching 85.4 million by mid-2050. With relatively high fertility rates, countries located in the Pacific region will contribute significantly to this growth.

SIDS are also diverse in their health and mortality profiles. They face a high burden of non-communicable diseases (NCDs), leading to a high prevalence of premature deaths. SIDS are also increasingly experiencing population ageing due to declining fertility rates, increased life expectancy and, in some cases, high levels of outmigration. This demographic shift brings both opportunities and challenges, including concerns about providing support and services for older people. Heightened exposure to climate-related shocks exacerbates some of these issues in the context of SIDS.

Addressing the opportunities and challenges related to outmigration is a key element of the policy agenda of SIDS. Although patterns vary, international migration has played a significant role in both the demographic composition and the social and economic development of SIDS. With fertility rates declining further, international migration is expected to become relatively more significant as a driver of future population change in SIDS.

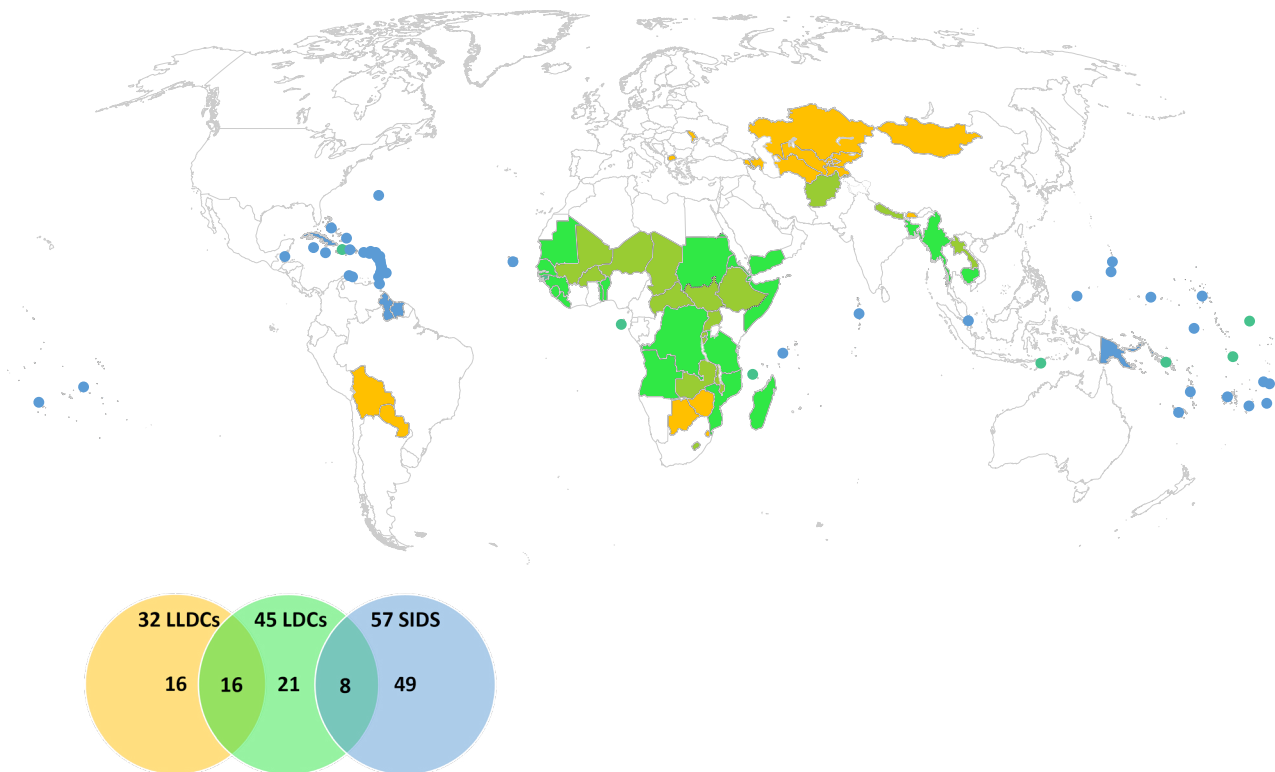
By 2050, it is projected that 22 per cent of the global population will reside in countries that are currently classified as LDCs, LLDCs or SIDS. Recognizing their current and future population trends can assist countries in developing and implementing effective policies to address their challenges and capitalize on opportunities for sustainable development associated with demographic change. Addressing data gaps and strengthening national statistical systems for the countries in special situations is imperative for monitoring progress towards the SDGs and other development objectives. Collaborative efforts at the national level, international support and tailored approaches are required to create favorable conditions for sustainable development.

Introduction

At the halfway point of the 15-year period to implement the 2030 Agenda for Sustainable Development, the outlook is grim. Despite a period of notable progress in many of the Sustainable Development Goals (SDGs), the convergence of multiple crises, including climate change, the COVID-19 pandemic, violent conflicts and economic shocks, is threatening to derail development and put further progress in peril for many countries (United Nations, 2023a, 2024). In recent years, progress in key areas of development, such as poverty alleviation, reduced inequalities, food security, health and social protection, has stagnated or reversed in many parts of the world (United Nations, 2023b).

Continuing to make progress in achieving the SDGs has proven particularly challenging for developing countries, among which are three groups of countries in special situations that face unique vulnerabilities: the least developed countries (LDCs), the landlocked developing countries (LLDCs), and the small island developing States (SIDS), whose status has been acknowledged historically by the United Nations.¹ As of the end of 2023, the group of LDCs contained 45 countries, the group of LLDCs included 32 countries, and the group of SIDS consisted of 57 countries and territories.² The three designations are not mutually exclusive: Among the 45 LDCs, 16 are LLDCs and 8 are SIDS (map I.1).

Map I.1
Countries in special situations: the LDCs, LLDCs and SIDS



Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

¹ The United Nations Office of the High Representative of the Least Developed Countries, the Landlocked Developing Countries and the Small Island Developing States (UN-OHRLLS) was established in 2001 to assist with the mobilization and coordination of the United Nations system in providing support and advocating for 92 Member States in these three groups of countries (see <https://www.un.org/ohrls/>).

² The group of SIDS includes 20 non-Member States/associate members of United Nations Regional Commissions (see chapter 4).

Today's interlocking global crises are posing new obstacles, or exacerbating old ones, for these countries to achieve the SDGs. The structural weakness of their economies, including poor productive capacities, inadequate infrastructure and lack of diversification, which are in many cases linked to their demographic make-up, territorial characteristics and geographical location, affect their ability to build long-term resilience against adverse economic shocks, the effects of climate change, natural disasters and other external stressors (UN-OHRLLS, 2021; United Nations, 2023b, 2023c).

The Political Declaration adopted in September 2023 at the High-level Political Forum on Sustainable Development (HLPF), under the auspices of the United Nations General Assembly, recognizes the special challenges facing LDCs, LLDCs and SIDS and calls upon the international community to accelerate the implementation of their respective sustainable development blueprints.³ Furthermore, the 2030 Agenda for Sustainable Development makes extensive reference to the three groups of countries in special situations and recognizes the importance of implementing policies and strategies to address the multiple constraints these countries face in achieving prosperity (UNGA, 2015).

This report analyzes current and future population trends in these three groups of countries in special situations for the period from 2000 to 2050, and the opportunities and challenges posed by these trends for achieving sustainable development. LDCs, LLDCs and SIDS are located in all regions of the world. Given this geographic diversity, the report focuses on population levels and trends at the regional level within each category of countries, aiming to contribute to a better understanding of the interlinkages between population dynamics and sustainable development of countries within each group.

Significant convergence exists between the dedicated programme of action for each group – the Doha Programme of Action for LDCs, the Vienna Programme of Action for LLDCs and the Accelerated Modalities of Action (or SAMOA Pathway) for SIDS – and the 2030 Agenda, including a broad range of targets and actions supporting the principle of leaving no one behind. Each of these three frameworks refers to key demographic issues which affect countries within its group, and which are highlighted in this report.

The demographic realities of these countries also vary greatly. Some countries are among the most populous in the world, whereas others have few inhabitants. Some populations are fast-growing, due to high birth rates and declining mortality, while others have stopped growing or are even expected to decline in the near future. Similarly, the composition of the population by age – the proportions of children, youth, middle-aged and older persons in the population – varies significantly across countries, depending on the country's stage of the demographic transition. Likewise, international migration plays a significant role in the increase or decrease of the population in some of the countries, whereas other countries are hardly affected by it.

The present report is organized as follows. Chapter 1 provides an overview of the demographic landscape in the three groups of countries in special situations, including trends in population size and the main components of population growth from 1950 to 2050. Chapters 2, 3 and 4 focus on the period from 2000 to 2050, providing an in-depth demographic assessment of LDCs, LLDCs and SIDS, respectively, and discussing key population-related challenges in relation to selected SDGs. These three chapters analyze regional differences and similarities within each group of vulnerable countries and include one country as case study, illustrating the population-related opportunities and challenges of countries in these groups for achieving sustainable development. Chapter 5 provides a set of conclusions and policy recommendations. Annexes to the report include a glossary of demographic terms, a list of country names and codes, and key indicators at regional and country levels.

³ A/RES/78/1, Annex, paragraphs 13, 33 and 38. The HLPF is the central United Nations platform for the follow-up and review of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals at the global level.

Chapter I

Population prospects and sustainable development in countries in special situations: An overview

The 110 countries or areas constituting the groups of least developed countries (LDCs), landlocked developing countries (LLDCs) and small island developing States (SIDS) face structural socioeconomic and environmental challenges in achieving sustainable development. Recently, these challenges have been exacerbated by the impacts of climate change, increased frequencies of environmental disasters, public health emergencies, conflicts and economic shocks. Most of these countries experience widespread poverty, hunger and malnutrition, along with limited economic diversification, a lack of social protection and low human capital due to inadequate access to quality education and lifelong learning opportunities. Additionally, LDCs, LLDCs and SIDS are especially vulnerable to and disproportionately affected by the adverse effects of climate change, environmental degradation and other disasters (United Nations, 2023c). Profound socioeconomic transformation will be crucial to address these challenges and increase the resilience and adaptive capacities of these vulnerable countries in the face of various socioeconomic and environmental shocks.⁴

Although they share these commonalities, the three groups of countries are highly diverse, with major differences ranging from the number of countries or areas within each group and their population size to the challenges they face, including with regard to geographic location and economic and productive capacities. The 110 countries individually also show similarities and differences with regard to their stage in the demographic transition, their future population prospects and their progress towards achieving the SDGs.

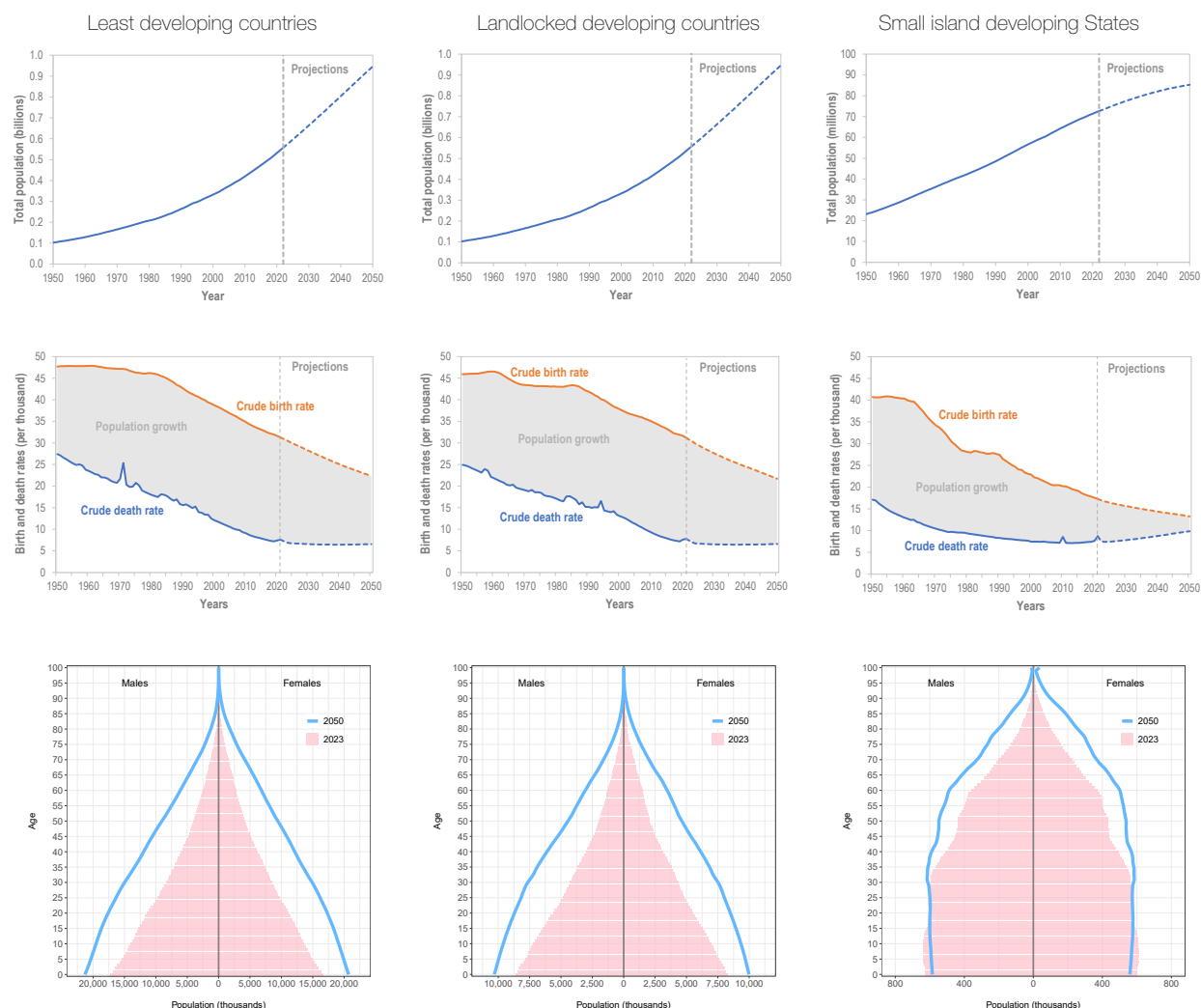
The total population of the groups of countries in special situations reached 1.3 billion in 2023, accounting for 17 per cent of the global population. The group of LDCs is the most populous among the three groups, with close to 1.2 billion people in 2023, while the LLDCs and SIDS are much smaller with 577 million and 73.5 million people, respectively. Population dynamics also vary between these groups; while most LDCs and many LLDCs experience high population growth driven by high birth rates, SIDS are generally more advanced in the demographic transition, with birth rates having fallen closer to death rates.

African countries accounted for about two thirds of the populations of both the LDCs and LLDCs groups in 2023, whereas the population of SIDS is concentrated in the Caribbean region. The following sections of this chapter summarize demographic differences between LDCs, LLDCs and SIDS at the aggregate level, while regional differences within each group are discussed in the subsequent chapters.

Between 2023 and 2050, the populations of the current groups of the LDCs and LLDCs are expected to multiply by almost 1.7 times – corresponding to an average annual growth rate of 1.9 per cent – reaching 1.9 billion and 1.0 billion, respectively (figure 1.1, first panel). Both groups are expected to continue to experience high population growth in the foreseeable future, with their populations projected to peak after 2100. In contrast, the population of the SIDS is expected to experience modest growth, increasing by 16 per cent from 73.5 million in 2023 to 85 million in 2050 (figure 1.1, first row). With an average annual growth rate of 0.5 per cent, the population of SIDS is expected to peak around 2070. Overall, it is projected that, by 2050, 22 per cent of the global population will reside in LDCs, LLDCs or SIDS.

⁴ For a discussion of the concept of vulnerability and its multiple dimensions in the context of sustainable development, see United Nations (2023c).

Figure 1.1
Total population, population growth and population by age and sex in LDCs, LLDCs and SIDS, estimates, 1950–2021 and medium scenario, 2022–2050



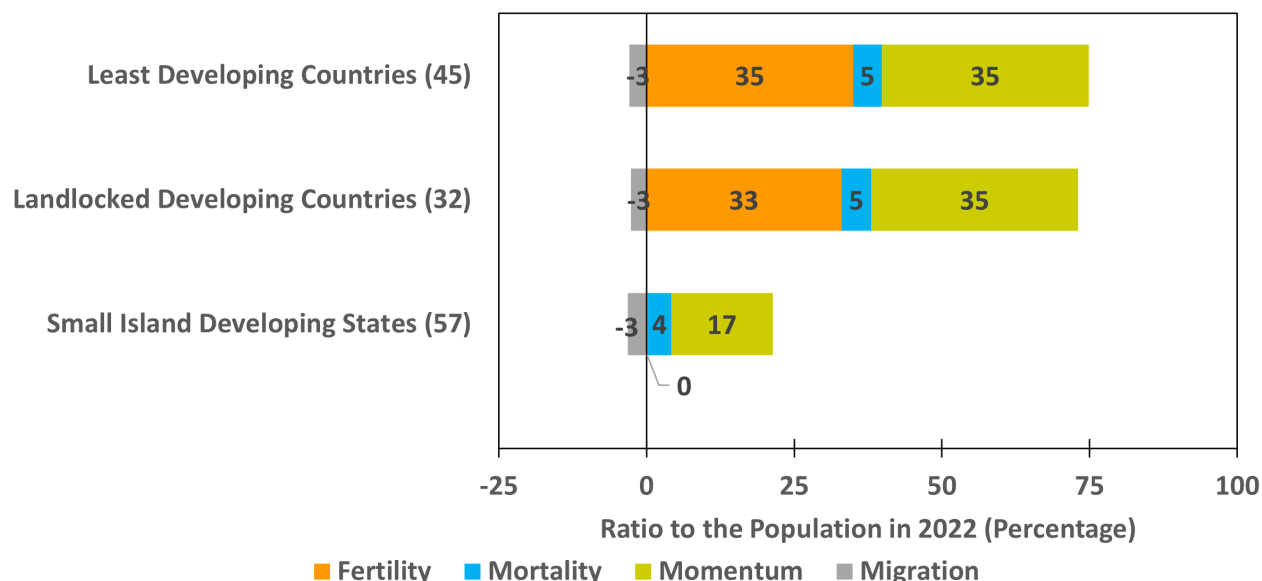
Source: United Nations (2022a).

Note: Figures on the first row present different scale on y-axis.

Analysis of key population trends indicates that the decline from high to low death and birth rates is much more advanced in the SIDS compared to the LDCs and LLDCs (figure 1.1., second row). Although death rates have reached fairly similar levels in all three groups, they declined much earlier in the group of SIDS than in the groups of LDCs and LLDCs, as did birth rates. In 2023, the crude birth rate in the SIDS reached 16.8 births per 1,000 inhabitants, almost half of that in the LDCs (30.6) and LLDCs (30.3).

The demographic transition towards lower fertility and mortality has led to a shift in the age distribution, with the SIDS having a much older population than the LDCs and LLDCs (figure 1.1, third row). From 2023 to 2050, the median age is expected to increase from 20.5 to close to 26 years in the LDCs and from 20.3 to almost 26 years in LLDCs. The current median age of the SIDS is significantly higher (31 years) and is projected to reach 37 years by 2050.

Figure 1.2
Contributions attributable to the four components of population growth in LDCs, LLDCs and SIDS from 2022 to 2050



Source: United Nations (2022a).

Notes: Date refers to 1 January of the indicated year. Population momentum illustrates the impact of the distribution of the population by age on population growth (see Annex 1). As the number of births in a given year depends on both the number of women of reproductive age and the fertility level, the distribution of the population by age is considered a separate factor contributing to population growth.

At the aggregate level, the LDCs and LLDCs will continue to have youthful populations for decades to come. Together with high fertility levels, large cohorts of women giving birth will drive continued population growth over the coming years, even as fertility rates decline (United Nations, 2017, 2021). Improvements in survival and net international migration will have much smaller effects on the size and composition of the future population of both groups (figure 1.2).

For the group of SIDS, the future population growth will mainly be driven by population momentum (see Glossary of terms in Annex 1), with minimal influence from declining mortality rates. Unlike LDCs and LLDCs, however, the level of fertility is not expected to contribute to future population growth in SIDS, as an aggregate. In all three groups, international migration will have a slight negative effect on population growth, with the number of persons projected to emigrate exceeding the number of future immigrants.

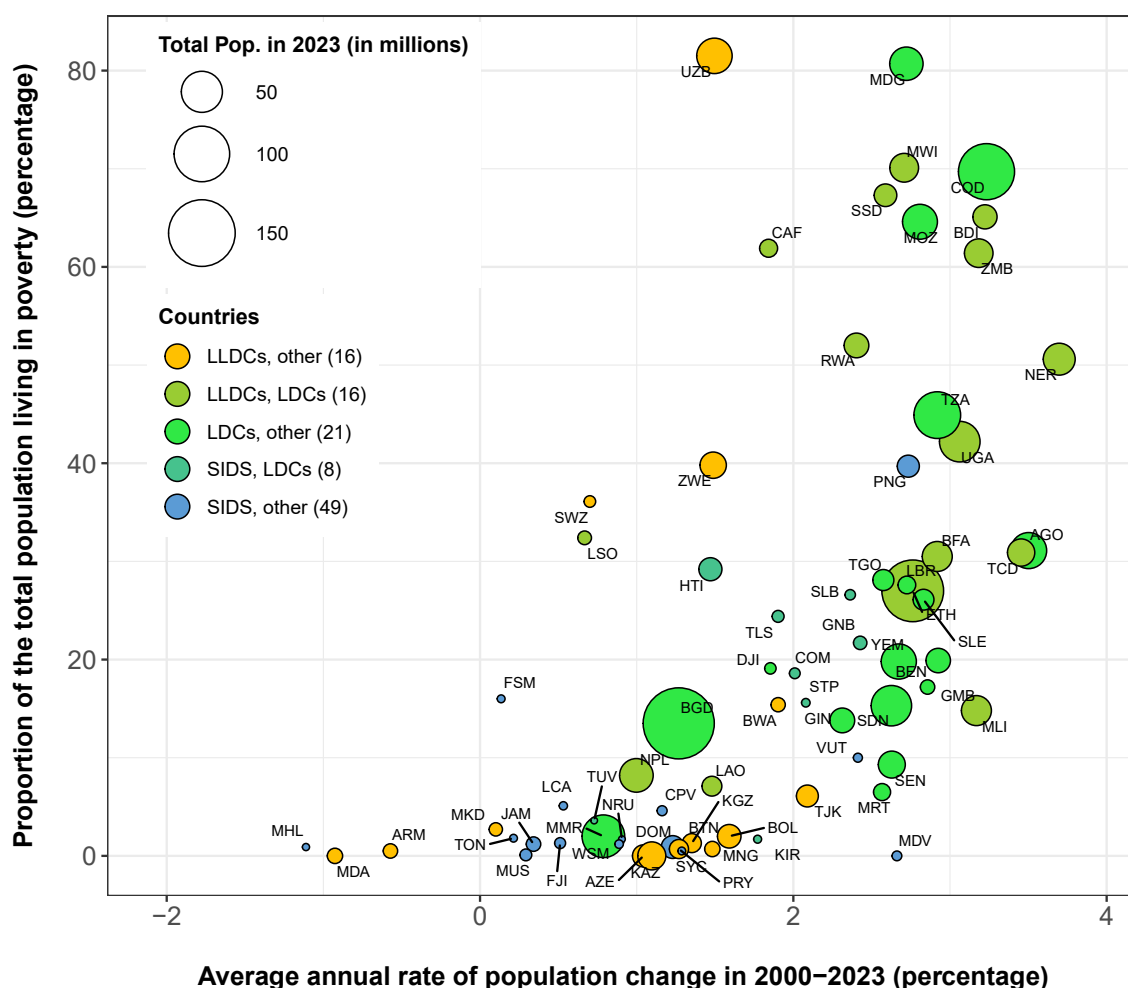
The population prospects of these three groups have important implications for achieving the SDGs, including those pertaining to poverty eradication, access to quality education and health care, gender equality and the provision of social protection and decent work. For example, LDCs are expected to see a 37 per cent increase in the number of primary school-age children between 2023 and 2050, requiring a commensurate increase in education expenditure just to maintain current levels of spending per pupil. In SIDS, the number of older persons aged 65 or older is projected to more than double between 2023 and 2050, requiring increased investments in old-age care, assisted living facilities and other support services.

In 2019, half of the people living in extreme poverty globally (SDG indicator 1.1.1)⁵ lived in LDCs (ILO, 2022; United Nations, 2023d). Because of high population growth, more people are now living in extreme poverty in African LDCs than 20 years

⁵ SDG indicator 1.1.1. "Proportion of the population living below the international poverty line by sex, age, employment status and geographical location (urban/rural)". The international poverty line computed by the World Bank is used to measure extreme poverty. The current international poverty line uses the threshold of \$2.15 a day, as measured in 2017 purchasing power parities (PPP).

ago, despite a 44 per cent decline in the proportion living in extreme poverty from 2000 to 2019 (United Nations, 2023d)⁶ (figure 1.3). In LLDCs, about 28 per cent of the population faced extreme poverty in 2018 (latest estimate), although one third of the countries in the group still had more than 35 per cent of their population living in extreme poverty. SIDS had lower extreme poverty rates (7 per cent), yet they are among the most vulnerable nations to the effect of climate change.

Figure 1.3
Proportion of population in LDCs, LLDCs and SIDS living below the international poverty line, latest available estimate, and total population growth rate between 2000 and 2023



Source: United Nations (2022a, 2023d).

Notes: The international poverty line was set at \$2.15 per person per day (based on 2017 PPP). The latest available data at the country level ranged from 2008 to 2020. Data on SDG indicator 1.1.1 are available for 71 of 110 countries or areas. Country codes are defined in Annex 2.

Inevitably, population projections contain an element of uncertainty affecting their accuracy – increasing with the length of the projection horizon – due to required assumptions regarding future trends in mortality, fertility and international migration. The uncertainty associated with future numbers of births is generally the greatest because the impact of fertility on population size is cumulative. Given their higher fertility levels, the population prospects for the group of LDCs and LLDCs are more uncertain than those for the SIDS and, therefore, come with larger prediction ranges (see Box 2.3).

⁶ Accessed on 26 September 2023.

In LDCs, LLDCs and SIDS large gaps remain in data availability, adding uncertainty to population estimates and projections. The percentage of countries that have conducted a population census since 2015 ranges from 39 per cent for the LDCs to 65 per cent for the SIDS (table 1.1). Death registration data that are at least 75 per cent complete are found in only 2 LDCs (4 per cent) and 11 LLDCs (34 per cent). The completeness of birth registration is even more dire, with only one LDC and less than one third of the LLDCs meeting the target of 90 per cent (SDG indicator 17.19.2).⁷ By contrast, more than two thirds of the SIDS have birth registration data that are at least 90 per cent and death registration data that are at least 75 per cent complete.

Table 1.1
Status of achievement of SDG indicator 17.19.2 for LDCs, LLDCs and SIDS

Groups	Number of countries	Countries that have conducted at least one population and housing census since 2015		Countries with birth registration data that are at least 90 per cent complete		Countries with death registration data that are at least 75 per cent complete	
		Number	Percentage	Number	Percentage	Number	Percentage
LDCs	45	17	38	1	2	2	4
LLDCs	32	17	53	10	31	11	34
SIDS	57	37	65	40	70	44	77

Source: United Nations (2022a, 2023d).

Notes: The international poverty line was set at \$2.15 per person per day (based on 2017 PPP). The latest available data at the country level ranged from 2008 to 2020. Data on SDG indicator 1.1.1 are available for 71 of 110 countries or areas. Country codes are defined in Annex 2.

These data gaps can be filled to some extent by estimates derived from sample surveys, immunization records, school enrollment statistics and electoral roll data, but further investments in civil registration and vital statistics systems and population and housing censuses are needed in countries in special situations, in particular LDCs and LLDCs, to increase the accuracy of measurement of progress in achieving sustainable development and preparing national population estimates and projections.

⁷ SDG indicator 17.19.2. "Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration".



Antoinette Sossa Epse Adoco, 56, a nurse at a health center in Athiémé, a city in southwest Benin. Stephan Gladieu/World Bank.

Chapter II

Demographic Outlook for the Least Developed Countries

Overview

In 2023, close to 1.2 billion people were living in the least developing countries (LDCs), accounting for about 14 per cent of the global population. More than two thirds were living in Africa, and close to one third in Asia. The remaining LDCs, which are located in the Pacific (Kiribati, Solomon Islands and Tuvalu) and the Caribbean (Haiti) accounted together for only 1 per cent of the total LDC population. Three LDCs are among the 15 most populous countries in the world, including Bangladesh (173 million), Ethiopia (127 million) and the Democratic Republic of the Congo (102 million) (map 2.1).

Box 2.1

The category of Least Developed Countries

In its resolution 2768 (XXVI) of 1971, the United Nations General Assembly identified a list of least developed countries (LDCs) among developing countries and requested the international community to consider special measures to support these countries and to address their urgent needs. The list of LDCs has changed over time, and, as of the end of 2023, was composed of 45 countries, most of which are located in Africa (33), with the rest located in Asia (8), the Pacific (3) and the Caribbean (1).¹

The criteria to identify countries as LDCs has also been modified since it was first established (CDP, 2023; CDP and UN DESA, 2021). Currently, the inclusion and graduation of eligible countries use as criteria income, human assets and economic and environmental vulnerability. Countries are eligible to enter or leave the LDC category if they meet the defined inclusion or graduation thresholds of these criteria. LDCs have exclusive access to several international support measures, especially in the areas of financial assistance and trade.

