

Africa's Population and Development Bulletin

June - July 1999




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Foreword

In the ECA's view, poverty reduction must remain the long-term overarching development challenge for Africa. ECA has estimated recently that, in order to reduce poverty by half by the year 2015, an average macroeconomic growth rate of at least 7 per cent per year is required. However, ECA acknowledges that reducing poverty through sustained economic and social development is not solely a macroeconomic or financial problem. Among others are integrating population, environment and science and technology policies into national development strategies; investing in the social sectors that develop the human resource base and target the poor; addressing the social and economic impact of HIV/AIDS; applying new information technologies and regional integration initiatives to increase domestic markets and international competitiveness; and promoting good governance, among other things, to reduce conflicts.

Africa's Population and Development Bulletin is a new publication of the Economic Commission for Africa. It is intended to contribute to understanding of the issues around poverty from the population perspective, taking into account its interrelationships with other development areas as enunciated in the Programme of Action of the International Conference on Population and Development (ICPD-PA). It will inform readers of current developments and activities of the Commission and other related topical issues in the context of the ICPD-PA. We also intend to have the publication be as responsive as possible to reader interests. As this is the first issue of a new initiative, we would therefore highly appreciate feedback from readers. We fully intend to build upon your reactions to improve the quality and relevance of subsequent editions of this bulletin in order to assist ECA member States more effectively in addressing the challenges they face in the area of population and development.



K.Y. Amoako
Executive Secretary

Editorial

This is the first issue of a new initiative of the Food Security and Sustainable Development Division (FSSDD) of the Economic Commission for Africa. With the support of UNFPA, the first two issues of *Africa's Population and Development Bulletin* will be published during 1999. The aim is to encourage the exchange and sharing of experiences among African countries in the implementation of the Dakar/Ngor Declaration (DND) and the International Conference on Population and Development - Programme of Action (ICPD-PA). The information in the bulletin covers the thematic areas included in the ICPD-PA and will provide a platform to discuss research results, policy initiatives, policy outcomes, and activities at the grassroots level. The bulletin will be disseminated to planners, policy makers, universities and researchers, NGOs, international organizations and the public at large.

Since *Africa's Population and Development Bulletin* is conceived to be a discussion platform, the FSSDD invites all interested parties to make contributions on population and development at large. Especially researchers and NGOs are invited to report on their activities and work. The FSSDD would also appreciate information on recently held and upcoming events (meetings, workshops, and other scientific conferences) and recently published material on the subject matter. The editorial deadline for contributions for the second issue is set for the end of November 1999.

Most of the topics included in this first issue will be recurrent. The second issue of the bulletin will thus continue to cover ICPD-related events and the issue of AIDS in Africa, and will include a data corner, a focus on the UNFPA-CSTs and on the work of an NGO, research notes, etc. The editorial board remains, however, open to suggestions for articles and topics to be covered.

We would like to thank all those who reacted to our announcement letter for the bulletin. Due to the strict editorial deadline for the first issue, we were, however, not able to include all the suggestions made and to consider all the contributions that have been sent to us. They will be evaluated for the second issue.

Africa's Contribution to the ICPD+5: A Review and Appraisal

Background

More than 180 States took part in the International Conference on Population and Development (ICPD, Cairo: 1994), the largest intergovernmental conference on population and development ever held. The ICPD Programme of Action (ICPD-PA) for the next 20 years emphasizes the integral links between population and development and the importance of meeting the needs of individual women and men, rather than achieving demographic targets. The year 1999 marks the fifth anniversary of the ICPD.

To mark this anniversary of the ICPD (ICPD+5), the United Nations General Assembly decided, in resolution 52/188 of 18 December 1997, to convene a Special Session, to be held from 30 June to 2 July 1999 at the highest level possible, for a comprehensive review and appraisal of the implementation of the ICPD-PA. The review will analyse the operational experience at the country level to determine what has been learned and achieved, as well as to identify constraints for the progress in the implementation of ICPD recommendations.

The General Assembly designated the United Nations Commission on Population and Development (CPD) as the preparatory body for the Special Session and the 32nd session of the CPD in March 1999 as the preparatory Committee (PrepCom). The Population Division of the United Nations Department of Economic and Social Affairs (UNDESA) and the United Nations Population Fund (UNFPA) are the acknowledged international bodies to coordinate the ICPD review process leading up to the Special Session.

As a build-up to the Special Session, all partners in the implementation of the ICPD-PA including programme countries, donor countries, the United Nations System, representatives of civil society, NGOs and the private sector undertook a range of activities for review of the implementation of the ICPD-PA. Five-year regional

reviews on population and development were also conducted by the United Nations Regional Commissions, including ECA, to contribute to the ICPD+5 process.

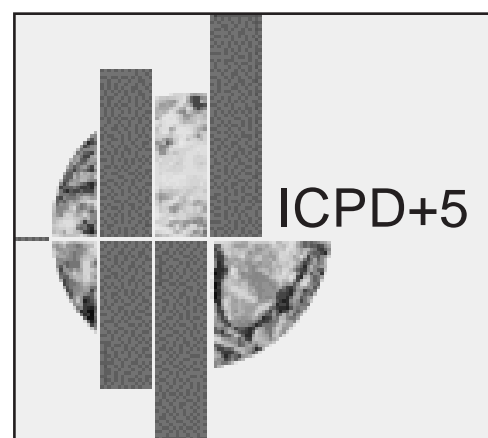
The five-year review process, culminated at the global level, with an International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action (The Hague, 8-12 February 1999).

Africa's contribution

At the regional level, the United Nations Regional Commissions organized their review meetings in 1998 as an input to the follow-up of the ICPD: Economic and Social Commission for Asia and the Pacific (ESCAP: 25-27 March, Bangkok); Economic Commission for Latin America and the Caribbean (ECLAC: 13-14 May, Aruba); Economic and Social Commission for Western Asia (ESCWA: 22-25 September, Beirut); Economic Commission for Africa (ECA: 23-25 September, Addis Ababa); Economic Commission for Europe (ECE: 7-9 December, Budapest).

As Africa's response to the ICPD+5 review process, the ECA coordinated, in close collaboration with the Organization of African Unity (OAU) and the African Development Bank (ADB), the preparation of the regional report on the implementation of the Dakar/Ngor Declaration on Population, Family and Sustainable Development (DND) and ICPD-PA. The DND resulted from the Third African Population Conference held in Dakar, Senegal (1992) and formed the basis of the African Common Position submitted to the ICPD.

The Joint ECA/OAU/ADB Secretariat, in liaison with UNFPA and the various United Nations Regional Demographic Training and Research Institutes, undertook several activities and organized meetings at which member States exchanged information on their experiences, particularly on the policy changes



that have occurred since the ICPD, the constraints encountered and the success stories.

As a first step in an in-depth assessment of African countries' experiences in implementing the DND and the ICPD-PA, the ECA administered a follow-up questionnaire to all member States. Subsequently, the First Meeting of the Working Group of the Follow-up Committee was convened in Dakar, 6-7 May 1998 to define the inputs of sub-regional population and development institutions into a regional assessment, i.e. *Institut de Formation et Recherche Démographiques* (IFORD, Yaounde, Cameroon), *Regional Institute for Population Studies* (RIPS, Accra, Ghana), *Institut Africain de Développement Economique* (IDEP, Dakar, Senegal), *Centre de Recherches en Population pour le Développement* (CERPOD, Bamako, Mali). The report from these institutions was completed with the results from questionnaires received from 41 countries, subregional reports provided by UNFPA and its Country Support Teams (CSTs), as well as with the reports of two ECA-sponsored field missions to twelve African countries.

The report highlights the main achievements in the goals of the DND and the ICPD Programme of Action as well as constraints which had hindered progress in the following key programme areas: (a) Reproductive health and repro-

ductive rights; (b) Gender equality, empowerment of women and male involvement; (c) Family, youth and adolescents; (d) Advocacy and IEC strategies; (e) Population and development strategies; (f) NGOs, civil society and private sector and, (g) Institutional mechanisms for coordination, implementation, monitoring and evaluation of population programmes.

The Third Meeting of the Africa Follow-up Committee on the implementation of the DND and the ICPD-PA met in Addis Ababa (September 23-25) to review country-specific reports and to consider the regional report. The First Meeting of the ECA Committee on Sustainable De-

velopment involving representatives of 37 African governments, international organizations and regional institutions, was held in Addis Ababa, in January this year. In a special session, the meeting reviewed the ICPD regional report and made recommendations for the way forward. A summary of the revised, adopted report and recommendations was distributed to African delegates who attended the Hague Forum and the 32nd Session of the United Nations Commission on Population and Development.

As the final stage of the ICPD+5 review process, high-level officials of National Population Commissions discussed the regional ICPD report at the

Third General Assembly of the African Population Commission, organized by the Joint ECA/OAU/ADB Secretariat in Abuja, Nigeria, from 10-14 May 1999. Subsequently, the report will be submitted for further comments to the Economic and Social Council (ECOSOC) of the OAU. The recommendations emanating from the Council will be an input to the Special ICPD+5 Session of the General Assembly.

All reports and documents mentioned under 'Africa's Contribution' are available from UNECA - FSSDD. They can also be accessed through the FSSDD web site: <http://www.un.org/depts/eca/divis/fssd/>

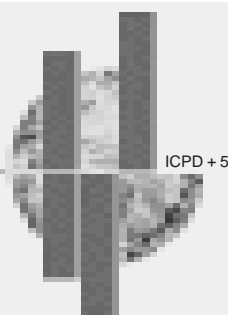
Recommendations for the way forward on population and development in Africa

The Third Meeting of the Follow-up Committee on the Implementation of the Dakar/Ngor Declaration (DND) and the ICPD-PA (Addis Ababa, 23-25 September 1998) adopted 82 recommendations for further implementation of the DND and the ICPD-PA. The number of recommendations adopted is a reflection of the diversity of the situation from one country to another within Africa and of the various constraints member States are facing in implementing the DND and the ICPD-PA. They are summarized below.

- ☐ The most important policy issues for the region were related to strengthening support for policy development and programming of HIV/AIDS prevention and related services. Governments and the international community should therefore make HIV/AIDS prevention and control in the region a priority at the highest political level.
- ☐ The centrality of achieving family values should be the basis for development. In this regard, given the extreme poverty which face many families in Africa, women and adolescents should be provided with income-generating opportunities so they can cope with poverty and hence be empowered to address reproductive and sexual health issues.
- ☐ The issue of conflicts and political instability in the region should be given more prominence in analysing the various transformations that African families have undergone.
- ☐ Appropriate population and development policies should be formulated and adopted and effective and targeted interventions intensified with regard to adolescents and youth in all aspects of reproductive health programming.
- ☐ Adequate decentralized policy and programme implementing, coordinating, monitoring and evaluation mechanisms should be established by those countries that have not yet done so and, both short-term and long-term training programmes should be provided in order to increase the number of qualified personnel.
- ☐ The role of NGOs, civil society and the private sector should be better recognized and increased in addressing population concerns.
- ☐ Governments, as well as NGOs, civil society and the private sector, should increase IEC/advocacy activities that mobilize support for integrated RH, women's empowerment and economic, environmental and other social welfare programmes. In this respect, appropriate research should be undertaken for the development of IEC/advocacy messages with the full involvement and participation of all stakeholders.
- ☐ Governments and their partners in the development process (bilateral and multilateral donors, international organizations, NGOs, civil society and the private sector) should help in allocating the level of resources required for full implementation of DND and ICPD-PA recommendations.

The Hague Forum

The United Nations General Assembly
Special Session on the International Conference on
Population and Development (ICPD)
30 June - 2 July 1999



The International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD-PA), or, in short, the Hague Forum was organized by UNFPA and hosted by the Dutch Government between 8 and 12 February 1999. The goals of the Forum were to examine lessons learned, success stories and constraints; to allow for the exchange of experiences among countries facing similar situations; to bring together a wide variety of partners to refocus the commitment on population and development; and, finally, to provide technical inputs to the Special Session of the General Assembly. The Forum assessed country-level operational and programme experience in the implementation of the ICPD-PA, focusing on five substantive themes: creating an enabling environment; gender equality, equity and the empowerment of women; reproductive health; strengthening partnerships; and resource flows and financing.

Creating an enabling environment

Progress has been made in transforming the words of the Programme of Action into concrete realities. The five-year review indicates that there has been a strong political commitment in all regions to create the enabling environment for the achievement of the ICPD goals. Several countries have articulated and are implementing broad-based population policies, grounded in a human rights framework, which encompass the linkages between population trends and socio-economic development. More women are benefiting from legislation protecting their human rights and outlawing gender-based violence, including harmful traditional prac-



Dr. Nafis Sadik, Executive Director of the UNFPA making her closing statement at the Hague Forum

tices. Civil society groups are increasingly recognized as effective entities for further implementation of the Programme of Action.

Nevertheless, much remains to be done and successes to date and lessons learned thus far provide a foundation on which to build. Gender equity, equality and the empowerment of women should become an integral part of policy initiatives for sustainable development. Health sector reform and sector-wide approaches should give priority to gender-sensitive reproductive health services that ensure universal access to quality care. Planners and decision-makers at national and local levels should be trained to better understand population, environmental and macroeconomic linkages.

Enhancing gender equality, equity and empowerment of women

The ICPD and the Fourth World Conference on Women have enhanced national attention and debate on the centrality of gender equity, equality and the empowerment of women in sustainable

development. The five-year review indicates that important lessons have been learnt and good practices have been documented. Governments have made important strides toward implementing international conventions such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Many countries have enacted gender-action plans aimed at promoting and protecting the rights of women as fundamental human rights. Legislation on gender-based violence and the integration of gender in sustainable development policies have reinforced the primacy of gender issues. The heightened public awareness of women's rights issues is increasing pressure to convert policy statements and legislation into effective action. Gender equality is increasingly being used as a fundamental guiding principle in population and development programmes, notwithstanding different social, cultural, economic and political contexts.

While much progress has been made, there is need to reinforce action in areas such as: incorporating a gender perspective into policy, programmes and activities; promoting gender equality; addressing violence against women; and promoting male responsibility and partnership with women.

Promoting reproductive health, including family planning and sexual health and reproductive rights

Since 1994, there has been a noticeable momentum in policy and programme development in the area of reproductive rights and health, with significant progress in the understanding of a human rights-based approach to reproductive health, including family planning and sexual health. Policy changes in many countries demonstrate a clear commitment to move from a preponderance of vertical service provision, demographic targets and quotas, to a comprehensive sexual and reproductive health approach with an emphasis on quality of care. As a start to reform, many countries have adjusted their policies, terminology and institutional struc-

tures. Other countries have gone even further, and have started implementing the paradigm shift by integrating and linking services. As a result, a wealth of experience is beginning to be built and experiences need to be shared by countries in order to accelerate the current pace of progress.

The challenge now is how to implement broad strategies of sexual and reproductive health which emphasize comprehensive services without losing the specialized skills that are provided in successful vertical programmes, and how to achieve this in the context of weak health service infrastructure and health sector reform. The areas of reproductive rights include the following proposed actions. Legislation and policies should be enacted and implemented to meet the commitments made at Cairo that ensure reproductive rights, gender equity and equality, including voluntary choice in marriage, family and the determination of the number, spacing and timing of children. Governments should maintain high priority for sexual and reproductive health, and ensure equity of access to information and services when implementing health sector reform

and sector-wide approaches. Governments should commit the highest political levels to taking urgent action to control HIV/AIDS epidemics; to prevent HIV transmission; to improve care for HIV-infected persons; and to take steps to mitigate the impact of the AIDS epidemic. Sexual and reproductive health programmes for adolescents should encompass not only sex education and provision of contraceptives but also basic health care, STD prevention and treatment, effective referral services, and counselling that addresses sexuality, builds self-esteem, promotes gender equality, and ensures privacy and confidentiality. Refugee women and other persons in emergency situations must receive appropriate health care, including reproductive health care and greater protection from sexual and gender-based violence.

