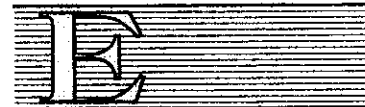




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**Report of the
Fourth Meeting of the Follow-up Committee on the
Implementation of the Dakar/Ngor Declaration (DND) and the
Programme of Action of the International
Conference on Population and Development (ICPD-PA)**

Yaounde, Cameroon, 28-31 January 2002

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PART I

REPORT OF THE MEETING

A. ATTENDANCE AND ORGANIZATION OF WORK

1. The Fourth Meeting of the Follow-up Committee on the Implementation of the Dakar/Ngor Declaration (DND) on "*Family and Sustainable Development*" and the Programme of Action of the International Conference on Population and Development (ICPD-PA) was held at the Palais des Congrès, Yaounde, Cameroon, from 28 to 31 January 2002. The theme of the meeting was "*Population perspectives in The New Partnership for Africa's Development (NEPAD)*". The opening statement of Mr. K. Y. Amoako, Executive Secretary of ECA was read on his behalf by Mr. Josué Dione, Director of the Sustainable Development Division (SDD). The Fourth Meeting of the Follow-up Committee was officially opened by S.E.M. Shey Jones Yembe, Secretary of State for Public Investments and Regional Development of Cameroon.

2. The following states members of the Commission were represented at the meeting: Angola, Benin, Cameroon, Congo Brazaville, Côte d'Ivoire, Gabon, Kenya, Lesotho, Mali, Mauritania, Namibia, Niger, Nigeria, Republique Centrafricaine, Republique Démocratique du Congo, Rwanda, Senegal, South Africa, Sudan, Tanzania, Tchad, Tunisia, and Uganda. The list of participants is attached as Annex 1.

3. Also attending the meeting were representatives of the African Development Bank (ADB), the Organization of African Unity (OAU), the UN Population Division, the United Nations Population Fund (UNFPA) and the UNFPA Country Support Teams (UNFPA/CST) of Addis Ababa and Harare.

4. Observers from the following organizations and institutions also participated in the meeting: the Centre d'Etude et de Recherche sur la Population et le Développement (CERPOD), Institut de Développement et de Planification (IDEP), Institut de Formation et de Recherche Demographiques (IFORD), Institut Panafricain pour le développement (IPD), Unité d'enseignement et de Recherches en Démographie (UERD) - Université de Ouagadougou, and the Regional Institute for Population Studies (RIPS).

5. The following NGOs also participated in the meeting: Actions et initiatives pour le développement sanitaire et social (AIDSS) TOGO, Association congolaise pour le bien-être familial (ACBEF), Agence pour la promotion des activités de population - Senegal (APAPS), Center for African Family Studies (CAFS), Femmes Rurales, Education et Santé - Sénégal (FERES), Forum parlementaires africains et arabes sur la population et le développement (FAAPPD), Human resource development centre - Nigeria (HRDC), Tunisian Institute of Sustainable Development and Ngo Management, Union for African Population Studies (UAPS),

6. The composition of the bureau was the same as that of the third African Population Conference (APC 3), namely:

Chairperson:	Senegal
First Vice-Chairperson:	Egypt (Absent)

Second Vice-Chairperson:	Kenya
First Rapporteur:	Rwanda
Second Rapporteur:	Namibia

B. AGENDA

7. The representative of the ECA presented the agenda and the programme of work (see annex 2). He outlined the different aspects under each Item to be discussed. The meeting adopted the following agenda¹:

1. Opening of the meeting.
2. Adoption of the agenda and the programme of work.
3. Follow-up actions to the recommendations of the DND/ICPD:
 - 3.1 Report on regional/sub-regional and global follow-up meetings.
 - 3.2 Monitoring of population dynamics and population programmes:
 - a. State of the demographic transition in Africa : An overview;
 - b. Report on « prospects for fertility decline in high fertility countries »;
 - c. HIV/AIDS in Africa : An overview ;
 - d. Impact of HIV/AIDS on fertility in Sub-Saharan Africa ;
 - e. Demographic and socio-economic indicators for regular monitoring and evaluation of population programmes.
4. General debate on « population perspectives in The New Partnership for Africa's Development (NEPAD)» :
 - 4.1 Country experience in population matters: Policies and interventions in « reproductive rights and reproductive health, with special reference to HIV/AIDS »;
 - 4.2 Mainstreaming population into the NEPAD: Key issues.
5. Consideration and adoption of proposals on the ten-year review and evaluation of the implementation of ICPD in Africa (ICPD+10).
6. Population, environment, agriculture and development interactions (nexus):

¹ The list of documents of the meeting is in annex 3 of this report

- 6.1 Modelling the interactions for advocacy and policy analysis: the PEDDA Model;
 - 6.2 Role of the partnership between governmental and non-governmental organizations in the management of the nexus issues.
7. Any other business.
 8. Adoption of the main recommendations of the fourth meeting of the Follow-up Committee including proposals on population and development component in the NEPAD.
 9. Closure of the meeting.

C. ACCOUNT OF PROCEEDINGS

Opening statements (agenda item 1)

8. Mr. Josue Dione, Director of the Sustainable Development Division, ECA, speaking on behalf of Mr. K.Y. Amoako, thanked the Secretary of State and the Government of Cameroon for hosting the Committee and for the hospitality extended to the participants. He expressed his appreciation to the United Nations Population Fund (UNFPA) for the financial assistance provided towards convening the Committee. He also thanked the member States, the Organization of African Unity (OAU), the African Development Bank (ADB) and Institut de formation et de recherche démographiques (IFORD) for their technical and logistical support in the organization of the meeting.

