

- 2 Swinburn BA, Sacks G, Hall KD, et al. The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 2011; **378**: 804–14.
- 3 Wang CY, McPherson K, Marsh T, et al. Health and economic burden of the projected obesity trends in the USA and the UK. *Lancet* 2011; **378**: 815–25.
- 4 International Association for the Study of Obesity. The prevention of obesity and NCDs: challenges and opportunities for governments. January, 2014. [http://www.worldobesity.org/site\\_media/uploads/iaso\\_preventingobesitybriefing.pdf](http://www.worldobesity.org/site_media/uploads/iaso_preventingobesitybriefing.pdf) (accessed May 6, 2014).
- 5 Popkin B, Monteiro C, Swinburn B. Overview: Bellagio conference on program and policy options for preventing obesity in the low and middle income countries. *Obes Rev* 2013; **14**: 1–8.
- 6 Lobstein T. Maternal and child obesity: some policy challenges. *Proc Nutr Soc* 2011; **70**: 506–13.
- 7 Moodie R, Stuckler D, Monteiro C, et al. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013; **381**: 670–79.
- 8 Swinburn B, Vandevijvere S, Kraak V, et al. Monitoring and benchmarking government policies and action to improve the healthiness of food environment: a proposed Government Healthy Food Environment Policy Index. *Obes Rev* 2013; **14**: 24–37.
- 9 Ng M, Fleming T, Robinson M, et al. Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2014; published online May 29. [http://dx.doi.org/10.1016/S0140-6736\(14\)60460-8](http://dx.doi.org/10.1016/S0140-6736(14)60460-8).
- 10 Gortmaker SL, Swinburn BA, Levy D, et al. Changing the future of obesity: science, policy and action. *Lancet* 2011; **378**: 838–47.
- 11 Feng JH, Pombo-Rodrigues S, MacGregor GA. Salt reduction in England from 2003 to 2011: its relationship to blood pressure, stroke and ischaemic heart disease mortality. *BMJ Open* 2014; **4**: e004549.

## Africa's child demographics and the world's future

Published Online  
August 12, 2014  
[http://dx.doi.org/10.1016/S0140-6736\(14\)61331-3](http://dx.doi.org/10.1016/S0140-6736(14)61331-3)

In 1950, only about a tenth of the world's children lived in Africa.<sup>1</sup> Within 50 years, that proportion almost doubled, and it is set to double again by the middle of the 21st century, leaving Africa with nearly a billion children younger than 18 years by 2050—37% of the worldwide total. By the end of the century, based on present trends, almost half of all children will live in Africa.

How this unprecedented growth in the continent's child population came about, and its implications for Africa and the rest of the world, is the subject of *Generation 2030 Africa*,<sup>1</sup> a report on child demographics released by UNICEF on Aug 12, 2014. The report is the second in the UNICEF series on child demographics, after *Generation 2025 and beyond*.<sup>2</sup>

Two main forces are driving this present rise and projected expansion of Africa's child population: rapidly rising numbers of births (figure) and falling rates of child mortality. Currently, around 3·4 million births take place in Africa every month.<sup>1</sup> In the next 15 years, about 700 million will occur, and between now and mid-century 1·8 billion are projected, resulting from high rates of fertility and an increasing number of women of reproductive age. The average fertility rate for Africa currently stands at 4·7 children per woman of reproductive age (15–49 years)—far above the rate in Asia (2·2) and the worldwide average (2·5; figure).

Another factor driving this increase in Africa's births is that the number of women of reproductive age has risen fivefold from 54 million in 1950 to a projected 280 million by 2015. Moreover, the population of Africa's women of reproductive age is set to increase to 407 million by 2030, and to 607 million by 2050.

African women also have among the longest lifetime period for births because of the high rates of adolescent fertility. Africa's present average adolescent fertility rate is 98 births per 1000 adolescent girls aged 15–19 years, more than double the worldwide average of 45 births.<sup>1</sup>

Child survival has also contributed to Africa's child population increase. In 1990, almost one in every six children in Africa died before their fifth birthday. This figure has fallen to one in every 11 in 2012,<sup>3</sup> thanks to healthy practices such as improved water, sanitation, and hygiene, and to the committed efforts of national and international partners. However, in several countries, mostly in west and central Africa, declining under-five mortality rates have been offset by increasing numbers of births, leaving the absolute number of under-five deaths static or increasing in absolute terms.