Strengthening partnerships

The five-year review has found that the changing development paradigms have shifted the roles of government, civil society and the international community and that there has been an increase in the number and variety of partnerships that

are being established. There has been a clear movement towards partnerships in which NGOs, in particular womens' groups, share responsibility with government institutions for implementing the ICPD-PA. National coordination mechanisms have been set up that involve different sectors of civil society in shared responsibility for programme development, implementation and accountability. In this process, the importance of transparency and good governance are increasingly recognized. Where communities have been involved in policy development and implementation, dramatic progress has been made in furthering the ICPD Programme of Action. Parliamentary groups have been taking an increasingly active role. There has also been a growing recognition of the need to fully involve youth.

Nevertheless, more efforts should be made to establish, maintain and nurture partnerships with a full range of civil society organizations, including NGO's, youth groups, and grassroots groups. Partnerships between public and private sector groups for the further implementation of

NEW

Web Site on Africa's contribution in the follow up of DND and ICPD-PA

In collaboration with the Global POPIN Coordinating Unit, the Food Security and Sustainable Development Division (FSSDD) of the ECA has established a web site devoted to the African experience in the follow-up of the Dakar/Ngor Declaration and the Programme of Action of the International Conference on Population and Development. A screen shot of part of the home page can be found hereunder. The web site can be accessed through: <http://www.un.org/Depts/eca/divis/fssd/icpd/index.htm>



Third meeting of the follow-up committee on the
**Implementation of the Dakar / Ngor
Declaration & the Programme of Action**
of the International Conference on
Population & Development
23-25 September 1998, Addis, Ethiopia



AN ASSESSMENT OF AFRICAN EXPERIENCES

This site is based on a background document presented to the First Meeting of the Committee on Sustainable Development held from 25-29 January 1999 in Addis Ababa, Ethiopia. This background document is a revised version of the Report of the Third Meeting of the Follow-up Committee on the Implementation of the Dakar/Ngor Declaration (DND) and the ICPD-PA held from 23-25 September 1998 in Addis Ababa, Ethiopia.

the ICPD Programme of Action should be intensified. Assistance should be provided to NGOs to enhance their managerial, technical and administrative capacities so that they can fully carry out their responsibilities in monitoring the implementation of the commitments made at the ICPD and other global conferences.

Mobilizing and monitoring resources

Donor funding has increased since the ICPD. International assistance for population activities increased significantly between 1993 and 1995, from a total of \$US1.3 billion in 1993 to an annual average of \$2.0 billion per year during 1995-1997. For 1998, it appears that there has been a slight decrease in donor funding. The percentage of Overseas Development Assistance (ODA) earmarked for population is at its highest level. Preliminary figures for 1997 show that donor countries contributed approximately 3.1 per cent

of their total ODA to population. While the volume of ODA is declining, the percentage earmarked has increased. This figure is the highest percentage ever recorded. Developing countries are mobilizing domestic resources for population activities. Very rough estimates of the global domestic resource flows for population activities provided a crude global figure of just under \$8 billion from domestic financial resources for population activities in 1997. The private sector, including private foundations and NGOs, is playing an increasing role in the mobilization of resource flows. A number of large private foundations have announced plans to increase funding for population activities.

Nevertheless, in order to achieve the ICPD goals, countries need to redouble their efforts to mobilize the resources needed to implement the costed package of an integrated population and reproductive health programme defined in the

Programme of Action and to use existing resources effectively and efficiently. New mechanisms to generate additional resources to meet ICPD goals should be developed. The monitoring methodology of resource flows for the costed integrated population and reproductive health package should be improved. The co-operation between the World Bank, the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), bilateral donors and UNFPA in this endeavour should be strengthened.

Source: The "Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD)" (http://www.unfpa.org/ICPD/round&meetings/hague_forum/reports/forumrept.htm).

The Parliamentarian, NGO and Youth Fora

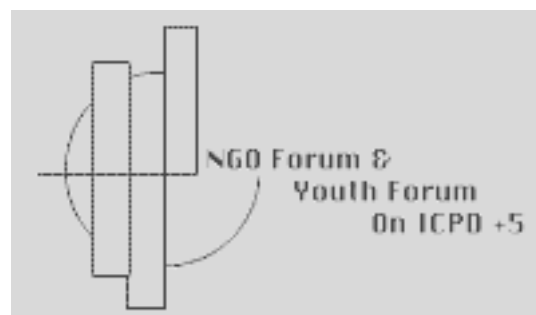
The Hague Forum was immediately preceded by three fora, namely, the Parliamentarians' Forum, the NGO Forum and the Youth Forum. The aim of each forum was to assess achievements and challenges in implementing the ICPD-PA and to formulate recommendations that provided valuable input to the International Forum.

The Parliamentarians' Forum was hosted by the Dutch Parliament and was attended by 210 parliamentarians from 103 countries. The meeting made an assessment of the progress in development of the parliamentarians' movement after the ICPD. It looked also at policy changes, monitoring of programmes and parliamentarians' efforts in resource mobilization and allocation to ICPD programmes. The parliamentarians focused their discussion on priority actions to be undertaken in the areas of: reproductive health and reproductive rights; gender and population; adolescents, youth, the elderly and persons with disabilities; population, environment and food security; resource mobilization; economic crises; and parliamentarian networks. They resolved to further promote RH and advance women's empowerment. They noted advances in some areas including laws to ban violence against women but highlighted continuing challenges. They called on governments to increase ODA flows to reach 0.7% of the GDP and to devote 4.5-5% of it to population issues.

In implementing the ICPD-PA, one of the areas where progress has been clearly visible is the increased involvement of civil society. This has been exemplified in the participation of NGOs in the ICPD + 5 review, which started at the national level, continued through regional consultations and ended with the NGO Forum. The NGO Forum assessed their experience in ICPD-PA implementation focusing on five themes: resources and advocacy; policy and services; rights; rhetoric to reality; links between repro-

ductive health, population, environment and development; and partnerships for implementing the ICPD-PA. NGOs identified examples of good practice, obstacles that still have to be overcome and the critical next steps that still have to be taken in order to make the ICPD commitment a reality. The NGO Forum highlighted the need to achieve consensus on policy formulation that includes NGOs as partners; establish permanent mechanisms for ICPD-PA implementation; mobilize additional financial resources for sexual and reproductive health initiatives; ensure that health sector reform includes RH; mobilize funds for women and youth activities; and to prevent the spread of HIV/AIDS.

The Youth Forum brought together 132 young people from youth and other organizations from 111 countries. It provided an opportunity for young people to review the achievements made since ICPD, to consider the obstacles and constraints that have been identified and to develop the critical steps that need to be taken. The Youth Forum focused on four key themes and four crosscutting issues. The key themes were: education; individual development; sexual and reproductive health; and violence. The crosscutting issues were: human rights; gender; governments and democracy; and youth participation. The Youth Forum highlighted the central role that youth play in development of policies and programmes for ICPD-PA implementation. They formulated recommendations on access to education, informed choice and access to RH, elimination of violence against youth and children and HIV/AIDS prevention for youth. They also called for: inclusion of RH, family life education, safe motherhood and gender equity and equality in school curricula; a new United Nations agency for youth; effective incorporation of youth issues into development programmes; development of national education programmes designed for and



by youth; and government promotion of youth entrepreneurship. Their impact on the Hague Forum was considerable, with youth taking center stage in the debates. Their proposal that at least 20% of donor allocations for reproductive health programmes be earmarked for initiatives to meet the information and service needs of adolescents was supported by a number of delegations and found its way into the Forum report's proposed actions. This proposal was considered by many to be one of the Forum's major accomplishments. This was due to the fact that issues relating to adolescent sexual and reproductive health, especially the significant increase in HIV/AIDS among young people, have come to the fore in the five years since Cairo. The enthusiastic and energetic participation of youth was highlighted by many as one of the most significant features of the Forum and a reflection that Cairo's call for increased partnerships and civil society involvement was becoming a reality.

Sources: *The Hague Declaration of Parliamentarians on the ICPD Review* (http://www.unfpa.org/ICPD/round&meetings/hague_forum/reports/finaldeclaparlia.htm).

The Report of the NGO Forum on ICPD+5 (<http://www.ngoforum.org/files/common/final/toc.htm>).

The report of the Youth Forum (<http://www.ngoforum.org/files/youth/final/toca.htm>).

Quantitative Targets in DND and ICPD-PA: The Prospects For West Africa

Seven years after the Third African Population Conference in Dakar and five years after the International Conference on Population and Development in Cairo, it is very unlikely that many of the quantitative targets set for fertility and mortality will be reached.

Although fertility and mortality levels are declining and life expectancy is increasing steadily in the region, they almost never get in the neighbourhood of the targets set in the DND¹ and ICPD-PA. The table gives an overview of the population estimates and projections of the United Nations for total fertility rates, contraceptive prevalence rates, infant mortality rates and life expectancy at birth.

The two indicators on fertility reviewed are the total fertility rate (TFR) and the contraceptive prevalence rate (CPR). Although not included among the target variables, the TFR has been included here since it is an important variable to assess progress. A level of 4 children per woman and below is taken as a rough target for 2000-2010. Apart from Cape Verde, all countries in the region will still have a TFR of 5 or above at the beginning of the new millennium. Countries with good prospects to reach a TFR of 4 or less within 10 to 15 years are Côte d'Ivoire, Ghana, Nigeria and perhaps also Gambia and Guinea. On the other hand, it is expected that for countries such as Niger and Mali, the TFR will

remain above 5 in the decade to come. With the exception of Côte d'Ivoire for which the fertility transition is expected to proceed somewhat faster, the rates with which the fertility levels are expected to decline are similar for most of the countries in the region.

Low contraceptive prevalence is among the factors responsible for the slow progress in attaining low fertility levels in the subregion. From the fragmentary data on this indicator, it appears that only Ghana and Cape Verde² would attain the target of 20% by 2000 and 40% in 2010. However, it should be pointed out that although Côte d'Ivoire, Gambia, Togo, Benin and Senegal will possibly not at-

Population projections and estimations for the total fertility rate (TFR), the contraceptive prevalence rate (CPR), the infant mortality rate (IMR) and life expectancy at birth (LEAB) compared with the DND/ICPD-PA targets

	TFR			CPR		IMR			LEAB		
	2000-'05	2005-'10	2010-'15	Percent	Period	2000-'05	2005-'10	2010-'15	2000-'05	2005-'10	2010-'15
World	2.71	2.57	2.35			57	52	41	65.4	66.5	69.2
Africa	5.06	4.62	3.80			87	80	65	51.4	51.4	56.1
Benin	5.80	5.31	4.32	16	1987-1994	88	81	65	53.4	53.7	56.9
Burkina Faso	6.57	6.05	4.99	8	1990	99	91	75	44.4	46.1	53.3
Cape Verde	3.56	3.23	2.59	--	--	56	50	40	68.9	70.5	73.1
Côte d'Ivoire	5.10	4.56	3.46	11	1990	87	80	62	46.7	47.6	54.8
Gambia	5.20	4.81	4.04	12	1990	122	112	94	47.0	49.0	53.0
Ghana	5.15	4.70	3.90	20	1990	66	58	44	60.0	62.0	66.0
Guinea	5.51	5.03	4.05	2	1990	124	114	96	46.5	48.5	52.5
Guinea-Bissau	5.75	5.32	4.46	--	--	130	122	107	45.0	44.9	44.8
Liberia	6.31	5.81	4.82	6	1985-1989	116	75	56	47.3	54.9	61.5
Mali	6.60	6.07	5.01	7	1990	118	110	90	53.3	55.3	59.3
Mauritania	5.11	4.59	4.14	3	1987-1994	84	76	68	55.5	57.5	59.5
Niger	6.84	6.28	5.17	4	1990	115	106	88	48.5	50.5	54.5
Nigeria	5.15	4.74	3.93	6	1990	81	76	64	50.1	50.3	53.6
Senegal	5.57	5.11	4.19	13	1987-1994	63	58	49	52.3	54.3	58.4
Sierra Leone	6.06	5.59	4.66	--	--	170	146	124	37.5	40.7	45.3
Togo	6.05	5.53	4.47	12	1985-1989	84	76	59	48.8	49.8	56.5
DND Targets		-	-	20	2000	50		-	55	-	-
				40	2010						
ICPD Targets		-	-			50		35	-	70	75

Sources: UNPD (forthcoming), World Population Prospects, The 1998 Revision; UNFPA (1998), The State of World Population

	Close to the DND/ICPD-PA targets
	Within the reach of the DND/ICPD-PA targets
	Negative evolution.

1. Originally, the DND targets were set for the African region as a whole. Here they are compared with the situation in individual countries.
2. Although Cape Verde has no published data on CPR, by virtue of its very low TFR it is bound to have a high CPR.

tain the DND targets, they may succeed in raising their prevalence rates to around 20 to 30% by 2010.

The two indicators on mortality that are assessed in the table are the infant mortality rate (IMR) and the life expectancy at birth (LEAB). Although the infant mortality rate will also steadily decline in the period considered, none of the West African countries will reach the quantitative objectives put forward in the DND

and ICPD-PA. Among the countries coming closest are Cape Verde, Ghana and Senegal. Liberia and Sierra Leone are the countries of whom most progress is expected during considered period. They are, however, among the countries with the highest starting values. The picture is very much similar for the life expectancy at birth. Considerable improvements will be made during the next decade, but with the exception of Cape Verde and Ghana, the

figures of none of these countries are expected to come close to the norms set forward in the DND/ICPD-PA. Among the countries for whom we expect significant improvements are again Liberia and Sierra Leone, and to a lesser degree also Côte d'Ivoire, Burkina Faso, Ghana and Togo. The projected stagnating life expectancy for Guinea-Bissau for the years to come calls for some policy reforms in the country's health sector.

Policies for Lower Population Growth Rates in African Countries

Africa is made up of 53 countries, member States of the Economic Commission for Africa (ECA). These countries have an estimated population of over 749 million in 1998. For the period 1995-2000, the regional annual growth rate will remain very high at about 2.4 per cent, making Africa the fastest growing region in the world. Population growth has continued in spite of the moderate decline in fertility rate - from 6.5 children per woman in 1980 to 5.1 children per woman in 1998 - and in spite of the devastating toll taken by the HIV/AIDS pandemic. Data Corner in this maiden issue of Africa's *Population and Development Bulletin* gives an overview of changes in the population policies of African governments since 1974.

Changing perceptions of population problems

In the quarter-century since the 1974 World Population Conference in Bucharest, the perception of population and development interrelationships by African policy-makers has undergone a radical change. Since 1974, trends have moved from the satisfied, non-intervention attitude to a heightened concern about high fertility levels, which has resulted in adoption of several strategies to lower growth rates. The trend has contin-

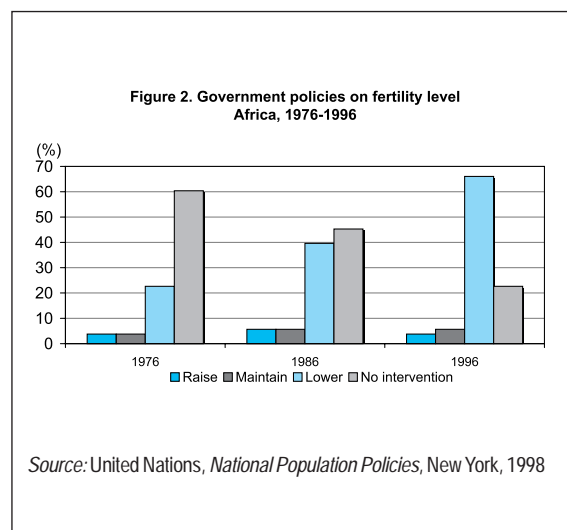
ued as an increasing number of countries adopt policies aimed at reducing population growth. The percentage of countries expressing a desire to lower their growth rates increased from 23 in 1976 to 38 in 1986 and to 57 in 1996 (see figure 1). Similarly, between 1976 and 1996, the percentage of countries desiring to lower the fertility level more than doubled, increasing from 23 in 1976 to 66 in 1996 (see figure 2).