9. He reviewed the objectives of the Fourth Follow-up Committee, namely to:

- Monitor the implementation by member States of the main actions necessary for the realization of the recommendations adopted by the special session of the General Assembly of the United Nations on the mid-term evaluation of the International Conference on Population and Development (ICPD) Programme of Action (ICPD+5);
- Highlight the achievements and challenges in regard to the interventions made within the framework of the policies and programmes pertaining to changes in the socio-economic sphere and demographic transition in African countries;
- Discuss population questions within the framework of the New Partnership for Africa's Development (NEPAD) with a view to defining orientations to facilitate the preparation of an explicit and well articulated population – and – development component;

- Consider and backstop the propositions pertaining to modalities and procedures of the end-term evaluation of the implementation of the ICPD Programme of Action in Africa.

10. The Director also made reference to the role of ECA in the implementation of the New Partnership for Africa's Development (NEPAD) which is essentially designed to create favourable conditions for the development of Africa in areas such as infrastructure, investment, social services and education. In conclusion, he said that the envisaged actions are designed to contribute towards the alleviation of poverty and help combat HIV/AIDS.

11. The Fourth meeting of the Follow-up Committee on DND/ICPD was officially opened by H.E. Mr. Shey Jones Yembe, Secretary of State for Public Investment and Regional Development of Cameroon, in a keynote address. In his address, the Secretary of State extended a warm welcome to all the participants who had come to support Africa in the search for ways and means towards its development and progress.

12. He hailed the positive results achieved by African countries in the implementation of DND/ICPD, and stressed that a great deal remained to be done in order to attain the objectives set, particularly in the mobilization of domestic and external resources.

13. He also pointed out that the recommendations flowing from the deliberations of the Committee must embody Africa's common vision as expressed in the New Partnership for Africa's Development (NEPAD), adopted by African Leaders in Lusaka. In conclusion, the Secretary of State wished the participants every success in their deliberations.

Follow-up actions to the recommendations of the DND/ICPD (agenda item 3)

Report on regional/sub-regional and global follow-up meetings (agenda item 3.1)

14. In introducing the report on the review and appraisal of the implementation of the Dakar/Ngor Declaration and the ICPD Programme of Action, the representative of the Secretariat informed the meeting that the report was prepared by ECA with the close collaboration of the Joint ECA/OAU/ADB Secretariat, UNFPA and a number of training and research institutes in population and development including RIPS, IFORD, CERPOD and IDEP. Thereafter, the report was reviewed and endorsed by the First Meeting of the ECA Committee on Sustainable Development. The report, then was summarized and distributed to African delegates at the Hague Forum and the UN General Assembly Special Session on ICPD+5 (UNGASS). The report included the main achievements, constraints and the way forward to meet the challenges that African countries faced in implementing the DND/ICPD.

15. The presenter also emphasized the final document on proposals for "*Key actions for the further implementation of the Programme of action of the International*

Conference on Population and Development” adopted at the UNGASS on ICPD+5. This comprehensive document include the following five substantive sections: Population and development concerns; Gender equality, equity and empowerment of women; Reproductive rights and reproductive health; Partnerships and collaboration; and Mobilizing resources. Each of these sections outlines key future actions needed to achieve the goals and objectives agreed to at the ICPD.

16. In concluding his intervention, the representative of ECA observed that, in light of the foregoing, the Fourth Meeting of the Follow-up Committee is expected to discuss and give orientations and guidelines on the following matters:

- The possible options for the ten-year review at national, sub-regional and regional levels;
- The focus of the review including the thematic areas to be covered by the evaluation process;
- The scope and content of the country questionnaire and the country reports assessing the implementation of the DND/ICPD recommendations;
- The process and modalities for the preparation of the Africa regional report on ICPD+10; and,
- The population perspectives in The New Partnership for Africa’s Development (NEPAD).

17. Thereafter, the representative of the ECA Sub-regional Development Centre of Southern Africa (SRDC-SA) also reported on the activities carried out by the SRDC-SA and those by the Southern Africa Development Community (SADC). He informed the meeting that the SRDC-SA developed a policy framework on Nexus Issues on Population, Food Security and Environment in Southern Africa. The Centre prepared a progress report on the implementation of the ICPD+5 and the DND, which was discussed at the Inter-governmental Committee of Experts (ICE), a policy organ of the Centre, in 2000. The ICE in 2001 discussed a report prepared by the Centre on Food Security and Sustainable Development in Southern Africa. The Centre’s Development Bulletin No. 10 (July-December 2001) was devoted to sustainable development issues. Furthermore, the Center worked closely with the OAU and Help Age International in the formulation of the OAU Policy Framework and Plan of Action on Ageing in Africa.

18. The SADC has continued to discuss and follow-up on the implementation of the DND/ICPD through the Southern African Ministers Conference on Population and Development (SAMCPD). The third and fourth meetings were held in 1999 and 2001 in Lusaka, Zambia and Windhoek, Namibia, respectively.

19. The representative of the Centre reported that most member States in Southern Africa were making efforts by putting in place policies and programmes on population

and development, HIV/AIDS, gender, poverty reduction, reproductive health etc. However, the implementation of these policies and programmes was constrained by a number of factors including: lack of adequate skills among government officials to integrate population issues in development planning; weak institutional framework for the implementation of population policies and programmes; the increasing incidence of poverty and HIV/AIDS which negatively affect socio-economic development; and limited availability and accessibility to reproductive health and family planning services. These and other constraints affecting the implementation of population and development programmes need to be addressed aggressively to facilitate demographic transition as well as to contribute to the implementation of NEPAD. In this context, partnership, as underscored in NEPAD, was essential. This requires further commitment by member States in dealing with population and development issues.