Three in ten of Africa's children currently live in countries affected by conflict and fragility.<sup>1</sup> Such countries exhibit higher fertility than those at peace and in stability. High fertility is also associated with poverty, even in stable situations. African countries with average fertility rates greater than six children per woman of reproductive age (Chad, Mali, Niger, and Somali) belong to the group of nations with the lowest income. Women in the poorest households often have more children within countries—eg, in Chad, Mali, Niger, Nigeria, and Tanzania, women in the poorest quintiles have, on average, 2–4 more children than women in the wealthiest quintiles. Similar disparities are observed between rural and urban areas.

As the world comes together to set a new 15-year agenda for the international development community following the Millenium Development Goals, we believe that this new framework should pay far greater attention to Africa’s unprecedented demographic shifts, particularly among its children. The sheer weight of the projected increase gives pause for thought. By the time the goals of the post-2015 agenda are due to be completed in 2030, the continent will have added a further 164 million children to its already burgeoning child population, with 40 million more under-5s and almost 100 million more adolescents.<sup>1</sup>

Investment in Africa’s children—in their physical and environmental health and wellbeing; their early development and education; and their protection, inclusion, and participation—will be paramount for Africa to realise the rights of its expanding child population. But this investment would also confer a further benefit—it would give Africa its best chance of reaping a potential demographic dividend later this century, as child and overall dependency ratios fall and the working age population expands rapidly, possibly leading to a period of rapid and sustained economic growth. Demographic dividends are not guaranteed merely with a large labour force and depend heavily on a skilled working age population, which is only possible with more investment in the children of today and tomorrow.

National development planning and system strengthening should be adapted and sharpened to be prepared for Africa’s demographic shifts. In particular, demographic analysis at national and subnational levels should become a more integral component of development programming in Africa. Investment in civil and vital registration statistics systems will be essential for strengthening of development planning. Without accurate demographic data and analysis, adequate planning will be difficult for the necessary increases in essential services that Africa’s burgeoning child population will need.

Demographic trends are not inevitable: they respond to social and economic factors, which, in turn, can be shaped by policy. Planning and policies should therefore address the drivers and underlying forces underpinning Africa’s demographic transition. Firstly, Africa’s girls and young women should be empowered. This empowerment is imperative to slow adolescent