This shift in perception of population-development interrelationships is reflected in, *inter alia*, the responses of African governments to the United Nations Eighth Population Inquiry on views and policies on population growth and distribution, national fertility levels and family planning programmes. It is also reflected in the African governments' responses to the recent (1998) ECA questionnaires to assess the national implementation of the Dakar/Ngor Declaration (DND) and the Programme of Action of the International Conference on Population and Development (ICPD-PA).

Fertility-reducing policies

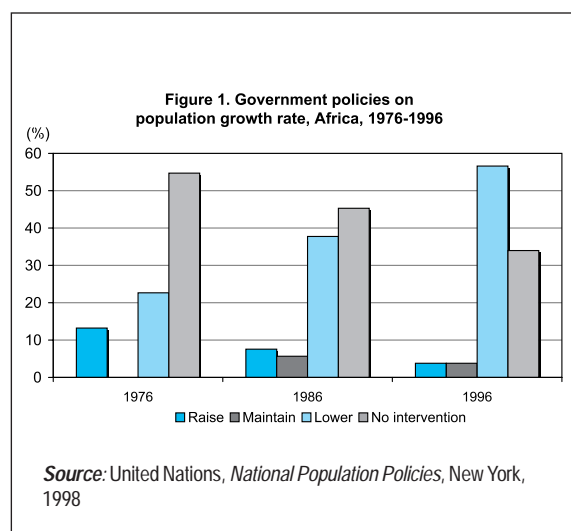
Table 1 shows in column 1 that in 1998, of the 53 States, more than one-half (30 countries) had explicit national population policies. It also shows in column 2 that in the same year only 14 countries (26 per cent) considered their population growth rate satisfactory and 37 countries (70 per cent) perceived their rate as "too high". Only one country, Gabon, considered its growth rate to be "too low".

Concerning fertility (see columns 1 and 2 of table 2), the majority of African countries (40 countries) perceived the prevailing level as "too high". Of these, 35 countries had policies to re-



duce it. Eleven countries (Benin, Chad, Côte d'Ivoire, Dem. Rep. of the Congo, Djibouti, Equatorial Guinea, Libyan Arab Jamahiriya, Mauritania, Mauritius, Somalia and Togo) expressed satisfaction with their current fertility level. Of these, Equatorial Guinea, Mauritius and Togo had policies to maintain their fertility level. Only one country (Gabon) perceived its fertility level as "too low", and two countries (Côte d'Ivoire and Gabon) had policies to increase the fertility level.

This overall picture obscures substantial variations that exist between geographical and colonial language areas in Africa. As is shown in column 2 of table 1 and column 1 of table 2, pro-natalist governments, which consider their growth rate and current fertility level to be low or satisfactory and therefore have a laissez-faire attitude or intend to raise the fertility level, are more common in Central and Western Africa than in Eastern, Northern and Southern Africa. Moreover, these attitudes were more in evidence among French-speaking countries as well as Portuguese- and Spanish-speaking countries. Two countries (Côte d'Ivoire and Gabon) have policies to raise their population growth rate and fertility level. The family planning programmes of twelve countries (Angola, Benin, Central African Republic, Chad,



Democratic Republic of the Congo, Djibouti, Guinea-Bissau, Libyan Arab Jamahiriya, Mauritania, Namibia, Sao Tome and Principe and Somalia) exist primarily for health reasons and are not intended to modify existing fertility levels.

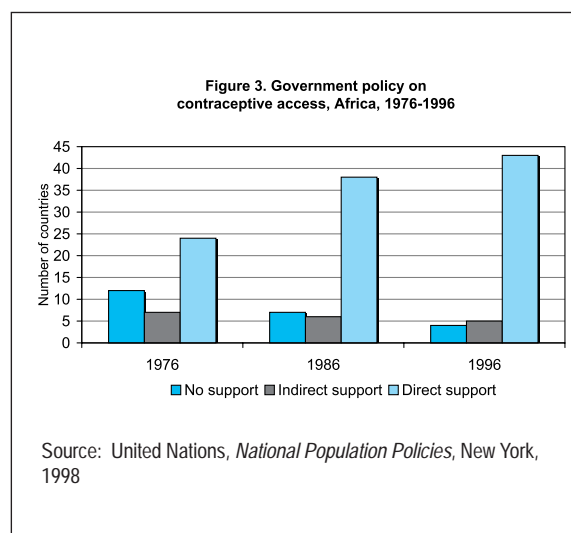
Access to contraceptives

Strategies adopted to modify the level of fertility include family planning services, measures related to the status of women, schemes to safeguard children, youth and other high-risk groups, and information, education and communication (IEC). However, the establishment and widespread provision of services providing access to contraceptives have been most widely used.

(Djibouti, Equatorial Guinea, Gabon and Libyan Arab Jamahiriya) give no support at all.

The demographic rationale for providing access to contraceptives is that "contraception can help to reduce fertility during that period when socio-economic development is still at an early stage...[and] can lessen the demographic burden... and maximize achievements of development by reducing the pace of population growth so that it does not surpass or impede development"¹. Family planning programmes are also established with a health and human rights rationale, which emphasizes birth spacing as a means of reducing maternal and infant morbidity and mortality.

As is shown in column 3 of table 2, about 91 per cent of African governments (48 countries) give direct or indirect support to ensuring access to contraceptives to modify fertility and/or to improve maternal and child health. Moreover, it is noteworthy that some countries in Africa, including Benin, Chad, Côte d'Ivoire, Mauritania, Mauritius, Somalia etc., which perceived their fertility levels as satisfactory and adopted non-intervention or intervention policy to maintain or raise them, permit access to contraceptive methods.



The number of countries with explicit government-supported programmes for access to contraceptives has greatly increased from 4 (Botswana, Ghana, Kenya and Mauritius) in 1974 to 24 in 1976, 38 in 1986 and 43 in 1996 (see figure 3). It is noteworthy that in 1976 five countries (Chad, Equatorial Guinea, Gabon, Libyan Arab Jamahiriya and Malawi) prohibited access to contraceptive information and materials. But as of 1996, no country is limiting access to contraceptive services. Still, 5 countries support access to contraceptives indirectly and 4 countries

explicit population policies intended to reduce levels of fertility and the annual rates of population growth.

At the Third African Population Conference (Dakar, 1992), African governments once more underscored the belief that rapid population growth could jeopardize their efforts at achieving sustained economic growth and development. Accordingly, they unanimously approved the Dakar/Ngor Declaration (DND) which, for the first time, sets quantitative demographic targets to be reached by the countries of the region by the years 2000 and 2010. Targets were set for reducing the regional population growth rate (from 3.0 per cent to 2.5 and 2.0 by the years 2000 and 2010) and the mortality rates (infant, childhood and maternal). Targets were also set for increasing life expectancy at birth (to 55 years by the year 2000) and the use of contraceptives (from 10 per cent to about 20 per cent by the year 2000 and 40 per cent by the year 2010). The DND formed the basis of the African Common Position at the ICPD held at Cairo (Egypt) in September 1994.

In reaffirming these goals, the ICPD made a strong appeal to African governments to focus on such key related factors as population growth, poverty, economic growth, environmental protection, and unsustainable consumption and production patterns. Global targets subsequently adopted in the ICPD-PA included (a) reproductive health services for all; (b) universal primary education for all; (c) closing the gap between female and male education by 2005; (d) infant mortality rate below 35 per 1,000 live births, and under-five mortality rate below 45 per 1,000 live births in all countries and; (e) reducing maternal mortality by 75 per cent of 1990 levels.

By adopting those regional and global frameworks (DND and ICPD-PA) in the 1990s many African countries have had the opportunity to review and reformulate their previous population and development policies.

Commitments at regional and global fora²

Concern about population problems resulted in adoption of the Kilimanjaro Programme of Action (KPA) for African Population and Self-Reliant Development at the Second African Population Conference (Arusha, 1984). The KPA, with its 84 recommendations to ECA member States, was for a long time the blueprint for the implementation of population programmes in Africa. It gave impetus to the majority of African countries which adopted ex-

1 Economic Commission for Africa, *African Population Newsletter No 59: Population issues in Africa in the 1990s*, Addis Ababa, 1990.

2 Economic Commission for Africa, *Implementation of the Dakar/Ngor Declaration and the ICPD: An Assessment of African Experiences*, 1999. United Nations, *Population Policies and Programmes*, New York, 1993 (ST/ESA/SER.R/128) Sales No. E.93XIII.5.

Table 1. Availability of national population policy and government perceptions and policies on population growth, Africa, 1998

Region and country In Africa	National Population Policy Year* (1)	Population growth	
		Perception (2)	Intention (3)
Eastern Africa			
Burundi	None	Too high	Lower
Comoros	None	Too high	Lower
Djibouti	..	Too high	Lower
Eritrea	None
Ethiopia	1993	Too high	Lower
Kenya	1995	Too high	Lower
Madagascar	1990	Too high	Lower
Rwanda	1990	Too high	Lower
Seychelles	None	Too high	Lower
Somalia	..	Satisfactory	No intervention
Uganda	1995	Too high	Lower
United Rep. of Tanzania	1992	Too high	Lower
Central Africa			
Cameroon	Yes	Too high	Lower
Central African Republic	None	Satisfactory	Maintain
Chad	None	Satisfactory	No intervention
Congo	None	Too high	Lower
Dem. Rep. of the Congo	None	Satisfactory	No intervention
Equatorial Guinea	None	Satisfactory	Maintain
Gabon	None	Too low	Raise
Sao Tome and Principe	None	Satisfactory	No intervention
Northern Africa			
Algeria	1997	Too high	Lower
Egypt	Yes	Too high	Lower
Libyan Arab Jamahiriya	Yes	Satisfactory	No intervention
Mauritania	1995	Satisfactory	No intervention
Morocco	Yes	Too high	Lower
Sudan	Yes	Too high	Lower
Tunisia	Yes	Satisfactory	Lower
Southern Africa			
Angola	None	Satisfactory	No intervention
Botswana	1997	Too high	Lower
Lesotho	1994	Too high	Lower
Malawi	1994	Too high	No intervention
Mauritius	1992	Satisfactory	Maintain
Mozambique	None	Too high	No intervention
Namibia	1997	Too high	Lower
South Africa	1998	Too high	Lower
Swaziland	..	Too high	Lower
Zambia	1989	Too high	Lower
Zimbabwe	1998	Too high	Lower
Western Africa			
Benin	1996	Satisfactory	No intervention
Burkina Faso	1991	Too high	Lower
Cape Verde	1995	Too high	Lower
Côte d'Ivoire	1997	Satisfactory	Raise
Gambia	1979	Too high	Lower
Ghana	Yes	Too high	Lower
Guinea	1996	Too high	No intervention
Guinea-Bissau	..	Satisfactory	No intervention
Liberia	..	Too high	Lower
Mali	1991	Too high	Lower
Niger	1992	Too high	Lower
Nigeria	1988	Too high	Lower
Senegal	1988	Too high	Lower
Sierra Leone	..	Too high	No intervention
Togo	None	Too high	No intervention

Sources: ECA Secretariat

United Nations 'National Population Policies', 1998

United Nations 'World Population Monitoring, 1999'

Two dots (..) indicate that data are not available.

In column 1, **Year*** indicates the year when the latest population policy was adopted. Yes/None indicates the availability/non-availability of population policy. For those countries missing the date of adoption of national population policy, 'Yes' is used.

**Table 2. Government perceptions and policies
on fertility and contraceptive access, Africa, 1996**

Region and country In Africa	Fertility level		Contraceptive Access Policy (3)
	Perception (1)	Intention (2)	
Eastern Africa			
Burundi	Too high	Lower	Direct support
Comoros	Too high	Lower	Direct support
Djibouti	Satisfactory	No intervention	No support
Eritrea
Ethiopia	Too high	Lower	Direct support
Kenya	Too high	Lower	Direct support
Madagascar	Too high	Lower	Direct support
Rwanda	Too high	Lower	Direct support
Seychelles	Too high	Lower	Direct support
Somalia	Satisfactory	No intervention	Indirect support
Uganda	Too high	Lower	Direct support
United Rep. of Tanzania	Too high	Lower	Direct support
Central Africa			
Cameroon	Too high	Lower	Indirect support
Central African Republic	Too high	No intervention	Direct support
Chad	Satisfactory	No intervention	Indirect support
Congo	Too high	Lower	Direct support
Dem. Rep. of the Congo	Satisfactory	No intervention	Direct support
Equatorial Guinea	Satisfactory	Maintain	No support
Gabon	Too low	Raise	No support
Sao Tome and Principe	Too high	No intervention	Direct support
Northern Africa			
Algeria	Too high	Lower	Direct support
Egypt	Too high	Lower	Direct support
Libyan Arab Jamahiriya	Satisfactory	No intervention	No support
Mauritania	Satisfactory	No intervention	Direct support
Morocco	Too high	Lower	Direct support
Sudan	Too high	Lower	Direct support
Tunisia	Too high	Lower	Direct support
Southern Africa			
Angola	Too high	No intervention	Direct support
Botswana	Too high	Lower	Direct support
Lesotho	Too high	Lower	Direct support
Malawi	Too high	Lower	Direct support
Mauritius	Satisfactory	Maintain	Direct support
Mozambique	Too high	Lower	Direct support
Namibia	Too high	No intervention	Direct support
South Africa	Too high	Lower	Direct support
Swaziland	Too high	Lower	Direct support
Zambia	Too high	Lower	Direct support
Zimbabwe	Too high	Lower	Direct support
Western Africa			
Benin	Satisfactory	No intervention	Direct support
Burkina Faso	Too high	Lower	Direct support
Cape Verde	Too high	Lower	Direct support
Côte d'Ivoire	Satisfactory	Raise	Indirect support
Gambia	Too high	Lower	Direct support
Ghana	Too high	Lower	Direct support
Guinea	Too high	Lower	Direct support
Guinea-Bissau	Too high	No intervention	Direct support
Liberia	Too high	Lower	Direct support
Mali	Too high	Lower	Direct support
Niger	Too high	Lower	Direct support
Nigeria	Too high	Lower	Direct support
Senegal	Too high	Lower	Direct support
Sierra Leone	Too high	Lower	Indirect support
Togo	Satisfactory	Maintain	Direct support

Sources: ECA Secretariat

United Nations 'National Population Policies', UN, N.Y. 1998

Two dots (..) indicate that data is not available.

Fear and Hope

According to the most recent UNAIDS estimates, the number of people in the world living with HIV/AIDS has grown to 33.4 million at the end of 1998. More than 95% of all infected people live in the developing world. In sub-Saharan Africa alone, 22.5 million people are infected. In many African countries, the epidemic is erasing decades of efforts in development work by increasing mortality among the active population.

By the early 1980s, HIV was found in a geographic area stretching from West Africa across to the Indian Ocean. Today, the hardest hit areas are in East and Southern Africa. West Africa has experienced rates of infection at much lower levels. In Botswana, Namibia, Swaziland and Zimbabwe, at least one out of five adults is living with HIV or AIDS. South Africa trailed behind some of its neighbours in HIV infection levels at the start of the 1990s. Unfortunately, it is catching up fast. In 1998, just over 50% of all new infections in Southern Africa occurred in this one country. These are the most extreme cases in Africa, but countries such as the Central African Republic, Côte d'Ivoire, Djibouti and Kenya have prevalence rates of 10% and higher. Social and political instability has certainly played a key role in countries where the virus has spread rapidly. Huge migration of single men to the mining industry in South Africa is one example; the huge population movements during and after the genocide in Rwanda is another. These elements alone, however, do not explain subregional differences in the spread of HIV infection. More research is needed to understand the different faces of AIDS and the way it unfolds in different regions and among different populations.