20. Subsequently, the representative of the ECA Sub-regional Development Centre of Eastern Africa (SRDC-EA) presented the review and assessment of progress of implementation of the DND/ICPD in the sub-region. The issues highlighted were the linkages between population, environment and development indicating that the sub-region have high levels of fertility, especially due to large proportion of all births being to women under 20 years of age, resulting into TFR of above 5 children per women passing through childbearing age. High levels of mortality, especially among young children and maternal mortality, and HIV/AIDS, with malaria and TB aggravating mortality levels. High levels of population densities and low levels of urbanization were some striking problems; low cropland per capita of 0.21 ha available in the sub-region links the agriculture based economies for majority of people living in rural areas.

21. Assessing the progress of implementation of the DND/ICPD, the report identified three thematic areas i.e.: (i) Reproduction, women and family; (ii) Interrelationships between population and development; and (iii) Mortality, ageing and migration including HIV/AIDS. Countries in the sub-region were implementing the programmes of DND and ICPD. However, experience in the implementation of all programmes of action observed in Kenya and Uganda (for AIDS programmes) in particular, were examples of best practices, respectively.

22. Following the above presentation, the next speaker was the representative of the ECA Sub-regional Development Centre of Western Africa (SRDC-WA). In introducing the paper 'Quantitative targets of the Dakar-Ngor Declaration and Prospects of Fertility and Mortality Decline in West Africa', he reviewed the levels and trends within the last ten years, and addressed prospects for West African countries in attaining the quantitative targets of the DND in the next ten years. The evidence with respect to fertility indicates that ten years after the date fixed for the attainment of the DND targets, majority of the countries would still have failed to achieve a TFR of 4 and below. By 2010 only Cape Verde and Ghana would have attained TFRs below 4 children; and only five countries are likely to attain the CPRs of 20 percent and above in 2010: Cape Verde, Togo, Benin, Côte d'Ivoire and Ghana. He indicated that regarding mortality, at the country level, only Cape Verde would achieve the IMR target of 50 per 1,000 in 2010. Ghana and Senegal and probably Nigeria and Togo, have good prospects of doing so either in 2010 but more

likely in 2015; and Benin, Cape Verde, Ghana, Senegal, Togo would achieve the DND life expectancy at birth (LEAB) target of 55 years in 2010.

23. Finally, he observed that strategies to lower West Africa's high mortality and fertility levels should focus on their social, political, economic and cultural determinants. In this connection, particular attention should be paid to the expansion of family planning programmes, enhancement of educational opportunities especially for girls and greater governmental commitment to population programs, in particular to those related to mortality reduction, especially HIV/AIDS.

24. Subsequently, the representative of the Centre d'Etudes et de Recherches sur la Population pour le Développement (CERPOD) in his presentation, observed that, following the adoption of the ICPD Programme of Action in Cairo, in September 1994, the population policies adopted earlier on by CILSS member States were reviewed, corrected and re-adjusted in the light of the new priorities set out in the ICPD Programme of Action, with the support of CERPOD.

25. The N'Djamena Programme of Action, which served as a frame of reference for the formulation of population policies in the Sahel, was re-adapted in the light of the Declaration of Dakar/Ngor on Population, the Family and Sustainable Development ; and the Programmes of Action emanating from ICPD, Beijing and Copenhagen, among others. This re-adaptation gave rise to the Ouagadougou Programme of Action on Population and Sustainable Development in the Sahel, adopted by the First Ministerial Conference of CILSS member States, held in Burkina Faso in October 1997. The Ouagadougou Programme of Action, which replaced the N'Djamena Programme of Action, is an overarching framework for cooperation and action in the areas of population and sustainable development in the Sahel. It embodies the pertinent concerns contained in the Programmes of Action emanating from Cairo, Beijing and Copenhagen, among others.

26. For the follow-up and evaluation of the Ouagadougou Programme of action, CERPOD formulated the socio-demographic profiles of CILSS member States. Some of the indicators drawn from these profiles – on mortality, morbidity, population growth rates, fertility, and the human development index - were presented as well. From these indicators, it is clear that the mortality rate in the Sahel is decreasing steadily, but that the gain in life expectancy may be jeopardized unless there is a sustained effort to combat HIV/AIDS. Although fertility levels in the subregion are still high, there already appears to be a noticeable, though not significant, downward trend.

27. In the discussions that followed the above presentations, the participants noted with appreciation the efforts devoted by the Secretariat for the regular monitoring and appraisal of the DND/ICDP. They also noted that the Secretariat provided African countries with the opportunity to meet periodically to exchange views and share experiences in the implementation of population and development policies and programmes. However, they recommended that there should be more efforts in

developing coordinated mechanisms with relevant partners on evaluating and monitoring the progress made.

28. Participants also recommended that, against the background of high mortality and fertility in the West African Sub-region, focus should be paid to the expansion of family planning programmes, enhancement of educational opportunities, especially for girls and greater governmental commitment to population programmes, in particular to those related to reproduction health and HIV/AIDS.

Monitoring of population dynamics and population programmes (agenda item 3.2)

State of the demographic transition in Africa: An overview (agenda item 3.2.a.)

29. The Secretariat presented to the Committee the document entitled "The State of the Demographic Transition in Africa: Executive Summary" (FSSDD/ICPD/FC.4/01/3). The Committee was informed that this document represented a summary of the full report titled "The State of the Demographic Transition in Africa" (ECA/FSSDD/01/10) that was prepared by the Food Security and Sustainable Development Division of ECA as an output of the work programme of the biennium 2000-2001. The Committee was also informed that the FSSDD had realized in 1997 a similar comprehensive study on the state of the demographic transition in Africa and the current study was intended to reassess the state on the basis of updated population data at the dawn of a new millennium. However, as the Secretariat noted, the new study could not be undertaken as previously planned by relying more extensively on sub-regional and country specific studies due to budgetary constraints of ECA.