The Fifth United Nations Conference on the Least Developed Countries (LDC5) adopted the Doha Programme of Action for the Least Developed Countries for the Decade 2022–2031 in March 2022. The Doha Programme of Action was subsequently endorsed by the General Assembly (A/RES/76/258). In March 2023, participants at a conference held in Doha, Qatar, adopted the Doha Political Declaration and announced concrete initiatives to address the challenges faced by LDCs to achieve sustainable development.

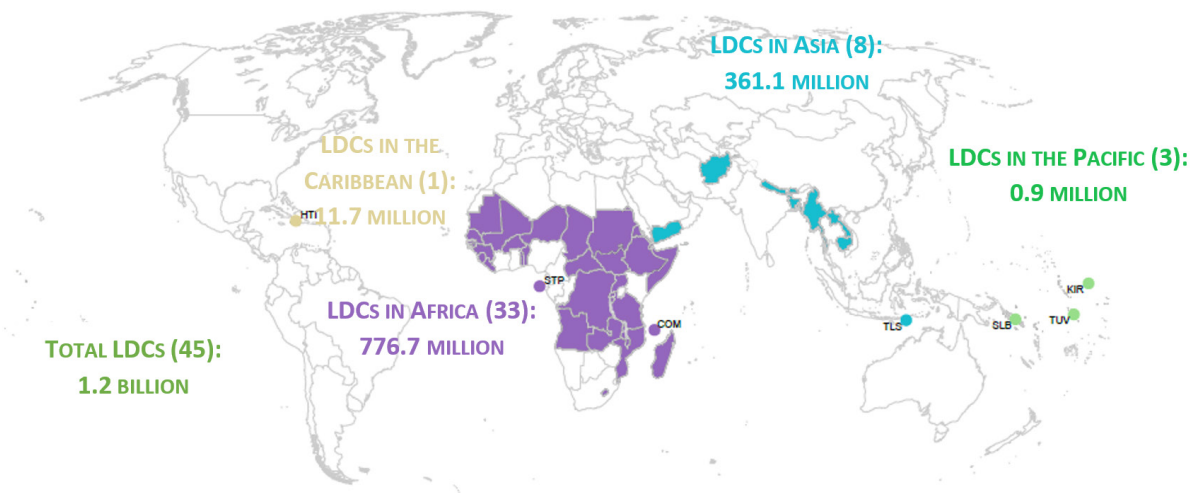
¹ Bhutan graduated on 13 December 2023. São Tomé and Príncipe is scheduled to graduate in 2024 and Bangladesh, the Lao People's Democratic Republic and Nepal in 2026. The graduations of Solomon Islands and Angola have been deferred to a later date.

LDCs exhibit the lowest levels of socio-economic development, with their combined gross domestic product (GDP) accounting for only 1.4 per cent of global GDP in 2022 (World Bank, 2023a⁸). Whereas the population in LDCs has been growing rapidly, economic growth has been slow, with annual GDP per capita growth well below the 7 per cent stipulated in SDG target 8.1 (United Nations, 2024).⁹ The total population of the LDCs is expected to grow from 1.2 billion in 2023 to almost 1.9 billion in 2050. Rapid population growth hampers efforts to increase public expenditures on a per capita basis as needed to eradicate poverty, end hunger and malnutrition, and ensure universal access to health care, education and other essential services (United Nations, 2021).

⁸ Accessed on 20 August 2023.

⁹ SDG target 8.1. "Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries".

Map 2.1
Population of LDCs across four world regions, 2023



List of least developed countries (45)
Africa (33): Angola, Benin, <i>Burkina Faso</i> , <i>Burundi</i> , <i>Central African Republic</i> , <i>Chad</i> , <u>Comoros</u> , Democratic Republic of the Congo, Djibouti, Eritrea, <i>Ethiopia</i> , Gambia, Guinea, <u>Guinea-Bissau</u> , <i>Lesotho</i> , Liberia, Madagascar, <i>Malawi</i> , <i>Mali</i> , Mauritania, Mozambique, <i>Niger</i> , <i>Rwanda</i> , <i>Sao Tome and Principe</i> , Senegal, Sierra Leone, Somalia, <i>South Sudan</i> , Sudan, Togo, <i>Uganda</i> , United Republic of Tanzania, <i>Zambia</i>
Asia (8): <i>Afghanistan</i> , Bangladesh, Cambodia, <i>Lao People's Democratic Republic</i> , Myanmar, <i>Nepal</i> , <u>Timor-Leste</u> , Yemen
Pacific (3): <u>Kiribati</u> , <u>Solomon Islands</u> , <u>Tuvalu</u>
Caribbean (1): <u>Haiti</u>

Source: United Nations (2022a).

Notes: The LDCs that are landlocked are indicated in italics; those that are SIDS are underlined.

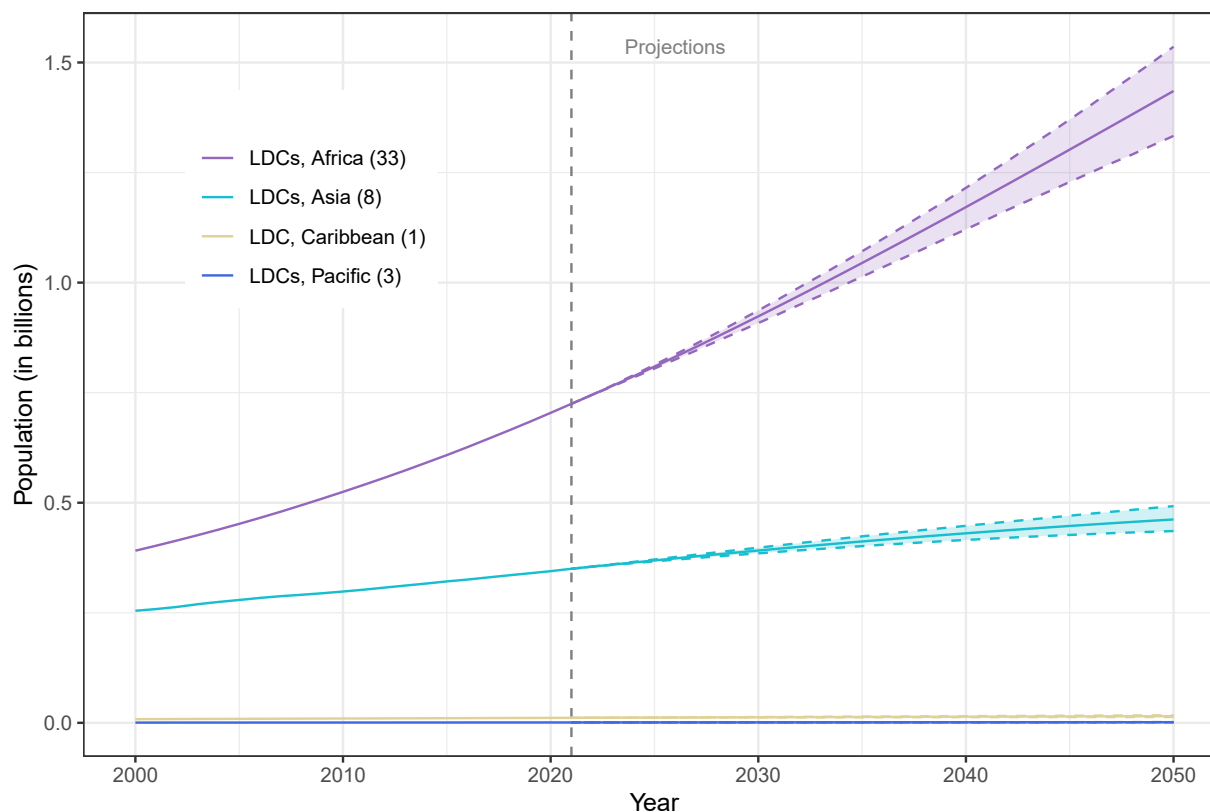
Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

According to the latest United Nations medium projections, the population of the current group of LDCs could double in size in the next four decades, with the African LDC group doubling its population in just three decades. By contrast, the population of developing countries which are not classified as LDCs is projected to grow by less than 20 per cent from 2023 to 2050, whereas the population in more developed regions is projected to remain roughly the same size as today. As a result, by 2050, 1.9 billion, or one fifth of the global population, is expected to live in one of the current LDCs, 6 percentage points more than in 2023.

Regional demographic profiles of the LDCs

The population of the group of LDCs is growing about 2.4 per cent annually, compared to less than 1 per cent per year for the global population.¹⁰ Due to persistent high fertility, the African LDCs are growing fastest in population size, at an average rate of 2.8 per cent per year. As a result, Africa's share of the global LDC population is expected to increase from 67 per cent (777 million people) in 2023 to 75 per cent (1.4 billion people) in 2050 (figure 2.1).

Figure 2.1
Total population of LDCs by region: estimates, 2000–2021, and medium scenario with 95 per cent prediction intervals, 2022–2050



Source: United Nations (2022a).

Note: Prediction intervals (shaded area around a projected trend) were derived from a probabilistic assessment of projection uncertainty. For a given year, the future trend is expected to lie within the predicted range with a probability of 95 per cent.

The rapid growth of the total population of LDCs has been driven mainly by persistent high fertility. However, fertility levels vary significantly among countries in this group: from estimates of more than six live births per woman on average in four LDCs to two or fewer births per woman in three of them. These examples reflect regional differences in women's reproductive behaviour and patterns of childbearing, with the highest average fertility in the LDCs of Africa and the lowest in the LDCs of Asia.

In- and out-migration can impact the pace of population growth as well. By 2020, there were 47.6 million migrants from LDCs living abroad – an increase of 12 million from 2010 – or 4.4 per cent of the total population of LDCs in 2020. Among these 47.6 million, 11.1 million were living in other LDCs, 28.3 million in other developing countries, and 8.2 million in more developed countries (United Nations, 2020a). Notably, about 70 per cent of these migrants

¹⁰ Unless otherwise stated, current population growth rates refer to average rates between 2018 and 2022.

moved to Africa, Western Asia, and Central and Southern Asia. In addition to the 11.1 million migrants from other LDCs, LDCs were the destination of 3.4 million from other developing countries and 0.2 million from developed countries.

In the decade prior to the COVID-19 pandemic (2010–2019), LDCs witnessed a net international migration of approximately -14 million, indicating that 14 million more emigrants were leaving than immigrants arriving. This translates to an average annual crude net migration rate of around -1.1 per cent, almost three times that of other less developed countries during the same period (-0.4 per cent). African LDCs exhibited the lowest average net migration rate at -0.6 per cent, Haiti and three countries in the Pacific had the highest rate at -3.1 per cent, and Asian LDCs experienced a net migration rate of -0.8 per cent.

Between 2000 and 2022, it is estimated that international migration reduced the total population of LDCs by 36.5 million (5.6 per cent). During this period, the African LDC group lost about 3 per cent of its population due to migration, Asian LDCs about 9 per cent and LDCs which are SIDS more than 10 per cent. These diverse migration patterns underscore the importance of country-specific analyses in understanding migration patterns and trends in LDCs.

The different population growth rates in the LDCs will have a noticeable impact on the distribution of the future global population. About 40 per cent of the growth in the world's population between 2023 and 2050 is expected to take place in the African LDCs. Thus, future progress towards achieving the 2030 Agenda for Sustainable Development will need to be increasingly concentrated in African LDCs.

Youthful populations, ageing and development

As discussed in chapter 1, LDCs typically have youthful populations compared to other developing countries and more developed regions, as a result of sustained high levels of fertility and shorter life spans. Within the group of LDCs, however, there are noteworthy differences, with African LDCs having on average younger populations than the Asian LDCs, and the populations of the LDCs located in the Caribbean and the Pacific occupying an intermediate position. Three aspects of the age composition of the population in LDCs deserve special attention, as they have important implications for sustainable development: the youthfulness of the population, particularly in African LDCs; the relatively rapid growth of the older age groups in LDCs in Asia; and the prospects of increasing demographic support ratios and the ensuing demographic dividend.

Firstly, half of the population of the African LDCs in 2023 was estimated to be younger than 19 years old, whereas the median age in Asian LDCs stood at 26 years. With further declines in fertility, the median age in African LDCs is expected to increase from 19 to 23 years in 2050, still below the comparison group in Asia today. In absolute terms, this means that 68 million children are projected to be added to the population of primary school-age children (6 to 11 years old) in the African group between 2023 and 2050, and 73 million to the secondary school-age youth population (12 to 17 years old), putting a significant strain on countries to ensure access to quality education for all children.

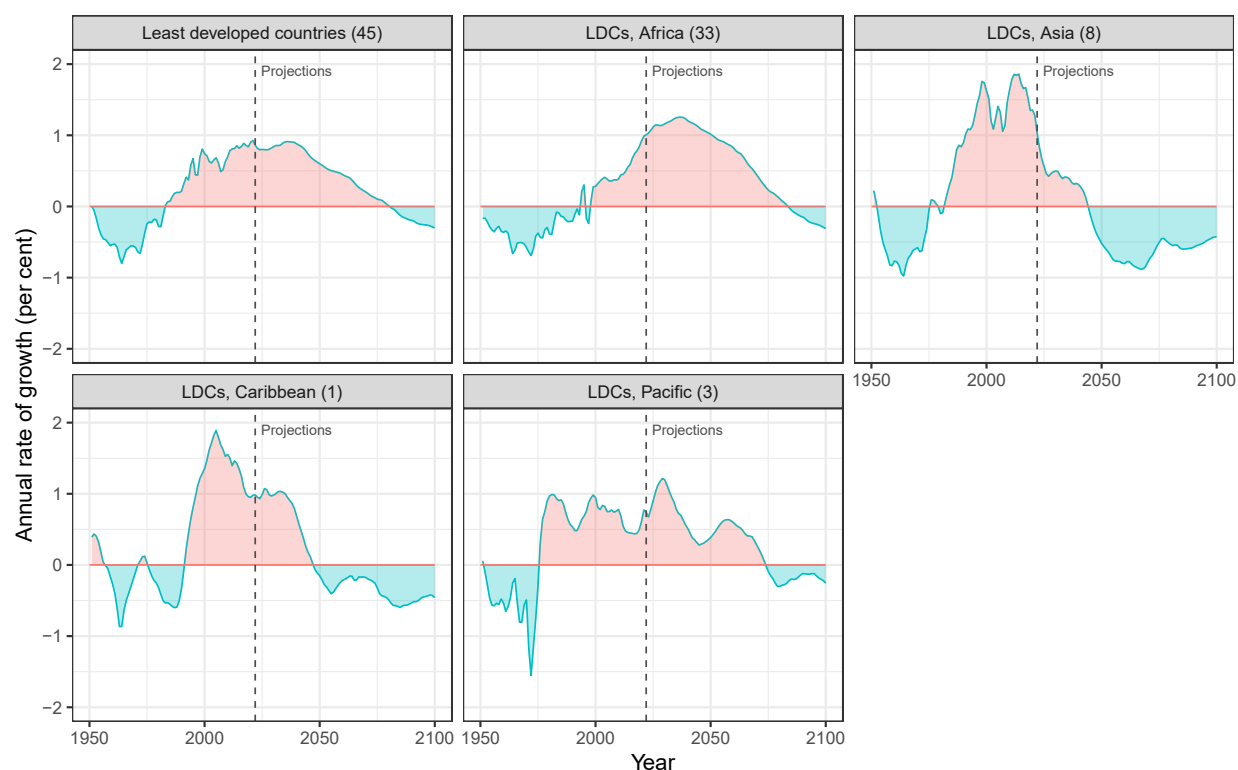
Achieving gender equality in education enrolment and outcomes will be integral to virtually every aspect of development progress. Today, girls and women face substantial disadvantages in access to education and job opportunities (UN ECOSOC, 2023; UN WOMEN and UN DESA, 2023; Wodon and others, 2020). In a dozen LDCs in Africa, for example, the completion rate for girls in lower and upper secondary education in 2021 was at least five percentage points lower than that for boys (United Nations, 2023a).¹¹ With the expected rapid growth of the school-age population in LDCs, strengthening gender-equitable education systems that empower and protect the rights of all girls and boys will be crucial to building long term prosperity for society as a whole.

¹¹ Accessed on 3 May 2023.

Secondly, the share of older persons is relatively small in all LDC regional groups, with an average of 4 per cent of people aged 65 or older in the total population in 2023. However, the absolute number of older people in LDCs is expected to experience nearly a three-fold increase from 2023 to 2050. The Asian LDCs are expected to experience rapid population ageing, with the share of older people projected to double from 6 to 12 per cent between 2023 and 2050 (UN DESA, 2023).¹² A common measure of the speed of population ageing is the time that it takes for the share of the older population to double from 7 to 14 per cent (United Nations, 2000). This shift is expected to take less than 25 years in most Asian LDCs, a shorter timespan than in more developed countries.

The increase in the share of older people in the total population represents an overall health success, with important implications for meeting the demand for services to support people during their later years of life, such as health care, housing and pensions. In countries with weak social protection systems and where the number of children and youth are also growing in absolute and relative terms, these challenges could be even more pressing, leaving older persons vulnerable and without adequate support. Even countries with youthful populations today should embrace forward-looking policies to be able to meet the demands of a fast-growing older population (UN ESCAP, 2017a; United Nations, 2023e; UN DESA, 2023).

Figure 2.2
Annual rate of growth of the demographic support ratio, LDCs by region, estimates, 1950–2021, and medium scenario, 2022–2100



Source: United Nations (2022a).

Note: The demographic support ratio is the number of people in the working-age group (15–64 years) per 100 people in the younger and older age groups.

Lastly, because of the prevalence of high birthrates in the past, the LDCs are also characterized by large numbers and shares of young adults and middle-aged people, which will continue to increase as the current generation of

¹² As a comparison, the share of the older population is projected to increase by 55 per cent in the African LDCs over the same period.

children grows up. The population in the LDCs aged between 15 and 64 years old¹³ is expected to double in the next three decades, from 665 million in 2023 to 1.3 billion in 2055. The working-age population (421 million) is larger, and is growing the fastest, in LDCs in Africa compared to the other LDC regional groups. In most African LDCs, the number of potential workers per dependent, or the support ratio, is growing quickly, primarily as a result of an expected future decline in fertility, which decreases the number of young dependents per potential worker (figure 2.2). In the group of eight Asian LDCs, the working-age population is growing nearly twice as fast as the dependent population, which indicates that these countries are on average more advanced in their demographic transition than those African LDCs.

The period during which the growth of the working-age population is larger than that of children and older people combined, creates a demographic “window of opportunity”¹⁴ for accelerated economic growth and social development by virtue of the changing age structure (“demographic dividend”). Fewer children per household generally leads to larger investments per child, more opportunities for women to enter the formal labour market and, sometimes, greater household savings for older ages. In most LDCs in Africa, this window of opportunity opened during the past two decades. The growth of the working-age population of the region is projected to peak before mid-century and to persist beyond 2050 (figure 2.2). By contrast, most LDCs in Asia had already embarked on this path a few decades ago and are expected to see the window close by mid-century.

We will undertake action to leverage the opportunities offered by the 226 million young people in least developed countries who are real agents of change for structural transformation, through ... harnessing the demographic dividend that will yield economic and health gains that come with ensuring inclusive and equitable quality education.
(Doha Programme of Action, paragraph 25).

Whereas relatively large cohorts of young people entering the working-age population may afford countries with unique opportunities for harnessing the demographic dividend, they may also present major challenges (Cilliers, 2021; National Population Council and others, 2020; UN DESA, 2023; UN ESCAP, 2021). For example, in most countries, youth unemployment rates are already significantly higher than the overall unemployment rate (ILO, 2022). With about 25 to 37 million youth entering the work force annually in LDCs between 2023 and 2050, the creation of sufficient decent jobs for young adults will be particularly challenging, especially in Africa where most of the expansion of the working-age population will occur.

To benefit from the demographic window of opportunity, the national labour force needs to be well trained and have access to productive employment. Indeed, a well-educated, skilled workforce is required to maximize the effect of changing age structures on economic growth. Today, however, many LDCs are faced with low productivity and limited access to health care, quality education and social protection, thwarting efforts to realize the demographic dividend (Cilliers, 2021; Hilbig and others, 2022; ILO, 2022; UN ESCAP, 2021; UN-OHRLLS, 2021).

Advancing gender equality and boosting female equitable paid employment and decent work could not only broaden the range of opportunities for millions of women in LDCs but also make a major contribution to sustained and inclusive economic growth, by creating a “gender dividend” (Belohlav, 2016; Wodon and others, 2020). However, in most LDCs in Africa, women’s participation in the formal labour market and wages are significantly lower than those of men, with 20 LDCs having a gender gap in the labour force participation rate of over 10 percentage points in 2021 (ILO, 2022; World Bank, 2023a). A gender dividend may precede or follow a decline in fertility levels, as well as reduce under-5 mortality and stunting, thereby contributing to advancing the demographic transition and the associated benefits from the demographic dividend.

¹³ For statistical purposes, the population in the working-age group is considered to be that aged 15–64 years, although the actual labour force participation may vary (United Nations, 2023e). In many low- and middle-income countries, many people aged 65 years and older continue to participate in the workforce.

¹⁴ The term “window of opportunity” refers in this report to a time interval in which the growth rate of the population aged between 15 and 64 years is greater than that of the population in other age groups (United Nations, 2021).

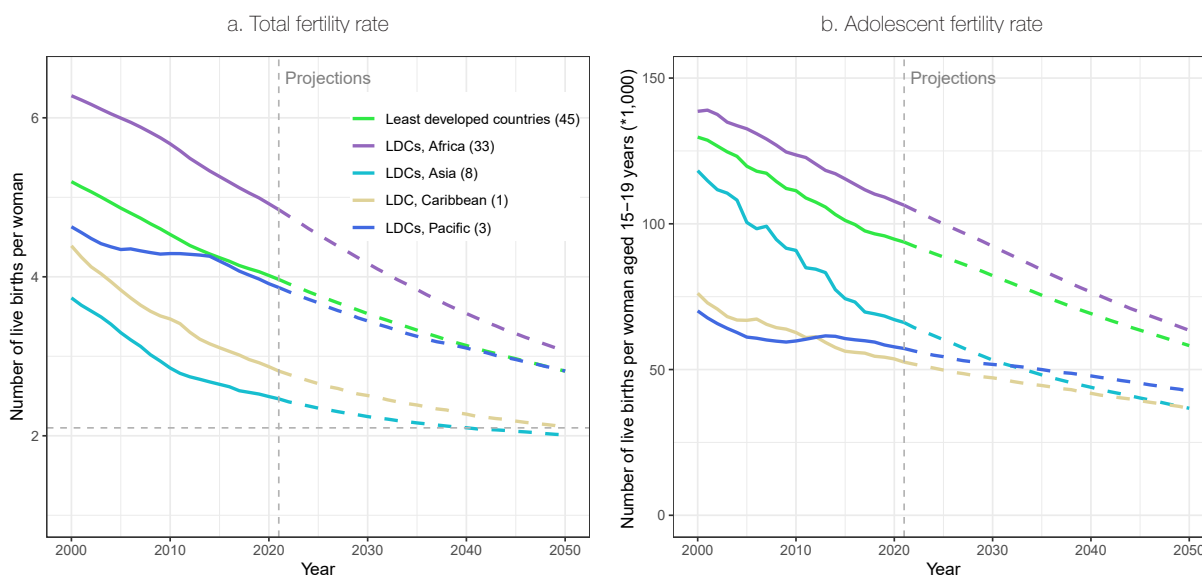
Fertility and family planning

The Doha Programme of Action for the Least Developed Countries for the Decade 2022–2031 recognizes the development challenges associated with rapid population growth. It notes that population is growing the fastest in LDCs and commits to supporting the “acceleration of the demographic transition, where relevant” (paragraph 59). Despite a steady decline over the last seven decades, fertility in LDCs has consistently remained the highest worldwide. In 2022, the total fertility rate in LDCs was nearly 4 live births per woman in contrast to 1.5 for the more developed countries and 2.1 for other less developed countries.

The importance of increased investment in human development, including universal access to sexual and reproductive health-care services, public services, infrastructure and job creation that keep pace with population growth and create healthier, better educated citizens and drive economic growth.
(Doha Programme of Action, paragraph 59).

LDCs in Africa have historically had the highest overall fertility levels among the LDC regional groups. Despite a steep decline over the last three decades, the fertility rate in most of these countries remains above 4 live births per woman over their lifetime, with an average for the African LDCs of 4.8 in 2022 (figure 2.3.a). The LDCs in the Pacific and Haiti had intermediate fertility levels in 2022, while LDCs in Asia had the lowest fertility rates on average. In the future, fertility levels among LDCs are expected to converge to some degree, as more countries, particularly in Africa, will continue to progress through the demographic transition. By 2050, eight LDCs, mostly in Asia, will likely reach replacement fertility.

Figure 2.3
Total fertility rate and adolescent fertility rate for the LDCs by region, estimates, 2000–2021, and medium scenario, 2022–2050



Source: United Nations (2022a).

The high prevalence of pregnancies among adolescents is of particular concern, as underlined in SDG target 3.7.¹⁵ In addition to contributing to high population growth, early childbearing also bears social and health risks, as early pregnancies have negative implications for the health and well-being of both young mothers and their children (Fall and others, 2015; Otoo-Oyortey and Pobi, 2003; UNFPA, 2022).

We commit to providing access to family planning to all women in least developed countries and ensuring universal access to sexual and reproductive health and reproductive rights, as agreed in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences.
(Doha Programme of Action, paragraph 57).

In 2022, the adolescent fertility rate (adolescent birth rate or ABR) in the LDCs stood at 92 live births per 1,000 adolescents aged 15–19 years, almost three times as high as in other developing countries, and more than eight times as high as in more developed regions. In absolute terms, 5.4 million births to adolescent mothers were estimated to occur in LDCs in 2022, of which 79 per cent were in Africa, 20 per cent in Asia and 1 per cent in the Caribbean and the Pacific.

Box 2.2

Impact of the scheduled graduation of Bangladesh on demographic indicators of LDCs

With the scheduled graduation of several countries from the list of LDCs, the population size and composition, and the levels and trends in mortality, fertility and migration, for the LDCs as a whole will change. In particular, the graduation of Bangladesh, by far the most populous LDC, which is planned for 2026, will have a profound impact on key demographic indicators, as indicated below.

Least developed countries	Current group of LDCs		Current group of LDCs excluding Bangladesh	
	2022	2050	2022	2050
Total population (in millions)	1,150 ^a	1,928	977 ^a	1,724
Total fertility rate (births per woman)	3.9	2.8	4.3	2.9
Life expectancy at birth, both sexes (years)	64.9	70.6	63.3	69.1
Under-five mortality rate, both sexes (deaths under age five per 1,000 births)	56.5	35.9	59.5	37.5
Maternal mortality ratio (maternal deaths per 100,000 births)	354 ^b		376 ^b	..
Average annual net international migration (in thousands) ^c	-681	-906	-439	-584

Source: United Nations (2022a), WHO and others (2023).

Notes: a) Refers to 2023. b) Refers to 2020. c) Refers to the average annual net international migration between 2018 and 2022 (for 2022) or between 2023 and 2050 (for 2050).

The ABR was the highest in African LDCs, with an estimated 105 live births per 1,000 adolescents in 2022 (figure 2.3.b), and 16 LDCs in Africa having rates above 100. Poverty, low levels of education, lack of access to quality health services and sociocultural determinants, among others, contribute to persistent high adolescent fertility in sub-

¹⁵ SDG target 3.7. "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes".

Saharan Africa (Maharaj, 2022; Neal and others, 2020; Yakubu and Salisu, 2018). The group of Asian LDCs recorded an ABR of about 64 live births per 1,000 adolescent mothers in 2022, an average that was highly influenced by Bangladesh, which still had one of the highest ABRs of the Asian LDCs, despite experiencing a major decline since the early 1970s.

Accelerating the demographic transition towards lower levels of fertility in LDCs will require concerted efforts to improve and expand access to high-quality health care, including for sexual and reproductive health and family planning. In 2023, about 38 per cent of women of reproductive age (between 15 and 49 years) in LDCs who were married or in a union were estimated to use modern contraception, compared to almost 63 per cent in the other developing countries (United Nations, 2022b).¹⁶ The prevalence of modern contraception among African women was significantly lower (30 per cent) than among Asian women (almost 50 per cent). In the African LDCs, 26 per cent of women of childbearing ages who were married or in a union wanted to stop or delay childbearing but were not using any method of contraception, as opposed to 15 per cent of women in the Asian LDCs. On average, the unmet need for family planning in African LDCs is about 20 per cent, compared to 9 per cent in other developing countries. This difference indicates the shortfalls of health systems as well as the unrealized reproductive intentions of women in Africa.