In sub-Saharan Africa, HIV has mostly spread through heterosexual contact. This means that the prevalence rates among women and children are higher than in other parts of the world. Some 87% of all children with HIV live in Africa.

There are several causes for this high proportion. First, more women of child-

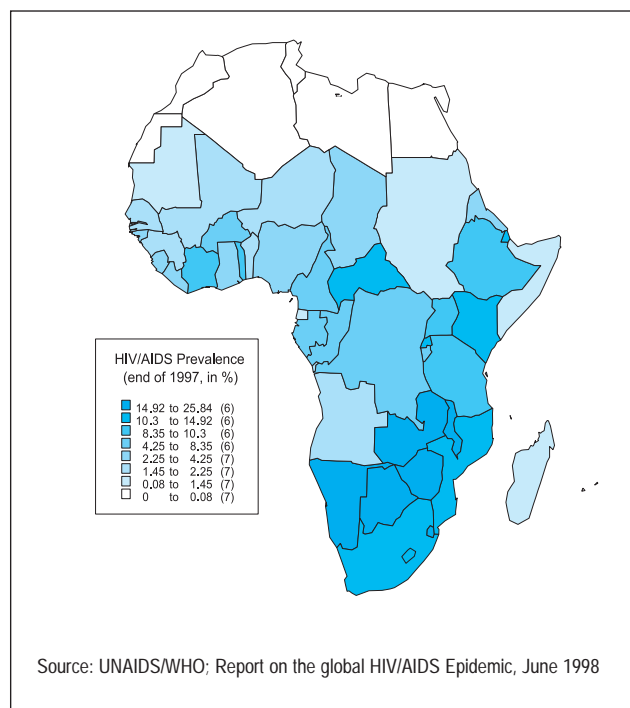
bearing age are HIV-infected in Africa than anywhere else. African women generally have higher fertility rates and almost all children in Africa are breastfed. Breastfeeding is thought to account for a third to a half of all HIV transmission from mother to child. Finally, drugs that help to reduce the transmission from mother to child are far less accessible in Africa.

Often, girls become infected at younger ages than boys. This age gap at infection indicates that young girls are getting infected through sex with older men. Many girls may choose such relationships, but some will simply have been powerless to resist. Unwilling sex with an infected partner carries a higher risk of infection because abrasions and cuts are more likely and condom use is unlikely.

The demographic impact of AIDS

Beginning with the 1992 Revision, the Population Division of the United Nations Secretariat has made explicit allowance for the potential demographic impact of AIDS in preparing the population estimates and projections for areas where the epidemic has reached significant proportions. In the 1998 Revision the impact of AIDS is considered for 34 countries, all of which had populations of at least one million in 1995 and most of which had an estimated adult HIV prevalence of 2 per cent or higher in 1997. 29 of these countries are situated in sub-Saharan Africa.

The most dramatic effect of AIDS is on life expectancy at birth. In the 29 African countries considered, life expectancy has already been reduced by about 7 years and it is expected to remain constant at about 47 years for the next decade instead

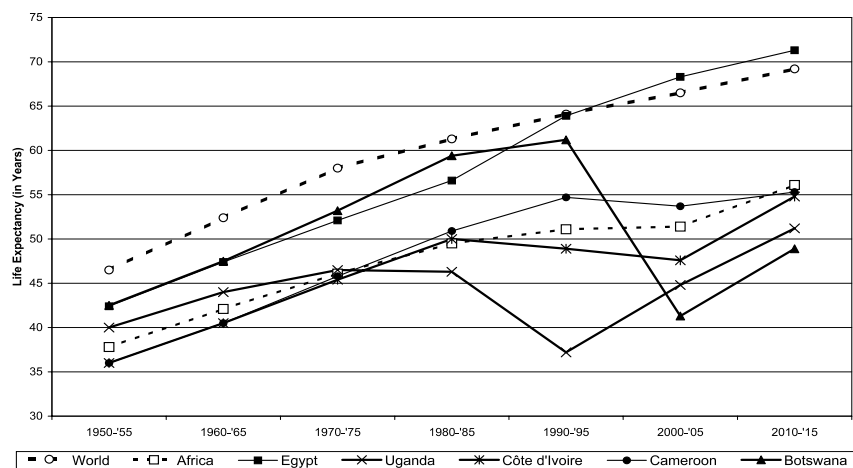


of rising to 57 years as expected in the absence of AIDS. Botswana and Namibia are probably the countries with the most severe impacts. In both countries, life expectancy is expected to drop by 20 years between 1990-'95 and 2000-'05. In the most severely hit Southern African countries, life expectancy for 2015 is expected to be not higher than in the early sixties, implying that AIDS will effectively erase the progress made since that time.

AIDS will also affect infant and child mortality. In the nine most severely affected countries in Africa, AIDS has already increased the infant mortality rate by about 10 deaths per 1,000, from 76 to 86 infant deaths per 1,000 live births. By 2015, the infant mortality rate in these countries would have been expected to decline to 27 per 1,000 in the absence of AIDS, but because of the epidemic it is expected to drop to only 52 per 1,000.

In the 28 African countries for which the AIDS impact is considered, the rate of population growth is projected to decline from about 2.4 per cent today to 2.1 per cent by 2015, whereas it would have de-

Life expectancy at birth in the world, Africa, and some selected African Countries



On the regional level, Africa experiences a decline in the growth of life expectancy due to AIDS. In some countries such as Uganda and Botswana, life expectancy at birth is even falling to levels prevalent in the fifties.

Source: UNPD/DESA (forthcoming); World Population Prospects: the 1998 Revision.

clined from 2.8 to 2.4 per cent without AIDS. In Zimbabwe, the annual rate of population growth is estimated to drop just under one per cent by 2000-2010. Although AIDS will have a serious impact on population growth rates, it is not expected to lead to negative population growth in any country.

AIDS and development

Globally, especially in Western Europe and America, AIDS has become the disease of the poor and the less educated. In the USA, citizens of African origin are now more than 8 times as likely as whites to have HIV. Most probably, the richer and better educated are more likely to have access to information about HIV and the knowledge of how to process and handle this information. In sub-Saharan Africa, however, the picture is different. There, the highest levels of HIV prevalence are found in countries with the highest literacy levels. Although it is difficult to draw conclusions regarding individual behaviour from data on a national level, it is very likely that the social changes that accompany more schooling, and eventually higher incomes, are also associated with behaviour that increases the risk of HIV infection. The educated and richer have better access to prevention materials, but are at the same time also more likely to engage in a wider variety of social and

sexual relationships and are, as such, also more exposed to the risk of HIV infection. Lower educated people are generally less mobile and have a narrower spectrum of social and sexual relationships. The spread of HIV and AIDS in Africa appears to accompany development, which is a very worrying conclusion.

This observed positive relationship between education and HIV prevalence, is, however, more pronounced among the older generations. This means that the older generations have been infected in the earlier years of the epidemic, when little or no information about HIV was available. The younger generations have had better access to information about HIV and AIDS in their sexually active years and also tend to use this information in steering their sexual behaviour. This could also mean that information and education are making a difference and must be seen as two important tools in prevention campaigns.

Vulnerable youth: key to future development

Young people are disproportionately affected by HIV and AIDS. Around 50 per cent of the new HIV infections are in the age group between 15 and 24 years, the range in which most people start their sexual lives. This vulnerability of youngsters creates at the same time an opportu-

nity to combat the disease. Research shows that young people adopt safer sexual behaviour provided they have the information, skills and means to do so. But AIDS prevention should not only focus on providing services, information and condoms. They should be accompanied by structural changes and policies that create an environment in which people can more easily reduce or control their exposure to HIV. Senegal is one of the countries showing that prevention does work. Political leaders took the initiative early on, openly discussing the dangers posed by HIV to Senegal and seeking the support of religious and other community groups in prevention activities. Sex education was integrated into primary and secondary school curricula. Treatment for sexually transmitted diseases was made widely available and the use of condoms actively promoted. The net effect of this early action has been to keep HIV prevalence consistently low. While HIV rose rapidly in some other urban sites in West Africa, in Dakar, the infection rate appears to have stayed below 2 per cent and this is not because young people in Senegal are having less sex; they are just having safer sex. Uganda is another example where political recognition has been an important step in combating the spread of the virus. As early as 1986, the Government recognized the disease's impact on national development and began fighting its spread. Despite serious constraints, HIV control efforts are showing a declining trend in HIV prevalence. Of the 20 surveillance hospitals in the country, five report a declining trend from 1991 to 1995.

Sources: UNPD/DESA (forthcoming), *World Population Prospects: the 1998 Revision*; UNAIDS/WHO, *AIDS Epidemic Update, December 1998*; UNAIDS, *AIDS in Africa. Fact Sheet, 30 November 1998*; UNPD/DESA, *The Demographic Impact of HIV/AIDS. Report on the Technical Meeting, New York, 10 November 1998*; PRB, *Uganda. Reproductive Health in Policy and Practice, 1998*; UNAIDS/WHO, *Report on the Global HIV/AIDS epidemic, June 1998*.

AIDS, a development challenge

“AIDS is not only a health problem. It is a development challenge, and must be treated as such” — Dr. Piot

HIV/AIDS was an important topic on the agenda of the recent Joint Conference of African Ministers of Planning and Finance which was hosted by ECA in Addis Ababa, May 6-8, 1999.

In his presentation, Dr. Piot, the Executive Director of UNAIDS, stressed that HIV/AIDS should be one of the major points of the development agenda because AIDS has a proven impact on the households' economy, the private sector and thus also on the macroeconomic level.

Those who suffer the consequences of AIDS first, are the families. There is the emotional impact of seeing a loved one die, but apart from that, these families face severe economic losses as well. An average family will be confronted with a 50% reduction of its income when a family member dies of AIDS. Imagine suddenly having to live on half or less of your current income. Think of the changes that would make in your life. Now think of the changes such loss makes for those who are already on the brink of survival. Surveys further indicate that one third of rural households affected by HIV/AIDS experienced a 50% reduction in agricultural output. In Zimbabwe, a study indicates a reduction in maize production of 61%, of cotton 47%, of vegetables 49%. Income losses often lead to painful choices and cutting down on educational expenditures is one of them. One study in Côte d'Ivoire, showed that in families where someone had died of AIDS, school expenditures went down by half.

Just as AIDS has a cruel impact on families, it also has a cruel impact on national economies and the private sector. As income declines, so does purchasing power. Unschooled children induce other social problems and a loss of competitiveness in a global economy that becomes increasingly dependent on knowledge. Food that is not produced nationally must be imported or cut down from what would have been exported. Mod-

els show that by 2005, the AIDS treatment - and not even the most expensive ones - will cost over 60% of the budget of the Ministry of Health in Zimbabwe. In Kenya, this figure will be around 50%. Studies also indicated that the profits of private companies decreased by 7% to 20% as a direct result of AIDS. In six specific companies from four countries, the annual cost of AIDS to the firm ranged from \$US50 to \$US300 per worker. HIV- and AIDS-related absenteeism makes up 52% of these costs. Recruitment and training of replacement employees makes up another 17%. Add to this the hidden impact of a reduced pool of skilled labour (i.e. children that were not educated because one or both of their parents died) to replace those lost to AIDS, and it is easy to see that the cost to the economy will be high. These extra costs and the loss of skilled labour have obvious implications for the efforts of African nations to attract high-quality foreign investment.

While estimating the full effects of the AIDS epidemic on macroeconomic

performance remains difficult, there is no doubt that AIDS is having a significant negative impact in the most severely affected African countries. The World Bank, for example, estimated that countries with high HIV prevalence will lose one per cent of GDP growth per capita annually. The cumulative expected loss in Kenya, for example, is expected to be 15% over the next decade. Broader development measures of human welfare, such as UNDP's Human Development Index are also projected to decline dramatically in the Southern African countries because of AIDS.

Dr. Piot further stressed that the answer to the development-related problems due to AIDS must be sought in Africa itself. This answer requires a combination of strong political support, broad institutional participation, and carefully selected programme interventions. A key element in the strategies to be followed is openness about the disease and the ways it is spread. People are dying because of ignorance and because of the stigma, humiliation, and fear of

Declining life expectancy makes headlines, declining food security does not

When a man is taken ill, the wife who nurses him lacks time to weed the maize field properly, mulch and pare the banana trees, dry the coffee, or harvest the rice. This means less food and less income from cash crops. Trips to town for medical treatment, hospital fees and medicines consume any savings. Traditional healers are paid with goats and chickens. When the man dies, farm tools are sold to pay burial expenses. Ritual mourning practices forbid farming for up to seven days. Precious time for farm chores is lost.

The impact of AIDS on food security is different in the various regions of Africa. In Uganda for example, the farming systems are not the most vulnerable to the AIDS pandemic. Uganda has fertile soil, a tropical climate, abundant rains, plenty of land and a staple diet based on drought-resistant and low-labour cassava, sweet potato, millet and green bananas. But in the rain-fed, maize-based cropping systems of West and Southern Africa, AIDS spells a disaster. If terminal sickness and burial coincide with certain tasks, like weeding and harvesting, the crop is compromised.

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retribution that surrounds AIDS. Combating AIDS further requires an international partnership to develop strong national plans, mobilize greatly increased financial resources for these plans, and develop strong country-based and regional technical platforms to assist programme design and implementation. To be effective, such an international partnership against HIV/AIDS needs to go beyond African governments and United Nations agencies, to include the NGOs, the private sector and the international donor community.

New AIDS initiative to encourage cross-border collaboration in the Great Lakes Region

According to an assessment report, the Great Lakes Region is particularly vulnerable to the spread of AIDS for a number of reasons. The active cross-border trade routes between Goma (the Democratic Republic of Congo) and Mombasa (Kenya) and between Goma and Dar Es Salaam (Tanzania) have allowed AIDS to cut a wide path across the continent. HIV is transmitted during sexual encounters between the truckers and the women who live along the routes - women who often are working as prostitutes because of the lack of other economic choices. In addition, political instability over the past few years has increased economic hardship and led to mass movements of refugee populations.

The first priority of the initiative will be to set up a joint HIV/AIDS prevention programme along the main transport routes between Goma and Mombasa and Goma and Dar Es Salaam, and to conduct HIV-prevention activities among refugee and displaced populations. The initiative also aims to promote condoms through social marketing; expand access to prevention and treatment of sexually transmitted diseases (STDs), which, if left untreated, increase the risk of HIV transmission; improve care and support for people living with HIV/AIDS; and develop a system for information exchange and resource mobilization between countries of the Great Lakes Region.

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577, Lisa Jacobs, UNAIDS, Geneva, (+41 22) 791.3387, Ivan Hermans, UNAIDS, Kigali, (+250) 73519 or Abigail Bing, UNAIDS, New York, (+1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (<http://www.unaids.org>).

Overview of the UNFPA/CSTs in Population Activities

The concept of the Country Strategy Note, as set out by the United Nations General Assembly, emphasizes the fact that the country's development programme is the context within which United Nations agencies provide their development assistance. Therefore, the country is the critical level in development work. With respect to population programmes, the UNFPA Field Offices are the focal points for coordinating inputs into population-related activities at the country level. By its very nature, population is a multi-faceted field requiring multi-disciplinary input. To address this reality, UNFPA and her development partners within the United Nations in the population field established the Technical Support Services (TSS) system that took off in 1992. These services are earmarked to the country level in the context of National Capacity Building.