30. After having briefly described the evolution of the theory of the demographic transition, the Secretariat brought to the attention of the Committee some characteristics of the population dynamics observed in Africa during the period 1950-2000. According to the Secretariat, Africa has had the fastest growing population in the world and its share in the world's population reached 13.1 per cent (794 million) by the year 2000 as opposed to 8.8 per cent (221 million) in 1950. The relatively high levels of fertility (Africa's total fertility rate was 5.3 children per woman in 2000 as compared to the world's average of 2.8) coupled with the gradually declining but still relatively high levels of mortality (Africa's crude death rate in 2000 was 14 per thousand and its life expectancy at birth was 52 years as compared to the world's average of 69 and 67 respectively) contributed to the constantly high rates of population growth in Africa.

31. The Committee took note that Africa was the last region of the world to have embarked on the demographic transition and some underlying socio-economic factors (e.g. low status of women, poverty, illiteracy, low levels of per capita GDP, food insecurity, HIV/AIDS etc.) caused this delay. However, in spite of the overall pessimistic picture as given for Africa as a whole, the Committee also took note that there exist sub-regional diversity and disparities and there are success stories in some countries that experienced sustained demographic transition (e.g. Mauritius, Botswana, Tunisia). Two

key factors - increase in the age at marriage and improved socio-economic settings, e.g. education, health, family planning services etc., were identified to have contributed to the success in these countries along with other factors, e.g. strong political commitment, shift in mentality etc. The Committee was informed that five countries - Cameroon, Egypt, Madagascar, Mali and Nigeria - were considered in the study as countries undergoing delayed demographic transition. In these countries, despite efforts made to improve the prevailing socio-economic situation, persistent factors, namely the early age at marriage, limited use of contraception, high demands for children due to tradition and high infant mortality, the low level of education, were among others found as main constraints. The lessons from Asia (Sri Lanka and the Indian village of Kerala where the demographic transition occurred at a faster pace) were also introduced to the Committee.

32. Concluding the presentation, the Secretariat informed the Committee that the study highlighted the way forward for African countries that still experience high fertility rates and thus delayed demographic transition. The way forward should be focused among other things on the integration of population factors in national development plans, supporting late age at first marriage and the implementation of family planning programmes.

Report on “prospects for fertility decline in high fertility countries” (agenda item 3.2. b.)

33. The representative of the UN Population Division presented the Report of the Workshop on *Prospects for Fertility Decline in High Fertility Countries* that was organised by the United Nations Secretariat from 9 to 11 July 2001 in New York. As he pointed out at the outset, despite appreciable fertility decline in many developing countries during the second half of the twentieth century, there still remained 47 countries (36 in Africa, 10 in Asia, 1 in Oceania) where the total fertility rate stood at or above 5 children per woman by the period 1995-2000. The workshop was therefore focused on these 47 High Fertility Countries (HFCs) and debated on prospects for fertility decline in these countries. The presenter also noted that the majority of the HFCs are also classified as least developed by recording lowest scores in all socio-economic sectors, e.g. school enrolment, infant and maternal mortalities, contraceptive use, HIV/AIDS, debts etc.

34. As for the organisational aspects, the Committee was informed that the workshop focused on fifteen scientific papers presented by researchers from around the world. There were also a number of presentations from regional commissions and other interested parties: countries characterised by high fertility and five young professionals (from Togo, Burkina Faso, Morocco, Côte d'Ivoire and the Democratic Republic of Congo) who were invited under the Population Division's Out-Reach Programme. The workshop was organised in such a manner that discussions followed each of the presentation sets, and a panel discussion took place at the end of the last day to provide a critical review.

35. The Committee took note that the central framework of demographic transition theory was a recurring concept throughout the workshop and that structural determinants

were often presented in the context of demographic transition theory as indicators of development and modernisation, including urbanisation, socio-economic status, and gender relations. The Committee also took note that the workshop identified proximate factors determining fertility. They include marriage and sexual activity, postpartum infecundity and pathological sterility, use and effectiveness of means of contraception, and abortion. Factors such as education, especially for women, contraceptive use, and lower infant mortality were recognised as ones of the most consistent basic determinants to exercise depressive effects on fertility. In addition, the workshop acknowledged that the HIV/AIDS epidemic, persistent economic hardships and civil conflict, and patterns of sexual initiation and cohabitation could affect long-term fertility trends in unanticipated ways, and that continuing high fertility preferences and a lack of accessibility to and affordability of contraceptive methods could lead to stagnation in the total fertility rate.

36. The Committee was informed that the workshop also raised data and methodological concerns with an emphasis on quantitative measures of fertility and its determinants. As many of the papers drew on data collected from the Demographic and Health Surveys (DHS) and its predecessor, the World Fertility Surveys (WFS), issues of data quality emerged during the workshop, such as possible over-estimation of the TFR in cases of rapid fertility decline, as the rate is based on births in a given period (usually 3 to 5 years) before the survey. The Committee was also informed that the workshop expressed concerns over sampling techniques for the surveys as samples are generally designed to produce indicators representative at the national or regional level, and as a consequence, small area estimations may have large confidence intervals.