Uneven progress in reducing maternal and child mortality and extending life expectancy

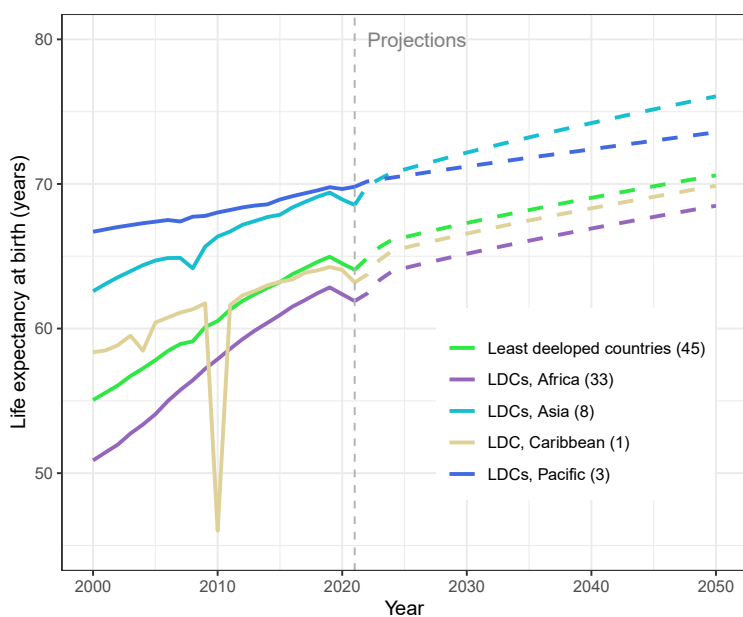
Progress in preventing premature deaths among both children and adults has contributed to an overall increase in life expectancy at birth (LEAB) in the LDCs between 2000 and 2022. In some cases, conflicts, natural disasters and epidemics have caused mortality crises, resulting in a temporary decline in life expectancy. During the 1990s and 2000s, most LDCs were hit particularly hard by the HIV and AIDS epidemics, causing prolonged setbacks in LEAB. The COVID-19 pandemic was estimated to have reduced LEAB by nearly one year on average among the LDCs in 2020 and 2021, mostly due to increased mortality at adult and older ages. The age pattern of mortality due to COVID-19 was similar to the one observed in more developed countries, but the reduction in LEAB was smaller in LDCs than in other development groups, owing to their relatively younger populations (United Nations, 2022a).

Between 2000 and 2022, LEAB in LDCs increased on average almost 10 years, from 55 to roughly 65 years (figure 2.4). In African LDCs, LEAB increased 11.5 years on average in the last two decades, with 7 countries adding more than 15 years over that period. By comparison, LDCs in Asia have gained on average over 7 years in life expectancy during the same period, although progress has been uneven, with gains ranging from 11 years to just 1 year. Women experienced greater improvement in LEAB than men, with female LEAB in LDCs gaining 10.9 years between 2000 and 2022 on average while males gained 8.7 years, leading to a more prominent female-male gap. The gender gap in LEAB in Asian LLDCs doubled over the same period, from 2.5 years to 5.2 years, while the gender gap showed a smaller increase for African LLDCs, from 2.9 years in 2000 to 4.6 in 2022.

Despite the remarkable gains in LEAB, LDCs continue to face major challenges in improving the health of their growing populations. In 2022, LEAB in LDCs remained 6.5 years lower than in other developing countries, a gap that is projected to persist in the next few decades. LEAB among the African LDCs lagged behind that of other LDCs at only 62 years, more than 7 years lower than LDCs in Asia. Among African LDCs, 10 are expected to reach a LEAB above 70 years before 2050, comparable to many developing countries today. According to current projections, life expectancy in African LDCs is expected to increase on average by another 5 years from 2023 to 2050. However, the gap between the African and the Asian LDCs will remain almost unchanged. Asian LDCs are expected to reach a LEAB of 75 years before mid-century, surpassing the life expectancy of the LDCs in the Pacific.

¹⁶ Modern methods of contraception include female and male sterilization, intra-uterine devices (IUD), implants, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods and others. The contraceptive prevalence for all methods (traditional and modern) was estimated to be less than 43 per cent.

Figure 2.4
Life expectancy at birth in LDCs by region, estimates, 2000–2021, and medium scenario, 2022–2050



Source: United Nations (2022a).

Progress in preventing premature mortality and meeting the health-care needs of rapidly growing populations in LDCs will depend on a host of factors. Continued efforts to reduce maternal and child deaths are particularly critical, as approximately 42 per cent of global maternal deaths and about 40 per cent of global deaths of children 0–4 years old are estimated to have occurred in this group of countries alone, affecting about 120,000 women in 2020 and 1.9 million children below age five in 2022.

The inequalities between least developed countries and the rest of the world, as well as among least developed countries, are rising. Infant and maternal mortality is exorbitantly high.

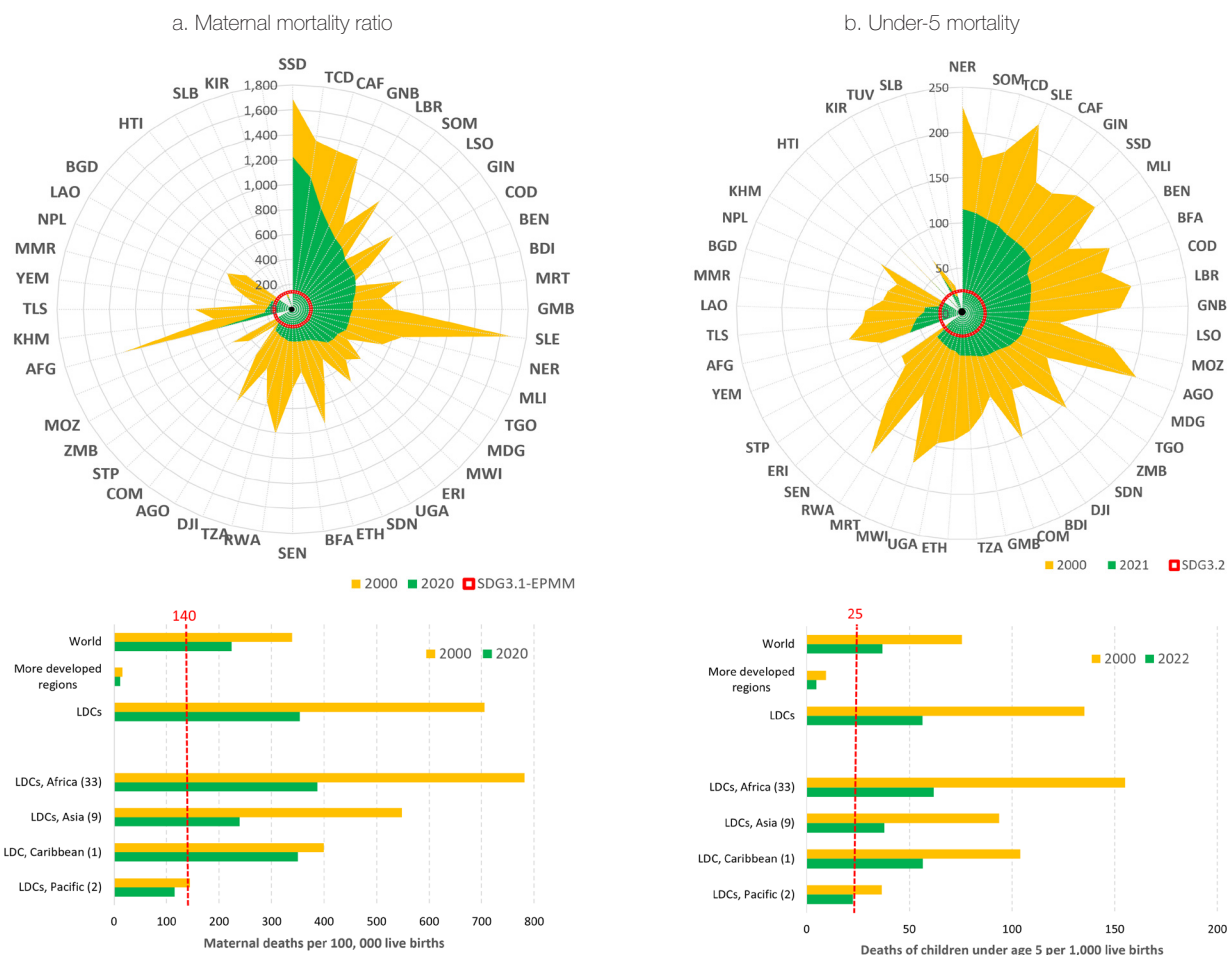
Target: Reduce maternal deaths and eliminate preventable maternal, infant and child deaths and improve access to affordable quality health-care services.
(Doha Programme of Action, paragraphs 13 and 60).

Over the past two decades, substantial progress has been achieved in improving maternal and child survival in LDCs. Whereas the estimated maternal mortality ratio (MMR) more than halved in LDCs, from 715 to 354 annual maternal deaths per 100,000 live births from 2000 to 2020 (WHO and others, 2023), it is still well above the target set in the strategic framework for ending preventable maternal mortality (EPMM) of 140 maternal deaths per 100,000 live births.¹⁷ A similar reduction has been achieved in the child mortality rate,¹⁸ from 135 to 57 deaths per 1,000 live births over the period from 2000 to 2022. Out of 46 LDCs, 27 countries reduced under-5 mortality by more than half (figure 2.5).

¹⁷ The strategic framework for ending preventable maternal mortality (EPMM), developed by the World Health Organization (WHO) and endorsed by the international community (WHO, 2015), includes a national target (140 maternal deaths per 100,000 live births) to supplement the global target included in SDG 3.1 that aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

¹⁸ In this report, child mortality refers to the probability of dying between birth and exact age 5, or under-5 mortality rate, and thus includes infant mortality. The two terms, child mortality and under-five mortality, are used interchangeably. Country estimates presented to assess progress in SDG 3.2 are based on the UN DESA Global SDG Indicators Database estimates, while aggregate estimates are based on World Population Prospects 2022.

Figure 2.5
Maternal mortality ratio, 2000 and 2020, and under-5 mortality rate, 2000 and 2021, for LDCs and selected aggregates



Source: United Nations (2022a, 2023d).

Notes: The red line in panel (a) indicates the country-level target of 140 deaths per 100,000 live births in 2030 (SDG 3.1-EPMM). The global target is set to MMR at 70 (SDG 3.1). Estimates are not available for Tuvalu. The red lines in panel (b) indicate the SDG target 3.2 of 25 deaths under age 5 per 1,000 live births by 2030. Countries ranked by region and indicator in the latest year. Country codes are described in Annex 2.

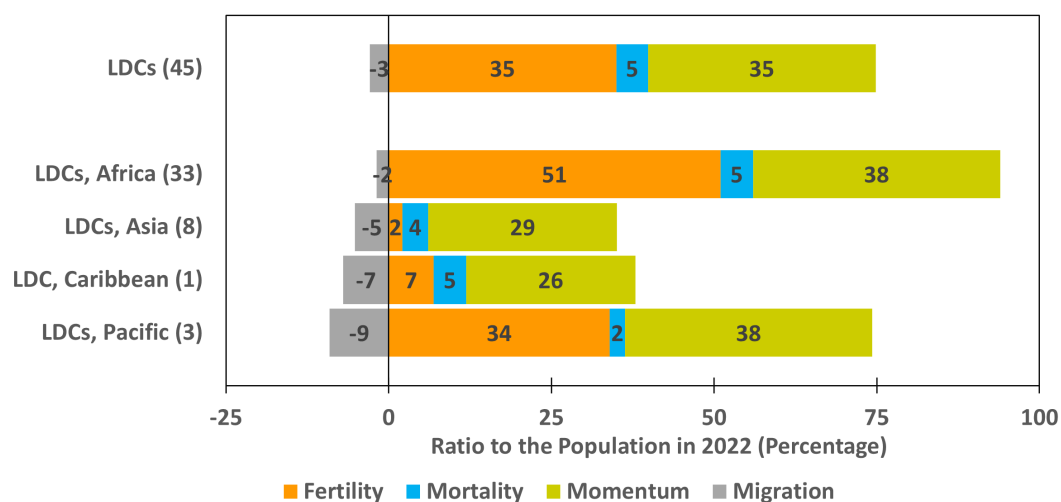
The decline in maternal mortality has made a significant contribution to extending the life expectancy of women of reproductive age. At age 15, a young woman living in an LDC in 2020 could expect to live 5.2 years longer than a young woman of the same age 20 years earlier. Out of this total gain, 1.2 years would be gained due to reductions in maternal causes of death. Likewise, the decline in mortality in the first five years of life in LDCs has had a crucial role in increasing the life expectancy at birth in the two main regions (Africa and Asia) and Haiti, where more than half of the gain in life expectancy during 2000-2022 is attributed to reductions in child mortality alone.

Today, despite these positive trends, great disparities remain. Gender inequalities, among other factors, make women and girls in high-fertility countries often more vulnerable to poor health, putting them at higher risk of death, including from causes associated with pregnancy and childbirth. The current MMR in LDCs (2020) is more than 1.5 times as high as the world average and nearly 30 times as high as in the more developed regions (WHO and others, 2023). Only seven LDCs had already achieved the EPMM target for 2030. In 17 LDCs, the MMR was more than 420, a value three times higher than the target. LDCs in Africa had the highest maternal mortality in 2020, with an estimated average ratio of 387, including 10 countries with an MMR over 500.

By contrast, maternal mortality in LDCs in Asia was significantly lower on average, with an estimated ratio of 240 in 2020. The two LDCs in the Pacific with available data had almost reached the EPMM target for 2030 by 2000 and reduced maternal deaths further to an average MMR of 115 by 2020. Overall, if the pace of the decline in maternal mortality remains the same through 2030 as what was observed from 2000 to 2020, the vast majority of LDCs will not be able to meet the country level target set in the EPMM.

Maternal deaths and morbidities impact newborn and child survival as well as the growth and development of children, as health outcomes for mothers and their newborn and children are inextricably linked (Owili and others, 2016; WHO and UNICEF, 2022). LDCs are also lagging behind with regard to improving child survival and reducing under-five mortality to at least as low as 25 per 1,000 live births in accordance with SDG target 3.2.1 (UNICEF, 2023).¹⁹ Most LDCs still face great challenges due to the large burden of communicable and infectious diseases among children (GBD 2019 Child and Adolescent Communicable Disease Collaborators, 2023; GBD 2019 Under-5 Mortality Collaborators, 2021; UN IGME, 2023). In 2021, children born in LDCs were 12 times more likely to die before reaching age 5 than those born in more developed regions. Twelve African LDCs recorded under-5 mortality rates more than three times as high as the SDG target of 25 child deaths per 1,000 live births. Another 11 African LDCs, 3 Asian LDCs (Afghanistan, Timor-Leste and Yemen) and Haiti had rates between 50 and 75. By 2021, one LDC in Africa (Sao Tome and Principe), one in Asia (Cambodia) and two in the Pacific (Solomon Islands and Tuvalu) had already achieved the SDG target (United Nations, 2023d).

Figure 2.6
Contributions attributable to the four components of population growth in the LDCs by region from 2022 to 2050



Source: United Nations (2022a).

Note: Date refers to 1 January of the indicated year.

Demographic drivers of future population growth

The growth of the population of LDCs in the next few decades will depend largely on future trends in birth rates. Because the number of births added to the population in a given year is a consequence of both the fertility level and the number of women that will give birth that year, the distribution of the population by age can be considered a separate factor driving population growth. This is called “population momentum” (see Annex 1). The current youthfulness of the population of LDCs – in particular the relatively large cohorts of women of reproductive age – will create considerable population momentum driving future population increases, with some regional variations (figure 2.6).

¹⁹ SDG target 3.2.1. “By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births”.

Out of the 714 million people expected to be added to the LDCs in Africa between 2022 and 2050, 389 million will be added as a result of fertility, and 301 million due to momentum of growth, equaling 51 per cent and 38 per cent of its total population in 2022, respectively. By contrast, the population in LDCs in Asia is expected to grow more slowly because of lower fertility with population momentum as the main driver. Future population growth will also be affected by expected reductions in death rates and by migrant inflows and outflows. Emigration may play a more significant role in slowing down population growth in the 4 SIDS located in the Caribbean and the Pacific.

Case study: Demographic prospects of Niger through 2050

Niger is a low-income country located in Western Africa, with a total population of 27 million as of mid-2023. Niger, which has been one of the LDCs since 1971, is currently the country with the 14th largest population in that group. Its economy relies heavily on agriculture (constituting close to 40 per cent of the GDP), with more than 80 per cent of the population living in rural areas (United Nations, 2018²⁰; World Bank, 2023b). Although the poverty rate has declined in the past decade, close to 60 per cent of the rural population and about half of the national population lived in extreme poverty in 2018. The proportion of workers and their families living in extreme poverty (SDG target 1.1) was estimated at 40 per cent in 2022 (United Nations, 2023d).

A slow demographic transition driving fast population growth

Niger's population has grown at annual rates above 3 per cent for most of the period between 1950 and 2023, with an average of 3.8 per cent over the last decade. According to the United Nations medium scenario, Niger's population could double in the next two decades and continue growing to reach 67 million in 2050 (figure 2.7a). However, with a 95 per cent uncertainty range, the population could lie between 50.4 and 86.4 million in 2050, indicating uncertainty exceeding 50 per cent of the medium value (see box 2.3).

Niger's significant population growth over the last 40 years indicates that the country is in an early stage of the demographic transition with mortality declining sharply since the early 1990s, particularly among infants and children, while fertility rates remain high. Even if fertility declined substantially in the short term, a large number of births would sustain population growth for several decades.

Niger's life expectancy at birth (LEAB), which was 40 years in the early 1980s, lagging behind other Western African countries and the LDCs in general, rose to 62 years in 2022 (63.4 years for women; 60.8 years for men) (figure 2.8.a).²¹ Despite a notable increase in child survival, Niger's LEAB remains almost three years below the average LDC level due to a high prevalence of communicable diseases, and maternal perinatal and nutritional conditions (WHO, 2023a; WHO, n.d.²²). The advantage that women have over men in terms of LEAB is less significant in Niger compared to that in most other LDCs. The country's LEAB for both sexes combined is expected to reach almost 70 years by 2050.

Over the past 70 years, Niger's fertility rate has only decreased by about one child per woman, standing at 6.7 in 2022 (figure 2.8.b). The transition to lower total fertility is expected to be slow, remaining above five children per woman until around 2040. This high fertility is expected to more than double Niger's population from 2022 to 2050, with population momentum contributing 42 per cent to this growth.

International migration can be an additional factor in shaping demographic trends, including changes in the size and age distribution of the population. However, as one of the world's poorest countries, international migration from and to Niger has been limited.²³

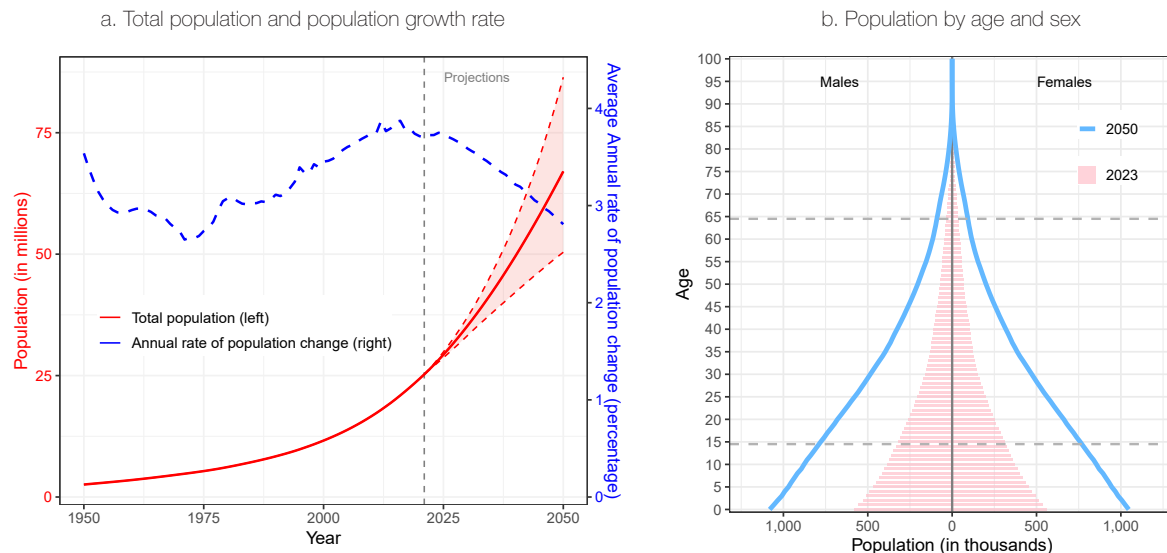
²⁰ Last accessed 17 October 2023.

²¹ Niger's LEAB has decreased during the COVID-19 pandemic from 62.9 in 2019 to 61.5 in 2020 and 61.6 in 2021.

²² Accessed on 22 August 2023.

²³ Despite the recent political instability, Niger continues to grapple with an influx of refugees, most fleeing conflicts in Nigeria and Mali. As of July 2023, the United Nations High Commissioner for Refugees (UNHCR) had identified about 340,000 refugees and almost 335,000 internally displaced persons in Niger (UNHCR, n.d. Accessed on 12 July 2023).

Figure 2.7
 Total population and annual population growth rate, estimates, 1950–2021, and medium scenario, 2022–2050 (with 95 per cent prediction intervals for total population), and population by age and sex, 2023 and 2050, Niger



Source: United Nations (2022a).

Changes in the size of selected population groups through 2050

The fastest-growing populations among LDCs typically have large proportions of children and youth. As of 2023, Niger’s population distribution resembles a broad-based pyramid with a narrow-pointed top, reflecting large cohorts of children and youth and a relatively small share of older persons (figure 2.7.b). In 2023, 49 per cent of the population was made up of children under 15, with another 49 per cent between ages 15 and 64, and only 2 per cent in the older ages 65 and above. By 2050, the share of children is expected to have dropped by 7 percentage points with the population of working age experiencing a concomitant increase as the young cohorts become older, while the percentage of people aged 65 or older will remain nearly the same.

- Preparing for the next 48 million babies

Between 2023 and 2050, 48 million babies are expected to be born in Niger, almost twice the current population. In 2021, about 44 per cent of births in Niger were attended by skilled health personnel compared to a global average of 85 per cent. Unfortunately, out of these 48 million future babies, 1.4 million would not survive to their first birthday and another 1.7 million would not survive to their fifth birthday. Even though Niger has made significant progress in reducing under-5 mortality, with rates dropping from 227 to 72 deaths per 1,000 live births from 2000 to 2022, child mortality remains about 30 per cent higher than the LDC average, and nearly three times as high as the SDG target 3.2 of 25 deaths per 1,000 live births. Provided that current trends continue, child mortality levels in Niger are projected to reach the LDC average by 2050, still exceeding the 2030 SDG target.

Box 2.3

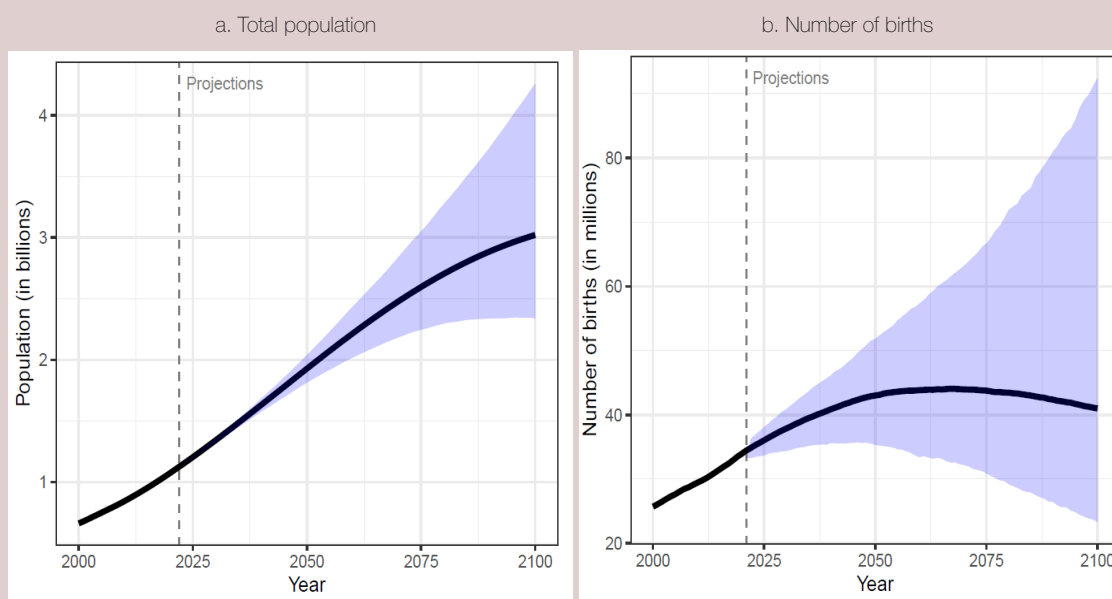
How certain are population projections in LDCs?

In countries with predominantly large families, among which are most LDCs, there is a high degree of uncertainty around future trends in birthrates. Because today's fertility level will largely determine the size of the next generation of mothers, the impact of fertility trends on population size is cumulative. Small variations in fertility rates can exert a large effect on the size of the subsequent generations. Therefore, fertility is typically the main factor contributing to the uncertainty in the size of the projected population in the LDCs. The uncertainty around population projections in LDCs is also influenced by past demographic estimates that may be highly uncertain themselves, when they are based on weak vital registration systems or deficient survey and census data (United Nations, 2019a; 2022c).

According to United Nations probabilistic projections, there is a 95 per cent probability that the total population of the LDCs will lie between 1.8 and 2.0 billion in 2050, with the medium scenario at 1.9 billion. For longer projection horizons, the range of possible outcomes widens significantly (figure B2.3.a). The number of births in LDCs will likely peak in the early 2060s at about 44 million and will slowly begin to decline. However, the number of births could actually range from 33 to 59 million that year, with 95 per cent probability, and continue an upward trend or a downward trend to the end of the century (figure B2.3.b).

Figure B2.3

Total population and total number of births in LDCs, estimates, 2000–2021, and medium scenario with 95 per cent prediction intervals, 2022–2100



Source: United Nations (2022a).

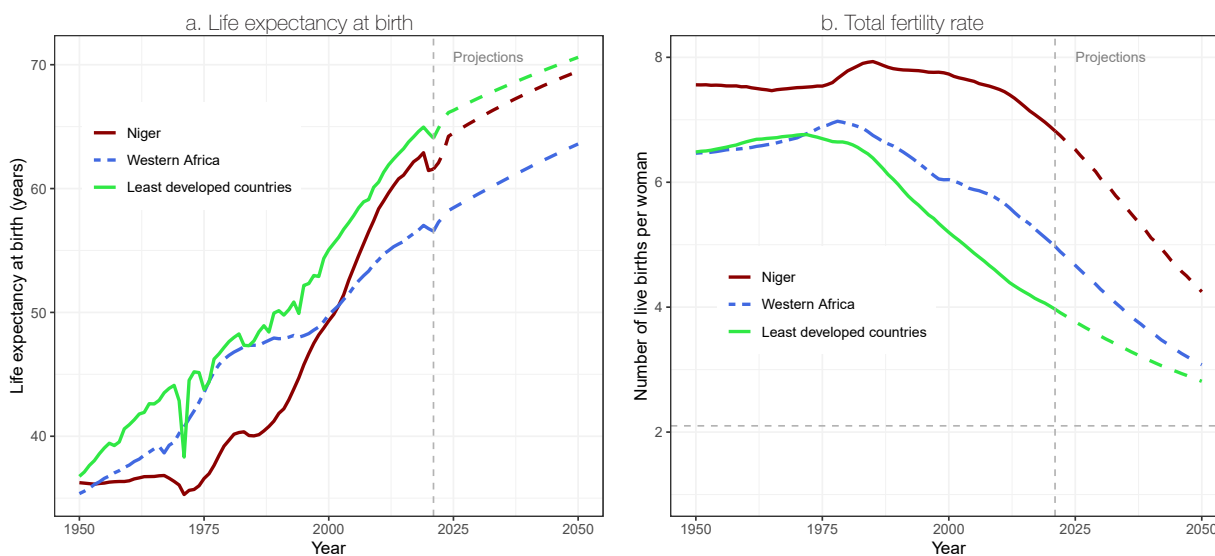
Note: Prediction intervals (shaded area around a projected trend) were derived from a probabilistic assessment of projection uncertainty. For a given year, the future trend is expected to lie within the predicted range with a probability of 95 per cent.

- Preparing for the next 38 million new school-age children

The size of the future school-age population is pivotal for assessing the interventions needed to ensure quality education and lifelong learning and to meet future educational demands. Between 2023 and 2050, 38 million children in Niger are projected to reach age 7, the official entry age for primary education. As a result, the number of school-age children aged 7–12 is projected to reach 10.6 million in 2050, more than double the 2023 figure. Similarly, the number of lower secondary school-age adolescents aged 13–16 is projected to reach 6.3 million by 2050, a 2.4-fold increase from 2023.

With completion rates for primary and lower secondary education at only 40 per cent and 8 per cent, respectively, in 2017, Niger has one of the lowest education outcomes among all LDCs (UNESCO, 2023a; 2023b²⁴). Girls and young women face considerable barriers to education, resulting in low participation rates and a notable gender gap in school enrollment, particularly at higher education levels (UNICEF, 2022; CRC, 2018; CEDAW, 2023).²⁵ In 2017, 77 per cent of young women aged 15–24 were not in education, employment or training (NEET), compared to 57 per cent of young men (SDG target 8.6). In a context of rapid growth of the school-age population, addressing these gender disparities and increasing access to quality education at all levels is essential for Niger’s progress in these crucial areas of sustainable development.²⁶

Figure 2.8
Life expectancy at birth and total fertility rate in Niger, estimates 1950–2021, and medium scenario, 2022–2050



Source: United Nations (2022a).

- Preparing for the next 14 million adolescents reaching the childbearing ages

Between 2023 and 2050, approximately 14 million adolescents in Niger are projected to reach age 15, which will raise the number of women of the reproductive ages of 15 to 49 years in 2050 to 16.2 million, 2.8 times as many as in 2023. The rapid growth of the number of women of reproductive age, coupled with high rates of child and adolescent marriage and childbirth, will place an additional strain on the provision of sexual and reproductive health services, which are currently already facing important shortcomings.

²⁴ Accessed on 18 September 2023.

²⁵ In 2017, the gross enrolment ratio in secondary education was 27.7 for males and only 20.7 for females. (UNESCO, 2023b. Accessed on May 21, 2023).