Within the TSS system, the first level of providers of these technical services comes from the nationals and national institutions. The second level is that of the UNFPA Country Support Teams (UNFPA/CSTs) and the third level consists of TSS specialists at the agency HQ or at the HQ of Regional Commissions. The ECA has one of the TSS posts. The bulk of the technical posts in the TSS system are within the UNFPA/CSTs who are the first call for countries for technical services that cannot be provided from within the country.

Of the eight CSTs globally, three are in Africa. The Addis Ababa CST provides technical services to countries in Eastern Africa, to some countries in Central Africa and Anglophone West Africa. Dakar CST provides services for countries in western and some countries in Central Africa and Harare CST for countries in Southern Africa. The three Asian CSTs are based in Bangkok, Kathmandu and Suva. The CST for Arab States and Europe is based in Amman and the CST for Latin America and the Caribbean just moved from Santiago in Chili to Mexico City. In addition to technical services to

countries, the three CSTs in Africa also collaborate with regional institutions, especially the ECA, OAU and Regional Programmes in the area of population.

The modus operandi of the CSTs is by request from countries through the UNFPA field offices that make requests to the Director of the CST for technical services. On the basis of Terms of References (TORs) for each request, the Director decides on the Regional Advisor(s) to respond to the request. The composition of Regional Advisors within each UNFPA/CST reflects subregional technical needs within the three thematic priorities identified by UNFPA following the ICPD. These priority thematic areas are reproductive health and rights (RH), population and development strategies (PDS) and advocacy.

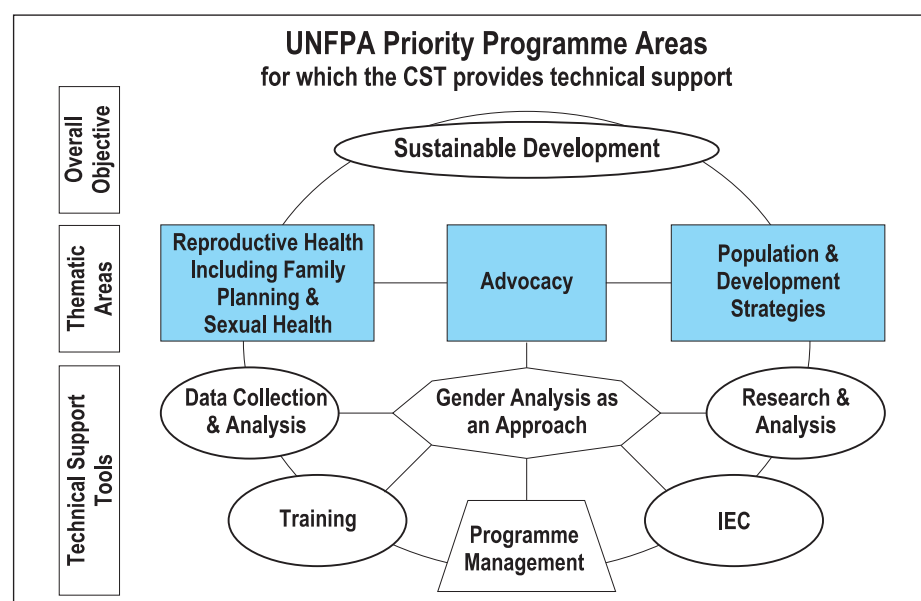
One of the remarkable strengths of the UNFPA/CSTs is the multi-disciplinary na-



Addis Ababa UNFPA/CST

ture of the composition of the advisors drawn from various agencies. The current 18 posts of Regional Advisors in the UNFPA/CST Addis Ababa are recruited by seven agencies. Dr. Miriam Jato, the lead author of the paper on multiple media family planning promotion in this issue, is the Gender, Population and Development Regional Advisor in the Addis Ababa CST, recruited by UNIFEM.

The following schematic presentation summarizes the challenge areas that the TSS system addresses and reflects the expertise available in the CSTs:



On the Efficiency of Multiple Media Family Planning Promotion Campaigns

Family planning communication campaigns have shown to increase contraceptive use, but, until now, it remained unclear whether exposure to messages about contraception through multiple media sources has a greater impact than exposure through one medium. Miriam N. Jato from UNFPA-CST for East Africa and formerly Senior Research and Evaluation Officer at the Center for Communication Programs at the John Hopkins University has found some evidence for the latter in her recent study.

The study was set in Tanzania, a country with close to 30 million people and an annual population growth rate of 3 per cent. Four out of five Tanzanians live in rural areas, and around 40 per cent are illiterate. The Government of Tanzania began to integrate family planning into maternal and child health care services in 1988, and also worked to strengthen family planning services by training service providers, improving logistics systems and implementing a national communications campaign. In 1992, a private-sector condom-marketing programme began and the Government adopted a national population policy calling for a wider dissemination of family planning information. These initiatives appear to have had a major impact on contraceptive use. In less than three years, the use of modern contraceptive methods nearly doubled to a level of 11.3 per cent. The total fertility rate also dropped from 6.3 lifetime births per woman in 1991-'92 to 5.8 in 1994.

The objective of the study was to determine whether women's recent exposure to family planning messages in the media, as measured by their recall of these messages had any effect on their current contraceptive use, spousal approval of family planning,



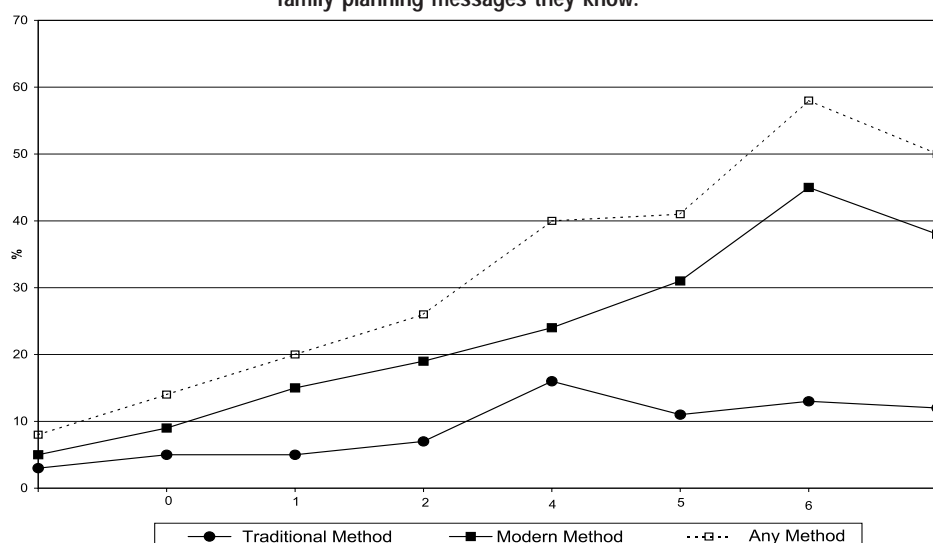
Dr. Miriam Jato

discussions with their spouse about family planning or visits to a family planning service site. It also assessed the effects of an increased number of media sources on contraceptive behaviour. Among the media campaigns that took place during the evaluation period were radio spots; several radio serial dramas and variety shows; logo, poster and leaflet campaigns; newspaper articles, etc. The data

used in the analysis to assess the impact of mass media family planning campaigns on contraceptive behaviour come from the 1991-1992 Tanzania Demographic and Health Survey and a nationally representative sample of 4,225 women who participated in the 1994 Tanzania Knowledge, Attitudes and Practice Survey.

The study indicated that women's exposure to media sources of family planning messages was associated with increased contraceptive use, especially that of modern methods. For example, only 3 per cent of women who had not been exposed to any of the family planning messages were using modern methods, compared with 18 per cent of those who had been exposed to at least one media source of family planning information. Furthermore, the use of modern methods rose as the number of media sources increased, reaching 45 per cent among women exposed to six media sources. Exposed women were also more likely to discuss family planning with their spouses and to visit health facilities. These effects persist, even after

The percentage of women aged 15-49 using a contraceptive method, by number of media sources of family planning messages they know.



controlling for socio-demographic background characteristics and other relevant variables.

Of course, the issue of the direction of the causality is important. Did women recall multiple media messages on family planning because they were already using or intended to use contraceptives, or did the messages cause them to change their behaviour? It is difficult to give a definitive answer to this question without additional data, but the fact is that the use of contraceptives has risen significantly after the introduction of the different campaigns. Nevertheless, it is well recognized that becoming a regular user of modern contraception is a gradual and complex process. Few women adopt contraception immediately upon exposure to

information about family planning. Yet, continued exposure to similar messages through different media channels changes knowledge and attitudes and helps to create a climate in which family planning is perceived as a social norm. Multiple media sources appear to be complementary and reinforcing rather than duplicative.

The programmatic implications of these findings are that multiple media channels should continue to be used to promote family planning and other reproductive health issues. Priority should be given to media channels that reach large numbers of the intended audience (here radio), but supporting channels (such as printed media and interpersonal communication) should also be included in the

media mix. Some media exposure appears to compensate for low educational attainment in raising levels of contraceptive use. While media promotion of health issues is no substitute for formal education, it would be useful to learn more about ways to use radio and other media to provide information to illiterate women.

*This is a summary of Miriam N. Jato, Calisto Simbakalia, Joan M Tarasevich, David N Awasun, Clement N.B. Kihinga and Edith Ngirwamungu, "The impact of Multimedia Family Planning Promotion on the Contraceptive Behaviour of Women in Tanzania, **International Family Planning Perspectives**, vol. 25 n°2, June 1999, p. 60- 67.*

An NGO at Work: CARE-Ethiopia

CARE Ethiopia is an offshoot of Cooperative for American Relief to Everywhere which was born after World War II when Americans sent packages of food and clothes to people in Europe to assist them in their efforts to rebuild their lives. Out of this initiative, the programme expanded to address the needs of poor people in other areas of the world. With time a number of CARE country offices were born resulting in the formation of CARE International. Member countries dedicate their resources and efforts towards the relief, rehabilitation and development of the needy around the world. Today, a confederation of 10 fund-raising and management offices in Australia, Canada, Denmark, Germany, France, Japan, Norway, Austria, UK and USA forms CARE International which currently operates in about 65 developing countries.

CARE Ethiopia signed its first Basic Agreement with the Relief and Rehabilitation Commission (a government agency for co-ordinating NGOs and now known as the Disaster Prevention and Preparedness Commission -DPPC) in late 1984 during the drastic drought that was affecting Ethiopia. Emergency operations for the delivery of food aid in the Eastern Hararghe region began in early 1985. CARE's primary objective during its first years in Ethiopia was to alleviate the suffering brought about by the severe food shortages resulting from the recurrent drought and environmental degradation. Due to the extent of the 1984/85 famine, CARE, was invited by the Government to expand its operations to West Hararghe, East Shoa and Borana regions. Food aid was also delivered to drought-affected people in North Shoa in collaboration with other international NGOs.

As part of the evolutionary process from relief to mitigation and development, CARE's activities have expanded. Although food programming has remained an important part of CARE's overall programme in the country, it is now primarily used to support development activi-



ties. CARE Ethiopia's approach is based on the premise of community-based development both as a philosophy and as an implementation strategy for reaching the rural poor. CARE's projects emphasize the participation of the target communities, both in terms of input and decision making. Focusing on five programmatic areas (rural and urban infrastructure, water and sanitation, small-scale irrigation, reproductive health including HIV/AIDS and micro-credit), CARE Ethiopia is currently working in the Oromia, Amhara, Afar and Somali regions as well as the municipality of Addis Ababa.

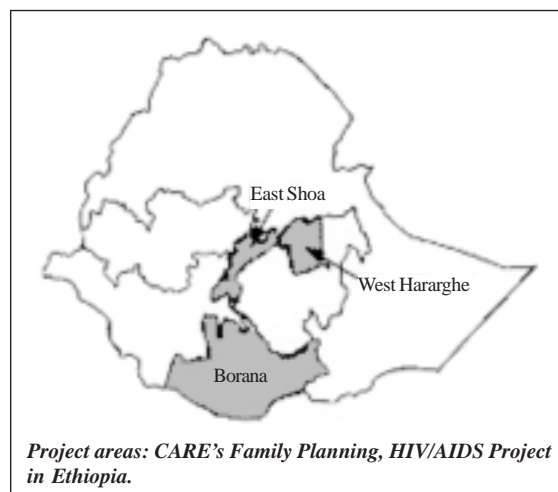
Family Planning and HIV/AIDS project

The Family Planning HIV/AIDS project of CARE Ethiopia is a five-year project that started in March 1996 in the four zones of Oromia Region (East Shoa, West Hararghe, East Hararghe and Borana). The main objectives are to improve the knowledge, attitude and practices of rural communities towards family planning, increasing access to affordable modern contraceptive methods on a sustainable basis, and changing the risk-behavior related to transmission of the Human Immuno-deficiency Virus.

The project targets 264,000 direct beneficiaries, all women and men of reproductive or sexually active age, including unmarried adolescents. The strategies are to provide community-based family

planning services through education, counselling and contraceptive/condom distribution (CBD) and the production and dissemination of area-specific information, education and communication (IEC) interventions on family planning and HIV/AIDS. In addition, the project strengthens the capacity of Ministry of Health institutions within the project area to enhance the quality of service delivery.

CARE employs extension agents who live and work in a specific peasant association for a six-month period of time. During the period, the agents work closely with community-based volunteers who have been selected to serve as commu-



nity-based distributors of assorted contraceptive supplies, and as peer educators. The volunteers are trained in family planning methods, counselling techniques and referral requirements as well as in peer education methodologies. The extension agents also work closely with Ministry of Health services to forge linkages between the communities not just for family planning services but overall reproductive and primary health care services. This reflects an evolution in general in CARE's Population and Health sector from being primarily family planning focused to an integrated health approach in development.

CARE Ethiopia's POP/AIDS project focuses on integrated reproductive health with special emphasis on child spacing and prevention of HIV/AIDS. A new initiative that will be addressed during the remaining two and a half years of the project is female genital mutilation (FGM), a predominant practice in Ethiopia. The initiative will be incorporated within the project's overall information, education and communications approaches to develop awareness about the dangers and risks associated with FGM. The project works in partnership with regional and zonal health bureau's and with other compatible governmental and non-governmental organizations working in similar programmes.

Project evaluation

Recently, a mid-term evaluation of the project was conducted to assess project progress against the targets and effects of the interventions on the population. Results of the evaluation clearly indicate that this community-based programme has had great value in the communities and that it has complemented the Government's efforts to improve health status. As was frequently mentioned during interviews with community members, "this project has opened our eyes. Before we were just like cattle following the same way as had our parents and their parents before them. Now we have the knowledge to make a choice and to take action, to do something to help ourselves and our children." While the project strategy calls for the extension agent to leave the community after six months and move on to another community, leaving the CBD agents and peer educators to carry on their work, community members repeatedly asked for the extension agents to stay. For the CBD agents and the peer educators, the project found that these individuals (numbering over 150 at the present time) have continued their work on a voluntary basis sometimes working 3 or 4 days a week. Not only do they work in the areas of family planning and HIV/AIDS prevention, these volunteers also offer their services to the Ministry of Health (MOH) by assisting them in immunization campaigns.

Walking from one village to the next may take a CBD agent or an extension agent over two to three hours. The area covered by the project for the most part is extremely mountainous and not suitable for bicycles or other mechanised transport. Interviews in far dispersed communities reveal that they have been visited frequently and that not only knowledge about the advantages and benefits of spacing has increased dramatically but also about contraceptive use. In addition, it is clear that knowledge about the methods of transmission of HIV/AIDS and prevention have increased in these very rural areas.