37. The presenter added that the workshop addressed the prospects for fertility decline by reaching a consensus that a transition towards lower fertility seems to have begun in most of the HFCs. It was mostly admitted that the TFR among these countries will drop to around 4 in 2020-2025. However, as the presenter noted, 11 countries of which 9 will be in South Saharan Africa, are expected to still have a TFR over 5 children per woman in the latter period. In the sub-Saharan region, fertility change in rural areas will be critical to seeing shifts in the TFR at the national level.

38. As for challenges ahead, the Committee took note that the workshop addressed such issues as collection of quality data, developing effective family planning and reproductive health programmes (targeting selected sub-groups, notably rural populations), and the need to rethink many policies and programmes (as the policies currently in place do not always translate into effective interventions). The Committee also took note that the workshop identified some crucial areas for policy consideration including education, women's status, reproductive rights and access to safe abortion, among other public health concerns.

39. The two presentations the "State of the demographic transition in Africa: An overview" and the report on "prospects for fertility decline in high fertility countries" included in the session on monitoring of population dynamics and population programmes, were discussed together and the Committee made the following remarks during the discussion:

- The original transition theory is based on European experiences. In the future studies, there is a need to rethink the theory of the demographic transition as it applies to Africa. In the light of regression in mortality as a result of the HIV/AIDS pandemic in countries (e.g. Botswana) which have recorded sustained and noticeable fertility decline, high mortality and low fertility are inconsistent in the transition theory. Moreover, as the theory does not reflect how fertility and mortality change at micro levels in Africa, it would be dangerous to interpret the population change situation with this theory.
- The confounding influence of HIV/AIDS with regard to the future demographic transition of Africa needs to be further investigated.
- In an effort to redefine the transition theory as it applies to Africa, there is a need to study the case of other countries, e.g. Cape Verde, Côte d'Ivoire, Ghana and Gambia etc.
- In promoting measures to reduce fertility, revenue-generating activities should be considered in addition to other measures.
- Although the theory of the demographic transition is silent on the effects of migration, they should be seen as important and further investigated.

HIV/AIDS in Africa: An overview (agenda item 3.2.c.)

40. The Secretariat presented to the Committee the document entitled "HIV/AIDS In Sub-Saharan Africa: An Overview" (ECA/FSSDD/FC.4/01/4). Regarding the current situation of the HIV/AIDS pandemic, the Secretariat reported that Sub-Saharan Africa is by far the worst affected region in the world with an estimated 28.1 million Africans living with HIV/AIDS at the end of 2001. Since the beginning of the epidemic and by the end of 2001, a cumulative 19 million people in Africa have already died of AIDS.

41. Regarding the impact of the pandemic on development, the Secretariat stated that people at all income levels are vulnerable to the economic impact of HIV, but the poor suffer most acutely as the epidemic is driving a ruthless cycle of impoverishment. Women and girls are more vulnerable to HIV/AIDS and are disproportionately affected by the epidemic. Regarding the impacts on the social sectors, the Secretariat noted that without HIV/AIDS, the average life expectancy in sub-Saharan Africa would be approximately 62 years; instead, it is about 47 years. AIDS overburdens social systems and hinders health and educational development. Moreover, the pandemic has an impact on food security and rural development, becoming a greater threat in rural areas than in cities. The epidemic is undermining the progress made during the last 40 years of agricultural and rural development. Lower food production is already being reported in some areas.

42. Regarding the national responses, the Secretariat reported that thirty-one countries in the region have now completed a national HIV/AIDS strategic plan. The political commitment to turn the tide of AIDS appears stronger than ever. In some of the most heavily affected countries there is growing evidence that prevention efforts are bearing fruit. But despite such success, huge challenges remain. Among the international initiatives, the International Partnership against AIDS in Africa (IPAA), established in December 1999, works under the leadership of African governments and harnesses the resources of the United Nations, donors, and the private and community sectors.

43. The African Development Forum 2000, organized by ECA (Addis Ababa, 3-7 December 2000), on the theme "*AIDS the greatest leadership challenge*", provided a platform for the commitment of leaders at all levels in an expected effort to fight against AIDS. The primary outcome of ADF 2000 was the adoption of the "*African Consensus and Plan of Action: Leadership to overcome HIV/AIDS*". The document spells out commitments made by governments, international organizations, Civil Society Organizations and individuals, and how to implement them.

44. The African Summit on HIV/AIDS, Tuberculosis and other Related Infectious Diseases (Abuja, Nigeria, 26-27 April 2001) agreed to consider AIDS as a State of Emergency in the continent. In addition, Heads of State and Government agreed to pledge to set a target of allocating at least 15 per cent of their annual budget to the improvement of the health sector. They also agreed to undertake to mobilize all the human, material and financial resources required and to organize meetings to evaluate the status of implementation of the objective of access to care.

45. The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (New York, June 2001) set in place a framework for national and international accountability in the struggle against the epidemic. Each government pledged to pursue a series of many benchmark targets relating to prevention, care, support and treatment, impact alleviation, and children orphaned and made vulnerable by HIV/AIDS, as part of a comprehensive AIDS response. Moreover, a Global AIDS and Health Fund has been created to devise new financial mechanisms for increasing the flow of resources to developing countries, ease the procurement of commodities and draw new partners into struggles to bring the diseases under control.

Impact of HIV/AIDS on fertility in Sub-Saharan Africa (agenda item 3.2.d.)

46. In introducing the document intitled "Impact of HIV/AIDS on fertility in Sub-Saharan Africa" (FSSDD/ICPD/FC.4/01/5), the representative of the Secretariat said that one of the impacts of HIV/AIDS on individual women and populations in severely affected areas of sub-Saharan Africa is change in fertility levels. HIV/AIDS has influenced fertility of individual women through proximate determinants of fertility, namely, marriage, contraception, pregnancy, abortion, breastfeeding, postpartum abstinence, pathological sterility and natural fecundity.