²⁶ For the group of LDCs, the completion rates for both sexes in 2017 was 65 per cent for primary and 40 per cent for lower-secondary education, whereas the global average were 87 and 75 per cent, respectively. In Niger, the female completion rate for lower secondary education was 6 per cent, almost half that of the males’ (11.5).

Child marriage remains common in Niger. According to the latest available estimate, in 2012, about 28 per cent of women aged 20–24 had married before age 15, and three fourths got married before age 18 (Crawford, 2022; UNICEF, 2023b; CRC, 2008).²⁷ In 2022, half of the female adolescents aged 15–19 were married or in a union, more than double the LDC average of 22 per cent (United Nations, 2022d). Adolescent fertility in Niger remains among the highest in the world, with an estimated 168 births per 1,000 adolescents aged 15–19 in 2022, 82 per cent higher than the LDC average.

Alongside high child marriage and adolescent birth rates, Niger faces low contraceptive use. In 2022, less than 15 per cent of married or in union women aged 15–49 used contraceptives (all methods), significantly below the LDCs average of 42 per cent. At around 20 per cent, the unmet need for family planning was, however, similar to the LDC average (United Nations, 2022b).

Under these conditions, achieving multiple SDGs in Niger is a challenge. Perpetuating gender-based discrimination and harmful practices strains gender equality (SDG 5), persistent high maternal and child mortality rates undermines healthy lives and wellbeing (SDG 3), and large family size reduces family resources, making ending poverty (SDG 1) and hunger (SDG 2) a distant goal. Tackling these challenges requires a comprehensive approach that involves increasing education, access to quality sexual and reproductive health services (SRHS), and gender equality and the empowerment of women.

- Preparing for the next 29 million people entering the working-age population

Niger anticipates a significant rise in its youth and adult populations. Between 2023 and 2050, about 29 million individuals will enter the working-age population (15–64), equivalent to the size of the national population in 2023. This will result in a working-age population of 37.2 million by 2050, a net increase of 23.9 million individuals compared to 2023.

Niger's economic potential lies in its growing working-age population, creating a demographic “window of opportunity” driven by an increase in the working-age population relative to the total of the population under 15 and 65 and over. To effectively harness its demographic dividend, Niger should implement policies to address challenges like low education, high unemployment and informal employment, and gender inequalities. Reducing the sex gap in labour-force participation and accelerating fertility decline can further advance the timing and positive economic impact of this demographic dividend (Belohlav, 2016; ILO, 2023;²⁸ Rentería and others, 2016; Wodon and others, 2020; World Bank, 2019).

²⁷ Child marriage is considered any formal marriage or informal union in which at least one of the parties is a child under the age of 18. In Niger, the statutory minimum age for female marriage (with parental consent) is 15, according to the Civil Code.

²⁸ Accessed on 19 September 2023.



9th Grade student Shahnoza, School#88 in Dushanbe rehabilitated and equipped under Education Reform Project. Tajikistan. Gennadiy Ratushenko/World Bank.

Chapter III

Demographic Outlook for the Landlocked Developing Countries

Overview

Nearly 640 million people worldwide lived in countries or territories that lack territorial access to the sea in 2023. Most of them, 577 million, resided in landlocked countries located in the less-developed regions of the world, accounting for 7 per cent of the global population in 2023. About two thirds of the population of these landlocked developing countries (LLDCs) lived in Africa and almost one third in Asia. The remaining 4 per cent were located in South America (3 per cent) and Europe (1 per cent). Ethiopia, with more than one third of the African LLDC population, is the most populous country among LLDCs, followed by Uganda. Afghanistan is the largest LLDC in Asia, followed by Uzbekistan and Nepal. The Republic of Moldova and the Plurinational State of Bolivia are the countries with the largest LLDC populations in Europe and South America, respectively (map 3.1).

Box 3.1

The category of the Landlocked Developing Countries

The group of Landlocked Developing Countries (LLDCs) is currently composed of 32 countries with the majority located in Africa (16) and Asia (12). The remaining four LLDCs are located in South America (Paraguay and Plurinational State of Bolivia) and Europe (North Macedonia and Republic of Moldova).

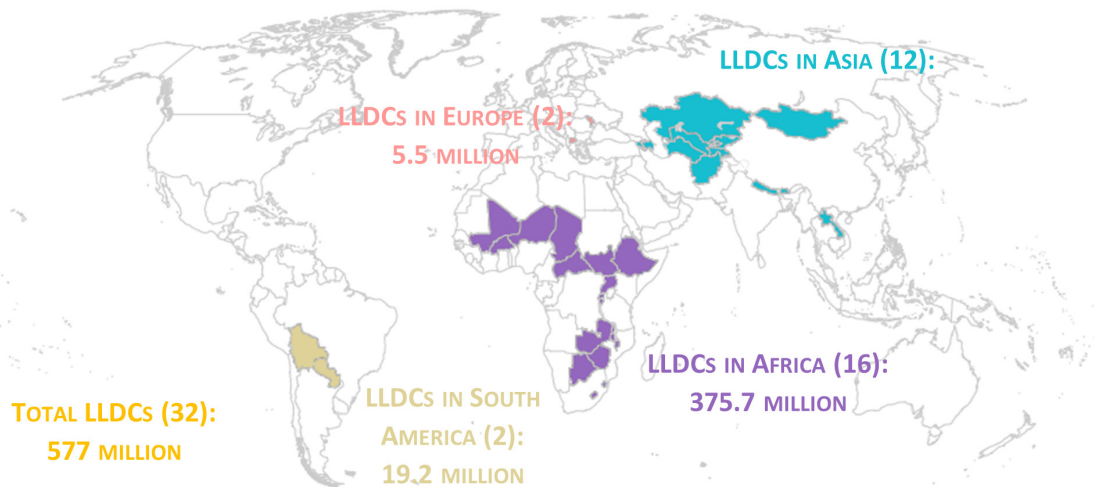
The special needs and problems of the landlocked countries were recognized as early as 1957, in a United Nations General Assembly resolution 1028 (XI), calling for the “full recognition to the needs of land-locked Member States in the matter of transit and trade and ... to accord them adequate facilities in terms of international law and practice”. This encouraging sentiment was institutionalized through the adoption of the Almaty Programme of Action: Addressing the Special Needs of Landlocked Developing Countries within a New Global Framework for Transit Transport Cooperation for Landlocked and Transit Developing Countries (APoA) in 2003, followed by the Vienna Programme of Action (VPoA) for Landlocked Developing Countries in 2014. The VPoA builds on the lessons learned from implementation of the APoA and calls for more coherent support to address the special development needs and challenges faced by LLDCs that arise from landlockedness (UN-OHRLLS, 2022).

The Third United Nations Conference on LLDCs, scheduled from 18 to 21 June 2024 in Kigali, Rwanda, will review the implementation of the VPoA and formulate and adopt a new framework for international support to address the challenges faced by the LLDCs.

The LLDCs are characterized by lower per capita income and weaker social capacities when compared to their transit coastal neighbours and often remain on the periphery of world markets.²⁹ They are highly vulnerable to economic shocks and have greater difficulty in diversifying their economies than other developing countries. More than half of the population in LLDCs lives in drylands, making them more susceptible to the impacts of a changing climate and climate-induced environmental degradation, which in turn reduces agricultural yields and increases food insecurity. Half of the LLDCs (16), representing 76 per cent of the total population of LLDCs in 2023, are also classified as LDCs. In 2022, the prevalence of moderate or severe food insecurity (SDG indicator 2.1.2) in LLDCs was 58 per cent, close to the average for LDCs (61 per cent). The COVID-19 pandemic further exacerbated the structural challenges of LLDCs due to trade shrinkage, border closures and other factors (United Nations, 2024; UN-OHRLLS, 2022, 2021).

²⁹ LLDCs rely on transit through another country for their exports and imports. Geographical remoteness may cause long transit times and steep transit costs, increasing the cost of transport and trade. Many LLDCs have poor infrastructure, including inadequate roads and railways. In most cases, transit countries neighbouring LLDCs are themselves developing countries facing similar socioeconomic challenges.

Map 3.1
Population of LLDCs across four world regions, 2023



List of Landlocked Developing Countries (32)
Africa (16): Botswana, Burkina Faso, Burundi, Central African Republic, Chad, Eswatini, Ethiopia, Lesotho, Malawi, Mali, Niger, Rwanda, South Sudan, Uganda, Zambia, Zimbabwe
Asia (12): Afghanistan, Armenia, Azerbaijan, Bhutan, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Mongolia, Nepal, Tajikistan, Turkmenistan, Uzbekistan
Europe (2): North Macedonia, Republic of Moldova
South America (2): Bolivia (Plurinational State of), Paraguay

Source: United Nations (2022a).

Note: The LLDCs that are LDCs are indicated in italics.

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Regional demographic profiles of the LLDCs

The LLDCs in Africa experience rapid population growth, with annual average rates above 2.5 per cent due to sustained high fertility and past reductions in mortality (figure 3.1). In contrast, Asian LLDCs are experiencing considerably slower population growth, at around 1.6 per cent per year. The population of the remaining four LLDCs is growing even at a slower pace.³⁰ Consequently, the share of African LLDCs in the total population of the group is expected to increase further in the near future.

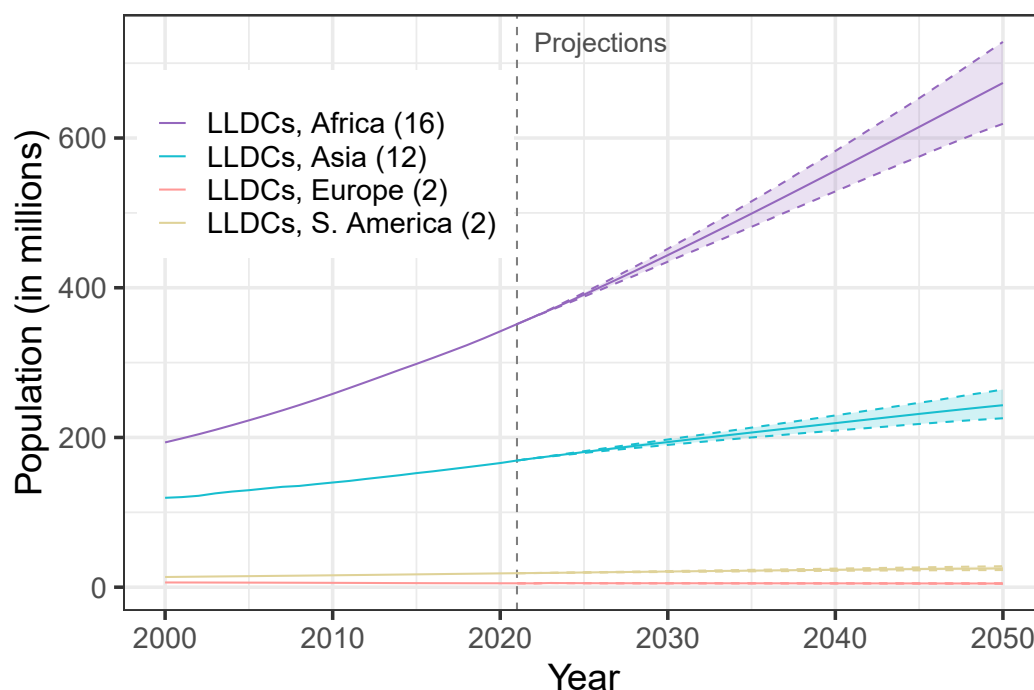
Disparities in fertility and mortality trends, including maternal and child mortality

In 2022, about 17 million babies were born in the LLDCs of Africa and Asia, and around 460 thousand births in the four LLDCs located in South America and Europe. Women in LLDCs were estimated to have, on average, almost 4 live births, with significant variations across regions. African LLDCs had higher fertility rates, comparable to the average for the sub-Saharan region of 4.5 live births per woman in 2022 (figure 3.2.a). The total fertility rate for LLDCs in Asia was less than 3 births per woman, which is similar to the regional average for Central Asia. The two LLDCs in

³⁰ Unless otherwise stated, current population growth rates refer to average rates between 2018 and 2022. Population growth in the two European LLDCs has been close to or below zero during the past two decades, although the Republic of Moldova has more recently experienced a large net inflow of migrants and refugees due to the ongoing conflict in Ukraine. In the two South American LLDCs, population growth has been decelerating and is currently at 1.3 per cent.

Figure 3.1

Total population of LLDCs by region, estimates, 2000–2021, and medium scenario with 95 per cent prediction intervals, 2022–2050



Source: United Nations (2022a).

Note: Prediction intervals (shaded area around a projected trend) were derived from a probabilistic assessment of projection uncertainty. For a given year, the future trend is expected to lie within the predicted range with a probability of 95 per cent.

Europe have had below-replacement fertility since the 1990s, while the two LLDCs in South America are projected to reach that level before 2050.³¹

Reducing adolescent pregnancies and fertility is a policy priority for many countries around the world, with the adolescent birth rate (ABR) being monitored under SDG target 3.7.³² In 2022, the average ABR in LLDCs was estimated at 84 live births per 1,000 adolescents aged 15–19 years, two times as high as the world average. African LLDCs had the highest rates at 97 live births per 1,000 adolescents on average, including eight countries with rates surpassing 100 per 1,000 adolescents. The average for Asian LLDCs was close to half of that of Africa, at 51 live births per 1,000 adolescents. The two South American LLDCs averaged 65 live births per 1,000 adolescents, and the two European LLDCs had the lowest rates at 23 live births per 1,000 adolescents on average. The country with the highest adolescent fertility, Niger, recorded 168 live births per 1,000 adolescents, which is more than 10 times higher than the lowest-ranking countries, Uzbekistan and North Macedonia, with rates of 16 live births per 1,000 adolescents.

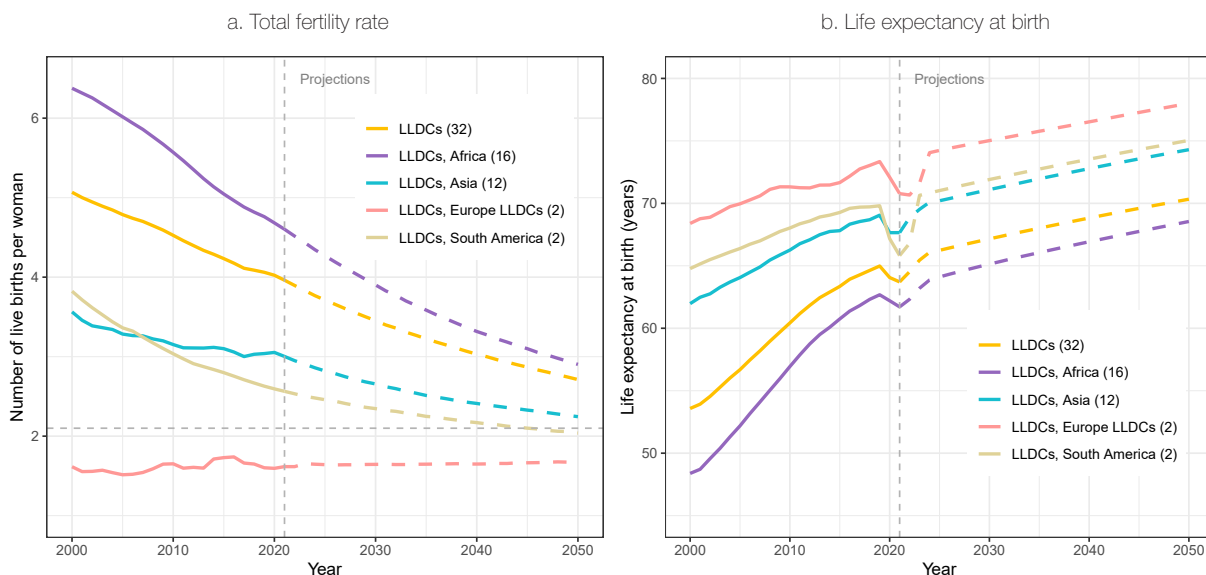
Because all countries are expected to progress through their fertility transitions from high to low levels, overall fertility levels are projected to converge to some degree. In the case of LLDCs, the difference between the highest and lowest regional average fertility rates is expected to be reduced from nearly 3 in 2022 to 1.2 in 2050.

³¹ There is generally an inverse relationship between fertility and the use of contraceptive methods within countries, but the relationship between the two can vary depending on various economic, social and cultural influences. In 2023, the use of modern contraception (for women aged 15–49 years who were married or in a union) in the two most populous LLDC regions averaged 37 per cent for the African group and 44 per cent for the Asian group (United Nations, 2022b). Rates of 30 per cent or lower in 2023 were estimated in six LLDCs in Africa, in two LLDCs in Asia and in North Macedonia, while rates of 60 per cent or higher were estimated in six LLDCs in Africa, two in Asia and in Paraguay. In the remaining 14 countries, the prevalence of modern contraception was in between these.

³² SDG target 3.7. "By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes".

LLDCs present significant disparities in living standards and access to quality health care. In 2022, the average life expectancy at birth (LEAB) in LLDCs was 64.5 years (67.3 years for women; 61.8 years for men), which is 7 years below the global average and almost 13 years lower than that in other landlocked countries in developed regions. LLDCs in Africa have the lowest LEAB among regional groups, with an average of 62 years (figure 3.2.b) with eight countries in this group having LEAB below 60 years.³³ At the other extreme, the average LEAB is above 70 years in 10 LLDCs. Despite the progress made by African countries in increasing LEAB in the past three decades, there is more than 20 years' difference between the highest and the lowest LEAB among LLDCs in 2022. A significant gap in longevity among LLDCs is projected to continue over the next several decades.

Figure 3.2
Total fertility rate and life expectancy at birth, estimates, 2000–2021, and projections, 2022–2050, LLDCs by region and landlocked developed countries



Source: United Nations (2022a).

In many developing countries, reductions in maternal mortality and mortality during childhood have played an important role in the increase in life expectancy at birth during recent decades. Since 2000, LEAB in the LLDCs has risen by 11 years, with more than 60 per cent attributed to significant declines in mortality before age five. Furthermore, the maternal mortality ratio (MMR) in LLDCs decreased by more than half between 2000 and 2020, from 722 to 347 maternal deaths per 100,000 live births (WHO and others, 2023), contributing 28 per cent of the overall increase of 5.8 years in the female life expectancy at age 15.

LLDCs in Africa experienced the largest reduction in child mortality among the LLDC regional groups.³⁴ Between 2000 and 2021, the under-5 mortality rate in the African LLDCs fell from 159 to 58 child deaths per 1,000 live births. Still, six African LLDCs had a rate higher than 80 deaths per 1,000 live births, and none had achieved the SDG target 3.2 for 2030 of reducing under-five mortality to 25 per 1,000 live births or less (figure 3.3). The 12 LLDCs in Asia have also made progress in reducing child mortality, with half of them yet to achieve SDG target 3.2. The four LLDCs in Europe and South America had already achieved SDG target 3.2 by 2021.

³³ According to the latest available estimates in February 2022, the reduction in LEAB due to the COVID-19 pandemic in LLDCs in Africa and in Asia in 2021 and 2022 was relatively small (less than 1.5 years). In the four LLDCs in Europe and South America, the decrease was greater, about 2.6 and 4 years, respectively.

³⁴ See Annex 1: Glossary of terms: Child mortality. Country estimates presented to assess progress in SDG target 3.2 are based on the Global SDG Indicators Database until 2021 (United Nations, 2023b), while aggregate estimates are based on the World Population Prospects 2022 (United Nations, 2022a).

Figure 3.3
Maternal mortality ratio, 2000 and 2020, and under-5 mortality rate, 2000 and 2021, for LLDCs and selected aggregates



Source: United Nations (2022a, 2023d).

Notes: The red line in panel (a) indicates the country-level target of 140 deaths per 100,000 live births in 2030 (SDG 3.1-EPMM). The global target is set to MMR at 70 (SDG 3.1). The red lines in panel (b) indicate the SDG target 3.2. of 25 deaths under age five per 1,000 live births in 2030. Countries are ranked by region and indicator in the latest year. Country codes are defined in Annex 2.

Similarly, the level of maternal mortality varied greatly across regions and countries. In 2020, all African LLDCs, with the exception of Zambia, had an MMR above 140 – the target set in the Strategic Framework for ending preventable maternal mortality (EPMM) and SDG target 3.1 – with four countries having a ratio above 500 (WHO, 2015). By contrast, only two Asian LLDCs had a ratio above 140 and nine had a ratio below 70, the global target set in SDG target 3.1. The four European and South American LLDCs had a ratio below 70, except for Paraguay, which had a ratio of 71.

The distribution of the population by age and its impact on future population growth

With the exception of the two European LLDCs, the populations of LLDCs are relatively youthful as a result of past and current high levels of fertility and declining mortality. In 2023, children below the age of 15 represented 30 per cent or more of the total population in LLDCs in Africa, in South America and in most of the LLDCs in Asia. Nonetheless, population ageing in LLDCs is noticeable in all four regions. In LLDCs in Asia and Africa, the proportion of children and youth in the total population has been falling for about 25 years and is projected to continue to fall in the foreseeable future. A few LLDCs in Asia and the two LLDCs in Europe stand out from the rest of LLDCs, with the lowest proportion of children (below 25 per cent) and the largest shares of older people (13 to 15 per cent of people aged 65 years or

older) in 2023. In less than three decades, in 2050, half of the LLDCs are projected to see the percentage of older people increase to at least 7 per cent.

The proportion of people aged between 15 and 64 years, usually considered the working-age range, varied between 55 per cent in LLDCs in Africa to 68 per cent in LLDCs in Europe. Notably, the working-age population is growing the fastest in the African regional group, where it is projected to reach 60 per cent around 2040 and to increase further to 63 per cent over the following decade. Accordingly, the demographic support ratios³⁵ have been increasing in LLDCs, particularly in the African regional group since the mid-1990s. In 2023, there were about 120 potential workers between the ages of 15 and 65 per 100 persons in the non-working ages in the African LLDCs, with the ratio projected to reach 170 by 2050. While the support ratio is expected to increase by almost 40 per cent in the African group, it will increase less than 20 per cent in the Asian group. In the two other regions, the support ratio is expected to grow at a slower pace or decline before 2050, as a consequence of population ageing. The increase in the share of potential workers and support ratios, if accompanied by investments in quality education, decent work, gender equality, and urban planning, among others, can promote accelerated economic growth and social development (see the discussion of the “demographic dividend” in chapter 2).

Despite some progress in social development, half of the landlocked developing countries are still in the lowest ranks of the human development index, and there is still widespread poverty, high levels of food insecurity, high levels of child and maternal mortality and poor sanitation in many landlocked developing countries.
(Vienna Programme of Action, paragraph 6).

A growing concentration of the population in the working-age groups also implies larger cohorts of women in the reproductive ages, between 15 and 49 years. An age distribution with relatively large cohorts of women bearing children creates considerable “population momentum”³⁶ driving present and future population growth. Consequently, population momentum is considered one of the four demographic components of population change, together with levels of fertility and mortality and the difference between inflows and outflows of international migrants, or net migration (figure 3.4).

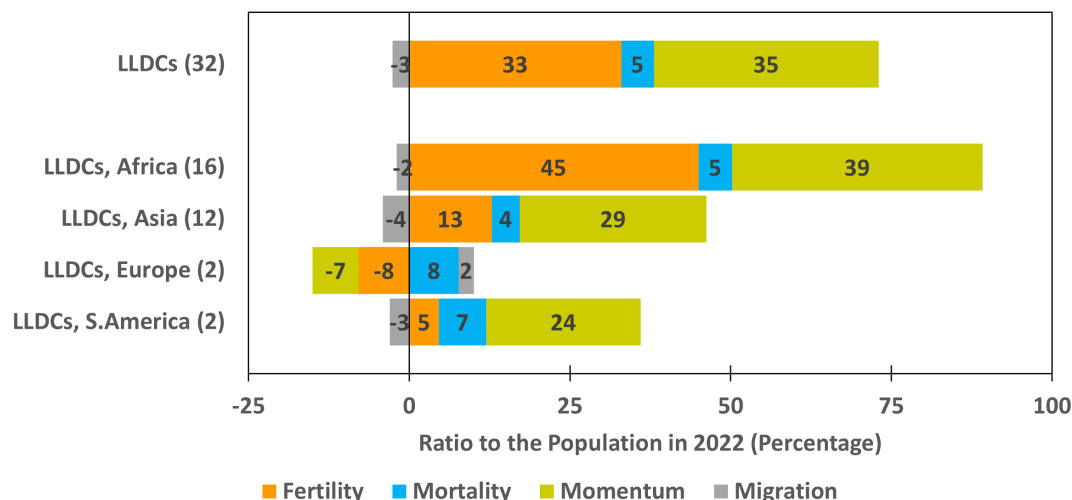
According to current projections, out of 403 million people being added to the total population in LLDCs between 2022 and 2050, more than half, or 203 million, will be due to population momentum – the effect of the youthfulness of the population, and in particular the number of mothers – equaling 35 per cent of the total population in 2022. Population momentum has a higher effect in LLDCs in South America and in Asia than in the other regional groups. As fertility has declined faster in the past few decades in the two LLDCs in South America than in the LLDCs in Asia, the momentum created by past growth will have a larger effect on future growth than any further decline in fertility in the future. Similarly, in Asia, the population of LLDCs is projected to increase by 13 per cent in the next three decades due to the level of fertility, but about 30 per cent due to population momentum.

In contrast, in Africa the projected fertility levels for the coming decades are expected to have a larger effect on population growth than population momentum, and therefore, a faster decline in fertility than anticipated would help reduce future population increase. Because the new generations will become the future parents, lower fertility levels will reduce the amount of momentum, allowing more substantial deceleration in the future. Delaying childbirth and increasing birth intervals can also slow future population growth (United Nations, 2019b). In the two European LLDCs, by contrast, below-replacement fertility and an older age distribution are expected to drive population losses.

³⁵ See Annex 1: Glossary of terms.

³⁶ See Annex 1: Glossary of terms: Population momentum. Because the number of births added to the population in a given year is a consequence of both the fertility level and the number of women that will give birth that year, the distribution of the population by age can be considered a separate factor driving population growth. The youthfulness of the population, in particular the relatively large cohorts of women of reproductive age, can create considerable population momentum driving future population growth.

Figure 3.4
Contributions attributable to the four components of population growth in the LLDCs by region from 2022 to 2050



Source: United Nations (2022a).

Notes: a) Date refers to 1 January of the indicated year. b) The positive effect of net migration in the future population growth of the European group of LLDCs is highly uncertain. World Population Prospects 2022 has incorporated available information as of April 2022 about net inflows of migrants and refugees in the Republic of Moldova due to the ongoing conflict in Ukraine. For details about the assumptions used to project international migration, see United Nations (2022c).

The projected overall decline in mortality is expected to play a positive but relatively small role in population growth, except for LLDCs in Europe where the decline in mortality, especially at older ages, is expected to compensate for very low levels of fertility.

Net outmigration is expected to slow down future population growth in LLDCs by around 3 per cent through 2050.³⁷ Due in part to adverse social, economic and environmental conditions, LLDCs often experience high net outmigration rates. In the decade prior to the COVID-19 pandemic, the annual rate of net migration was mostly around -2 per cent (net outmigration), almost twice that of LDCs. By 2020, about 35.3 million international migrants from LLDCs resided outside their countries of origin, constituting about 6.6 per cent of the total population of LLDCs (United Nations, 2020a). Approximately 20 million of the LLDC diaspora were from Asia and 12 million from Africa, with Afghanistan, Kazakhstan, Nepal, South Sudan and Uzbekistan being the primary countries of origin. LLDCs also hosted 15 million international migrants in 2020, marking a 3 million increase from two decades earlier, with more than half of these international migrants residing in African LLDCs.

Case study: Demographic prospects of Nepal through 2050

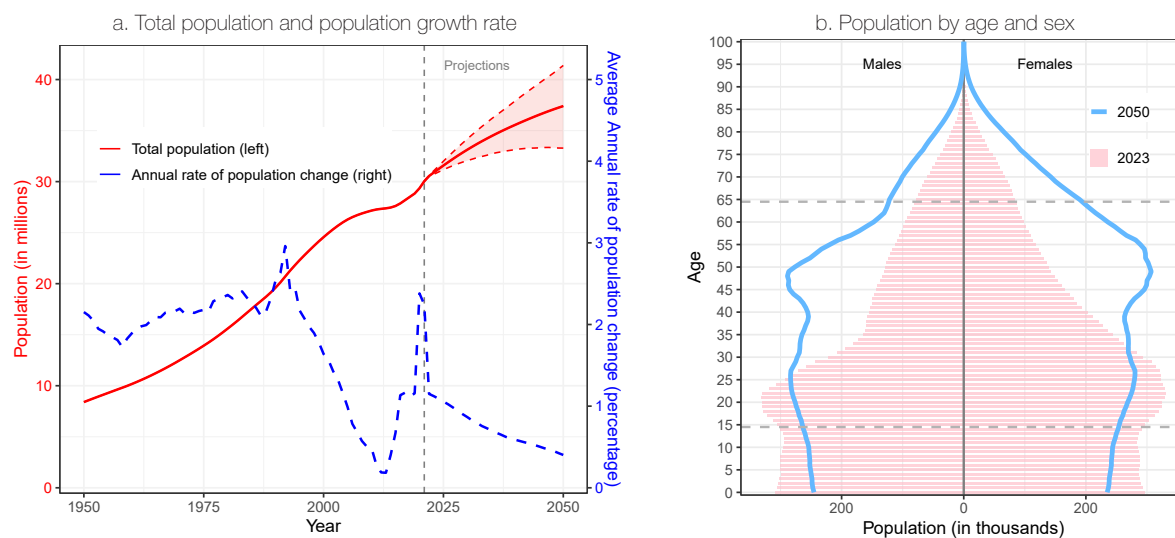
Nepal is a lower-middle income country in Southern Asia, with a population of almost 31 million people in 2023, the fifth largest population among the LLDCs. Nepal has managed to make significant development progress and is scheduled to graduate from LDC status in 2026 (CDP, 2023). Despite a remarkable reduction in poverty levels and a significant decline in income inequality in recent decades, Nepal faces pressing challenges to sustainable development, such as limited resilience to natural disasters, low economic diversification and heavy reliance on migrant remittances, low educational attainment, along with the predominantly informal and low-paid nature of the work for a rapidly growing working-age population (UNDP, 2022; World Bank, 2017, 2022).