Project constraints

A critical constraint is ensuring that rural communities do have access to referral level services. Lack of access is responsible for denying many interested couples the use of Norplant or injectable contraceptives. Norplant can only be provided at zonal hospitals, which can be as far away as four hours travel (by vehicle) from the project site. Another constraint is the shortage of trained personnel. According to government policy, injectables can only be administered at health centres by staff trained specifically in injectables. Therefore, if a nurse or midwife has not been trained through the MOH in injectables they are not provided with the supplies even though their technical training and training with CARE would have made them skilled to provide the service. Other constraints include the lack of systematic provision of contraceptive commodities. Often, health service sites do not receive commodities on time and/or receive different types of commodities such as different oral contraceptives. This contributes to disruption in the ongoing contraceptive use as well as disappointment and frustration when a client travels to a health site and cannot be provided with the desired contraceptives.

Project sustainability

While, to date, the CBD agents and peer educators have worked very hard on a voluntary basis and there have been

no "drop outs", there is a concern that they will not continue to work without pay on such a consistent basis over time. The challenge for CARE, the community and the MOH as partners is to identify a strategy to support these critical individuals in their work. Suggestions for sustainability raised by community members have been to: (a) provide outside help for the farming activities of the CBD agent; (b) provide care for the volunteer's children while she is active in her work; and (c) ensure that volunteers receive free services from the MOH for themselves and their families. For sustainability reasons, finding a reasonable, workable and cost-effective solution to this issue is of primary importance and can only be done in full consultation with CARE's partners including and emphasizing the community itself.

An Advocacy Tool Modeling the Interrelationships Between Population, Development, the Environment and Agriculture in Africa

During the last two decades, Africa experienced a severe crisis manifested partly in the constant decline of its economic growth rate. Since 1994, however,

radation constitute a very important challenge for public policy in Africa today.

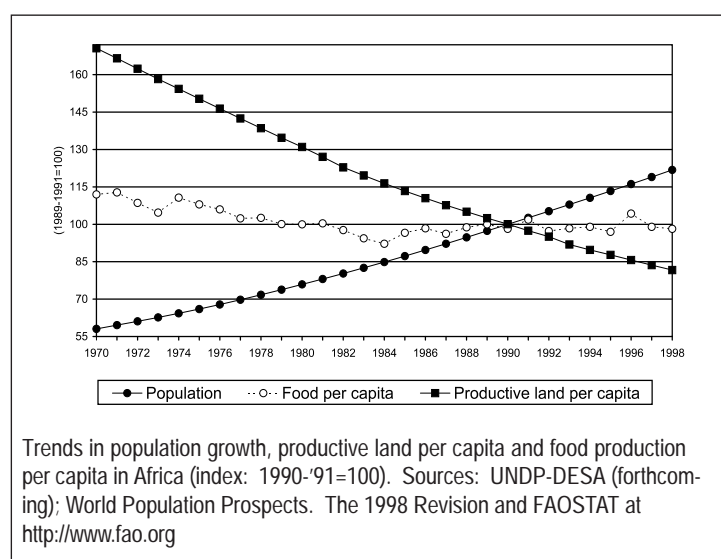
Inspired by the notion of sustainable development as reflected in the series of

United Nations conferences during the 1990s, there is increasing understanding of the necessity to go beyond the traditional sectoral approach to national development to an approach that captures the interaction between sectors and interdependencies between policy objectives. It has

planning. Not considering this intersectoral nexus could have serious repercussions in the future.

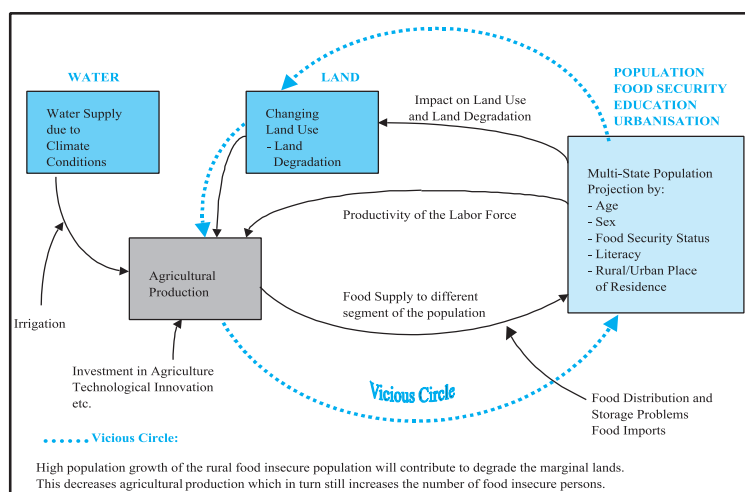
The scientifically, well-founded understanding of mutual interdependencies is, however, not yet sufficiently well reflected in the political institutions of individual countries. There is tremendous inertia in such systems, partly due to the traditional training of experts that is often characterized by compartmentalization of disciplines, and partly to the fact that the impact of developments in one sector is often invisible in another sector in the short term.

Hence, convincing policy makers and country experts of the negative synergy arising from the interconnections of population growth, environmental deterioration and declining agricultural production is a major objective of the Food Security and Sustainable Development Division (FSSDD) of the ECA. With that goal in mind, the FSSDD engaged Dr. W. Lutz, Director of the International Institute for Applied Systems Analysis (IIASA) to develop a computer simulation model that will be used to illustrate the interac-



the economic situation of the continent has improved steadily, but this improvement is not yet deep or broad enough. Life in general remains difficult with almost two-thirds of the population still living at or below the absolute poverty line. Two basic pressures account for the continued deterioration in the average quality of life in Africa. First, the population growth rate exceeds that of food production in most African countries. Additionally, the rapid deterioration of the environment on the continent equally contributes to declining agricultural productivity. Today, over three-fourths of sub-Saharan African countries produce less food than they did in the 1980s. Daily calorie availability per capita is well below the recommended minimum, and as high as 30-40 per cent of the population is undernourished. Malnutrition affects even more people. Food insecurity, rapid population growth and environmental deg-

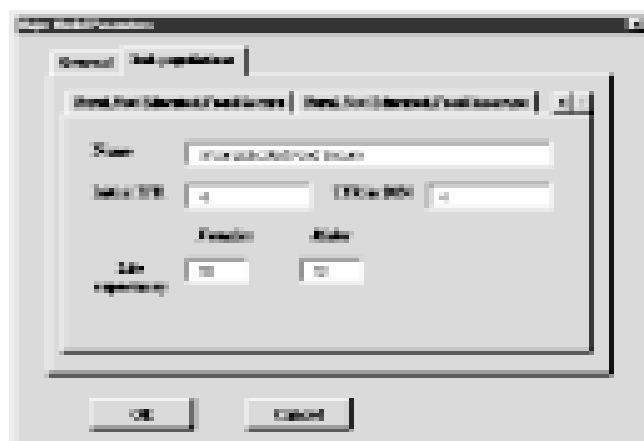
radation constitute a very important challenge for public policy in Africa today. Inspired by the notion of sustainable development as reflected in the series of United Nations conferences during the 1990s, there is increasing understanding of the necessity to go beyond the traditional sectoral approach to national development to an approach that captures the interaction between sectors and interdependencies between policy objectives. It has been demonstrated convincingly that, at least in the medium to long run, a country's economic performance and the food security of its citizens are closely related to its demographic and educational trends as well as to the health of the natural environment. Since these issues are closely interconnected in the real world, they should also be viewed together in the world of national politics and national development



A model linking population, food security and the environment

tions between population changes (P), environment (E), socio-economic development (D) and agriculture (A).

The model was formally presented to



Setting scenario variables is straightforward. In this example a constant fertility scenario is set for the 'Urban, Educated, Food Secure'.

a group of experts including invited scientists from member States and affiliate international organizations in November 1998 at the ECA in Addis Ababa. Provisional data for three countries (Burkina Faso, Madagascar and Zambia) have been prepared to test the assumptions and structure of the model and plans are underway to prepare data for three other African countries. The PEDASIM Users' Manual is also under preparation. In June 1999, a training workshop was organized to equip trainers and country experts with the knowledge and capacity to further disseminate the model and to extend its application.

From here onwards, PEDASIM can be used and customized by researchers, universities and policy makers for policy making and analysis for specific countries. The ECA will, nevertheless, continue to support the model and any effort for its further application.

Inside PEDASIM

PEDASIM is an interactive computer simulation model (developed for a windows environment), demonstrating the long-term impacts of alternative national policies on the food security status of the population. The model is based on multi-state demographic techniques, projecting

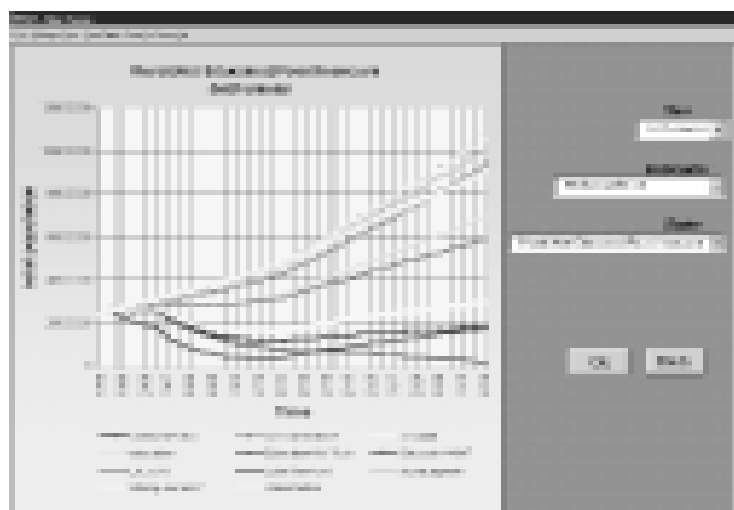
at the same time eight different subgroups (by age and sex) in the population, based on three dichotomous individual characteristics: urban/rural place of residence, literacy status and food security status. Through the manipulation of scenario variables, the model enables the user to project the proportion of the population that will be food secure and food insecure for a chosen point in time.

Based on the work of Partha DasGupta of Cambridge University and others, the model assumes a causal chain of interactions between high population growth, environmental degradation, a declining per capita agricultural production. Due to high population growth, the need arises to utilize more marginal land and it is perceived that more labour is needed to maintain production levels. This again induces higher fertility levels, eventual increases in environmental degradation, low productivity, and thus increased food insecurity.

PEDASIM approaches problems of rural poverty as both the causes and effects of environmental degradation. It is especially the rural, illiterate and food-insecure section of the population that, in its quest for survival, will exploit the natural resources without due regard to the natural cycles of regeneration. This leads to deforestation, desertification and/or land degradation.

The baseline data needed to run simulations include the age and sex specific distribution of the population by literacy status, urban/rural place of residence and food security status. The combination of these three characteristics enables us to distinguish eight different sub-groups in the population that are independently projected, based on multi-state demographic techniques.

Equally important and central to the model is the food distribution function for the rural and urban population. The model acknowledges that even when the total amount of food reaching the population would be theoretically sufficient to provide the necessary minimum diet for everybody, the distribution of food is often unequal. That is because some persons have greater purchasing power than others or have privileged access to food by other means. The result is that some people remain food-insecure even when the total amount of food available for consumption is above the minimum. Due to a lack of available data, the food distribution function has to be approximated through an income distribution function



Screen shot of one of the predefined outputs in the programme: the projection of the total number of rural, not-educated food insecure by scenario

that can be derived from the Household Income Surveys that exist for a number of African countries.

Starting from these baseline data, one can set a number of population (fertility and mortality levels), development (edu-

cational transition rates), agricultural (fertilizer and machinery use, loss of food in production and transportation, food imports and exports) and environment (quantity and quality of available land and water) related scenario variables and run projections for the proportion food secure and insecure under given conditions.

Since all the output for the projections and estimations are stored in a database, any population pyramid or any age-specific proportion of people in any of the eight population sub-groups can be shown for any point in time. The model, however, gives some predefined graphi-

cal outputs that will be satisfactory for most of the users. These include line charts over time comparing scenarios for any given population sub-group or the total population, and line charts comparing sub-groups for any given scenario. In addition, one can generate easily animated age pyramids for any of the population sub-groups.

Who can use PEDA ?

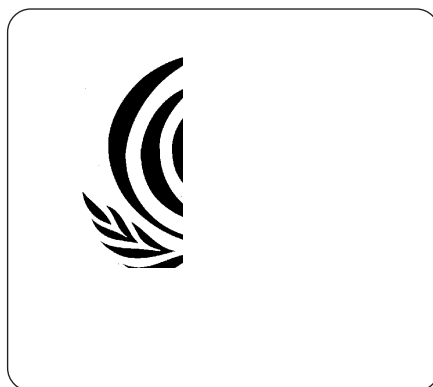
PEDA is designed to be used at two different levels. Initializing the model for any given country is a major undertaking, requiring expert knowledge. How-

ever, once the model has been initialized for a specific country, persons with basic computer and demographic skills can easily make projections themselves and test the effect of alternative policy scenarios on the food security status of the population.

Any further information on the PEDA model and its application can be obtained from the FSSD Division of the ECA, PEDA focal point, P.O. Box 3001, A.A., Ethiopia, Fax. (251) 1 51 44 16, e-mail: peda.uneca@un.org

A Note on Ageing

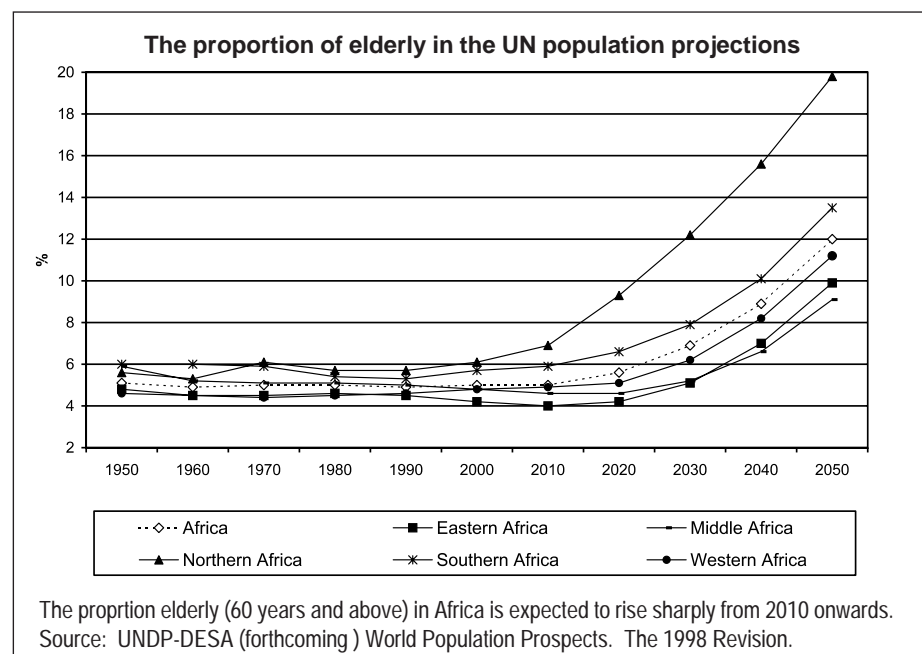
In the past, little attention was given to problems related to ageing in Africa. First of all the proportion of elderly in the African continent has remained stable for almost 50 years, and secondly, the elderly were generally taken care of through the traditional family structure and its supporting ties. This system has and will come under pressure. First of all, the proportion of elderly is expected to rise from 5 to 12 per cent in the 50 years to come. Secondly, due to a decrease in the population growth, increased poverty and deaths related to HIV/AIDS, the aged will not be able to rely as before on children or extended families for support.



of the anticipated problems the elderly will face. At the First Meeting of the Committee on Sustainable Development, held

can countries do not have policies and programmes to provide health, economic and social services to the aged.