47. Fertility may decline in the era of HIV/AIDS because of delayed onset of sexual relations and age at first union, reduced premarital sexual relations and remarriage and increased marital resolution. Desired family size and condom use are also increased. HIV infected women experience reduced pregnancy rate and rising levels of induced and spontaneous abortion. HIV/AIDS induces sterility, increases foetal mortality and decreases frequency of sexual intercourse and production of spermatozoa.

48. In contrast, the epidemic may increase fertility due to reduced extra marital relations, polygyny, breastfeeding, postpartum abstinence, STD prevalence and spousal separation, increased infant mortality and switching to condom use from more effective contraceptives. Examples of sites in Tanzania, Uganda and Zambia indicate that fertility has declined in populations hard hit by HIV/AIDS epidemic. However, it will take long durations of high HIV/AIDS prevalence to reduce fertility at a national scale.

49. Both papers, "HIV/AIDS in Africa: An overview" (agenda item 3.2.c.) and "Impact of HIV/AIDS on fertility in Sub-Saharan Africa" (agenda item 3.2.d.) were discussed together and the following comments were made:

- The level of donor commitment to fighting HIV/AIDS is not adequate. Moreover, the commitments that leaders as taken at the Abuja Summit and at the UNGASS should be implemented.
- The fight against HIV/AIDS should be linked to programmes of poverty alleviation. HIV/AIDS and its impact on fertility should be considered on the framework of reproductive health that has the advantage of being an integrated approach. There is also a tendency of emphasizing HIV/AIDS epidemic at the expenses of other equally serious epidemics, such as malaria epidemic.
- It is needful that efforts at fighting the disease are decentralized to involve traditional and community leaders at the regional, district/provincial and community levels. This is because they are better placed to make a positive contribution. In addition, efforts to change attitudes and behavior changes should be central to preventing further increase in the incidence of HIV/AIDS, in the absence of the cure of AIDS and in view of the high cost of drugs that relieve HIV/AIDS. Moreover, in the fight against HIV/AIDS the negative position of the Catholic Church towards condoms should be tackled head on.
- Regarding best practices, although Uganda is the only African country that has turned around the HIV/AIDS situation, a few other countries such as Senegal and Mauritius have aggressive strategies that have kept their prevalence low. The case of these countries in containing the spread of HIV/AIDS is worth being disseminated for other countries to learn from.
- Most women in Africa do not know their HIV status hence would not avoid pregnancy because of their positive status. The issue of mother-to-child transmission of HIV/AIDS faced in light of breastfeeding being better than alternative baby-

feeding methods. In Uganda, research has showed that the chances of HIV infected women infecting their babies are reduced by some drugs currently being experimented. Young women aged 10-24 years are more infected by HIV than young men of the same age. This is because the young women are in sexual relationships with older men some of whom are HIV infected. The low status of women and the physiological make up of women's sexual organ are other factors. Moreover, the welfare of widows is at stake and should be addressed.

- A problem of aged people being left with many orphans by their dead children to care for is a serious one in Africa.
- The issue of migration and HIV/AIDS relationship is important in West Africa (eg. Burkina Faso-Cote d'Ivoire migrants) and Southern Africa (migrants to the mines in South Africa). The impact of civil conflicts in the spread of HIV/AIDS should be faced squarely and addressed.

50. The issue of quality of data used in preparing the paper on "Impact of HIV/AIDS on fertility in Sub-Saharan Africa" was raised. The author explained that the paper was a review paper depending on the data used in the many papers reviewed. It was therefore impossible to review methodology of data of each paper. Moreover, most of the papers reviewed are published in reputed international journals. It was mentioned that some of the data are from longitudinal studies which are hardly representative of countries but are accepted by scientific community as the best way to collect data on HIV/AIDS and follow it up. Also cross sectional representative studies were used to collect some of the data.

Demographic and socio-economic indicators for regular monitoring and evaluation of population programmes (agenda item 3.2.e.)

51. The representative of the Institut de formation et de recherche démographiques (IFORD) presented the project, «Information Systems in sub-Saharan Africa for regular monitoring and evaluation of population programmes», developed by IFORD.

52. He said, first and foremost, that the design of population programmes could only be effective if it was supported by precise tools for diagnosis on the ground. The lack of reliable statistical data in areas as diverse as education, health, nutrition and population, poses a formidable structural problem for sub-Saharan Africa. It would be erroneous to suppose that this statistical deficit should be purely attributable to lack of resources. Even though data gathering costs are quite high, a great deal of data that had been gathered had disappeared owing to the lack of coherent information systems management policies in areas such as archiving, computerized databases, dissemination of results, and so on.

53. He stressed that African countries should be guided by the ICPD/DND Plan of Action in the conduct of their social policies and programmes, as a means of identifying targets in the medium- to long term. Is it possible, however, to measure the impact of

population policies in connection with the objectives set in the ICPD/DND agenda? That would necessitate reliable statistical information to measure the impact, but also, more importantly, a regional information generation and dissemination policy.

54. He added that, following the example of Cameroon, the project had endeavoured to demonstrate that the objectives set in the ICPD/DND Plan of Action were not easy to measure, owing to unavailability or inaccessibility of statistical information. Consequently, an internalized regional statistical information system should be designed. To that end, coordination at the regional level, as well as political will, would be imperative. A number of interesting initiatives have emerged over the past few years, such as the United Nations Common Country Assessment. Among the perspectives that may be considered are: assessing the level and scope of the existing data; strengthening training capacities; establishing partnerships with producer agencies at the national level; establishing a common methodology for statistical production; centralizing information at the level of a regional meta-database, and expanding the scope of information dissemination.