³⁷ Future trends in international migration are difficult to predict. For details about the assumptions used to project international migration, see United Nations (2022c).

Nepal is located in a highly active seismic zone and is one of the world's most climate-vulnerable and disaster-prone countries, experiencing an increase in erratic precipitation and in the risk of floods, landslides, glacial lake overflows and droughts (Gov. of Nepal, 2019; UNDP, 2022; World Bank, 2022).³⁸

The population of Nepal was 8.4 million in 1950 and is projected to reach 37.4 million by 2050, marking a 4.5-fold increase (figure 3.5). The population is expected to peak in the late 2060s. However, because of relatively large uncertainty, particularly in future fertility trends, the country's population may start to decline around 2050 or could continue growing through the end of the century (based on a probability assessment of 95 per cent).

Figure 3.5
Total population and annual population growth rate, estimates, 1950–2021, and medium scenario, 2022–2050 (with 95 per cent prediction intervals for total population), and population by age and sex, 2023 and 2050, Nepal



Source: United Nations (2022a).

Accelerated fertility and mortality decline reduces population growth

Nepal is undergoing an atypical demographic transition. Far-reaching demographic changes have occurred within a relatively short span of time and at a lower development level than the classic model of the demographic transition assumes with important implications for the country's future path to development.

Until the 1970s, Nepal's fertility level was about six live births per woman (figure 3.6.a). Since the mid-1970s, family planning has been an integral component of health programmes in accordance with national population targets (Gov. of Nepal, 2015; Tuladhar, 1987). In that period, a national health programme was put in place integrating family planning and maternal and child health services, with a strong emphasis on female sterilization (Thapa, 1989; 1996; Thapa and Pandey, 1994; Tuladhar, 1987; Davis, 1969).³⁹ More recently, an expanded mix of contraceptive methods and the promotion of reversible methods has contributed to increasing the proportion of women of reproductive age who have their need for family planning satisfied with modern methods to nearly 62 per cent in 2019 (SDG indicator 3.7.1) (Gov. of Nepal, 2015; Karki and Krishna, 2008; and others, 2013; United Nations, 2023d).

The effectiveness of Nepal's family planning programmes, coupled with increased female education and male outmigration, have led to a sharp fertility decline starting in the 1980s, falling below the replacement level of

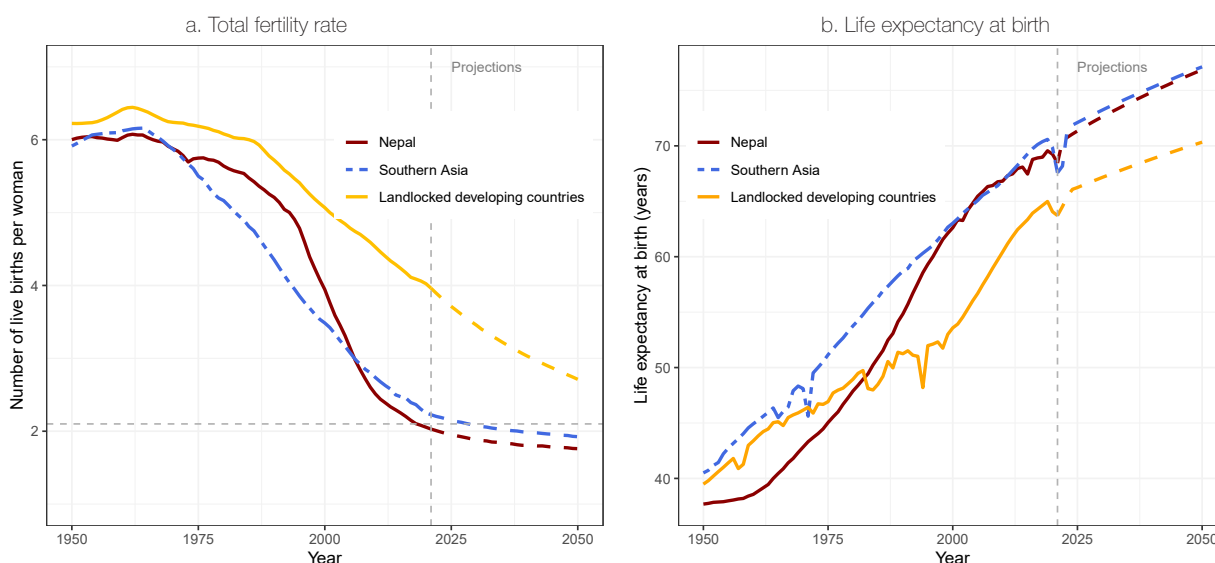
³⁸ The most recent high-impact earthquake in 2015 caused 9,000 deaths and displaced approximately 100,000 people, with devastating effects on the national economy.

³⁹ The Family Planning and Maternal and Child Health Project, or FP/MCH. The Family Planning Association of Nepal and other nongovernmental organizations had played an important complementary role in providing family planning services across the country.

2.1 children per woman in recent years. It took almost three decades for the total fertility rate to decline from 6 to 5 births per woman, and less than two decades to halve from 4 to 2, meeting the target set in the country’s national development plan (Gov. of Nepal, 2020a).

With a significant number of women marrying before their eighteenth birthday, eliminating early marriage remains a challenge in Nepal (SDG target 5.3). The median age at marriage has only increased by 2 years since the mid-1990s, reaching 18.3 years in 2022. In 2022, adolescent fertility was estimated to exceed the average for Southern Asia by about 20 percentage points, at 63 births per 1,000 adolescents (Gov. of Nepal and others, 2023). A further delay in marriage and childbearing is critical to protect the rights of girls and adolescents and enable them to achieve their full potential.

Figure 3.6
Life expectancy at birth and total fertility rate in Nepal, estimates, 1950–2021, and medium scenario, 2022–2050



Source: United Nations (2022a).

Maternal and child health care have been integrated in Nepal’s family planning programmes from the late 1960s, resulting in major progress in reducing under-five mortality (Tuladhar, 2007). Between the mid-1960s and the mid-1990s, the country’s child mortality rate fell from 300 to 100 child deaths per 1,000 live births. In 2022, child mortality was estimated at 24.5 per 1,000 live births, more than 10 percentage points below the regional average and just below the target of 25 per 1,000 live births set by SDG target 3.2.

Nepal has witnessed significant gains in life expectancy over the years. LEAB for both sexes combined was nearly 71 years in 2022 (72.4 years for women; 68.6 years for men), up from 62.6 years in 2000 (figure 3.6.b). The reduction in child mortality has played a substantial role, contributing to about half of this increase in life expectancy between 2000 and 2022.

Maternal mortality has also fallen, albeit at a slower pace. Between 2000 and 2020, the MMR fell from 504 to 178.7 maternal deaths per 100,000 live births (SDG indicator 3.1.1). This significant decrease contributed to increasing women’s life expectancy by 1.9 years in the 15–49 age group during the same period. However, Nepal has not reached its national objective of reducing the MMR to 99 per 100,000 live births by 2023–2024, while it is significantly higher than the global SDG target of less than 70 per 100 live births by 2030 (Gov. of Nepal, 2020).

As a low-fertility country with a recent experience of rapid fertility decline, population growth in Nepal between 2022 and 2050 will be almost exclusively driven by the population momentum caused by past growth.⁴⁰

International migration and prospects of sustainable development

In- and out-migration from and to neighbouring states has been a trend since Nepal's independence in the early twentieth century. Poverty, unemployment, conflicts, gender inequality and environmental degradation have fueled labor outmigration (Gov. of Nepal, 2022b; IOM, 2023). In recent decades, international migration has played an important role in poverty alleviation and in raising living standards, with remittance transfers growing from \$111 million in 2000 to nearly \$9.3 billion in 2022 (ILO, 2022; IOM, 2019). The contribution of personal remittances to the economy stood at 25 per cent of the country's gross domestic product (GDP) in 2022, one of the highest proportions in the world (IOM, 2019; KNOMAD, n.d.;⁴¹ World Bank, n.d.⁴²).

Since the mid-1980s, in addition to the historical cross-border migration to India, predominantly male labour migration to the six Gulf Cooperation Council (GCC) countries – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates – and Malaysia has become a common livelihood strategy for Nepalese families. In 2020, the GCC countries and Malaysia combined hosted an estimated 1.4 million migrants from Nepal, or about half of the total 2.6 million of Nepalese living abroad (United Nations, 2020a).⁴³

Recently, reverse migration of Nepali workers has received significant attention in the policy agenda. Reintegration programmes, though in their early stages, aim to leverage the skills and technical knowledge and competencies of returning migrants and help former migrant workers to acquire the skills and resources needed for employment upon return (Gov. of Nepal, 2020a, 2020b, 2022a; IOM, 2019). To encourage the retention of these workers, the Government is contemplating providing incentives such as loans and vocational training aiming to leverage returning migrant workers to realize the demographic dividend (Gov. of Nepal, 2020a; UNDP, 2022).

International migration from Nepal poses the challenge of depleting its health-care workforce (SDG 3.3.c) (ILO, 2017; IOM, 2019; Sijapati and others, 2017). Even though precise estimates of the number of Nepali health workers abroad are difficult to make (ILO, 2017), the departure of large numbers of health personnel, especially doctors and nurses, has led to critical shortages, especially in remote areas. With Nepal's ageing population, the demand for health workers is expected to grow, exacerbating existing shortages in the workforce.

The demographic “window”: prospects of an ageing society

Nepal's demographic window of opportunity opened about two decades ago and could last for several decades until 2050. In 2023, the working-age population (15 to 64 years) was almost twice as large as the non-working-age population (14 and younger plus 65 and older). Despite its favourable age structure, Nepal faces challenges in capitalizing on its demographic dividend (UNDP, 2022; World Bank, 2017). Recent crises, such as the 2015 earthquake and the COVID-19 pandemic, coupled with political instability,⁴⁴ have hindered the country's ability to fully benefit from its growing labour force. To fully harness the dividend in the next decades, it is essential to invest in the skills of

⁴⁰ Even after fertility has declined below the replacement level, the sheer number of women having children will ensure an increase of about one third of the population in the projection period from 2021 to 2050. Due to declining mortality, the size will increase another 5 per cent, while low fertility and net outmigration are projected slow population down, each of these reducing growth by 7 per cent of the 2021 population.

⁴¹ Accessed on 11 July 2023.

⁴² Accessed on 11 July 2023.

⁴³ Even though Nepal already experienced a high rate of return migration starting before the COVID-19 pandemic, the issue has received increased attention since the pandemic (Government of Nepal, 2020b, 2022b). In 2020 and 2021, a large influx of nationals resulted in an estimated net influx of 300,000 people, in contrast to the negative net migration over the past decade, which led to a temporary increase in the growth of the total population.

⁴⁴ During the past two decades, Nepal has been undergoing a prolonged period of political transition. Since the establishment of federalism in the country, Nepal has made continued efforts to introduce and institutionalize the political system as envisioned in its 2015 Constitution (UNDP, 2022).

Nepali youth, as more than half of the working-age population was under age 35 in 2023. This “youth bulge” (figure 3.5.b) could potentially be supplemented by the return of young migrants in the future.⁴⁵

As life expectancy has risen rapidly in Nepal, poverty, lack of education and inadequate or insufficient services such as health care and transportation are already posing a significant challenge for the older population (Acharya and others, 2023; Chalise, 2006; Gov. of Nepal, 2017), especially when family members have left the country for education or employment.

The proportion of individuals aged 65 years or older in the total population is rapidly increasing and is likely to nearly double from 6 to 11 per cent between 2023 and 2050. In absolute terms, 6.3 million Nepalis will enter the older age group during this period, raising the older population from 1.9 million to 4 million by 2050. As today’s youth bulge ages into the older age groups, the share of older persons in the total population is expected to double again, in a shorter period of time, between 2050 and 2072.

In conclusion, understanding Nepal’s past, current and future demographic trends is vital for assessing the country’s opportunities and challenges for sustainable development and acknowledging the critical role of investing in children and youth today to prepare for the wellbeing of current and future generations.

⁴⁵ There have been significant improvements in Nepal’s education sector, including regarding female education; however, dropout rates are high for both sexes, especially in secondary school (SDG 4). More than 80 per cent of workers were engaged in informal work in 2017 (SDG target 8.3.1) with close to 38 per cent of adults suffering from moderate or severe food insecurity in 2020 (SDG indicator 2.12) (United Nations, 2023d; UNESCO, 2023c).



Young girl at the beach, Solomon Islands. Aleta Moriarty / World Bank.

Chapter IV

Demographic Outlook for the Small Island Developing States

Overview

The small island developing States (SIDS) are a heterogeneous group of islands and coastal states spread across the world. As of June 2023, the group is composed of 57 countries and territories with a combined population of 73.5 million.⁴⁶ Twenty-nine SIDS are located in the Caribbean, 20 in the Pacific, and 8 in the Atlantic, Indian Ocean and South China Sea (AIS) region. Of these, 46 SIDS have small populations of less than 1 million inhabitants, while Papua New Guinea and three of the Greater Antilles nations – Cuba, the Dominican Republic and Haiti – are the only SIDS with more than 10 million inhabitants, accounting for slightly over 60 per cent of the total population of the group in 2023.

Box 4.1

The category of the Small Island Developing States

The small island developing States (SIDS) were recognized as a special group at the 1992 United Nations Conference on Environment and Development held in Rio de Janeiro, Brazil, in light of both their environmental and developmental characteristics (UNCED, 1992). The SIDS Accelerated Modalities of Action (SAMOA Pathway)¹ was developed as the outcome of the Third International Conference on SIDS held in Apia, Samoa in 2014, as the overarching framework setting out the sustainable development priorities for this group of countries.

The group of SIDS is composed of 37 United Nations Member States and 20 associate members of the United Nations Regional Commissions. Belize, Guyana, Guinea-Bissau and Suriname are not island states, but they are included as they are considered to feature “island-like” characteristics.

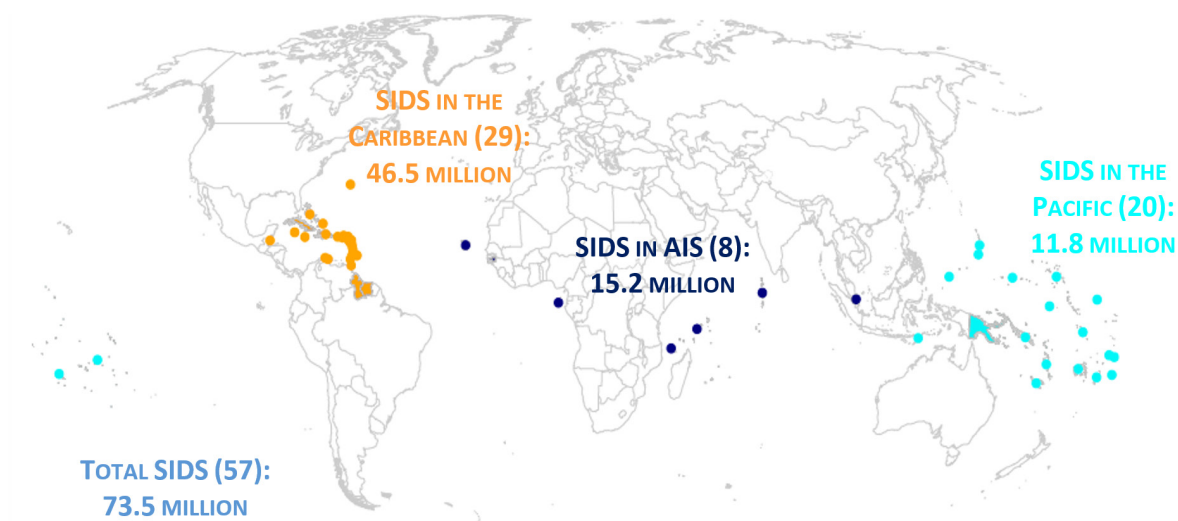
¹ A/RES/69/15.

The Fourth International Conference on Small Island Developing States, to be convened in Antigua and Barbuda in May 2024, aims to assess the progress made by the SIDS in achieving development goals, including the Sustainable Development Goals. The Conference is expected to result in a new 10-year programme of action for SIDS (UNGA, 2023).

The population of the group of SIDS is growing slowly compared to LDCs and LLDCs. Over the past two decades, its total population has been growing by 1.1 per cent per year on average, decelerating from 1.3 to 0.9 per cent per year. In the coming decades, birth rates are projected to decrease further, while death rates will gradually increase due to population ageing. Nevertheless, the total SIDS population is expected to continue growing, albeit at a progressively slower pace, to reach 85.4 million by mid-2050. Half of the total absolute increase in the population through 2050 will be concentrated in the Pacific region, which has the highest fertility levels among the regional groups of SIDS. The population of five States is growing at rates exceeding two per cent per year. By contrast, 14 SIDS, most of which are territories in the Caribbean and the Pacific, are declining in population size or growing at annual rates lower than 0.1 per cent. In some SIDS, international migration is expected to be the main contributor to population change.

⁴⁶ The 20 non-Member States / associate members of the Regional Commissions are: Anguilla, Aruba, Bermuda, British Virgin Islands, Cayman Islands, Curacao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Sint Maarten, Turks and Caicos Islands, and U.S. Virgin Islands in the Caribbean region; and American Samoa, Cook Islands, French Polynesia, Guam, New Caledonia, Niue and Northern Marianas Islands in the Pacific region (see: https://sdgs.un.org/topics/small-island-developing-states#list_of_sids).

Map 4.1
Population of SIDS across three world regions, 2023



List of Small Island Developing States (57)

Atlantic, Indian Ocean and South China Sea (8): Cabo Verde, Comoros, Guinea-Bissau, Maldives, Mauritius, Sao Tome and Principe, Seychelles, Singapore

Caribbean (29): Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten (Dutch part), Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States Virgin Islands

Pacific (20): American Samoa, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia (Fed. States of), Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu, Vanuatu

Source: United Nations (2022a).

Note: The table includes both United Nations Member States and associate members of the Regional Commissions. The eight SIDS that are also LDCs are indicated in italics.

Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

In 2023, most of the 57 SIDS were classified as high-income (23 SIDS) or upper-middle income economies (18 SIDS). In addition, eleven SIDS can be identified as lower-middle income economies and one as a low-income economy, with eight of these also identified as LDCs.⁴⁷ Among these eight, Haiti is the most populous, with a population that is more than twice as large as the combined population of the other seven.

Despite their relatively high-income status overall, SIDS face unique vulnerabilities hindering their social, economic and environmental development. Many SIDS tend to rely heavily on imports for food and energy, at high cost given their geographical isolation and remoteness. Their economies are often concentrated in just a few sectors, such as tourism, leaving little flexibility to adapt to crises such as the COVID-19 pandemic (Tateno and Bolesta, 2020; United Nations, 2023f). SIDS' small populations and land areas may limit labour force specialization and economic diversification, reducing their resilience to external economic and financial shocks (House, 2013). Many SIDS are low-lying areas vulnerable to sea-level rises and storms and highly exposed to environmental hazards including climate change (SDG 1.5) (Keo and Jo, 2022; Scandurra and others, 2018; UNDP, 2021; United Nations, 2023c). The

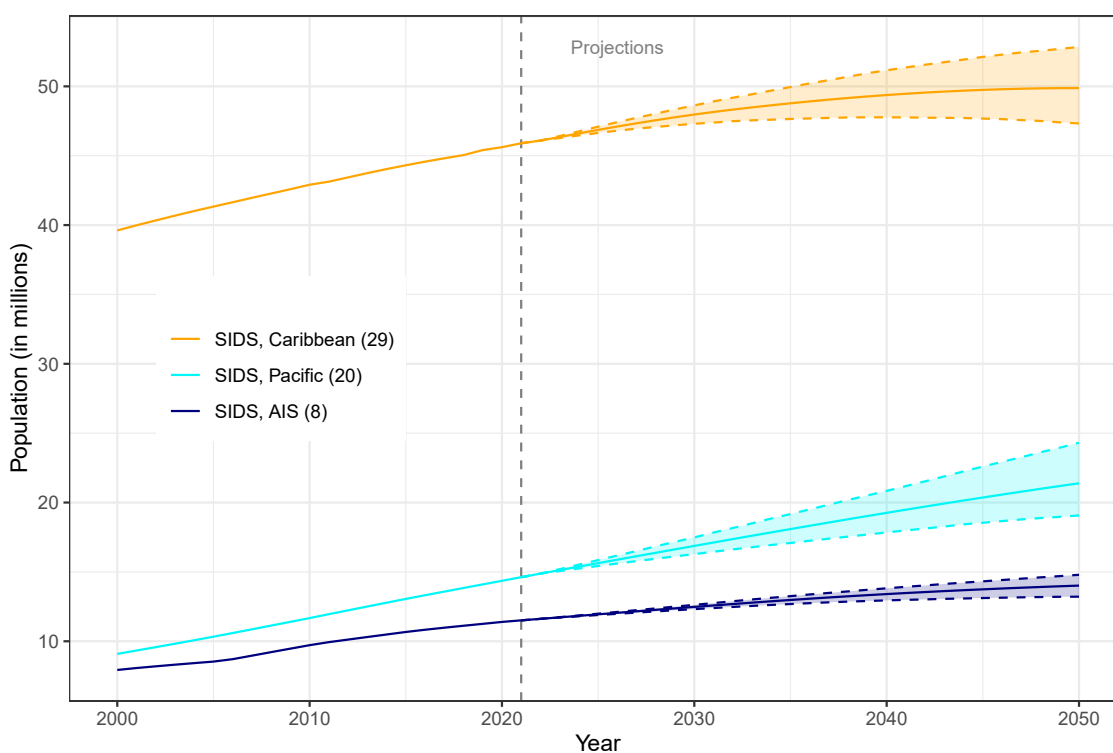
⁴⁷ No data available for 4 SIDS. World Bank Country and Lending Groups are available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.

number of people in SIDS residing in areas with an elevation of less than 5 meters above sea level has been growing at an average rate of 1 per cent annually since 2000, reaching approximately 5 million people in 2023.

Regional demographic profiles of the SIDS

The Caribbean region dominates the distribution of the SIDS population, both in terms of number of countries and population size, with 46.5 million people living in the region in 2023 (figure 4.1). The populations of SIDS in the Pacific and AIS regions had comparable sizes, with 15.3 and 11.8 million, respectively. The most populous SIDS are Haiti (12 million) and Dominican Republic (11 million) in the Caribbean, Papua New Guinea (10 million) in the Pacific, and Singapore (6 million) in the AIS region.

Figure 4.1
Total population of SIDS by region, estimates, 2000–2021, and medium scenario with 95 per cent prediction intervals, 2022–2050



Source: United Nations (2022a).

Note: Prediction intervals (shaded area around a projected trend) were derived from a probabilistic assessment of projection uncertainty. For a given year, the future trend is expected to lie within the predicted range with a probability of 95 per cent.

From 2023 to 2050, the number of people living in SIDS is expected to grow by almost 12 million, from 73.5 to 85.4 million (16 per cent). Half of the total increase will take place in the Pacific region, as a result of the region's higher projected fertility (see below). As a consequence, even though the population of the Caribbean SIDS will continue to dominate the group, its share is expected to drop from 63 to 58 per cent of the total, while the share of the Pacific region will increase from 21 to 25 per cent, whereas that of the AIS region will increase from 16 to 18 per cent of the total.⁴⁸

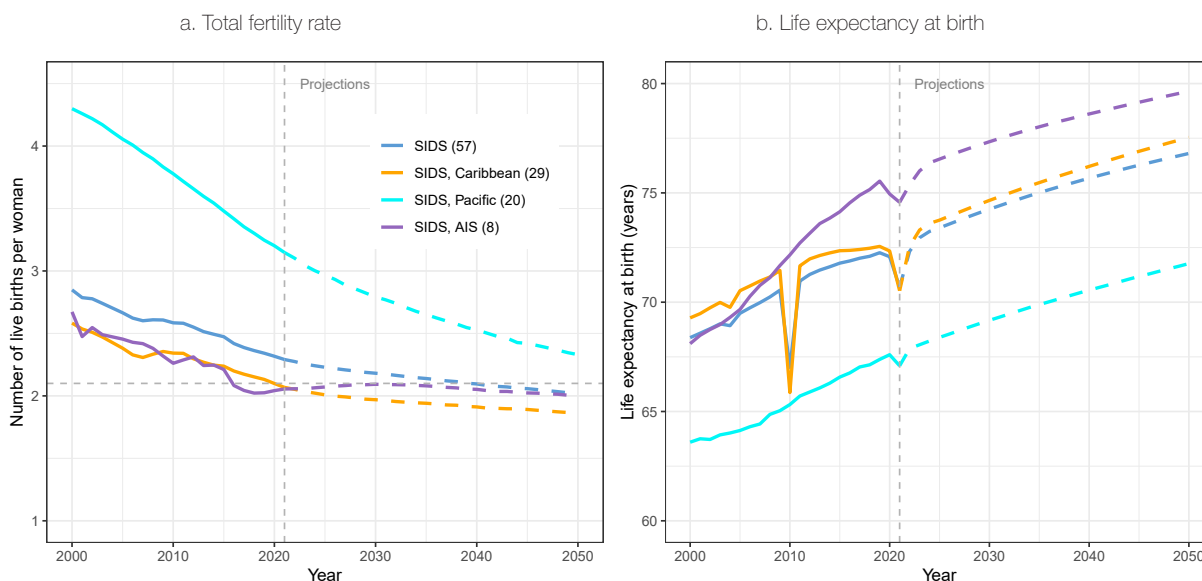
⁴⁸ The regional distribution of the population will be highly influenced by trends in the SIDS with the largest populations.

Fertility trends and its role in future population growth

In 2022, 1.2 million babies were estimated to have been born in the SIDS, a number that has remained fairly constant since the early 1960s and is expected to change only slightly through 2050. The group of SIDS has on average the lowest fertility level among the three categories of countries in special situations, with an estimated average total fertility rate of 2.3 live births per woman in 2022, compared to 3.9 for both LLDCs and LDCs.

At the country level, however, there is significant variation in fertility rates, with 11 SIDS having fertility rates higher than 3 births per woman in 2022, and other 11 with rates lower than 1.5. In the Pacific, for example, fertility was about four births per woman in Solomon Islands and Samoa, and below replacement level in French Polynesia and New Caledonia. The two countries sharing the island of Hispaniola, Haiti and the Dominican Republic, were among the SIDS with the highest fertility levels in the Caribbean, whereas Cuba and some of the smaller islands were among those with the lowest fertility.⁴⁹ In the AIS region, fertility was the lowest in Singapore, with 1 birth per woman on average in 2022, and close to 4 in Guinea-Bissau.

Figure 4.2
Total fertility rate and life expectancy at birth, estimates, 2000–2021, and projections, 2022–2050, SIDS by region



Source: United Nations (2022a).

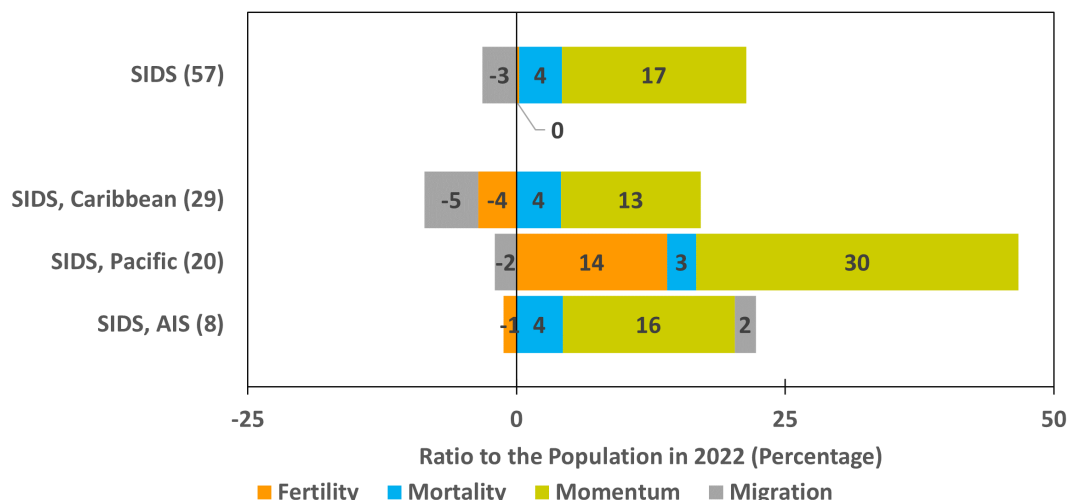
The average fertility in the SIDS in the Pacific region stood at 3.1 live births per woman in 2022, a higher level than that observed 20 years ago in the other two regions (figure 4.2.a). These countries are expected to experience a relatively rapid decline in fertility, reaching 2.3 births per woman by mid-century. Consequently, the past high fertility levels that have shaped the youthfulness of the current age structure, or population momentum, will drive most of the increase (figure 4.3).

