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### **Commission on Population and Development**

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Item 3 of the provisional agenda\*

**Follow-up actions to the recommendations of the International  
Conference on Population and Development**

### **Statement submitted by the Population Institute, a non-governmental organization in consultative status with the Economic and Social Council**

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31 of 25 July 1996.

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\* E/CN.9/2006/1.

## Statement

In 1960, there were 76 million people living outside their country of origin. By 2000, this number had more than doubled to 175 million. Now it stands at almost 200 million.<sup>1</sup> The five-year review of the International Conference on Population and Development recognized the particular health needs of migrants, urging Governments in both home and destination countries to “provide effective protection for migrants [and] provide basic health and social services, including sexual and reproductive health and family planning” (A/S-21/2/Add.2).

In addition to meeting the health needs of migrants, international and massive internal migration flows are contributing to another serious health challenge: rapid urbanization. While the majority of urban growth is caused by natural fertility levels, the International Organization for Migration finds that 40 per cent of urban population growth is attributable to internal and international migration.<sup>2</sup>

Furthermore, this growth is occurring in regions least equipped to handle it. Nearly all of the net population growth in the next 50 years is expected to be absorbed by the cities and towns of less developed countries.<sup>3</sup> Instead of improving health levels, such rapid urbanization will increase poverty, disease transmission, and environmental degradation, as well as strain already struggling public health infrastructure, where it exists at all.

Leading both international and internal migrants to cities are the common denominators of rural poverty, the search for better social and employment opportunities, or flight from political persecution, violence or natural disasters.

Rural-to-urban migration is increasing throughout the developing world. India and China, the two most populous countries in the world, are experiencing some of the most rapid rural-to-urban movements ever seen. India currently has 35 cities with populations over one million, and is projected to have 70 such cities by 2026. In China, 45 cities already have more than a million residents.<sup>4</sup>

According to United Nations estimates, by 2007 more than half of the world’s population will live in urban areas. By 2017, the number of urban dwellers will equal the number of rural dwellers in the less developed regions.<sup>5</sup>

While urbanization could, in theory, help improve health care by eliminating the distribution problems seen in rural and remote areas, there are many significant drawbacks, especially in the least developed nations.

Dense crowding of people in inadequate housing conditions helps the spread of infectious diseases. Poverty becomes more concentrated and can intensify when people do not find the employment they moved to the city to find. Metropolitan Lima has an unemployment rate of 8.7 per cent, Côte d’Ivoire’s urban areas are at 13 per cent, and the unemployment rate for urban youth in Senegal has reached 40 per cent in recent years.<sup>6</sup> Poor urban dwellers are often separated into marginal, underserved areas on the edges of cities, such as the favelas in Brazil, the kampungs in Indonesia, or the bidonvilles in French-speaking West Africa.<sup>7</sup>

Air and water pollution is far greater in urban areas, as is the sheer demand for safe water. In India, urban water demand is expected to double by 2025.<sup>4</sup> Cities experience a higher incidence of substance abuse, violence and sexually transmitted infections, including HIV/AIDS. The Population Reference Bureau has also found

that the family and social networks, which once provided care and support for the young, old, or infirm in rural areas, become weakened in an urban context.<sup>8</sup>

With the gap between urban rich and poor growing every day, particular attention must be given to the urban poor. According to the United Nations Population Fund, the urban poor have far worse access to health and other services than richer city dwellers and often not much better access than people in rural areas. The United Nations Population Fund also finds that the unmet need for family planning among the urban poor in Asia and sub-Saharan Africa is nearly as great as for rural populations and that in South-East Asia it is greater. The urban poor are similarly disadvantaged with regard to skilled birth attendance and knowledge about avoiding HIV/AIDS.<sup>9</sup>

A general lack of health services in developing regions, including reproductive health and family planning, exacerbates health problems brought on by rapid urbanization. The lack of available care is partly brought on by another migration health issue — rising emigration of skilled health personnel out of developing regions in search of better pay, working conditions, and advancement opportunities. For example, up to 15 per cent of doctors and nurses in most Pacific island countries have emigrated over the past two decades — a trend that is likely to continue for some time.<sup>10</sup>

Due to income and opportunity differentials between rural and urban areas, as well as between different countries, migration will certainly continue. Without improved access to contraceptives, so will rapid population growth. Thus, if nothing is done to mitigate rapid urbanization and its effects, the above-mentioned problems will only perpetuate and worsen, leading to severe health crises throughout urban areas of developing nations.

We ask the Commission on Population and Development to consider steps that need to be taken by the international community in order to slow rapid urbanization and decrease the negative impacts on public health. These should include, but are not limited to:

- Intensifying efforts to achieve universal access to reproductive health and family planning services
- Increasing aid to and working with developing countries to improve health-care infrastructure, including basic supplies and information for the public
- Helping developing countries retain and recruit health-care workers
- Establishing international protocol for the recruitment of skilled health personnel, including a mechanism for more developed countries to reciprocate, either monetarily or through commodity assistance, for receiving health workers from developing regions
- Working towards socially conscious urban planning — improved housing, open spaces, easy access to clean water, improved public transportation
- Reducing “push” factors in rural communities by increasing rural economic opportunities and access to health services
- Continuing research on, as well as discussion and development of policies, to address urbanization and its impact on health levels

We recognize that there is already work being done in these areas by Governments, international organizations and non-governmental organizations, and we applaud these efforts. However, more can and needs to be done — especially if we are to reach the Millennium Development Goals and the vision set forth at the International Conference on Population and Development in Cairo.

The Population Institute is committed to working with our fellow non-governmental organizations, as well as international bodies and Governments, to ensure that these problems receive the attention and funding they are due. We call on the United States of America and other donor nations to increase funding levels for international family planning and development programmes, as well as to increase the speed with which funds and supplies reach the people most in need.

Migration, while difficult to control, can be managed in a mutually beneficial way that protects, even promotes public health and well-being. We look forward to a fruitful outcome from the 39th session of the Commission on Population and Development.

#### Notes

- <sup>1</sup> United Nations, *World Economic and Social Survey 2004: International Migration* (Sales No. E.04.II.C3); United Nations, *Trends in Total Migrant Stock: The 2005 Revision*.
- <sup>2</sup> International Organization for Migration, *International Dialogue on Migration: Mainstreaming Migration into Development Policy Agendas* (2005).
- <sup>3</sup> United Nations, *World Urbanization Prospects: The 2003 Revision* (Sales No. E.04.XIII.6); Mary M. Kent and Carl Haub, “Global demographic divide”, *Population Bulletin*, vol. 60, No. 4. (Population Reference Bureau, December 2005).
- <sup>4</sup> Worldwatch Institute, *State of the World 2006: Special Focus: China and India*.
- <sup>5</sup> United Nations, *World Urbanization Prospects: The 2003 Revision* (Sales No. E.04.XIII.6).
- <sup>6</sup> United States, Central Intelligence Agency, “The World Factbook: field listing, unemployment rate”, last updated 10 January 2006.
- <sup>7</sup> Cesar Chelala, “Relearning Lessons of the Greeks”, *Perspectives in Health*, vol. 1, No. 1 (Pan-American Health Organization, 2006).
- <sup>8</sup> Kent and Haub, loc. cit.
- <sup>9</sup> United Nations Population Fund, *State of World Population 2004*.
- <sup>10</sup> World Health Organization, “Migration of Health Personnel”, paper prepared for the meeting of ministers of health for the Pacific island countries, 4 February 2005.