55. The following main conclusions emerged from the discussion following the presentation:

- An efficient information system needs to be put in place for the follow-up and evaluation of population policies across the region;
- The benchmarks should be re-adapted so as to take into account the situation of African countries. Considerable variation is observable even at the level of different African countries. It is hardly realistic to use the same yardstick for the countries of the Maghreb region, or South Africa, and the other African countries;
- A distinction must be made between the lack of statistical data, on the one hand, and retention of information on the other. There is, in fact, a considerable body of sector-specific data in the various countries, which are, however, not accessible. An assessment should therefore be made of the scope and extent of the existing data.
- The spatial dimension should be integrated, even at the country level. There is considerable variation in the social sphere at the country level, which is concealed by national indicators.

General debate on «Population perspectives in The New Partnership for Africa's Development (NEPAD)» (agenda item 4)

Country experience in population matters: Policies and interventions in «reproductive rights and reproductive health, with special reference to HIV/AIDS » (agenda item 4.1)

56. Countries that were invited to participate to the meeting were requested by the Secretariat to prepare and submit to the Committee national reports on policies and interventions in "Reproductive Rights and Reproductive Health with special reference to HIV/AIDS "².

57. During this session, the Committee heard representatives from Angola, Benin, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana³, Kenya, Lesotho, Mali, Namibia, Niger, Nigeria, Rwanda, Senegal, South Africa, Sudan, Tanzania and Tunisia who presented a snapshot of their country reports. The Committee took note of their presentation that covered mainly policy interventions, accomplishments, challenges/constraints and the way forward as summarized below.

Policy interventions and accomplishments

58. Since the 1994 ICPD, there was increased awareness among policy makers on the concept of reproductive health (RH) and reproductive rights (RRs). With the increasing political commitment at the highest level, most countries have revised their existing population policies to include new emerging issues and developed RH programmes and strategies with a special focus on HIV/AIDS and STDs. New AIDS policies place more emphasis on the role of the private sector and NGOs, and are decentralized with district or community response initiatives. Accordingly, the role of monitoring and coordinating the implementation of these programmes and the surveillance of the pandemic have been assigned to government institutions or Commissions specifically set up to perform these functions. In some countries (e.g., Ghana, Kenya and Niger), the National AIDS Commission was established in the office of the Head of the State. In Rwanda, the support for the fight against HIV/AIDS has been realized at the highest political level following the initiative of the First Lady who created a Fund to combat AIDS.

59. Countries reported that they have operationalised the concept of RH on several fronts: that are, inter-alia, universal access to health and reproductive health services, safe motherhood, family planning, prevention of abortion and care for its complications, fight against HIV/AIDS and STDs, fight against sexual violence and services including FGMs, reproductive health for the youth and adolescents, human resources training and development, institutional and legal framework and policies, R&D promotion, IEC, food security etc.

² See the Guidelines for the preparation of country report (FSSDD/ICPD/FC.4/01/Inf.2).

³ The Country Report of Ghana was prepared and presented to the Committee by RIPS.

60. New initiatives to empower women were launched in countries. Mali reported that, in the context of the promotion of women status, a "Commissariat à la Promotion Féminine" had been established and then has been developed into the "Ministère de la Promotion de la Femme de l'Enfant et de la Famille". The country is also paying greater attention to the development of human resources through education, professional training and employment targeting especially young girls. In Niger, the school enrolment age for girls was lowered from 7 or 8 to 6 to enable them to have access to education at earlier ages. In some countries, programmes are promoted to give women a privilege in the employment especially for income generating activities.

61. As far as counselling and research are concerned, some countries (e.g. Lesotho and Côte d'Ivoire) reported that they established counselling clubs and centres to educate and provide counselling services in RH to the most vulnerable segments of the population, especially to the youth. In South Africa, the Human Science Research Council was commissioned to conduct a situational analysis in key development sectors on the impact of HIV infection and AIDS mortality on the population. As a result, thirteen cases studies have been prepared, indicators to measure impact are being developed, and concerns have been raised on the high mortality rate among teachers as a result of HIV/AIDS.

62. IEC campaigns have been promoted at the national and regional levels to sensitise population, especially the most vulnerable groups, on the RH and HIV/AIDS issues. In Gabon, for example, more than 95 per cent of the population is aware of the pandemic and ways of its spread. In Nigeria, knowledge and use of contraceptives were promoted respectively from 9 per cent to 30 per cent and from 3 to 12 per cent during the period 1990-1999. In Tanzania, family life education has been incorporated in primary and secondary schools. In South Africa, a primary HIV/AIDS capacity development programme for Government planners was launched in July 2001 with a two-pronged approach to raise awareness and to develop basic skills for government planners. To date 1000 Government planners have been trained within this programme to be able to analyse and interpret population data projections, and therefore mainstream population dynamics in development planning.

63. Countries have also striven to train a lot of professionals and workers in the RH field. Lesotho reported that the country conducted several activities including: Trained family planning service providers in contraceptive logistics management, Trained nurses and officers in RH programmes in three pilot health service areas, and Organised refresher training for CBD (Community Based Distribution) agents in the mountain districts to improve accessibility of family planning services at the community level. An obstetric record book has been developed and finalized and a Parent Education Programme (PEP) manual has been developed, pre-tested, produced and translated into the local language.

Challenges/Constraints

64. Representatives reported that despite all these efforts made at the regional, sub-regional and national levels to improve RH and eradicate HIV/AIDS, Africa is still facing increasing challenges of ever-spreading of the pandemic, conflict, poverty, food insecurity, debts, etc. All these issues are inter-related and make it difficult to achieve a long-term goal of reducing population growth rates and ensuring sustainable human development in the continent.