In the Caribbean and the AIS regions, fertility decline has followed a similar path since the 1980s with both regions having reached replacement-level fertility, a rate of 2.1 birth per woman, in 2022. Despite some divergent country trends, fertility in the two regions is expected to remain below replacement level, at around 2 births through 2050. Even with most SIDS in the Caribbean reaching below replacement fertility in the coming decades, the region's

⁴⁹ Although the total fertility rates in most Caribbean SIDS are low compared to SIDS in other regions, the share of the fertility rate among adolescents aged 15–19 years (ABR) in the total fertility rate is relatively high. Sixteen countries (or more than half of Caribbean SIDS) had a share of ABR higher than the global average in 2022. Cuba, Belize and the Dominican Republic were among the world's top 25 countries with the highest shares of ABR in 2022.

population is expected to continue growing due to population momentum,⁵⁰ while below-replacement fertility would, by its own, cause a 4 per cent decline in the population through 2050 (figure 4.3).

Figure 4.3
Contributions attributable to the four components of population growth in the SIDS by region from 2022 to 2050



Source: United Nations (2022a).

Note: Date refers to 1 January of the indicated year.

The AIS region will increase in population size from 2022 to 2050 from a combination of diverging trends in the four demographic components of population change. Although some States will continue to have high fertility levels for the foreseeable future, including Comoros, Guinea-Bissau and Sao Tome and Principe, Singapore’s below replacement fertility will slow down the region’s population growth. Similarly, the positive contribution of international migration to population change in the AIS region will be attributed exclusively to immigration flows in Singapore.

In both the Caribbean and Pacific regions, projected outmigration trends are expected to slow down population growth, although uncertainty around future migration trends makes the future impact difficult to assess.

To ensure in small island developing States the promotion and protection of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences.
(SAMOA Pathway, paragraph 77).

Health and mortality profiles with a high burden of non-communicable diseases

Life expectancy at birth (LEAB) in the group of SIDS is the highest of the three categories of countries studied in this report. In 2022, LEAB among the SIDS, having returned to the pre-COVID-19 pandemic level, was estimated at 72.3 years (75.4 for women; 69.5 for men), and was projected to continue increasing over the coming decades to reach about 77 years by 2050 (figure 4.2.b). Within and between the regional SIDS groups, the differences in LEAB are wide, suggesting significant inequality in health and mortality outcomes among SIDS.

⁵⁰ See Annex 1: Glossary of terms. Because the number of births added to the population in a given year is a consequence of both the fertility level and the number of women that will give birth that year, the distribution of the population by age can be considered a separate factor driving population growth. The youthfulness of the population, in particular the relatively large cohorts of women of reproductive age, can create considerable population momentum driving future population growth.

In the SIDS located in the Pacific region, the average LEAB has historically been the lowest of the regional groups, standing at 68 years in 2022. As a group, SIDS in the Pacific have been modestly impacted by mortality due to the COVID-19 pandemic, although accurate estimates may be difficult to obtain due to annual fluctuations in the number of deaths in small populations affecting the reliability of death rates (UNCTAD, 2022). At the country level, LEAB ranged from 64 to almost 84 years. Four out of the 20 SIDS in the region are not expected to reduce child mortality to at least as low as 25 deaths per 1,000 live births by 2030, as set out in SDG target 3.2, unless further measures are put in place to end preventable child deaths.

Life expectancy at birth (LEAB) in the Caribbean SIDS averaged 73 years in 2022 ranging from less than 70 years to 80 years, whereas the under-5 mortality rate varied between 56.7 and 2.7 deaths per 1,000 live births. Among the three SIDS in the region that have not already achieved SDG target 3.2, Haiti is the only country that is unlikely to achieve it by 2030.

To take urgent steps to establish, for the period from 2015 to 2025, 10-year targets and strategies to reverse the spread and severity of non-communicable diseases ... To reduce maternal, newborn and child mortality and improve the health.
(SAMOA Pathway, paragraphs 72–75).

In the AIS region, the average LEAB for SIDS was 76 years in 2022, the highest among all regional groups, mainly due to Singapore's high life expectancy. The large differences in LEAB within this region, with values varying between 60 and 84 years in 2022, can be attributed in part to the sizeable differences in child mortality. In 2022, the child mortality rate was between 2 and 16 deaths per 1,000 live births in six SIDS in the region, well below SDG target 3.2, while child mortality in the other two States was significantly higher, even though both had made considerable progress in ending preventable deaths of newborns and children under five in recent decades.

In SIDS, women had a 5-year longer LEAB than men in 2000. Between 2000 and 2022, women gained 4.4 more years, whereas men gained 3.6 more years, resulting in a gender gap of 5.8 years in 2022. The gender gap in the Caribbean region is the largest among the three SIDS regions, increasing from 5.1 years in 2000 to 6.2 years in 2022, followed by the Pacific region, where the gender gap rose from 4.2 years to 5.5 years in the same period. In the AIS region, the gender gap was reduced from 5.0 years in 2000 to 4.6 years in 2022.⁵¹

The SAMOA Pathway recognizes that the burden of non-communicable diseases (NCDs) constitutes one of the major challenges for SIDS.⁵² These countries register high prevalence of major risk factors for NCDs, such as tobacco use, unhealthy diets, harmful use of alcohol, physical inactivity and air pollution, and are disproportionately affected by NCD-related premature mortality (WHO, 2023b; UNCTAD, 2022).⁵³ In 2019, nine SIDS, mostly located in the Pacific, along with seven LLDCs, were among the 20 countries with the highest mortality rates attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (SDG indicator 3.4.1).

The presence of NCDs and their risk factors are likely to have increased the severity of the impact of COVID-19, including its mortality rates. Overall, the risk of dying between 30 and 70 years old in 2022 was highest among SIDS in the Pacific (383 deaths per 1,000 persons reaching age 30), which was largely due to high mortality in Papua New Guinea compared to the SIDS average (284 deaths). In turn, premature mortality in the SIDS was, on average, significantly higher than in more developed regions (223 deaths per 1,000 persons reaching age 30).

⁵¹ Some countries experienced larger sex gaps due to reductions in male life expectancy (e.g., Jamaica) or due to a larger reduction in male life expectancy compared to female life expectancy (Dominica and St. Maarten (Dutch part)). Other countries have experienced a reduced gender gap (e.g., Palau and St. Vincent and the Grenadines).

⁵² The 2023 Bridgetown Declaration on NCDs and Mental Health draws attention to the interconnected factors that exacerbate the burden of NCDs and mental health conditions in SIDS and commits "to actions that can address NCDs and mental health conditions as an integral part of climate change resiliency and pandemic preparedness" (paragraph 12).

⁵³ Premature mortality refers to deaths between the ages of 30 and 70 years. According to the WHO (2023b), the 10 countries with the highest obesity prevalence worldwide are all SIDS in the Western Pacific region, with obesity prevalence exceeding 45 per cent of the adult population in 2016.

Ageing societies

Population ageing, broadly defined as the gradual increase in the share of older persons in a population, occurs as a consequence of the demographic transition and can be exacerbated by persistently high net outmigration, particularly of young people. Population ageing is further advanced in SIDS compared to LDCs and LLDCs, primarily due to earlier declines in fertility and higher rates of outmigration. In almost two thirds of the SIDS (37 out of 57) older populations, defined here as the number of persons aged 65 years and over, represented more than 7 per cent of the total in 2023. An additional 16 countries are expected to reach this benchmark between 2023 and 2050, with four more anticipated to do so in the second half of the century.

Population ageing was more advanced in the Caribbean and AIS regions, where half of the population was over 32 years of age in 2023, than in the Pacific region. Nine in ten SIDS in the Caribbean, and about four in ten SIDS in the Pacific and the AIS regions had older populations equivalent to at least 7 per cent of the total.

Anticipating the rate of increase in the proportion of older individuals is vital for societies to adapt to changing age distributions, assess the prospects of their demographic dividends, and implement adequate policies according to the needs of different age groups (Quashie and Jones, 2022; UN ESCAP, 2017b; United Nations, 2023d). The time it takes for the share of the older population to double from 7 to 14 per cent is one indicator of the speed of population ageing. In the Caribbean and Pacific SIDS, this transition takes, or will take, about 45 years on average. In most countries in the Pacific, this transition has happened or is expected to happen later and faster than in the Caribbean. The SIDS in the AIS region will experience late and faster population ageing, with considerable variations in timing and speed among States in the region.

As it is vitally important to support the efforts of small island developing States to build resilient societies and economies, we recognize that ... people are their greatest resource ... Migrants and diaspora communities and organizations also play an important role in enhancing development in their communities of origin.
(SAMOA Pathway, paragraph 24).

In many SIDS, the demographic old-age dependency ratio is elevated and expected to continue to increase rapidly.⁵⁴ In 12 States, mostly in the Caribbean, there were as many as 20 to 40 older persons per 100 people in the working-age population in 2023, while in 17 SIDS the ratio was lower than 10. By 2050, the number of SIDS with demographic old-age dependency ratios higher than 20 is expected to have more than tripled.

International migration and future scenarios of population change

The SIDS diaspora

Factors such as geographical isolation, limited resources and susceptibility to climate change have contributed to high levels of internal and international migration in SIDS, both historically and in recent years. With high proportions of the population living in coastal areas, many of which are lowlands, coastal floods, storm surges and inland flooding force large numbers of people in SIDS to resettle internally or migrate abroad. Socio-economic fragility and lack of opportunities for youth are also driving emigration in SIDS, with the emigration of skilled professionals, or “brain drain”, becoming a major concern in many countries (SDG targets 3.c, 4.b and 4.c, SDG 13) (Campbell and Warrick, 2014; Thomas-Hope, 2002; de la Croix and others, 2013; OECD, 2018). Patterns of human mobility from SIDS have also been shaped by the special status of current island territories, associated states and former colonies.

⁵⁴ The demographic old-age dependency ratio provides a simple metric of the potential economic burden in supporting the older population, although the actual economic impact can be affected by, among others, levels of economic activity at older ages and people living healthier lives for longer (United Nations, 2020a).

Moreover, some SIDS economies depend greatly on the inflow of migrant remittances with remittance transfers representing more than 20 per cent of GDP in Bermuda, Comoros, Haiti, Jamaica, Samoa, Tonga and Vanuatu.⁵⁵

The total number of migrants from SIDS living abroad provides an estimate of the SIDS diaspora regardless of the timing of the migration. As of 2020, there were 11.5 million people from SIDS residing outside their country or area of birth (United Nations, 2020a). The SIDS diaspora is largely dominated by the Caribbean region, accounting for 86 per cent of the total migrant stock originating from SIDS in 2020. In nearly half of the Caribbean States, the diaspora population in 2020 exceeded 30 per cent of the total population of the country of origin. More than two thirds of the Caribbean SIDS communities abroad were living in the United States of America, with another 14 per cent residing in other Caribbean or Latin American countries and 8 per cent residing in Canada or the United Kingdom.

Migrants from the Pacific SIDS accounted for 9 per cent of the total SIDS diaspora, with most living in the Pacific region, either in New Zealand and Australia (55 per cent in 2020), in other SIDS in the Pacific (10 per cent) or in Indonesia (4 per cent). Additionally, 22 per cent resided in the United States of America, while the remaining 7 per cent were in Canada or the United Kingdom.

The diaspora from the eight SIDS in the AIS region accounted for 5 per cent of total SIDS residents abroad. The diversity of destinations of migrants from this region reflects the region's geographical dispersion, as well as its language and cultural diversity associated with historical colonial bonds with European countries. Some of the main destinations are France (including its overseas departments and territories), Portugal, the United Kingdom and Australia, all with 100 thousand to 130 thousand SIDS migrants from the AIS region as of 2020.

Overall, the United States of America hosted 60 per cent of international migrants originating from all SIDS in 2020, followed by 15 per cent in European countries and then 5 per cent in Latin America, 5 per cent in Canada and 4 per cent in Australia and New Zealand. Approximately 1 million migrants, representing 10 per cent of the total diaspora, lived in other SIDS, half of which were Haitian migrants residing in the Dominican Republic. During the last two decades, there has been little change in the distribution of the main destination countries for the SIDS diaspora, suggesting consistent migration patterns to specific destinations.

Net international migration and future migration scenarios through 2050

In the last two decades, from 2000 to 2020, the number of people leaving SIDS has exceeded the number of immigrants arriving in SIDS by 1.8 million, equaling 2.4 per cent of the group's total population in 2023. The role of out- and in-migration in shaping the size of the population varies greatly across SIDS regions. The large increase in the net number of migrants estimated to have arrived in Singapore during the past two decades (1.2 million) has strongly influenced the net migration level in the SIDS as a group during this period.⁵⁶ If current trends of international migration continue in the coming decades, net outmigration may play a more significant role in determining population size in SIDS, given the diminishing impact of fertility as a driver.

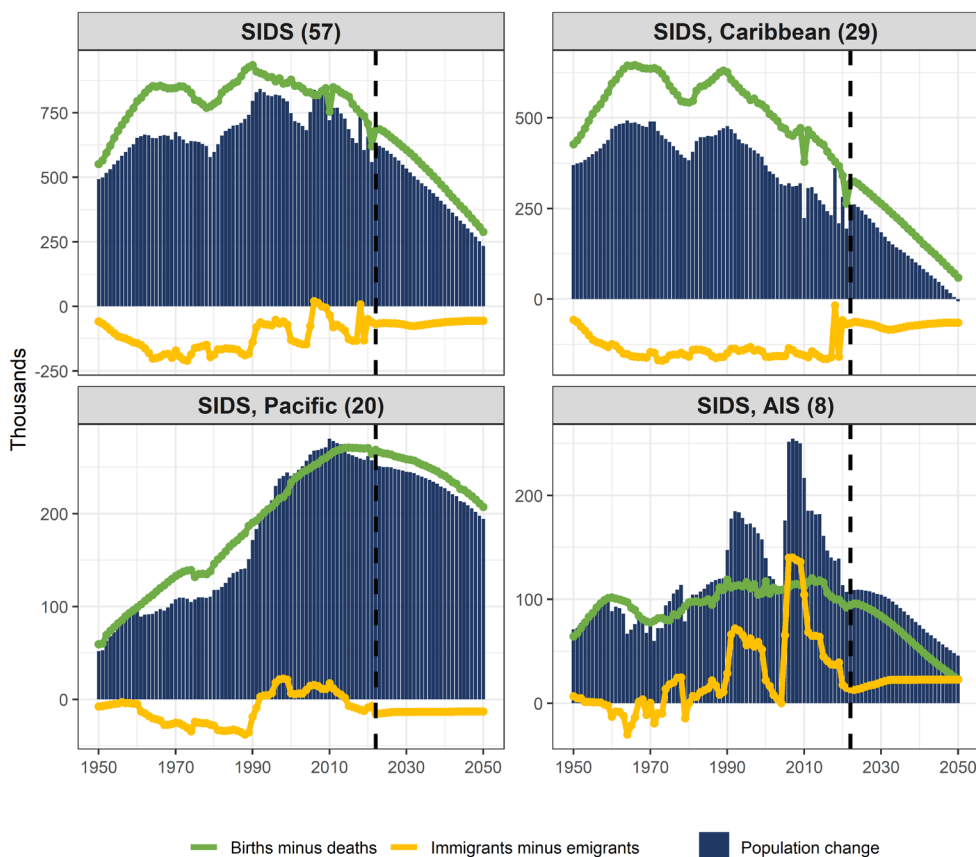
The number of net population losses due to outmigration from the Caribbean SIDS over the period 2000–2022 was estimated at around 3.2 million, compared to a 9.9 million increase in the population due to the difference between births and deaths (figure 4.4). In the Pacific region, the role of outmigration in slowing down population growth has been relatively small, given the prevailing higher fertility levels. In the AIS region, because of significant migration

⁵⁵ Among the 36 SIDS with available data for years 2020, 2021 or 2022.

⁵⁶ Since the early 1990s, Singapore implemented a policy of recruitment of high- and low-skilled foreign labour as part of its "Foreign Talent" and "Foreign Worker" strategies (Pan and Theseira, 2023). In 2020, the total number of international migrants in Singapore was estimated at 2.5 million, nearly half of the 4.7 million international migrants in SIDS, with most of these migrants originating from Malaysia (51 per cent) and China (19 per cent).

flows to Singapore and the Maldives, the region experienced positive net migration during 2000–2022, representing close to 40 per cent of the population growth due to the number of births over deaths.

Figure 4.4
Contributions of the balance of births over deaths and of immigration over emigration to total population change in SIDS regions, estimates (2000–2021) and projections (2022–2050)



Source: United Nations (2022a).

A growing body of evidence suggests that climate change is affecting the livelihoods of already vulnerable populations living in the SIDS, as island states are increasingly experiencing rising sea levels and extreme weather events. It has been therefore suggested that climate change-induced outmigration is expected to increase in the coming decades (Kelman, 2015; Thomas and others, 2020; Warner, 2022; UNECA, 2014). However, disentangling migration linked to climate change from that occurring for other reasons has proven to be difficult. Some case studies argue that decisions to migrate as a consequence of the adverse impact of climate change are often seen by residents as a last resort after mitigation and adaptation strategies have been exhausted.

Unlike mortality and fertility, future migration trends are difficult to predict with high levels of accuracy. Examining the potential effects of different migration scenarios on future population growth can assist policymakers, researchers, and organizations in comprehending, and responding to, the potential consequences of migration on the economies and societies of SIDS, including their demography. As an example, if net migration were reduced to zero from 2022, the total population of the SIDS group would increase by 2.4 million through 2050, reaching 87.8 million, instead of 85.4 million as currently projected. If net migration were to double the current projected values through 2050, the total population of the group would reach 83.0 million in 2050, and if net migration were to be half the current projections, the population would reach 86.8 million.

The differences in the total population in the three scenarios, compared to the medium projection for SIDS as a whole, range from -3 to 2 per cent. At the regional level, the difference in total population is larger for the Caribbean (-5 to 5 per cent) and the AIS regions (-4 to 4 per cent). The outcomes of these scenarios demonstrate that international migration plays a significant role in shaping the future population size in SIDS, indicating the importance of addressing migration issues in national social, economic and environmental policy agendas, including the Fourth International Conference on SIDS and the Summit of the Future, both to be held in 2024.

Case study: Demographic prospects of Jamaica through 2050

Jamaica, an island situated in the Caribbean Sea, had an estimated population of around 2.8 million people in 2023, making it the seventh most populous country among all SIDS and the fifth most populous SIDS in the Caribbean. Like many other Caribbean countries, Jamaica is vulnerable to climatological disasters. Since the mid-2000s, Jamaica has held the status of an upper-middle-income country, with an economy heavily dependent on tourism.⁵⁷ The country's poverty rate hovers around 2 per cent whereas the unemployment rate has remained below 5 per cent, outperforming many other SIDS in the region. Jamaica has one of the highest proportions of educated inhabitants, with over 95 per cent of the population having completed upper secondary school (United Nations, 2023d). Despite these positive indicators, its GDP per capita, which has stagnated in the last two decades, tends to fall in the lower range among Caribbean SIDS.⁵⁸

Population has started to decline

Jamaica's population is estimated to have started to decline in 2022, marking a historic demographic shift. Projections indicate that population decline will continue as the result of a steady downward trend in the population growth rate, which has been consistently below 1 per cent per year since the late 1980s, a figure lower than that of other Caribbean SIDS. By 2050, the total population is projected to reach 2.5 million, comparable to the population size in the mid-1990s (figure 4.5.a).⁵⁹

As noted in chapter 1, the SIDS are generally more advanced in the demographic transition compared to most LDCs and LLDCs. Jamaica, with its major shift towards an older population age distribution, exemplifies this trend (figure 4.5.b). In 2000, Jamaica's median age was about 23 years, well below the average for the Caribbean SIDS of 26.4 years. However, by 2023, Jamaica's median age had reached 32.8 years, barely surpassing the regional average of 32.4 years. As population ageing progresses, the median age in Jamaica is projected to reach almost 47 years by 2050, much higher than the regional average of 39.5 years.

Several factors contribute to Jamaica's projected population decline, with the primary driver being the remarkable reduction in average family size. This decline can be attributed to increased access to family planning, shifts in societal norms, delayed childbearing and a focus on higher education and employment (Handa, 2000).⁶⁰

Jamaica's family planning programmes contributed to a decline in the total fertility rate (TFR) from 5.6 live births per woman in 1970 to the replacement level of 2.1 in the early 2000s, reaching an estimated 1.3 in 2022 (figure 4.6.a). With a TFR below replacement, a population will be unable to replace itself in the long term, leading to population decline. For Jamaica, below replacement fertility is projected to reduce the population by 435,000 people from 2022

⁵⁷ World Bank Group country classifications by income level: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

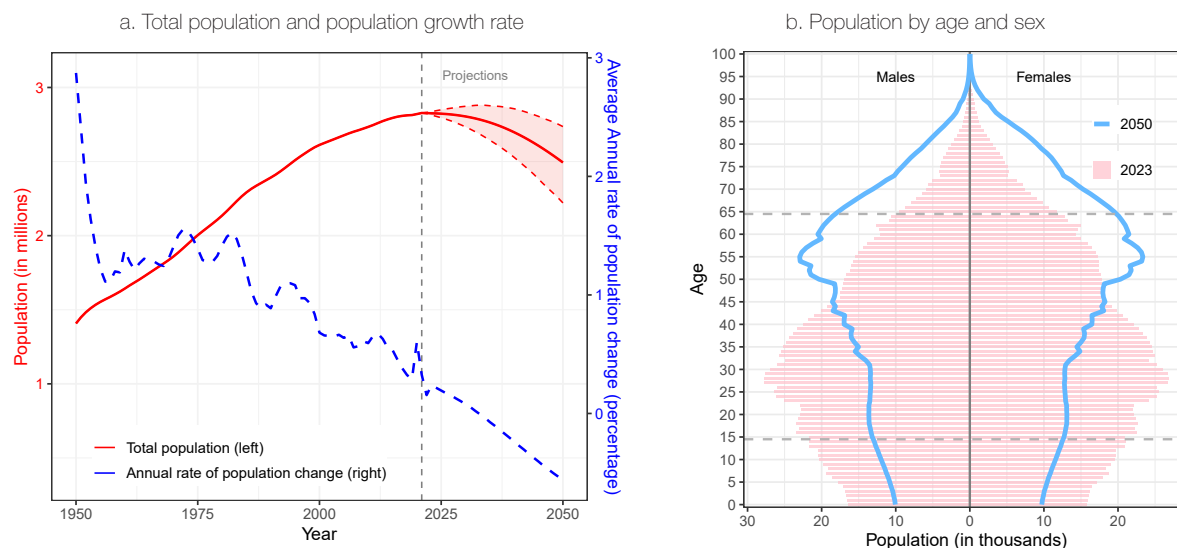
⁵⁸ GDP per capita refers to the 2015 constant value (World Development Indicators database: <https://databank.worldbank.org/source/world-development-indicators>). Both poverty and educational attainment indicators are from United Nations (2023d. Accessed on 3 October 2023).

⁵⁹ There is a 95 per cent probability that the population size in 2050 will lie between 2.2 and 2.7 million.

⁶⁰ The Government's commitment to family planning dates back to 1967, when the National Family Planning Board was established, building upon earlier initiatives from the 1930s (King, 2007; NFPB, n.d.; Scott, 1996). In the 1970s and 1980s, family planning services were integrated within the Ministry of Health, and a "Two Is Better Than Too Many" campaign expanded the network of family planning clinics across the island.

to 2050. However, population momentum from past growth is expected to partially offset this, adding 324,000 people over the same period (see chapter 2).

Figure 4.5
Total population and annual population growth rate, estimates, 1950–2021, and medium scenario, 2022–2050 (with 95 per cent prediction intervals for total population), and population by age and sex, 2023 and 2050, Jamaica



Source: United Nations (2022a).

A declining population carries both positive and negative economic implications. A shrinking labour force may reduce productivity and economic growth, while increased health care and social support for an ageing population could strain the national budget. On the other hand, it offers opportunities for economic restructuring, optimizing the labour market through education, skills development, innovation, automation and the introduction of sustainable practices. The current national development plan aims at achieving zero population growth, while seeking a balance between the working-age population and the dependent age groups (Planning Institute of Jamaica, 2009).⁶¹

Declining child mortality and stagnating mortality rates at older ages

Jamaica has seen a remarkable decline in child mortality, while mortality rates at adult and older ages have remained stagnant. The country has also made significant progress in improving health-care infrastructure, water and sanitation, access to medical services, and various maternal and child health-care programs. Initiatives include the Programme for the Reduction of Maternal and Child Mortality, public health education and awareness campaigns, nutritional assistance and early childhood development initiatives (Bourne and others, 2022). As a result, the under-5 mortality rate reached 25 deaths per 1,000 live births in the late 1990s and further declined to around 12 per 1,000 live births in 2022, nearly half the regional average of 33 deaths per 1,000 live births.

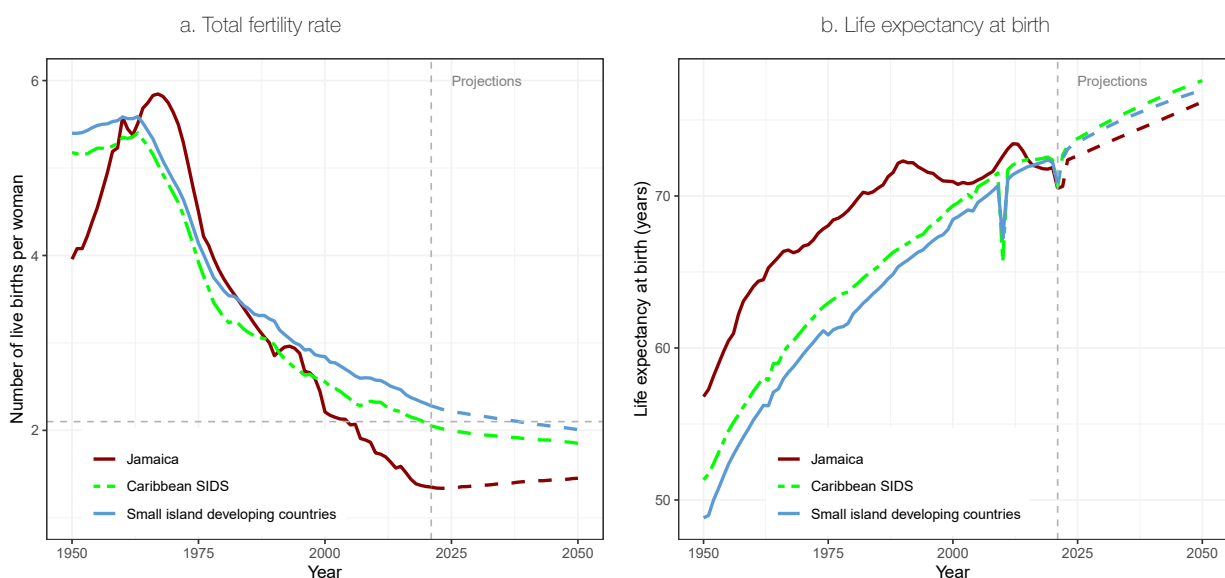
Jamaica has made limited progress in reducing adult mortality over the last four decades. The probability of dying between ages 15 and 60 was 162 per 1,000 in 2019 (128 per thousand for women; 197 per thousand for men), the seventh highest among SIDS in the region and 2.6 times as high as the lowest in the region. Similarly, old-age mortality has stagnated since 1990, resulting in a lower life expectancy at age 65 compared to some other SIDS in the region.

⁶¹ As stated in the plan, "Under Vision 2030 Jamaica, we will maintain a stable population with a sustainable balance between the various demographic groups. Our ideal is to have zero growth rather than negative or positive growth. To meet our developmental objectives, we will need a balance between our working aged population and those that are dependent" (Planning Institute of Jamaica, 2009, page 49).

Stagnant or increasing adult and old-age mortality is also recorded in other Caribbean countries. This pattern is linked to a high prevalence of NCDs such as cardiovascular diseases, diabetes and cancer, primarily attributed to unhealthy diets, physical inactivity, and tobacco use (Mitchell-Fearon and others, 2015; World Bank, 2012). Factors like crime, violence, homicides and suicides also contribute to high adult mortality in Caribbean SIDS.⁶² Despite global progress in addressing the HIV/AIDS crisis, high prevalence rates and limited access to treatment can still increase adult mortality rates, as is true in parts of Jamaica.⁶³

In sum, the decline in child mortality rates in Jamaica has been offset by stagnant mortality rates among adults and older individuals over the decades. In the mid-2010s, Jamaica's relatively high performance in the region began to falter as life expectancy fell below the regional average (figure 4.6.b), signaling that progress was stalling in this key indicator of a country's well-being.⁶⁴

Figure 4.6
Total fertility rate and life expectancy at birth in Jamaica, estimates 1950–2021, and medium scenario, 2022–2050



Source: United Nations (2022a).

The demographic dividend in the context of an ageing society

Between 1950 and 1970, Jamaica experienced a notable increase in the proportion of children below the age of 15 in the total population, from 36 to 45 per cent. Since 1970, the proportion of children has declined steadily, falling under 20 per cent in 2023, and is projected to reach only 13 per cent by 2050. Conversely, the share of the working-age population (15–64 years) has been on the rise since 1970 and is projected to peak by 2025.

Jamaica's rapid fertility decline has led to reduced child-dependency ratios, meaning the ratio of children under age 15 to the working-age population. This demographic shift holds promise for economic development, particularly with a relatively small but timebound dependent population at older ages. However, because the working-age population is projected to start growing slower than children and older persons combined by 2025, the demographic

⁶² According to the World Bank World Development Index database, Jamaica is one of the ten highest homicide/suicide mortality among all developing countries since 1990. <https://data.who.int/countries/388>.