Some of the African countries that have started to address problems of ageing include Botswana, Mauritius, South Africa and Zimbabwe. The Government of Botswana¹ has indicated that it will commission a study on the needs and care of the aged and elderly. This study is expected to guide the Government in the formulation of a policy on population ageing and the elderly. Similarly, the Government of Mauritius² has taken initiatives to promote integration of the elderly in society. These include the setting up of a Senior Citizens Council (1996) and organizing welfare activities for senior citizens. The Government has also set up a National Coordinating Committee to prepare a white paper on the implications of ageing and make policy proposals. As is also the case in Botswana, the Zimbabwe National Population Policy is beginning to address issues on ageing and listed some strategies to be implemented. These include the introduction of legislation on care of the elderly, the provision of elderly without pension with some form of public assistance, making health systems more sensitive to the needs of the elderly, the provision of adequate resources for the elderly looking after AIDS orphans, and identifying ways and means through which the elderly can continue to make active contributions to the economic, social and cultural life of their families and communities.



As 1999 has been declared by the United Nations as the year of older persons, this provides an opportunity to advocate for actions towards resolving some

at the ECA in Addis Ababa in January this year, the issue of ageing was raised during the review of the ICPD-PA+5. However, it was also acknowledged that most Afri-

A United Nations web site devoted to the International Year of Older Persons 1999 can be found at <http://www.un.org/esa/socdev/iyop/>

1 "Botswana Country Report, Ministry of Finance and Development Planning, Government of Botswana, March 1999", presented at the East and Southern African Sub-regional Follow-up Conference to the World Summit on Social Development (Nairobi, Kenya, 15-17 March 1999).
2 "Country Statement, Republic of Mauritius", presented at the above-mentioned conference.

Female Genital Cutting. Evidence from the Demographic and Health Surveys

Although female genital mutilation (FGM) has been the focus of international attention in recent years, there has been little scientific research documenting the extent of its practice and support among women. Until the 1990s, Sudan was the only country with reliable large-scale survey data on the prevalence of FGM. Recent Demographic and Health Surveys (DHS), however, provide some of the first nationally representative data on FGM (the terminology used in the DHS reports is *female genital cutting*). The first DHS survey to include questions on female genital cutting was conducted in northern Sudan between 1989 and 1990. Since then, information on female genital cutting has been collected in the Central African Republic, Côte d'Ivoire, Egypt, Eritrea, Mali, Tanzania and Yemen.

In surveying respondents about female genital cutting, the DHS uses locally recognized terms in a number of languages. For general purposes, DHS uses the term, *Female Genital Cutting* to describe medically unnecessary procedures that involve the partial or complete removal of the clitoris (clitoridectomy); the removal of the

clitoris and partial or complete removal of the labia minora (excision); and the partial or complete removal of any external genitalia with stitching or narrowing of the vaginal opening (infibulation). This classification is based on a typology of female genital cutting procedures developed by the World Health Organization (WHO). The WHO typology also includes a fourth category which covers an array of harmful procedures such as piercing, stretching or tightening of the female genitalia.

Prevalence

In the countries surveyed, female genital cutting is widespread. The procedures are nearly universal among women in Egypt, Eritrea, Mali, and northern Sudan. In these countries, about nine out of 10 women have had at least some part of their external genitalia removed. Female genital cutting is less common in Côte d'Ivoire and the Central African Republic (CAR), with prevalence levels of 43 per cent among women ages 15 to 49. Data on prevalence were not collected in Yemen. These practices affect a substantial num-

ber of women and girls. Applying the prevalence levels to recent United Nations population estimates, nearly 30 million women have undergone some form of cutting in the countries surveyed. An additional 21 million girls under the age of 15 are estimated to have undergone cutting already or be likely to undergo cutting in the near future.

In most countries studied, younger women appear nearly as likely to undergo these procedures as their mothers before them. A comparison of prevalence levels between age groups of women 15 to 49 shows little or no decline in genital cutting. CAR is the only country to display a slight, but continuous, decline in prevalence across age groups. In CAR, prevalence among women aged 20 to 24 is 43 per cent, compared with 53 per cent among those 45 to 49.

In the absence of national data, some researchers have speculated that these practices are most common among the less-advantaged members of society. However, according to the DHS, in countries with high prevalence levels, there are no substantial differences in levels of fe-

Prevalence levels	Central African Republic 1994-95	Cote d'Ivoire 1994	Egypt 1995	Eritrea 1995-96	Mali 1995-96	Sudan 1989-90	Tanzania 1996	Yemen 1991-92
Prevalence of genital cutting (%)	43	43	97	95	94	89	18	na
Prevalence by education (%)								
No education	48	55	100	95	94	83	na	na
Some/completed Primary	45	25	100	93	94	98	na	na
Secondary+	23	23	91	92	90	98	na	na
Prevalence by residence (%)								
Urban	40	40	94	93	90	93	10	na
Rural	46	45	100	95	96	87	21	na
Prevalence by religion (%)								
Muslim	50	80	98	99	94	90	na	na
Christian	43	16	88	92	85	47	na	na
Traditional/other	42	39	na	na	90	na	na	na
Prevalence by age of respondent (%)								
15-19	35	35	98	90	93	87	14	na
20-24	43	42	98	94	94	90	16	na
25-29	44	48	97	95	94	89	20	na
30-34	44	47	96	96	95	90	21	na
35-39	48	44	97	97	94	89	19	na
40-44	51	45	97	96	94	89	21	na
45-49	53	44	97	97	92	91	22	na

Source: DHS- surveys

male genital cutting based on education or residence. For instance, prevalence among Egyptian women with some secondary education is 91 per cent, compared with 100 per cent among those with no education. Similarly, the difference between urban and rural women is small, with prevalence levels of 94 and 100 per cent, respectively. In CAR and Côte d'Ivoire, countries with lower prevalence levels, families that educate their daughters do appear less likely to adhere to these traditions. In both countries, prevalence levels among women with at least some secondary education are 23 per cent. In contrast, prevalence levels among less educated women range between 45 and 55 per cent. As in countries with high prevalence, however, urban women are not substantially less likely to have undergone these procedures than their rural counterparts.

Among the countries surveyed, Muslim women are more likely to undergo some form of female genital cutting than Christian women. Although female genital cutting predates Islam and has no clear doctrinal support in the primary texts of Islamic law, it appears to be a strong cultural tradition among some Muslim groups. In Côte d'Ivoire, for instance, 80 per cent of Muslim women have undergone cutting, compared with 16 per cent of Christian women. The most striking differences in prevalence of female genital cutting according to religion can be seen in Côte d'Ivoire and Sudan. Multivariate analysis of data from these two countries indicates a statistically significant and powerful relationship between religion and female genital cutting even after controlling for a woman's age, educational attainment, and place of residence.

Types of female genital cutting

Available evidence indicates that many women have a substantial amount of genital tissue removed during these procedures. A 1996 clinical study in Egypt

found that more than 70 per cent of the study population had at least part or all of their clitoris and labia minora excised. In Eritrea and Sudan, many women undergo infibulation, the most physically hazardous and extensive form of female genital cutting that closes the vaginal area. Among women who have undergone cutting, 85 per cent of Sudanese women and 34 per cent of Eritrean women reported that they were infibulated.

Conditions and health effects

The majority of women are operated on by traditional practitioners although, in Egypt and Sudan, a substantial number of these operations are performed by medical professionals. The trend toward medicalization of female genital cutting appears well underway in Egypt, with mothers increasingly opting to have their daughters operated on by doctors. Among Sudanese women, where infibulation is the most common procedure performed, trained midwives are often the providers of choice.

Medical problems related to female genital cutting are a public health issue of some magnitude. A conservative estimate suggests that more than one million women in CAR, Egypt, and Eritrea - the only countries for which such data were collected - experienced adverse health effects due to these procedures. Women in CAR and Eritrea were most likely to report problems. Women in CAR commonly cited hemorrhage as a complication after their operation, while Eritrean women often encountered cutting-related difficulties among subsequent sexual relations and childbirth.

Attitudes

Support among most women in high prevalence countries appears widespread and enduring. Despite the medical risks and international censure associated with female genital cutting, these procedures

have widespread and enduring support among women. More than seven out of 10 women in Egypt, Mali, and Sudan would like to see the practice of genital cutting continue. In these countries, younger women tend to express about the same level of support as older women, suggesting little attitudinal variation among different generations of women. Women in CAR and Yemen are substantially less likely to approve of genital cutting, with levels of support at 30 per cent and 21 per cent, respectively. CAR, however, has a relatively low prevalence level of 43 per cent.

Among the countries with high prevalence levels, only Eritrea appears to have a critical mass of opposition among the adult population that suggests a large-scale openness to change. About four out of 10 Eritreans want the practice of female genital cutting discontinued. Opposition is particularly high among the urban and educated segments of the population.

Although the level of opposition among some respondents is substantial, it is difficult to predict whether less favourable attitudes will translate into significantly lower prevalence levels. Despite their personal opposition to these practices, a number of mothers report that a daughter has been or will undergo some form of female genital cutting. Any number of powerful mediating factors may prevent mothers opposed to genital cutting from keeping their daughters intact, including the weight of tradition and strong community norms supporting these practices. According to Sudanese women opposed to cutting, for instance, two major reasons why these practices continue are a "fear of social criticism" and the "insistence of old women."

A full report on the issue can be found on the DHS web site <http://www.macoint.com/dhs/news/fgc.html> or can be ordered at reports@macoint.com

An Evaluation of the Impact of Community Health Field Stations in Burkina Faso

The UERD (Unité d'Enseignement et de Recherche en Démographie) carries out an ongoing research project that aims to evaluate community-based strategies in the provision of reproductive health services in the Bazega community health field station in Burkina Faso.

UERD evaluates the effectiveness of two different strategies: (a) the improvement of Health Centre based FP services and (b) the recruitment and training of agents selected from the local community (Community-based Service or CBS agents). Eighteen months after the inter-

ventions began, UERD made an evaluation of their impact on the general population based on a quasi-experimental research design and a detailed protocol.

The results indicate a significant increase in contraceptive prevalence (from 3.6 to 8 per cent) in the zone of CBS intervention over the course of the period. However, the prevalence levels remain weak. The growth in contraceptive prevalence was not determined to be the result of an increased demand brought about by the CBS agents, but instead by improved accessibility due to the proximity of the supply.

The research sample, constituted of 1600 randomly selected compounds (2000 women and 1500 men), allows for another evaluation in the year 2000. It was designed to permit research in other areas of reproductive health, i.e. STDs/ AIDS, FGM, abortion etc.

More information on this project can be obtained from UERD, Université de Ouagadougou, 03 BP7118, Ouagadougou 03, Burkina Faso, Fax : + (226) 36 21 38, e-mail : uerdmw@fasonet.bf

UNEP and UNFPA Sign an Agreement on Strengthening Cooperation

The heads of the United Nations Environment Programme (UNEP) and the United Nations Population Fund (UNFPA) signed a Memorandum of Understanding in April, aimed at strengthening cooperation between the two programmes in areas fundamental to the attainment of sustainable development. Signed by the Executive Directors of both organizations, Mr. Klaus Toepfer for UNEP and Dr. Nafis Sadik for UNFPA, the agreement is designed to address issues dealing with the relationship between population, natural resources and the environment, and human well being.

With the global population reaching 6 billion by October 1999, and the continued stress on the planet's carrying capacity, from unsustainable consumption patterns, rural-urban migration and rapid urbanization, it is incumbent upon the United Nations's two principal programmes in these fields to collaborate and reinforce each other's activities. The areas of cooperation covered by the Agreement fall under three broad categories, namely, technical guidance and research; advocacy, public awareness, education and training; and strengthened coordination within the various United Nations inter-agency mechanisms.

In signing the Agreement, Toepfer remarked: "A stabilized population is increasingly seen as an essential ingredient of environmental sustainability at local, national and global levels. Similarly, balanced patterns of consumption and production, which foster sustainable resource use and prevent environmental degradation are seen as key elements of an integrated approach to achieving societies' population and development goals. This new Agreement will help UNEP and UNFPA better understand the complexities of the issues involved and thus facilitate the search for solutions." Dr. Sadik said: "It is imperative that a holistic approach be undertaken to address complex



Dr. Nafis Sadik

global challenges. The current growth and character of world population, the pressure on the environment and natural resources, whether on water, land, air or energy, demand our joint collaborative experiences and foresight. Building a better future for developed and developing nations alike calls for urgent action and worldwide participation. Our joint efforts will serve as a great outreach possibility for both our organizations to promote the

development of new, sustainable policies for the future. Sustainability is key for population concerns as it is for environmental concerns. The future of this planet earth and its people depends on the decisions we make today; population and environmental issues are interdependent and must be resolved as such."

The Agreement will serve not only as a joint commitment for cooperation in support of the respective and complementary missions of UNEP and UNFPA but also as the framework within which to develop specific cooperative initiatives for practical implementation at the field level. It also responds to the call from Governments for enhanced effectiveness and improved United Nations system-wide cooperation, building on the comparative advantage of both organizations.

Contact: Corrie Shanahan, UNFPA, fax: (212) 557-6416, e-mail: shanahan@unfpa.org, or Maaïke Jansen, UNEP, tel: (212) 963-8151, e-mail: jansen@un.org.

FAO Special Report on Food outlook in Sub-Saharan Africa

Though much of sub-Saharan Africa continues to see improved food and crop prospects, a Special United Nations Food and Agriculture Organization (FAO) Report warns that war and civil strife remain a threat to food security in several countries of the subregion. Adverse weather conditions are further aggravating the situation in some areas.

Perhaps hardest hit by civil strife is Angola, where the food outlook this year is extremely bleak because of resumed fighting between government forces and UNITA rebels just after the beginning of the current cropping season. Large-scale population displacement in rural areas is reported, with families abandoning their

farms and homes to take refuge in government-held towns and cities or in neighboring countries. Some reports say the Angolan countryside is being systematically depopulated. The food production in Angola in 1999 is expected to be sharply reduced and the country will need massive food assistance. Because of widespread insecurity and land mines, the distribution of relief assistance will have to take place through expensive air transport.

In Somalia, six consecutive poor harvests caused by adverse weather and aggravated by civil strife and insecurity, have led to starvation-related deaths and widespread severe malnutrition. Economic and commercial activities have been severely

curtailed, particularly in the south, and large numbers of people are on the move in search of food and to escape the factional fighting. The FAO estimates that over one million people are short of food, with more than 400,000 threatened by starvation, and it calls on the international community to devise ways to reach the increasingly desperate population even though relief distribution continues to be seriously hampered by insecurity. There is also an urgent need for seeds for planting in the Gu season, which is just beginning.

In Sudan, in spite of a record cereal harvest in 1998, the food situation in the south remains precarious with some 2.36 million people in need of emergency food assistance due to the long-running civil conflict.

In Uganda, severe food shortages are reported in Kifamba sub-county of Rakai District following a succession of poor crops. In the northern districts of Gulu and Kitgum, affected by civil strife, the report says renewed fighting has resulted in deterioration of the security conditions. International food assistance continues to be provided to some 400,000 displaced persons in these areas.

In the Great Lakes region, including Burundi, Rwanda, the Democratic Republic of Congo and the Republic of Congo, the report calls the food supply situation precarious, saying efforts to increase food production are hamstrung by persistent insecurity, sporadic violence and bad weather. Burundi has suffered from dry spells resulting in reduced production of cereals and pulses, though production of other food crops such as roots, tubers and bananas was satisfactory. The security situation, however, remains very unstable. Food difficulties are particularly serious for some 550,000 people still living in regroupment camps, because of persisting insecurity and sporadic violence. Food aid, estimated at 50,000 tonnes, will be needed in 1999 for some 300,000 people.

