



PRESS RELEASE

(Issued by the Information Service of ECA)

No. 5065
2 December 1996

QUALITY REPRODUCTIVE HEALTH PROGRAMMES MANAGEMENT

The new orientation of the Economic Commission for Africa (ECA) was much in evidence today when it teamed up the Kuala Lumpur, Malaysia - based International Council on Management of Population Programmes (ICOMP) in a five day management leadership seminar that opened in Africa Hall.

In a statement read on his behalf, ECA's Executive Secretary, K.Y. Amoako, said that the Commission attached great importance to partnership in this area. "The participation at this seminar reflects that spirit as representatives from governments, donor organizations, non-governmental organizations, international organizations and agencies were on hand."

The seminar is an expression of the ten-year UN System-Wide Special Initiative on Africa launched earlier this year to accelerate African development. ECA leads the Economic Commission for Latin America and the Caribbean (ECLAC) the Economic Commission for Asia and the Pacific (ESCAP) the United Nations Conference on Trade and Development (UNCTAD) and the United Nations Industrial Development Organization (UNIDO) in promoting south-south cooperation. Sharing experiences on improving quality health care is an integral part of ECA initiatives.

The importance of the seminar is reflected in the fact that the 29th session of the United Nations Commission on Population and Development, held earlier this year, devoted its discussions on reproductive rights and reproductive health, including population education and communication.

Since the conclusion of the International Conference on Population and Development (ICPD) held in Cairo in 1994 many African countries have been reformulating their population and family planning programmes to take into account such productive health concerns as were expressed by the ICPD.

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"However, many of them face serious problems in improving their programmes, among them managerial and organizational constraints, weak institutional infrastructure for delivery of programmes and lack of training and supplies", noted Dr. Amoako.

ECA has been active in undertaking studies on family planning and reproductive health care. In 1994 for example, a study was completed on Family Planning Targets in Relation to Fertility Reduction and Reproductive Health Care in ECA Member States. In June 1995, ECA, in collaboration with the Organization of African Unity (OAU), the African Development Bank (ADD) and the International Planned Parenthood Federation (IPPF) organized an Experts and NGOs Workshop on the Implementation of the Dakar/Ngor Declaration and the ICPD Programme of Action.

Reproductive health issues were on the agenda. In October last year, ECA convened a Senior Policy Seminar on the Social Impact of HIV/AIDS in Household and Family in Africa. At the moment, a draft study has been prepared by ECA on Management of Family Planning Programmes in Botswana, Kenya, Tunisia and Zimbabwe. This draft will be made available to the Seminar for useful comments and observations before revising it.

Professor Haryono Suyono, Chairman of ICOMP, in an overview of the historical processes that shaped the present population policies of developing countries, said that the recent ICPD in Cairo witnessed a total change in the way business was conducted. Confrontation gave way to compromise; similarity of interest to polarization.

"It was in Cairo that a new paradigm of populations and development was launched, a paradigm which was so all-encompassing that it is labelled as the Reproductive Health Programme in its broadest sense, he noted.

The consensus reached at Cairo was the "cross-section" of all the population and human reproductive programmes the world over. It reduced desperate programmes into a standard blue-print. ICPD's Programme of Action, the final document that emanated from the Conference, devoted a whole chapter to international cooperation, prescribing what actions to take in a common undertaking. Hence ECA and ICOMP joining hands in this seminar.

"It is increasingly becoming more apparent that international donor agencies are limited in their capabilities and in their human resources", ICOMP's Chairman added, "to meet the need for improved and appropriate management for today's population and human health reproductive programmes in the developing countries."

Aware of this programme, managers in these countries increasingly sought the cooperation of their peers in the developing world.

The Ethiopian Minister of Health, Dr. Adem Ibrahim, also made a statement in which he said that since 1993, when Ethiopia launched its National Population Policy, reproductive health services have assumed more significance.

"Once the macro-policy issues are in place", he observed, "one realises that there are a number of related issues which need to be constantly addressed, forefront among which is the increasingly recognized issue of the quality of the care and services being provided for our community".

Expressing his approval for the South-South sharing of experience that this exemplified, Dr. Adem Ibrahim recalled that his country had earlier benefitted from exposure to successful programmes such as those in Indonesia, Kenya and Zimbabwe.

A high pregnancy-related morbidity rate and a national maternal mortality rate of about 14,000 per 100,000 live births, as well as an infant mortality rate of over 100 per 1000 live births are testimony to Ethiopia's need for improved reproductive health programmes, the Minister concluded.