⁶³ The prevalence of HIV in Jamaica falls in the high ranger among Caribbean SIDS, ranking behind Haiti, Republic of Dominica and Cuba (World Development Indicators database). <https://databank.worldbank.org/source/world-development-indicators>.

⁶⁴ During the COVID-19 pandemic period of 2020–2021, Jamaica's life expectancy at birth declined by 1.3 years. Two-thirds of the decrease was attributable to mortality in old age mortality.

window of opportunity for accelerated economic growth (the demographic dividend) might be closing soon. Jamaica has struggled to realize this potential due to its vulnerability to external economic and climate-related shocks, an economy concentrated in low-productivity services, and significant outmigration of highly trained and skilled people (World Bank, n.d.).

Due to a sharp decline in fertility rates, the share of the working-age population will keep growing for several decades even as the overall population will continue to age. The proportion of individuals aged 65 years or older has risen from almost 6 per cent in 2000, to 7.8 per cent in 2023. Projections indicate that by 2050, one-fifth of the total population of Jamaica will be 65 years or older.

Given the slow progress in reducing adult and older-age mortality and the impending ageing of the population, Jamaica needs to strengthen its health-care systems, implementing effective disease prevention and management strategies, especially in the areas of NCDs, mitigating socio-economic disparities, and focusing on the needs of the growing older population. Addressing the long-standing shortage of health workers (Thomas-Hope, 2018; Lofters, 2012) is crucial, especially in order to cater to the complex and diverse health-care needs of older individuals. The impact of an ageing population on the economy raises concerns about the sustainability of social security systems, pensions and retirement plans, given the relatively low coverage of social protection systems (Quashie and Jones, 2023).

Outmigration and sustainable development

Jamaica's slow population growth is influenced by its long history of outmigration. In 2000, about 860,000 Jamaican migrants were living abroad, a number that reached 1.1 million by 2020. The Jamaican diaspora represented approximately 33 per cent and 40 per cent of its total population in 2000 and 2020, respectively, ranking Jamaica among the top 15 countries worldwide with the largest diaspora relative to population size.

The Jamaican diaspora has spread globally, with the largest share residing in the United States of America (71 per cent), Canada (13 per cent) and the United Kingdom (12 per cent) in 2020. The number of migrants from Jamaica in other Caribbean countries and in Latin America was limited.

Even though emigrants often maintain strong ties with their homeland, their departure reduces the size of the domestic population. Immigration, including return migration and the arrival of foreign citizens has not been substantial enough to offset outmigration in Jamaica (Thomas-Hope, 2018). Between 1990 and 2022, net international migration reduced Jamaica's total population by 670,000 people, equivalent to nearly 30 per cent of the population in 1990. In comparison, fertility and mortality have had minimal effects on population change over the same period. Migration is projected to remain significant between 2022 and 2050, reducing the population by 360,000 people, or 13 per cent of the population in 2022.

Large scale outmigration, especially of skilled workers impacts the size of the labour force and may affect economic productivity. The emigration of highly educated professionals, or "brain drain", can have lasting effects on national development. Jamaica experiences one of the highest emigration rates of educated nationals, posing challenges for the country's development prospects (Thomas-Hope, 2018; Docquier and Marfouk, 2005).

At the same time, Jamaica's diaspora has played a vital role in the country's economy by sending home remittances, expanding foreign direct investment, promoting international trade and through numerous national and regional diaspora initiatives. In 2022, remittances accounted for over 20 per cent of Jamaica's GDP (World Bank, n.d.⁶⁵).

⁶⁵ Accessed on 11 July 2023.

In sum, Jamaica is experiencing significant demographic changes, including declining population growth, low fertility rates and an ageing society. Outmigration patterns reinforce these changes, reshaping the country's population structure. Addressing the challenges and leveraging the opportunities of these demographic changes will require comprehensive development policies that incorporate future demographic scenarios, aligned with the development priorities of SIDS outlined in the SAMOA Pathway. Furthermore, it is crucial to situate this strategy within the broader context of significant SIDS-related processes in 2024, such as the Summit of Future and the Fourth International Conference on SIDS.

Chapter V

Demographic change and its implications for policy priorities in LDCs, LLDCs and SIDS

LDCs, LLDCs and SIDS stand at the intersection of numerous opportunities and challenges for a sustainable and prosperous future. Progress toward the SDGs shows a mixed picture of both achievement and shortfalls and, in some cases, recent setbacks owing to the multifaceted impact of the COVID-19 pandemic, conflicts, disasters and displacement, among others.

Demographic changes are tightly linked to the development prospects of these countries and the prosperity of their people. LDCs, predominantly in sub-Saharan Africa, exhibit high fertility rates, leading to rapid population growth. The youthfulness of their populations poses challenges in providing quality education, health care and employment opportunities. LLDCs, half of which are LDCs, also struggle with high population growth as well as a unique set of geographic and economic constraints. SIDS face diverse challenges despite enjoying higher levels of economic development, including limited human capital, ageing populations, and a high burden of non-communicable diseases. Limited or inadequate health-care services and disparities in access to health care impede progress. International migration adds further complexity to the demographic landscape of the three groups.

Within these challenges lies the potential for transformative change and opportunities for development. National sustainable development plans and policies should integrate current demographic insights and anticipate the nature and consequences of major population shifts. Some key features and policy implications of the demographically fragmented and complex realities of the three groups of countries in special situations are outlined below.

Least Developed Countries and Landlocked Developing Countries

- **The population of the current groups of LDCs and LLDCs could double in size in the next four decades, due to persistent high fertility.** Increased access to high-quality reproductive health care and safe and effective methods of family planning could encourage a fertility decline and help to accelerate countries' economic and social development. Family planning services, including affordable and reliable contraceptive methods, should be readily available and reach rural and marginalized communities.
- **Gender equality and the empowerment of women are central to reducing high fertility rates and advancing the overall development agenda.** Women should have the ability to make informed decisions about their reproductive health, and they should have access to education, health care, and economic opportunities. Education on the benefits of smaller family sizes for overall family well-being can help change societal values around childbearing.
- **Adolescent fertility remains high, especially in African countries.** Improving girls' and women's education can promote a decline in child marriage and early pregnancies, as well as a decline in maternal mortality. Comprehensive sexuality education can ensure that individuals, especially young women and men, are aware of reproductive health, family planning and the consequences of early marriage, early childbearing and frequent pregnancies.
- **As many adolescent girls are at risk of adolescent pregnancy and school dropout, the right to education of pregnant or parenting girls and adolescents should be protected.** School-retention programmes and other support measures can reduce lifetime fertility intentions among young women and improve their health and well-being.

- **The projected growth in the number of school-age children and youth, particularly in African LDCs, needs to be factored into future investments in education, health care and other basic services for child development.** Assessments should consider how uncertainty in projections can impact future numbers of school-age children. Increased access to quality education is not only essential to reduce mortality and fertility levels, but also to sustain economic growth, reduce poverty levels, and improve awareness of pressing environmental issues. With the rapidly increasing population of school-age children, simply increasing the number of programme beneficiaries may not be sufficient to increase the proportion covered, causing a risk of leaving certain groups of the population behind and exacerbating existing inequalities. It is thus crucial to adopt strategies that prioritize inclusive development, ensuring that the benefits of progress are accessible to all segments of the population.
- **Child mortality and maternal mortality are still alarmingly high.** Improvements along the continuum of care for women, newborns and children are needed to prevent unplanned, high-risk pregnancies and reduce maternal and early-age mortality. In addition to prioritizing improving access to skilled birth attendants and sexual and reproductive health services (SRHS), efforts to end child marriages and reduce adolescent pregnancies are essential. Community-based awareness campaigns, engaging local leaders and influencers, and integrated programmes focusing on care for women, newborns and children, among others, can bring about positive changes in attitudes and behaviours related to maternal and child health.
- **As most LDCs and LLDCs have youthful populations, policies should prioritize education and skills development of youth to reap the benefits of a demographic dividend.** A well-educated and well-trained workforce reinforces the positive impacts of the demographic window of opportunity. LDCs are facing challenges in realizing the dividend in the context of weak economies and inadequate health, education and social protection systems. Policies that promote economic growth integrating environmental protection and climate resilience while bolstering entrepreneurship and small businesses, can play a pivotal role in generating employment opportunities, particularly in high-growth sectors such as technology, renewable energy, and health care.
- **The number of people aged 65 or over in LDCs is projected to double in less than two decades.** A faster decline in fertility rates would accelerate an increase in the proportion of the older population. LDCs should proactively develop robust social security systems and introduce reforms to existing social security frameworks, taking into account increasing longevity and population ageing. Even countries with youthful populations today should embrace forward-looking policies to promote healthy ageing and develop systems to provide long-term care. These measures are crucial for ensuring the well-being of older people in a sustainable manner.
- **Accurate and reliable data collection and compilation, along with robust monitoring systems, form the bedrock of informed policymaking.** Many LDCs and LLDCs face significant challenges in collecting population data and producing demographic indicators, particularly those disaggregated by different dimensions or characteristics. Civil registration and vital statistics systems often suffer from high levels of incompleteness, implementation of population and housing censuses remains challenging and comprehensive survey datasets are often lacking. These data gaps create a substantial hurdle, limiting the ability of governments to make informed decisions and respond effectively to the needs of their populations. It is imperative to invest in robust data infrastructure and bolster data capabilities in LDCs and LLDCs. Governments, international organizations and NGOs should continue collaborating to strengthen statistical systems, ensuring the availability of comprehensive, accurate and integrated demographic data for evidence-based policymaking.

Small Island Developing States

- **The population growth rate of the SIDS is falling, reaching 0.5 per cent per year on average through 2050.** In 19 of the 57 SIDS, the total population is projected to start declining or continue to decline before 2050. However, a sustained and sharper decline in fertility below the replacement level would set SIDS, particularly in the Caribbean and the AIS regions, on a faster path towards population ageing and decline than is currently anticipated. Policies affecting childbearing should understand the causes and consequences of the reproductive aspirations of the population and ensure that childbearing desires of individuals and couples are realized. In SIDS where extreme low fertility is considered a potentially challenging outcome, experiences of childbearing policies implemented in other low-fertility countries can inform the formulation of effective strategies and programmes.
- **Ageing populations necessitate robust social safety nets and other policies to ensure the well-being of older people.** Comprehensive social welfare programmes, including affordable health care for older persons, pension schemes, and eldercare services, ensure dignity in old age. Community-based initiatives can bridge gaps in services, particularly in remote islands where centralized support is limited. The varying health profiles across SIDS require targeted health-care strategies to provide specialized care for ageing populations, especially in the Caribbean and AIS regions.
- **Continuing investments in the prevention, early detection and treatment of NCDs are crucial to prevent premature deaths.** Addressing and preventing NCDs requires increased access to quality services and medicines throughout the life course while reducing exposure to risk factors. Strengthening primary health-care services, especially in remote islands, is needed to guarantee universal health coverage.
- **SIDS are highly vulnerable to climate change and natural disasters.** Many SIDS populations live in low-lying areas vulnerable to sea-level rises and storms. SIDS must prioritize environmental conservation, renewable energy adoption and climate resilience and enhance disaster preparedness, early warning systems and infrastructure resilience. Promoting sustainable practices such as afforestation and coastal preservation will help mitigate environmental risks, safeguard livelihoods and ensure that sustainable tourism and eco-friendly industries can generate income while preserving precious natural resources.
- **International migration can be harnessed for the benefit of individuals, families and societies.** Policies that encourage diaspora engagement, skills transfer and the productive investment of remittances can mitigate some of the challenges associated with large-scale outmigration. Promoting the retention of skills, circular migration and the return of migrants with needed skills can enhance local productive capacities and contribute to a more sustainable future.
- **SIDS encounter a unique set of challenges arising from their small populations, limited resources and heightened susceptibility to the impacts of climate change.** These distinctive factors must be carefully considered when developing data infrastructure and capacity. Moreover, it is imperative to collect climate-related data to comprehensively address the specific challenges faced by SIDS.

The demographic challenges faced by these three groups of countries in special situations require holistic and targeted policy interventions that address specific challenges while fostering inclusiveness and sustainability. By focusing on education, health care, gender equality, family planning and economic development, while protecting the environment, these countries can overcome obstacles and achieve many of the SDGs. The organization of conferences on LDCs, LLDCs and SIDS and the Summit of the Future in 2023 and 2024 underscores that collaborative efforts between governments, international organizations, civil society and local communities are vital to implementing effective population and development policies and programmes. Through concerted strategic efforts, vulnerable countries can pave the way towards sustainable development, ensuring a better future for their people and contributing to global progress.



Young children of Ethiopia. Natalia Cieslik/World Bank.

References

- Acharya T., and others (2023). "Senior Citizens in Nepal: Policy Gaps and Recommendations." *Gerontology & Geriatric Medicine*, vol. 9, pp. 1–10.
- Belohlav, K. (2016). Investing in Women and Girls for a Gender Dividend. *The Population Reference Bureau*. June 2016.
- Bourne, P.A., and others (2022). An Assessment of Infant Mortality Rates in Jamaica, 2002-2021. *International Journal of Interdisciplinary Invention & Innovation in Research*, vol. 1, No. 1, pp. 21–39.
- Campbell, J., and O. Warrick (2014). *Climate Change and Migration Issues in the Pacific*. Suva, Fiji: United Nations Economic and Social Commission for Asia and the Pacific.
- Chalise, H.N. (2006). Demographic situation of population ageing in Nepal. *Kathmandu University Medical Journal*, vol. 4, pp. 354–62.
- Cilliers, J. (2021). Getting to Africa's Demographic Dividend. In *The Future of Africa: Challenges and Opportunities*, Jakkie Cilliers, ed. Cham: Palgrave Macmillan.
- Committee for Development Policy (CDP) (2023). Report on the twenty-fifth session (20–24 February 2023), Economic and Social Council, Official Records, 2023, Supplement No. 13. E/2023/33.
- CDP and UN DESA (2021). *Handbook on the Least Developed Country Category: Inclusion, Graduation and Special Support Measures, Fourth Edition*.
- Committee on the Elimination of Discrimination against Women (CEDAW) (2023). Fifth periodic report submitted by the Niger under article 18 of the Convention, due in 2022. CEDAW/C/NER/5.
- Committee on the Rights of the Child (CRC) (2008). Consideration of reports submitted by States parties under article 44 of the Convention, Second periodic report of States parties due in 1997: Niger. CRC/C/NER/2.
- _____ (2018). Concluding observations on the combined third to fifth periodic reports of the Niger. CRC/C/NER/CO/3-5.
- Crawford, C. (2022). Niger's Approach to Child Marriage: A Violation of Children's Right to Health? *Health and Human Rights*, vol. 24, No. 2, pp. 101–109.
- de la Croix, D., and others (2013). Brain Drain and Economic Performance in Small Island Developing States. IRES Discussion Paper 2013-31.
- Docquier, F. and A. Marfouk, (2005). *International Migration by Educational Attainment (1990–2000)*. Release 1.1. Washington D.C.: World Bank.
- Fall, C.H.D., and others (2015). Association between maternal age at childbirth and child and adult outcomes in the offspring: A prospective study in five low-income and middle-income countries (COHORTS collaboration). *The Lancet Global Health*, vol. 3, No. 7, e366 – e377.
- GBD 2019 Child and Adolescent Communicable Disease Collaborators (2023). The unfinished agenda of communicable diseases among children and adolescents before the COVID-19 pandemic, 1990–2019: A systematic analysis of the Global Burden of Disease Study 2019. *The Lancet*, vol. 402, Issue 10398, pp. 313–335.
- GBD 2019 Under-5 Mortality Collaborators (2021). Global, regional, and national progress towards Sustainable Development Goal 3.2 for neonatal and child health: All-cause and cause-specific mortality findings from the Global Burden of Disease Study 2019. *The Lancet*, vol. 398, Issue 10303, pp. 870–905.
- Government of Nepal (2020a). The Fifteenth Plan (Fiscal Year 2019/20 – 2023/24): Government of Nepal National Planning Commission. Kathmandu: Government of Nepal.

- _____ (2020b). The Effects of COVID-19 Pandemic on Foreign Employment and its Impact on the Economy of Nepal. Kathmandu: Government of Nepal.
- _____ (2022a). The 6th and 7th Report on the Implementation of Convention on the Rights of the Child. CRC/C/NPL/6-7.
- _____ (2022b). Nepal Labour Migration Report 2022. Kathmandu: Government of Nepal.
- Government of Nepal, Ministry of Health and Population (2015). National Family Planning Costed Implementation Plan 2015-2020. Kathmandu: Government of Nepal.
- Government of Nepal, Ministry of Health and Population; New ERA, and ICF (2023). Nepal Demographic and Health Survey 2022. Kathmandu: Government of Nepal.
- Government of Nepal, Ministry of Home Affairs (2019). Nepal Disaster Report 2019. Kathmandu: Government of Nepal.
- Government of Nepal, National Planning Commission (2017). Demographic Changes of Nepal: Trends and Policy Implications. Policy Brief. Kathmandu: Government of Nepal.
- Handa, S. (2000). The impact of education, income, and mortality on fertility in Jamaica. *World Development*, vol. 28, No. 1, pp. 173–186.
- Hilbig, M., and others (2022). “It makes the buzz” – putting the demographic dividend under scrutiny. *Geographica Helvetica*, vol. 77, No. 1, pp. 141–151.
- House, W.J. (2013). Population and Sustainable Development in Small Island Developing States: Challenges, Progress made and Outstanding Issues. Technical Paper No. 2013/4. New York: UN DESA, Population Division.
- International Labour Organization (ILO) (2017). *Migration of health workers from Nepal*. Kathmandu: International Labour Organization, ILO Country Office for Nepal.
- _____ (2022). *Present and future of work in the Least Developed Countries*. Geneva: International Labour Organization.
- _____ (ILO) (2023). *ILO-STAT explorer, ILO Modelled Estimates (ILOEST)*. Available at <https://ilostat.ilo.org/resources/concepts-and-definitions/ilo-modelled-estimates/>. Accessed on 15 January 2024.
- International Organization for Migration (IOM) (2019). *Migration in Nepal: A Country Profile 2019*. Kathmandu: International Organization for Migration.
- _____ (2023). Migration and skill development. Policy Brief. Kathmandu: International Organization for Migration.
- Karki, Y.B., and R. Krishna (2008). *Factors responsible for the rapid decline of fertility in Nepal—An interpretation: Further analysis of the 2006 Nepal Demographic and Health Survey*. Calverton, Maryland: Macro International Inc.
- Kelman, I. (2015). Difficult decisions: Migration from Small Island Developing States under climate change. *Earth's Future*, vol. 3, pp. 133–142.
- Keo, K. and Y. Jo (2022). *The State of Climate Ambition: Small Island Developing States (SIDS) Snapshot*. New York: UNDP.
- Khanal, M.N., and others (2013). *Impact of male migration on contraceptive use, unmet need and fertility in Nepal. Further analysis of the 2011 Nepal Demographic and Health Survey*. Calverton, Maryland: Nepal Ministry of Health and Population, New ERA; Calverton, Maryland: ICF International Inc.
- King, T. (2007). Family Planning and the World Bank in Jamaica. In *The Global Family Planning Revolution: Three Decades of Population Policies*, W.C. Robinson and J.A. Ross, eds. Washington, D.C.: World Bank.

- KNOMAD (n.d.). *Remittances Data*. Available at <https://www.knomad.org/data/remittances>. Accessed 15 January 2024.
- Lofters, A.K. (2012). The “Brain Drain” of Health Care Workers: Causes, Solutions and the Example of Jamaica. *Canadian Journal of Public Health*, vol. 103, No. 5, e376–e378.
- Maharaj, N.R. (2022). Adolescent pregnancy in sub-Saharan Africa – a cause for concern. *Frontiers in Reproductive Health*, vol. 4: 984303.
- Mitchell-Fearon, K., and others (2015). Non-Communicable Diseases in an Older, Aging Population: A Developing Country Perspective (Jamaica). *Journal of Health Care for the Poor and Underserved*, vol. 26, No. 2, pp. 475–487.
- National Family Planning Board (NFPB), Jamaica (n.d.). Our History. Available at <https://jnfpb.org/about-us/>.
- National Population Council, Uganda, and others (2020). *Harnessing the Demographic Dividend in Uganda: An Assessment of the Impact of Multisectoral Approaches*. Kampala: UNICEF Uganda Country Office.
- Neal, S., and others (2020). Trends in adolescent first births in sub-Saharan Africa: A tale of increasing inequity? *International Journal for Equity in Health*, vol. 19, Art. 151, pp. 1–11.
- Organisation for Economic Co-operation and Development (OECD) (2018). *Making Development Co-operation Work for Small Island Developing States*. Paris: OECD Publishing.
- Otoo-Oyortey, N., and S. Pobi (2003). Early marriage and poverty: Exploring links and key policy issues. *Gender and Development*, vol. 11, No. 2, pp. 42–51.
- Owili, P.O., and others (2016). Associations in the continuum of care for maternal, newborn and child health: A population-based study of 12 sub-Saharan Africa countries. *BMC Public Health*, vol. 16, Art. 414.
- Pan, J., and W. Theseira (2023). Immigration in Singapore. Background paper to the World Development Report 2023: Migrants, Refugees, and Societies. Washington D.C.: World Bank.
- Planning Institute of Jamaica (2009). Vision 2030 Jamaica. Available at <https://www.vision2030.gov.jm/>.
- Quashie, N., and F. Jones (2023). The ageing Caribbean: 20 years of the Madrid Plan of Action. ECLAC Subregional Headquarters for the Caribbean, Studies and Perspectives Series No. 111. Santiago: Economic Commission for Latin America and the Caribbean.
- Rentería, E., and others (2016). The effect of education on the demographic dividend. *Population and Development Review*, vol. 42, No. 4, pp. 651–671.
- Scandurra, G., and others (2018). On the vulnerability of Small Island Developing States: A dynamic analysis. *Ecological Indicators*, vol. 84, pp. 382–392.
- Scott, P.A. (1996). Is “two better than too many?”: An evaluation of a replacement level fertility campaign in Jamaica. *Social and Economic Studies*, vol. 45, No. 1, pp. 161–185.
- Sijapati, B.J., and others (2017). *Migration of Health Workers from Nepal*. Kathmandu: International Labour Organization, ILO Country Office for Nepal.
- Tateno, Y., and A. Bolesta (2020). Addressing the impact of the pandemic on tourism in Asia-Pacific small island developing States. MPDD Policy Briefs PB111. United Nations Economic and Social Commission for Asia and the Pacific.
- Thapa S. (1989). A decade of Nepal’s family planning program: achievements and prospects. *Studies in Family Planning*, vol. 20, No. 1, pp. 38–52.
- _____ (1996). A quiet revolution in Nepal. *JNMA Journal of the Nepal Medical Association*, vol. 34, No. 118-119, pp. 196–198.

- Thapa S. and K.R. Pandey (1994). Family planning in Nepal: An update. *JNMA Journal of the Nepal Medical Association*, vol. 32, No. 111, pp. 131–143.
- Thomas, A., and others (2020). Climate Change and Small Island Developing States. *Annual Review of Environment and Resources*, vol. 45, No. 1, pp. 1–27.
- Thomas-Hope, E. (2018). *Migration in Jamaica. A country profile 2018*. Kingston, Jamaica: International Organization for Migration.
- _____ (2002). Skilled Labour Migration from Developing Countries. Study on the Caribbean Region, International Migration Papers 50. Kingston, Jamaica: International Organization for Migration.
- Tuladhar, J.M. (1987). Effect of Family Planning Availability and Accessibility on Contraceptive Use in Nepal. *Studies in Family Planning*, vol. 18, No. 1, pp. 49–53.
- _____ (2007). Emergence and Development of Nepal's Family Planning Program. In *The Global Family Planning Revolution: Three Decades of Population Policies*, W.C. Robinson and J.A. Ross, eds. Washington D.C.: The World Bank.
- United Nations (2023a). *The Sustainable Development Goals Report 2023: Special edition Towards a Rescue Plan for People and Planet*. New York: United Nations.
- _____ (2023b). Progress towards the Sustainable Development Goals: Towards a Rescue Plan for People and Planet. Report of the Secretary-General (Special Edition). A/78/80-E/2023/64.
- _____ (2023c). Final Report of the High-Level Panel on the Development of a Multidimensional Vulnerability Index. Advance Unedited Version, September 2023.
- _____ (2023d). Global SDG Indicators Database. Available at: <https://unstats.un.org/sdgs/dataportal>. Accessed 15 January 2024.
- _____ (2023e). World Social Report 2023: Leaving No One Behind in An Ageing World. ST/ESA/379.
- _____ (2023f). Harnessing Demographic Dividends for SIDS. *Frontier Technology Issues*, July 2023.
- _____ (2024). *World Economic Situation and Prospects 2024*. New York: United Nations.
- United Nations Children's Fund (UNICEF) (2022). *Child Risk and Impact Analysis (CRIA) Niger*. Niamey: UNICEF Niger.
- _____ (2023a). Looking ahead: Child survival and the Sustainable Development Goals. Last update January 2023. Available at <https://data.unicef.org/topic/child-survival/child-survival-sdgs/>. Accessed 15 January 2024.
- _____ (2023b). Child Marriage Data. Last update May 2023. Available at <https://data.unicef.org/topic/child-protection/child-marriage/>. Accessed 15 January 2024.
- United Nations Conference on Environment and Development (UNCED) (1992). AGENDA 21. Rio de Janeiro, Brazil, 3 to 14 June 1992.
- United Nations Conference on Trade and Development (UNCTAD) (2022). Development and Globalization: Facts and Figures 2021, Small Island Developing States (SIDS). UNCTAD/GDS/2021/2.
- United Nations, Department of Economic and Social Affairs (UN DESA), Population Division (2000). *World Population Monitoring 1999. Population Growth, Structure and Distribution*. ST/ESA/SER.A/183.
- _____ (2017). The impact of population momentum on future population growth. Population Facts No. 2017/4. New York: United Nations, Department of Economic and Social Affairs, Population Division.
- _____ (2018). World Urbanization Prospects: The 2018 Revision, Database. Available at <https://population.un.org/wup/>. Accessed 15 January 2024.

- _____ (2019a). How certain are the United Nations global population projections? Population Facts, No. 2019/6. New York: United Nations, Department of Economic and Social Affairs, Population Division.
- _____ (2019b). Potential impact of later childbearing on future population. Population Facts No. 2019/5. New York: United Nations, Department of Economic and Social Affairs, Population Division.
- _____ (2020a). *International Migrant Stock 2020*. POP/DB/MIG/Stock/Rev.2020.
- _____ (2020b). *World Population Ageing 2019*. ST/ESA/SER.A/444.
- _____ (2021). *Global Population Growth and Sustainable Development*. UN DESA/POP/2021/TR/NO. 2.
- _____ (2022a). World Population Prospects 2022: Datasets. Available at: <https://population.un.org/wpp/>. Accessed 15 January 2024.
- _____ (2022b). World Contraceptive Use 2022 and Estimates and Projections of Family Planning Indicators 2022: Datasets. Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators>. Accessed 15 January 2024.
- _____ (2022c). *World Population Prospects 2022: Methodology of the United Nations Population Estimates and Projections*. UN DESA/POP/2022/TR/NO. 4.
- _____ (2022d). World Marriage Data 2019: Datasets. Available at <https://population.un.org/MarriageData/Index.html#/home>. Accessed 15 January 2024.
- _____ (2023). *World Population Ageing 2023: Challenges and opportunities of population ageing in the least developed countries*. UN DESA/POP/2023/TR/NO. 5.
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (2023a). SDG 4 – Country Profiles: Niger. UNESCO Institute for Statistics (UIS). Available at <https://tcg.uis.unesco.org/wp-content/uploads/sites/4/2021/12/Benchmarks-Country-Profile-Niger.pdf>. Accessed 15 January 2024.
- _____ (2023b). SDG 4 September 2023 Release. UNESCO Institute for Statistics (UIS). Available at <https://uis.unesco.org/en/topic/sustainable-development-goal-4>. Accessed 15 January 2024.
- _____ (2023c). *UIS Database*. Available at <https://uis.unesco.org/>.
- United Nations Development Programme (UNDP) (2021). *Rising up for the Small Island Developing States, Progress Report 2021*.
- United Nations Development Programme (UNDP), Nepal (2022). *Annual Report 2022*. Kathmandu: United Nations Development Programme (UNDP), Nepal.
- United Nations Economic Commission for Africa (UNECA) (2014). *Climate Change in the African Small Island Developing States: From Vulnerability to Resilience – The Paradox of the Small*. Addis Ababa: United Nations Economic Commission for Africa (UNECA).
- United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) (2017a). *Ageing in Asia and the Pacific: Overview*. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), Social Development Division.
- _____ (2017b). *Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing*. Working Paper. Bangkok: United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).
- _____ (2021). *Strengthening the Resilience of Least Developed Countries in the Wake of the Coronavirus Disease Pandemic. Asia-Pacific Countries with Special Needs Development Report*. 77th Commission Session. ST/ESCAP/2950.

United Nations Economic and Social Council (ECOSOC) (2023). Population, education and sustainable development: Report of the Secretary-General. E/CN.9/2023/2.

United Nations General Assembly (UNGA) (2015). Transforming our world: the 2030 Agenda for Sustainable Development. Resolution adopted by the General Assembly on 25 September 2015. A/RES/70/1.

_____ (2023). Follow-up to and implementation of the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the Mauritius Strategy for the Further Implementation of the Programme of Action for the Sustainable Development of Small Island Developing States. A/RES/77/245.

United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME) (2023). *Levels & Trends in Child Mortality: Report 2022. Estimates developed by the United Nations Inter-Agency Group for Child Mortality Estimation*. New York: United Nations Children's Fund.