In both the Democratic Republic of

Congo and the Republic of Congo, the food supply situation is difficult, deteriorating sharply in the capitals of the two countries. The price of food has risen dramatically. A recent survey of families on the outskirts of Kinshasa found that 90 per cent of daily household expenditures go to food.

Negative impacts of the Eritrean-Ethiopian conflict have begun to show up in agricultural and trade activities. The food situation in border areas has become difficult, particularly for some 100,000 internally displaced people who have fled from the conflict and 60,000 who have returned to Eritrea from Ethiopia abandoning their farms and possessions. Despite Ethiopia's bumper grain harvest in 1998, enough to have exportable surpluses, the food situation is serious for some 3 million vulnerable people, including pastoralists in areas affected by dry weather and those displaced by the conflict.

Continuing violence and widespread insecurity threaten the 1999 food outlook in Sierra Leone and Guinea-Bissau. Freetown is still suffering from severe food and fuel shortages. However, economic activities are picking up with the return of traders and the reopening of banks, but because most staff of international humanitarian agencies have not yet returned to the country, some agricultural rehabilitation activities, including the distribution of seeds and tools will be very limited. Food production during the coming growing season which begins in April is projected to be seriously reduced. In neighboring Liberia, recovery of agricultural production and food supply is expected to continue in 1999 as a result of improved security conditions.

Tanzania's recently harvested secondary Vuli crop in northern and coastal areas was sharply reduced by late and below-normal precipitation during the rainy season. Even though Vuli production accounts for only 17 per cent of the national cereal production, its contribution

to the annual food supplies of households in the Vuli growing regions is very important. The number of people in need of food assistance in Tanzania has risen to an estimated 1 million.

In central Mozambique, floods caused by torrential rains in late February affected several usually drought-prone regions causing some loss of life, crops and property. An estimated 40,000 hectares of arable land were flooded and more than 70,000 people affected. However, overall harvest prospects are favourable.

In other areas of Southern Africa, harvest prospects are generally favourable. A recovery in production can be expected in South Africa, Zimbabwe and Zambia, while good harvests are in prospect in Madagascar, Malawi and Swaziland.

It is likely that the subregion's 1999 cereal crop may exceed the 1998 production, which was estimated at 18.3 million tons, about 15 per cent below average.

In Western Africa, the food outlook for 1999 is generally positive, particularly in the Sahelian countries following above-average to record harvests. Several countries have cereal surpluses available for donor purchases for transfer to deficit areas within the countries themselves, or for assistance to other countries in the subregion.

The report estimates the aggregate 1998 cereal output for Burkina Faso, Chad, Cape Verde, Guinea-Bissau, Mali, Mauritania, Niger, Senegal and the Gambia at a record 10.4 million tons, which is 35 per cent higher than in 1997 and 20 per cent above the average of the last five years.

The Special Report on Africa is available on the FAO web site, at <http://www.fao.org> then click on economics, GIEWS and then reports. For further information please contact John Riddle, Media Officer, tel: (39) 06 57 05 32 59 e-mail: john.riddle@fao.org

Conferences, meetings and workshops organized by the UNECA

Regional Conference on Brain-Drain and Capacity Building in Africa

20-23 September, Accra, Ghana. For more information contact UNECA - ESPD, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecainfo@un.org, <http://www.un.org/Depts/eca/>

Workshop on Women's Reproductive Health and Household Food Security

Addis Ababa, Ethiopia, 11-13 October. For more information contact UNECA - FSSDD, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecainfo@un.org, <http://www.un.org/Depts/eca/>

African Development Forum: the Challenge to Africa of Globalization and the Information Age

25-28 October, Addis Ababa, Ethiopia. For more information contact Karima Bounemra, UNECA, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: e-mail.bounemra.unece@un.org, <http://www.un.org/Depts/eca/>

Workshop on Environment Statistics, Indicators and Accounting for French-Speaking African Countries

1-5 November, Addis Ababa, Ethiopia, For more information contact UNECA - DISD, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecainfo@un.org, <http://www.un.org/Depts/eca/>

Meeting of the Committee on Natural Resources and Science and Technology

15-18 November, Addis Ababa, Ethiopia. For more information contact UNECA - FSSDD, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecainfo@un.org, <http://www.un.org/Depts/eca/>

Sixth African Regional Conference on Women: Mid-Term Review of the Implementation of the Beijing Platform for Action

23-26 November, Addis Ababa, Ethiopia. For more information contact UNECA - ACW, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecainfo@un.org, <http://www.un.org/Depts/eca/>

Events organized by other institutions or organizations

INDEX 99: the Second Biennial International Conference on Indices and Indicators of Sustainable Development

11-15 July, St.-Petersburg, Russia. For more information contact Dr. Irina G. Malkina-Pykh; tel: +1 (812) 232-9772; fax: +1 (812) 272-4265; e-mail: malkina@mail.admiral.ru.

Workshop on Enforcement of and Compliance with Multilateral Environmental Agreements

12-14 July, Geneva, Switzerland. For more information contact Fay Goode, UNEP; tel: + (41 22) 917 82 90; fax: + (41 22) 917 80 24; e-mail: fgoode@unep.ch

Population and the Environment: Modeling and Simulating this Complex Interaction

12-13 August, Rostock, Germany. For more information contact Dr. Alexia Prskawetz, Max Planck Institute for Demographic Research, Doberaner Strasse 114, 18057 Rostock, Germany, e-mail: fuernkranz@demogr.mpg.de; internet <http://www.demogr.mpg.de/Events/Workshops/popenviron.htm>

Towards a Society for all Ages. Fourth Global Conference of the International Federation on Ageing, 4-9 September, Montreal, Canada. For more information contact the International Federation on Ageing, 425, Viger St. West, Suite 520, Montreal, Quebec, N2Z 1W5, Canada. tel: 514 396 3358, fax: 514 396 3378, e-mail: ifa@citenet.net.

3ième Millenaire: Un monde de Seniors

8-12 September, Paris - La Defense, France. For more information contact Coordination International FIAPA (Albert Magarian), 24 rue d'Anjou, 75413 Paris Cedex 08, France, Tel +(33) 01 44 56 84 50/31, Fax +(33) 01 56 85 35.

Events organized by other institutions or organizations

Conference on Displacement, Forced Settlement and Conservation

9-11 September, University of Oxford, U.K.. For more information contact Dr. Dawn Chatty, Refugee Studies Programme, University of Oxford; fax + 44 01865 270721; e-mail dawn.chatty@qeh.ox.ac.uk

UN General Assembly Special Session to Review the Implementation of the Programme of Action for the Sustainable Development of SIDS

27-28 September, New York, USA. For more information contact Deonanan Oodit; tel: +1-212-963-4671; fax: +1-212-963-4260; e-mail: oodit@un.org; Internet: <http://www.un.org/esa/sustdev/sids.htm>

Conference on Sustainable Land Use Management

28 September - 1 October, the European Ecological Federation and the Ecology Center of the University of Kiel, Germany. For more information contact Uta Schauerte, Ecology Center, Schauenburgerstraße 112, D-24118 Kiel; tel.: +49-431-880-4022; fax: +49-431-880-4083; e-mail: Utas@pz-oekosys.uni-kiel.de; Internet: <http://www.ecology.uni-kiel.de/slm99>

The Role of NGOs in the 21st Century

10-16 October, Seoul, Korea. For more information contact the Tripartite Steering Committee; tel: +82-346-570-7160; fax: +82-346-570- 7156; e-mail: ngo99@gip.kyunghee.ac.kr; or tel: +1-212-986-8557; fax: +1-212-986-0821.

UN General Assembly. Four Plenary Meetings on the Follow-up to the International Year of Older Persons

October-November, New York, USA. For more information see [Http://www.un.org/esa/socdev/iyop/](http://www.un.org/esa/socdev/iyop/)

Third African Population Conference

6-10 December, Durban, South Africa. For more information contact, Martin Bangha, International Organising Committee Secretariat, Union for African Population Studies, B.P. 21007, Dakar Ponty, Senegal, Tel: +(221) 825 59 51, Fax: +(221) 825 59 55, e-mail: uepa@cyg.sn.

Forty-Fourth Session of the Commission on the Status of Women

6-24 March 2000, New York, USA. For mor information contact DAW, Room DC2-1216, UN, New York, NY 10017, US; fax: + 1 (212) 963-3463; e-mail: timothy@un.org; Internet: <http://www.un.org/womenwatch/daw>

Eight Session of the CSD

Spring 2000. For more information contact Andrey Vasilyev, Division for Sustainable Development; tel: +1-212-963-5949; fax: +1-212-963-4260; e-mail: vasilyev@un.org

Women 2000: Gender Equality, Development and Peace for the Twenty-First Century. General Assembly Special Session

5-9 June 2000, New York, USA. For more information contact DAW, Room DC2-1216, UN, New York, NY 10017, US; fax: + 1 (212) 963-3463; e-mail: timothy@un.org; Internet: <http://www.un.org/womenwatch/daw>

The State of World Population 1998
New York, UNFPA, 1998

Each year since 1978, UNFPA has issued a report highlighting new developments in population. Recent reports have dealt with reproductive rights and reproductive health; urbanization; a world of five billion; population, resources and the environment; and women, population and development. The 1998 report focuses on the unprecedented growth of young and old generations. More young people than ever are entering their childbearing and working years. At the same time, the number and proportion of people over age 65 are increasing at an unprecedented rate. Our future will be shaped by how well families and societies meet the needs of these growing "new generations" namely education and health, including reproductive health for the young, and social, medical and financial support for the elderly.

The State of World Population 1998 and The State of World Population 1997 are available in English from United Nations Publications, DC-2, Room 853, New York, NY 10017, USA. For information, send an e-mail to publications@un.org or fax (212) 963-3489. For information about ordering Arabic, French and Spanish editions, contact joaquin@unfpa.org.

Report of the 1998 UNFPA Field Inquiry. Progress in the Implementation of the ICPD Programme of Action

New York, UNFPA, January 1999.

From June through August 1998, UNFPA conducted a global Field Inquiry of developing and developed countries as part of a five-year review of the implementation of the ICPD-PA. The inquiry focused on the operational dimensions of population and reproductive health programmes and was designed to assess what progress countries had made since the ICPD and what obstacles they are facing. One hundred and fourteen responses were received from developing countries and those with economies in transition, and 18 developed countries reported their experiences. The findings of the inquiry provide striking evidence of the global impact of the ICPD-PA. The results suggest that some progress has been made in several key areas, especially in gender policy, quality of RH care, the provision of services for the prevention and treatment of STDs and HIV/AIDS, and strengthening of civil society partnerships. In addition, the issue of adolescent reproductive health seems to have emerged as a major concern of many countries, leading to a number of rather limited but explicit initiatives in this area. On the other hand, a serious lack of financial and human resources, together with a host of institutional and socio-cultural factors, pose obstacles to the full implementation of the ICPD-PA. These are frequently cited constraints across all thematic areas. How-

ever, in many countries, post-ICPD policy and legislative changes provide emerging opportunities for making a real difference to the lives of people through actions leading to the further implementation of the ICPD-PA.

UNFPA, 220 EAST 42nd Street, New York, NY 10017, USA

Economic Report on Africa 1999. The Challenge of Poverty Reduction and Sustainability.

Economic and Social Policy Division, UNECA, 1999.

As in the past, this edition of the Economic Report on Africa reviews the performance of the region's economy during the past year and considers the prospects for the short and medium term. But, unlike in the past, performance over the previous year and challenges facing African policy makers are evaluated from the perspective of reducing poverty by half over the next fifteen years. For the fourth consecutive year, the GDP in Africa grew faster than population, contrasting markedly with a decade and a half of declining per capita income. The 3.3 per cent growth in GDP, compared with 2.9 per cent in 1997 was the highest among all regions of the world. However, Africa's positive aggregate economic performance was not shared evenly across the continent and the level of growth is below that necessary to have a significant impact on poverty. If Africa is to reduce poverty by half over the next decade and half, it would need to attain and sustain an average growth rate of 7 per cent per annum. The two key determinants of future growth are weather and the external economic environment, which are both exogenously determined.

Apart from a review of the economic performance of the region in 1998, the report focuses on the sustainability of the economies of the African countries. To monitor the performance and sustainability, three indicators have been created by the ECA: the Annual Performance Trend Index; the Economic Sustainability Index, and the Economic Policy Stance Index. It appears from the analysis of these indicators that even for those African countries on the verge of recovery, the capacity to sustain growth and development over time is very low. The major challenge therefore is one of designing and re-orienting public policy to achieve and sustain the level of performance required to eliminate poverty in the long run.

For more information contact UNECA-ESPD, P.O. Box 3001, Addis Ababa, Ethiopia, Fax (251) 1 51 44 16, e-mail: ecaiffo@un.org.

Reproductive Health in Policy & Practice
Lori Ashford and Carolyn Makinson, Washington,
 Population Reference Bureau, 1999.

To assess how the Programme of Action, agreed upon at the 1994 International Conference on Population and Development (ICPD), is being implemented, senior researchers in Brazil, India, Morocco, and Uganda conducted country case studies. This report includes these case studies and also provides an analysis of how resources have been raised and allocated to support reproductive health programmes. Individual reports for Brazil, India, Morocco, and Uganda are also available. The reports for Morocco and Brazil are also available in French and Portuguese respectively.

Ordering information can be obtained from the Population Reference Bureau, 1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009-5728 USA, e-mail: popref@prb.org. The full text of the report is also available on the World Wide Web at <http://www.prb.org>

African Development Indicators 1998/99
 Herndon, The World Bank.

This revised and expanded statistical collection provides a detailed collection of data on Africa in one volume. It presents data from 53 African countries, arranged in 300 separate tables or matrices for more than 350 indicators of development. More than 20 graphs assist in interpreting the data. The indicators are grouped into 15 chapters covering background data, national accounts, prices and exchange rates, money and banking, the external sector, external debt and related flows, government finance, agriculture, power, communications, transport, labour force and employment, public enterprises, aid flows, social indicators, environmental indicators, and household welfare indicators. Each chapter includes a brief introduction on the nature of the data and their limitations, followed by technical notes that define the indicators and identify specific sources. Most of the indicators present data by year for 1980-1997. Many indicators also include averages or average growth rates for three recent time periods. Considerable effort has been made to standardize the data to facilitate cross-country comparisons.

The World Bank, PO Box 960, Herndon, VA 20172-0960, USA, fax (703) 661-1501, e-mail: books@worldbank.org, <http://www.worldbank.org/>

World Population Profile: 1998. With a special chapter focusing on HIV/AIDS in the developing world.

U. S. Bureau of the Census, Report WP/98, U.S. Government Printing Office, Washington DC, March 1999.

World Population Profile: 1998 is the latest published compendium and analysis of data on population, fertility, mortality, contraceptive use and related demographic topics by the U.S. Census Bureau. The Special Focus section of the report provides an update on one of the fundamental international health and demographic events of our time—the worldwide HIV/AIDS pandemic.

International Programs Center, Population Division, U.S. Census Bureau, Washington, DC 20233-8860 USA, fax: (301)457-1539, e-mail: prowe@census.gov. The report can also be downloaded from the World Wide Web: <http://www.census.gov/ipc/www/wp98.html>

Beyond Malthus. Nineteen Dimensions of the Population Challenge

Lester R. Brown, Gary Gardner and Brian Halweil, Norton, Ww, March 1999.

The burden of enormous populations is making itself felt: as governments struggle with the need to educate children, create jobs, and deal with the environmental effects of population growth, any new threat—such as AIDS or aquifer depletion—can rapidly escalate to disastrous proportions. With the rising mortality rates in Africa, more reminiscent of the Dark Ages than the bright millennium so many had hoped for, these countries are falling back to an earlier demographic stage with high death rates and high birth rates, and ultimately little growth in population. Events in many countries could spiral out of control, leading to spreading political instability and economic decline.