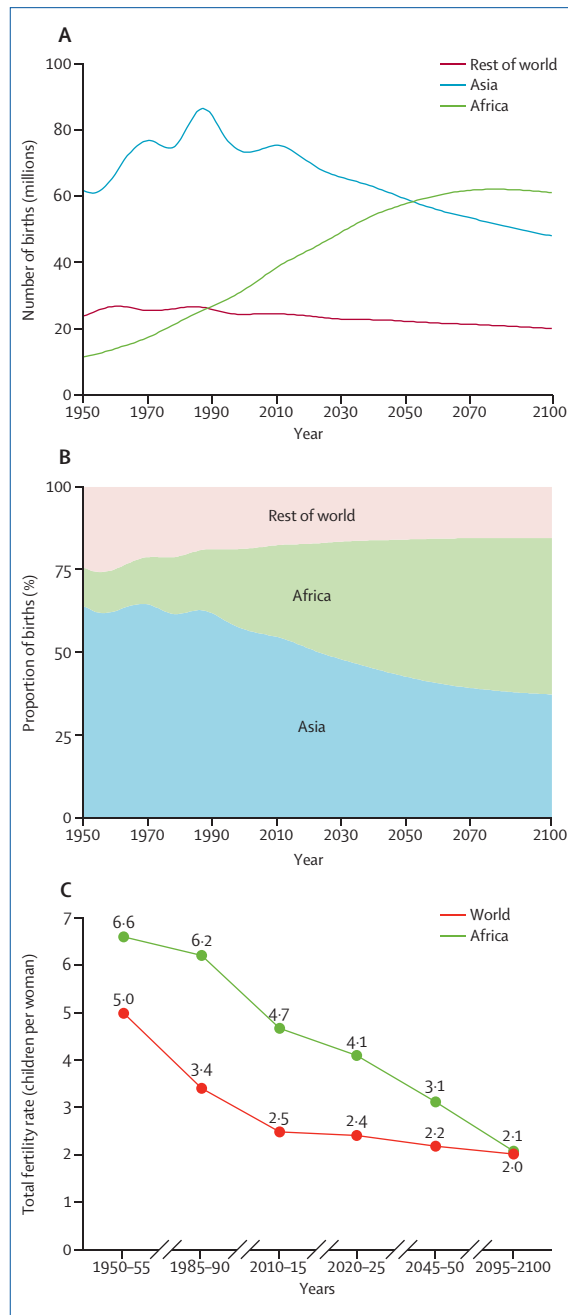


Figure: Births and total fertility by region (A) Number and (B) proportion of births by region, and (C) total fertility for Africa and the world, between 1950 and 2100. Reproduced with permission of UNICEF from reference 1.

fertility rates and build an Africa fit for all. Child marriage should be ended, girls’ education should be prioritised, access to culturally sensitive reproductive health services should be expanded, and the cultural, social, and economic barriers that perpetuate the disempowerment of women in Africa should be

addressed if the continent is to manage its demographic transition and reap the full rewards of prosperity that such a demographic transition can bring.

The child demographics of Africa underscore the often cited, but not widely acted upon, adage that Africa's future is our common future. Understanding and addressing child demographics, and investment in children, should be at the forefront of this realisation. Another generation of children on the continent cannot be lost to fragility, poverty, and inequity due to failure to address demographic shifts. The time has come to acknowledge our shared responsibility to the future of Africa and to take the policy decisions needed for all of Africa's children, present and future, to finally realise all of their rights and potential.

## A call for abstracts from China

To submit an abstract go to <http://ees.elsevier.com/thelancet>

The China Academy of Medical Sciences (CAMS) and *The Lancet* family of journals invite abstract submissions from China for *The Lancet*-CAMS Health Summit, which will be held in Beijing, China on Oct 30–31, 2015. This multidisciplinary event will document the rapid progress and high quality research of China's health research community. Submissions are invited from all aspects of health science including, but not limited to: clinical medicine, translational medicine, public health, global health, health policy, the environment and ecological systems and health, and medical education.

The core of the event will consist of keynote presentations from leaders in China and elsewhere, and will include selected abstracts. After peer review, accepted abstracts will be edited and published online and in a conference booklet by *The Lancet*. Work completed outside China can be submitted, but only abstracts relevant to China's health science will be considered. The two best oral presentations, two best posters, and two best young investigators (aged 45 years or younger) will receive awards during the event.

The language of the conference will be English and abstracts should be written in English, up to 300 words in length, and with no references, tables, or figures.

\**Jeffrey O'Malley, Tessa Wardlaw, Danzhen You, Lucia Hug, David Anthony*

Division of Data, Research, and Policy, UNICEF, New York, NY 10017, USA  
jomalley@unicef.org

We declare no competing interests.

- 1 UNICEF. Generation 2030 Africa. New York: United Nations Children's Fund, 2014.
- 2 You D, Anthony D. Generation 2025 and beyond. The critical importance of understanding demographic trends for children of the 21st century. New York: United Nations Children's Fund, 2012.
- 3 UNICEF. Committing to child survival: a promise renewed. Progress report 2013. New York: United Nations Children's Fund, 2013.

Submissions should include the following sections: background (including context and aim); methods; findings; and interpretation. Please also include a non-declamatory title (including a study descriptor—eg, randomised controlled trial); names, titles, highest degrees, and affiliations of authors; postal and email addresses for the corresponding author; any funding received (if none, please state this); and a brief summary of the contributions of each author and any competing interests. Guidelines are available on *The Lancet's* website.

Please submit your abstract as a Word document via *The Lancet's* online submission system no later than April 30, 2015, stating in your covering letter that the submission is in response to this call for abstracts from China. Following peer review by *The Lancet*, participants will be informed of acceptance of abstracts for oral or poster presentation by June 30, 2015.

*Xuetao Cao, Helena Hui Wang, William Summerskill, Selina Lo, Richard Horton*

Chinese Academy of Medical Sciences, Beijing 100730, China (XC); *The Lancet*, Beijing, China (HHW, SL); and *The Lancet*, London, UK (WS, RH)

XC declares no competing interests.