United Nations, Office of the High Commissioner for Refugees (UNHCR) (n.d.). *Refugee Data Finder*. Available at <https://www.unhcr.org/refugee-statistics/download/?url=Zt3T2h>. Accessed 15 January 2024.

_____ (2023). Niger. Operational Update, July 2023.

United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UN-OHRLLS) (2021). *State of the Least Developed Countries 2021. Building back better in response to COVID-19. Follow-up on the Implementation of the Istanbul Programme of Action for the Least Developed Countries*. New York: United Nations.

_____ (2022). The Roadmap for Accelerated Implementation of the VPoA, Updated version, 11 July 2022. Available at https://www.un.org/ohrls/sites/www.un.org.ohrls/files/updated_roadmap-after_iacg-11_july_2022.pdf. Accessed 15 January 2024.

United Nations Population Fund (UNFPA) (2022). *Motherhood in Childhood: The Untold Story*. New York: UNFPA.

United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) (2018). *Ending Child Marriage in Nepal*. Kathmandu: UNFPA Nepal and UNICEF Nepal.

UN Women and United Nations, Department of Economic and Social Affairs (UN DESA) (2023). *Progress on the Sustainable Development Goals: The Gender Snapshot 2023*. New York: UN Women and UN DESA.

Warner, K. (2022). Human Mobility in the Context of SIDS and Climate Change: Pre-empting, Planning, and Contingency Arrangements for Adverse Climate Change Impacts. International Institute for Sustainable Development (IISD). Available at <https://sdg.iisd.org/commentary/guest-articles/human-mobility-in-the-context-of-sids-and-climate-change-pre-empting-planning-and-contingency-arrangements-for-adverse-climate-change-impacts/>. Accessed 15 January 2024.

Wodon, Q., and others (2020). How Large Is the Gender Dividend? Measuring Selected Impacts and Costs of Gender Inequality. The Cost of Gender Inequality Notes Series. Washington, DC: The World Bank.

World Bank (n.d.) The World Bank Databank: Remittances. Available at <https://data.worldbank.org/>. Accessed 15 January 2024.

_____ (2012). *Non-Communicable Diseases in Jamaica: Moving from Prescription to Prevention*. Washington, D.C.: World Bank.

_____ (2017). *Climbing Higher: Toward a Middle-Income Nepal*. Washington, D.C.: World Bank.

_____ (2019). *Economic Impacts of Gender Inequality in Niger*. Washington, D.C.: World Bank.

_____ (2022). *World Bank Group Country Climate and Development Report: Nepal*. Washington, D.C.: World Bank.

_____ (2023a). WDI database. Available at <https://datatopics.worldbank.org/world-development-indicators/>. Accessed 15 January 2024.

- _____ (2023b). The World Bank in Niger. Available at <https://www.worldbank.org/en/country/niger>. Accessed 15 January 2024.
- World Health Organization (WHO) (n.d.). Global health estimates: Life expectancy and leading causes of death and disability. Available at <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>. Accessed 15 January 2024.
- _____ (2015). *Strategies Toward Ending Preventable Maternal Mortality (EPMM)*. Geneva: World Health Organization.
- _____ (2023a). World Health Statistics 2023: Monitoring Health for the SDGs. Available at: <https://www.who.int/publications/i/item/9789240074323>.
- _____ (WHO) (2023b). *Noncommunicable diseases and mental health in small island developing states*. Geneva: World Health Organization.
- World Health Organization (WHO), and others (2023). *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*. Geneva: World Health Organization.
- World Health Organization (WHO) and UNICEF (2022). *Protect the promise: 2022 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF).
- Yakubu, I., and W.J. Salisu (2018). Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review. *Reproductive Health*, vol. 15, No. 15, pp. 1–11.



Maternal and Child Welfare Center (MCWC) Palash Community Clinic, in Narsingdi (outside Dhaka). Rama George-Alleyne/World Bank.

Annex I. Glossary of terms

Adolescent birth rate (ABR, adolescent fertility rate): The number of live births to adolescents aged 15–19 years per 1,000 female adolescents in the same age group.

Adult mortality rate: The probability that a 15-year-old person will die before reaching his or her sixtieth birthday. The probability of dying between the exact ages of 15 and 60 years (per 1,000 population) per year among a hypothetical cohort of individuals that would experience the age-specific mortality rate of a given year.

Child marriage: Any formal marriage or informal union in which at least one of the parties is a child under the age of 18.

Child mortality, under-5 mortality rate: The probability of dying between birth and exact age 5. It is expressed as deaths per 1,000 live births.

Demographic dividend, window: The opportunity for accelerated economic growth and social development that arises during a time interval defined in this report as one in which the growth rate of the population aged between 15 and 64 years is greater than that of the population in other age groups.

Crude birth/death rate: The number of births or deaths over a given period divided by the person-years lived by the population over that period. It is expressed as number of births or deaths per 1,000 population.

Demographic transition: The general process during which mortality declines first, followed later by fertility, causing the population growth rate first to accelerate and then to slow down, moving towards low fertility, long life and an older population. The demographic transition can refer to both the historical phenomenon and the theory and models generalizing such processes.

Gross enrolment ratio: The number of pupils (or students) enrolled in a given level of education regardless of age expressed as percentage of the population of the age group which officially corresponds to the given level of education.

Life expectancy at birth (LEAB), at age x: The average number of years that a newborn, or an individual reaching age x, could expect to live, if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year. It is expressed in years.

Maternal mortality ratio (MMR), maternal deaths: The number of maternal deaths during a given time period per 100,000 live births during the same time period. It quantifies the risk of maternal death relative to the number of live births. Maternal deaths are defined as female deaths for a specific time period from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy.

Median age: The age that divides the population into two parts of equal size, that is, such that there are as many persons with ages above the median as there are with ages below the median. It is expressed in years.

Medium scenario (population): The resulting projected population using the cohort-component method for projecting population (CCMPP), which incorporates the median trajectories of fertility and mortality inputs from the

probabilistic assumptions about the future course of net international migration. Unless otherwise stated, it refers to the population as of 1 July of the given year.

Net migration: The net number of migrants, or the number of immigrants minus the number of emigrants. It is expressed as thousands.

Net migration rate: The number of immigrants minus the number of emigrants over a period, divided by the person-years lived by the population of the receiving country over that period. It is expressed as the net number of migrants per 1,000 population.

Old-age dependency ratio (demographic): The number of older persons relative to the number of people of working age.

Population growth rate: The average exponential rate of growth of the population over a given period. It is expressed as a percentage.

Population ageing, older persons: The gradual increase in the proportion of older persons in a population. In this report, older persons are defined as those aged 65 years or over.

Population momentum: The phenomenon that occurs because a history of high fertility has resulted in a high proportion of women giving birth as they reach the reproductive ages, which ensure high crude birth rates long after the age-specific rates have dropped. It illustrates the impact of the distribution of the population by age on long-term population change. As the number of births in a given year depends on both the number of women of reproductive age and the fertility level, the distribution of the population by age is considered a separate factor contributing to population growth.

Prediction intervals (PIs), ranges (population): The statistical bounds of uncertainty that summarize the probability distribution of population quantities for each country or area, computed using Bayesian methods for probabilistic population projection. The prediction intervals convey uncertainty about the projections, and thus provide an assessment of the uncertainty inherent in the medium scenario. In this report, 95 per cent PIs are used.

Replacement fertility: The level of childbearing at which each generation exactly replaces the previous one in terms of size. For statistical purposes the replacement level of fertility is approximated by a total fertility rate of 2.1 live births per woman. However, at higher levels of mortality, more than 2.1 births per woman are needed to ensure that successive generations are as large as their predecessors.

Support ratio (demographic): The number of people in the working-age group per 100 people in the younger and older age groups. It is interpreted as the number of potential workers per 100 dependents.

Total fertility rate (TFR): The average number of live births a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. The TFR is not affected by differences or changes in population size and age-sex composition and is expressed as live births per woman.

Working-age population: For statistical purposes, the working-age population is defined in this report as ages 15 to 64.



Beneficiaries of the PRODEPUR-Habitat programme in Delmas 32, Haiti. Dominic Chavez/World Bank.

Annex II. Country codes

	<i>ISO3 Alpha- code</i>	<i>Country</i>		<i>ISO3 Alpha- code</i>	<i>Country</i>
1	AFG	Afghanistan	37	KIR	Kiribati
2	ASM	American Samoa	38	GRD	Grenada
3	AGO	Angola	39	GLP	Guadeloupe
4	ATG	Antigua and Barbuda	40	GUM	Guam
5	AZE	Azerbaijan	41	GIN	Guinea
6	BHS	Bahamas	42	GUY	Guyana
7	BGD	Bangladesh	43	HTI	Haiti
8	ARM	Armenia	44	JAM	Jamaica
9	BRB	Barbados	45	KAZ	Kazakhstan
10	BMU	Bermuda	46	KGZ	Kyrgyzstan
11	BTN	Bhutan	47	LAO	Lao People's Democratic Republic
12	BOL	Bolivia (Plurinational State of)	48	LSO	Lesotho
13	BWA	Botswana	49	LBR	Liberia
14	BLZ	Belize	50	MDG	Madagascar
15	SLB	Solomon Islands	51	MWI	Malawi
16	VGB	British Virgin Islands	52	MDV	Maldives
17	MMR	Myanmar	53	MLI	Mali
18	BDI	Burundi	54	MTQ	Martinique
19	KHM	Cambodia	55	MRT	Mauritania
20	CPV	Cabo Verde	56	MUS	Mauritius
21	CYM	Cayman Islands	57	MNG	Mongolia
22	CAF	Central African Republic	58	MDA	Republic of Moldova
23	TCD	Chad	59	MSR	Montserrat
24	COM	Comoros	60	MOZ	Mozambique
25	COD	Democratic Republic of the Congo	61	NRU	Nauru
26	COK	Cook Islands	62	NPL	Nepal
27	CUB	Cuba	63	CUW	Curaçao
28	BEN	Benin	64	ABW	Aruba
29	DMA	Dominica	65	SXM	Sint Maarten (Dutch part)
30	DOM	Dominican Republic	66	NCL	New Caledonia
31	ETH	Ethiopia	67	VUT	Vanuatu
32	ERI	Eritrea	68	NER	Niger
33	FJI	Fiji	69	NIU	Niue
34	PYF	French Polynesia	70	MNP	Northern Mariana Islands
35	DJI	Djibouti	71	FSM	Micronesia (Fed. States of)
36	GMB	Gambia	72	MHL	Marshall Islands

ISO3 Alpha-code			Country			ISO3 Alpha-code			Country		
73	PLW	Palau	92	SDN	Sudan						
74	PNG	Papua New Guinea	93	SUR	Suriname						
75	PRY	Paraguay	94	SWZ	Eswatini						
76	GNB	Guinea-Bissau	95	TJK	Tajikistan						
77	TLS	Timor-Leste	96	TGO	Togo						
78	PRI	Puerto Rico	97	TON	Tonga						
79	RWA	Rwanda	98	TTO	Trinidad and Tobago						
80	KNA	Saint Kitts and Nevis	99	TKM	Turkmenistan						
81	AIA	Anguilla	100	TCA	Turks and Caicos Islands						
82	LCA	Saint Lucia	101	TUV	Tuvalu						
83	VCT	Saint Vincent and the Grenadines	102	UGA	Uganda						
84	STP	Sao Tome and Principe	103	MKD	North Macedonia						
85	SEN	Senegal	104	TZA	United Republic of Tanzania						
86	SYC	Seychelles	105	VIR	United States Virgin Islands						
87	SLE	Sierra Leone	106	BFA	Burkina Faso						
88	SGP	Singapore	107	UZB	Uzbekistan						
89	SOM	Somalia	108	WSM	Samoa						
90	ZWE	Zimbabwe	109	YEM	Yemen						
91	SSD	South Sudan	110	ZMB	Zambia						

Source: United Nations, Department of Economic and Social Affairs, Statistics Division (n.d.). Standard Country or Area Codes for Statistical Use. Available at: <https://unstats.un.org/unsd/methodology/m49/>.

Note: ISO3 Alpha-code refers to the three-digit alphabetical codes assigned by the International Organization for Standardization (ISO).

Annex III. Key demographic indicators by regional groups, 2023 and 2050

Country group	Total population (millions)		Total fertility (live births per woman)		Adolescent birth rate (live births per 1,000 women aged 15-19)	
	2023	2050	2023	2050	2023	2050
World	8,045.3	9,709.5	2.3	2.1	41.3	30.6
Less-developed regions	6,769.2	8,443.2	2.4	2.2	45.1	33.1
Less-developed countries excluding LDCs	5,618.8	6,515.6	2.1	2.0	32.1	22.0
Least developed countries (LDCs) (45)	1,150.3	1,927.6	3.9	2.8	91.1	58.2
LDCs, Africa (33)	776.7	1,448.6	4.7	3.1	103.2	63.4
LDCs, Asia (8)	361.1	462.43	2.4	2.0	63.0	36.7
LDCs, Caribbean (1)	11.7	15.1	2.7	2.1	51.2	36.6
LDCs, Pacific (3)	0.885	1.427	3.8	2.8	55.6	42.6
Landlocked developing countries (LLDCs) (32)	576.8	953.7	3.8	2.7	82.2	50.9
LLDCs, Africa (16)	375.7	679.4	4.4	2.9	95.5	56.5
LLDCs, Asia (12)	176.4	244.2	2.9	2.2	50.0	32.3
LLDCs, Europe (2)	5.5	4.9	1.7	1.7	24.0	8.1
LLDCs, South America (2)	19.3	25.2	2.5	2.0	64.8	50.4
Small island developing States (SIDS) (57)	73.5	85.4	2.3	2.0	47.7	29.2
SIDS, AIS (29) (b)	11.8	14.0	2.1	2.0	42.0	29.3
SIDS, Caribbean (20)	46.5	49.9	2.0	1.9	48.8	26.4
SIDS, Pacific (8)	15.3	21.5	3.0	2.3	48.2	34.2

(a) Population aged 15–64 / (population aged 0–14 + population aged 65+) *100.

(b) Atlantic, Indian Ocean and South China Sea.

Note: The number of countries in a given group or region are shown in parentheses. Numbers and percentages do not necessarily add up to totals because of rounding.

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Datasets.

Annex III: Key demographic indicators by regional groups, 2023 and 2050

<i>Life expectancy at birth (years)</i>		<i>Child mortality (deaths under age 5 per 1,000 live births)</i>		<i>Potential support ratio (per 100 population) (a)</i>		<i>Crude net migration rate (per 1,000 population)</i>		<i>Country group</i>
2023	2050	2023	2050	2023	2050	2023	2050	
73.4	77.2	36.2	24.1	185	169	0.00	0.00	World
71.9	76.2	39.3	26.1	187	174	-0.34	-0.28	Less-developed regions
73.2	77.5	33.1	21.0	200	175	-0.23	-0.23	Less-developed countries excluding LDCs
65.6	70.6	55.1	35.9	137	170	-0.87	-0.44	Least developed countries (LDCs) (45)
63.4	68.5	60.5	39.5	119	162	-0.54	-0.20	LDCs, Africa (33)
70.3	76.1	36.0	16.7	188	200	-1.51	-1.15	LDCs, Asia (8)
64.8	69.9	53.2	30.0	175	209	-2.71	-1.06	LDCs, Caribbean (1)
70.3	73.6	22.0	13.1	138	167	-2.30	-1.43	LDCs, Pacific (3)
65.5	70.3	49.2	31.3	136	175	-1.07	-0.37	Landlocked developing countries (LLDCs) (32)
63.2	68.5	56.7	36.0	122	169	-0.74	-0.21	LLDCs, Africa (16)
69.5	74.3	29.4	15.4	163	191	-1.12	-0.79	LLDCs, Asia (12)
71.6	78.0	12.2	4.7	218	174	-22.59	-0.49	LLDCs, Europe (2)
70.6	75.0	27.8	12.6	184	204	-0.81	-0.62	LLDCs, South America (2)
72.9	76.8	34.1	19.9	192	176	-0.09	-0.06	Small island developing States (SIDS) (57)
76.0	79.6	39.3	26.0	211	154	0.11	0.16	SIDS, AIS (29) (b)
73.3	77.5	31.7	17.7	196	175	-0.14	-0.13	SIDS, Caribbean (20)
68.1	71.8	36.3	20.7	167	195	-0.10	-0.06	SIDS, Pacific (8)

Annex IV. Key demographic indicators by country, 2023 and 2050

Country or area	Group	Total population (thousands)		Total fertility (live births per woman)		Life expectancy at birth (years)		Potential support ratio (a) (per 100 population)	
		2023	2050	2023	2050	2023	2050	2023	2050
Afghanistan	LDC/LLDC	42,240	74,075	4.4	2.6	64.2	70.3	121.0	181.8
American Samoa	SIDS	44	34	2.2	1.9	72.9	76.5	187.8	171.9
Angola	LDC	36,684	72,328	5.1	3.2	63.2	67.6	110.8	154.6
Anguilla	SIDS	16	15	1.3	1.4	77.6	82.5	256.5	141.2
Antigua and Barbuda	SIDS	94	99	1.6	1.6	79.4	83.9	241.3	158.1
Armenia	LLDC	2,778	2,573	1.6	1.6	76.2	80.6	193.3	174.2
Aruba	SIDS	106	94	1.2	1.4	76.9	81.2	207.1	144.7
Azerbaijan	LLDC	10,413	10,867	1.7	1.6	73.6	77.1	227.5	193.9
Bahamas	SIDS	413	451	1.4	1.5	74.5	78.3	260.1	185.7
Bangladesh	LDC	172,954	203,905	1.9	1.8	74.0	80.2	214.5	200.3
Barbados	SIDS	282	268	1.6	1.6	77.9	82.0	199.1	147.0
Belize	SIDS	411	539	2.0	1.8	74.6	79.2	207.6	216.1
Benin	LDC	13,713	25,264	4.8	3.3	60.4	65.5	120.6	155.6
Bermuda	SIDS	64	56	1.4	1.5	81.7	85.4	181.1	106.0
Bhutan	LLDC	787	874	1.4	1.5	72.5	78.1	258.3	232.2
Bolivia (Plurinational State of)	LLDC	12,389	16,610	2.5	2.1	68.8	73.6	182.8	209.2
Botswana	LLDC	2,675	3,679	2.7	2.1	66.1	69.5	177.9	206.8
British Virgin Islands	SIDS	32	35	1.0	1.3	76.5	80.9	313.9	168.7
Burkina Faso	LDC/LLDC	23,251	40,542	4.6	2.8	60.6	65.5	118.1	172.3
Burundi	LDC/LLDC	13,239	24,209	4.9	2.9	62.5	67.3	109.9	164.5
Cabo Verde	SIDS	599	727	1.9	1.7	76.9	82.1	217.7	203.4
Cambodia	LDC	16,945	20,258	2.3	1.9	71.5	75.7	188.4	195.1

Population Prospects of Countries in Special Situations

Country or area	Group	Total population (thousands)		Total fertility (live births per woman)		Life expectancy at birth (years)		Potential support ratio (a) (per 100 population)	
		2023	2050	2023	2050	2023	2050	2023	2050
Cayman Islands	SIDS	69	78	1.2	1.4	75.7	80.1	296.1	161.2
Central African Republic	LDC/LLDC	5,742	11,533	5.8	3.2	55.5	61.0	98.6	154.3
Chad	LDC/LLDC	18,279	36,452	6.1	3.8	53.7	58.3	102.6	141.8
Comoros	LDC/SIDS	852	1,246	3.8	2.7	65.0	70.1	137.8	178.6
Cook Islands	SIDS	17	18	2.2	1.9	75.3	80.1	180.2	159.9
Cuba	SIDS	11,194	10,028	1.5	1.6	78.3	82.9	215.7	138.0
Curaçao	SIDS	192	204	1.6	1.6	76.8	81.1	209.5	187.2
Democratic Republic of the Congo	LDC	102,263	217,494	6.1	3.7	60.6	65.4	102.4	139.3
Djibouti	LDC	1,136	1,503	2.7	2.1	63.7	69.3	188.7	206.6
Dominica	SIDS	73	74	1.6	1.6	74.2	78.5	242.4	195.0
Dominican Republic	SIDS	11,333	13,181	2.2	1.8	74.4	79.3	189.8	184.4
Eritrea	LDC	3,749	5,964	3.7	2.5	67.3	74.2	134.3	182.5
Eswatini	LLDC	1,211	1,655	2.8	2.1	57.7	66.4	160.6	212.6
Ethiopia	LDC/LLDC	126,527	214,812	4.0	2.6	66.6	72.7	135.5	185.5
Fiji	SIDS	936	1,094	2.4	2.0	68.4	71.8	190.8	207.1
French Polynesia	SIDS	309	347	1.7	1.6	83.7	87.1	218.7	151.3
Gambia	LDC	2,773	4,674	4.5	2.6	64.1	69.2	122.1	181.2
Grenada	SIDS	126	136	2.0	1.8	75.5	79.8	192.8	184.9
Guadeloupe	SIDS	396	389	2.0	1.8	83.3	86.8	160.1	126.9
Guam	SIDS	173	196	2.5	2.1	78.5	83.3	162.7	154.5
Guinea	LDC	14,191	23,712	4.2	2.7	59.5	65.1	124.6	183.3
Guinea-Bissau	LDC/SIDS	2,151	3,445	3.8	2.6	60.6	66.3	135.4	185.9
Guyana	SIDS	814	879	2.3	2.0	69.8	73.6	186.3	200.3
Haiti	LDC/SIDS	11,725	15,088	2.7	2.1	64.8	69.9	174.7	209.0

Population Prospects of Countries in Special Situations

Country or area	Group	Total population (thousands)		Total fertility (live births per woman)		Life expectancy at birth (years)		Potential support ratio (a) (per 100 population)	
		2023	2050	2023	2050	2023	2050	2023	2050
Jamaica	SIDS	2,826	2,494	1.3	1.5	72.4	76.2	267.9	202.2
Kazakhstan	LLDC	19,607	25,610	3.0	2.4	70.4	75.4	164.4	166.8
Kiribati	LDC/SIDS	134	189	3.2	2.5	67.8	71.8	151.2	183.1
Kyrgyzstan	LLDC	6,735	9,427	2.9	2.3	71.2	75.8	156.1	183.7
Lao People's Democratic Republic	LDC/LLDC	7,634	9,776	2.4	1.9	69.3	74.7	187.0	216.8
Lesotho	LDC/LLDC	2,330	2,898	2.9	2.2	54.9	59.5	162.8	203.9
Liberia	LDC	5,418	8,891	4.0	2.7	62.0	67.1	130.9	177.8
Madagascar	LDC	30,326	51,593	3.7	2.7	66.4	72.3	137.3	175.7
Malawi	LDC/LLDC	20,932	37,159	3.8	2.6	63.7	70.1	124.3	178.6
Maldives	SIDS	521	570	1.7	1.6	81.1	86.0	273.4	168.5
Mali	LDC/LLDC	23,294	47,440	5.8	3.4	60.0	65.5	102.8	145.0
Marshall Islands	SIDS	42	51	2.6	2.0	65.3	68.6	172.4	193.8
Martinique	SIDS	367	330	1.9	1.8	83.4	86.8	156.0	113.7
Mauritania	LDC	4,863	8,915	4.3	2.9	65.5	71.4	125.4	173.0
Mauritius	SIDS	1,301	1,226	1.4	1.5	75.7	79.7	241.1	168.0
Micronesia (Fed. States of)	SIDS	115	135	2.6	2.0	71.3	76.0	175.3	204.2
Mongolia	LLDC	3,447	4,519	2.7	2.0	72.9	79.1	169.5	177.4
Montserrat	SIDS	4	4	1.6	1.6	76.0	80.0	227.5	152.6
Mozambique	LDC	33,897	63,044	4.5	2.8	62.4	68.3	118.0	170.1
Myanmar	LDC	54,578	59,929	2.1	1.8	67.5	72.0	218.2	203.8
Nauru	SIDS	13	15	3.4	2.6	64.2	68.2	141.5	161.2
Nepal	LDC/LLDC	30,897	37,401	2.0	1.8	70.8	76.9	188.1	228.1
New Caledonia	SIDS	293	353	2.0	1.8	81.2	85.1	200.0	155.8
Niger	LDC/LLDC	27,203	67,043	6.7	4.2	62.9	69.5	95.5	124.5
Niue	SIDS	2	2	2.4	2.0	71.3	74.9	143.9	159.2
North Macedonia	LLDC	2,086	1,909	1.4	1.5	75.3	82.1	222.0	153.8

Population Prospects of Countries in Special Situations

Country or area	Group	Total population (thousands)		Total fertility (live births per woman)		Life expectancy at birth (years)		Potential support ratio (a) (per 100 population)	
		2023	2050	2023	2050	2023	2050	2023	2050
Northern Mariana Islands	SIDS	50	50	2.1	1.9	77.6	81.5	208.1	151.2
Palau	SIDS	18	17	2.3	1.9	65.5	69.9	219.2	179.0
Papua New Guinea	SIDS	10,330	14,910	3.1	2.3	66.1	69.9	168.9	200.5
Paraguay	LLDC	6,862	8,591	2.4	2.0	74.1	77.6	185.3	194.9
Puerto Rico	SIDS	3,260	2,728	1.3	1.4	79.9	84.3	172.6	132.0
Republic of Moldova	LLDC	3,436	2,998	1.8	1.8	69.5	75.3	215.4	188.9
Rwanda	LDC/LLDC	14,095	23,030	3.7	2.6	67.4	72.0	141.9	184.6
Saint Kitts and Nevis	SIDS	48	47	1.5	1.5	72.2	76.4	235.3	189.0
Saint Lucia	SIDS	180	178	1.4	1.5	74.1	78.5	267.1	190.6
Saint Vincent and the Grenadines	SIDS	104	102	1.8	1.7	70.3	78.2	206.0	172.3
Samoa	SIDS	226	320	3.8	2.8	72.8	76.9	133.7	154.2
Sao Tome and Principe	LDC/SIDS	232	367	3.7	2.6	68.9	71.6	134.2	170.1
Senegal	LDC	17,763	32,563	4.3	3.1	69.3	76.4	125.9	159.8
Seychelles	SIDS	108	117	2.3	1.9	75.0	80.4	217.7	154.5
Sierra Leone	LDC	8,791	13,595	3.8	2.4	60.8	65.5	139.8	200.5
Singapore	SIDS	6,015	6,337	1.0	1.3	84.3	87.6	259.5	128.5
Sint Maarten (Dutch part)	SIDS	44	39	1.6	1.6	76.0	79.5	352.7	163.2
Solomon Islands	LDC/SIDS	740	1,225	3.9	2.9	70.9	73.9	135.9	164.5
Somalia	LDC	18,143	36,463	6.1	3.5	57.4	63.3	101.6	145.2
South Sudan	LDC/LLDC	11,089	17,461	4.3	2.6	56.5	62.6	117.8	175.7
Sudan	LDC	48,109	84,494	4.3	3.0	66.1	69.3	125.8	167.7
Suriname	SIDS	623	726	2.3	1.9	72.8	76.5	197.6	184.8
Tajikistan	LLDC	10,144	15,201	3.1	2.4	71.4	75.1	151.8	181.2
Timor-Leste	LDC/SIDS	1,361	1,807	3.0	2.0	69.3	74.4	154.0	221.7
Togo	LDC	9,054	15,479	4.1	3.0	61.8	67.0	133.5	164.5
Tonga	SIDS	108	131	3.2	2.5	71.4	75.1	148.5	168.0

Population Prospects of Countries in Special Situations

Country or area	Group	Total population (thousands)		Total fertility (live births per woman)		Life expectancy at birth (years)		Potential support ratio (a) (per 100 population)	
		2023	2050	2023	2050	2023	2050	2023	2050
Trinidad and Tobago	SIDS	1,535	1,485	1.6	1.6	74.9	79.2	225.2	157.3
Turkmenistan	LLDC	6,516	8,264	2.6	2.0	69.5	73.1	175.2	199.0
Turks and Caicos Islands	SIDS	46	53	1.6	1.6	76.1	80.6	268.0	158.5
Tuvalu	LDC/SIDS	11	13	3.1	2.6	65.0	69.3	160.2	181.7
Uganda	LDC/LLDC	48,582	87,622	4.4	2.6	63.8	68.4	116.7	187.2
United Republic of Tanzania	LDC	67,438	129,932	4.6	3.0	67.6	73.0	116.4	157.4
United States Virgin Islands	SIDS	99	78	2.1	1.8	76.0	81.4	150.1	119.0
Uzbekistan	LLDC	35,164	45,593	2.8	2.1	71.8	74.9	181.5	192.5
Vanuatu	SIDS	335	579	3.7	2.9	70.7	75.3	133.4	168.6
Yemen	LDC	34,450	55,296	3.6	2.4	64.5	71.1	139.7	197.9
Zambia	LDC/LLDC	20,570	37,460	4.2	2.9	63.0	67.6	126.2	169.1
Zimbabwe	LLDC	16,665	26,439	3.4	2.5	61.9	65.7	129.5	184.3

(a) Population aged 15–64 / (population aged 0–14 + population aged 65+) *100.

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022. Datasets.



Population Prospects of Countries in Special Situations provides an up-to-date overview of current and future major population trends in the LDCs, LLDCs and SIDS in connection with the opportunities and challenges these trends present for achieving sustainable development. This report highlights levels and trends in population size and distribution, mortality, fertility and international migration, including projections to 2050, for the 110 vulnerable countries or territories, while also discussing the implications of population change for achieving specific Sustainable Development Goals.

ISBN 978-92-1-003050-2