65. Other challenges and constraints as identified in the national reports are:

- Urbanisation as a factor of poverty and food insecurity;
- Environmental degradation;
- Unemployment;
- Conflicts resulting into a massive flow of refugees and displaced persons;
- Weak infrastructure of IEC;
- Lack of high quality personnel in the area of development and population;
- Sustainability of government commitment towards population programmes especially with respect of HIV/AIDS;
- Preventing reversals of the gains already achieved by the reproductive health programmes and stopping spread of HIV;
- Cultural norms and practices that compromise RH must be eradicated;
- Financial constraints;
- Inadequate systems of national information and lack and poor quality of data.

Way forward

66. Country representatives unanimously emphasized the need to strengthen the role of Governments, civil society organizations, the private sector and communities at the grassroots level in achieving the goals set in the ICPD-PA, i.e., among others, universal access to RH services by 2015.

67. Country representatives made a number of suggestions as the way forward or recommendations, many of which are included as part of the recommendations adopted by the Committee. They are as follows:

- Increasing in a sustainable manner political commitment towards HIV/AIDS eradication.
- Periodical review of African population policies and programmes.
- More emphasis should be placed on peace and security, human development, eradication of poverty, promotion of family and women status, gender, the most vulnerable sub-groups of population (women, youth, the elderly, rural population),

redistribution of displaced persons and refugees, decentralisation, environmental protection, HIV/AIDS.

- Improving policies concerning the creation of health and education centres at the community levels and their staffing.
- Developing a comprehensive RH programme containing an integrated package for addressing HIV/AIDS, tuberculosis and malaria, and addressing immunization and safe motherhood.
- Strengthening legal frameworks to fight against main causes of infant mortality, maternal mortality and other mortality in general terms and against HIV/AIDS according to the sub-regional development needs.
- Addressing inter-linked socio-economic issues, e.g. education, poverty, food insecurity etc.
- Ensuring gender equity and equality.
- A good stewardship and conservation of biodiversity.
- Sustaining fertility declines through intensive behavioural change and IEC on contraceptive use and HIV/AIDS especially in rural areas.
- Capacity building through increased support for regional demographic training and research institutions and centres.
- Strengthening national information system in order to collect necessary data and set up reliable and efficient databases.
- Mobilising additional resources to finance HIV/AIDS projects and programmes. In this regard, the recommendation of the Abuja Summit (April 2001) to direct 15% of budgetary allocation of African countries to the improvement of the health sector should be implemented.
- Improving the quality of life of African populations through better access to sanitation, safe drinking water, and housing conditions.
- Strengthening partnership between government and NGOs, civil society and the private sector.
- Promoting South-South Cooperation and encouraging exchange and sharing of experiences at lower transaction costs between African countries in the area of population and development.
- Developing R&D in RH and other health sectors.

- Strengthening social support for adolescents to give them more access to education, health and RH services.
- Reducing inter and intra-regional disparities.

Mainstreaming population into the NEPAD: Key issues (agenda item 4.2)

68. The Secretariat introduced The New Partnership for Africa's Development (NEPAD) stating that three plans for Africa recovery were formulated: *The Millennium Partnership for the African Recovery Programme* (MAP), *The Omega Plan*, and the *Compact for African Recovery*. The OAU Summit of Heads of State and Government of African countries (Lusaka, July 2001) adopted the document *New Africa Initiative* (NAI) which consolidated the three plans into a single initiative. The meeting of the African Heads of State and Government (Abuja, Nigeria, October 2001) approved the document with the official name of *The New Partnership for Africa's Development* (NEPAD).

69. The Secretariat said that the NEPAD is envisaged as a long-term vision of an African-owned and African-led development programme. The long-term objective of NEPAD is to eradicate poverty in Africa and to place African countries, both individually and collectively, on a path of sustainable growth and development and thus halt the marginalization of Africa in the globalization process. Another long-term objective of NEPAD is to promote the role of women in all activities. NEPAD is anchored on key themes: a. Conditions for Sustainable Development, b. Sectoral Priorities, c. Mobilising Resources. In October 2001, the NEPAD Implementation Committee agreed to establish Task Teams with lead agencies to identify and prepare specific projects and programmes. Moreover, in mid-July 2001, the Group of 8 industrialised countries (G-8) adopted the Genoa Plan for Africa in which they committed themselves to an effective partnership in implementing the key priorities of the NEPAD.

70. Regarding the United Nations implication in NEPAD, the Secretariat stated that since October 2001 it was decided that UN agencies should unite to provide a coherent approach in their support of this African led and owned initiative. Moreover, ECA was requested to act as the focal institution for the UN support to NEPAD in Africa. For the UN interventions, thematic areas under NEPAD were identified with leading agency for their implementation. The Leader Agency for the thematic area of Population and Employment is UNFPA. The Secretariat brought to the attention of the Committee that the discussions during the 4th Meeting of the Follow-up Committee will be instrumental in defining NEPAD strategy for the population area. The outcomes of the discussions will be addressed to UNFPA in order to contribute to the definition of the implementation framework.

71. The Secretariat pointed out that although NEPAD deals with population issues only indirectly, it is important that such issues be developed and addressed in more detail,

and specific actions formulated. ECA has started exploring areas of the NEPAD that address such concerns within the context of population and employment.

72. UNFPA was designated the lead agency in this area of population and employment, and is working with the Sustainable Development Division of ECA to further develop the relevant issues. The priority areas identified in this partnership are as follows:

- **Poverty Reduction and Sustainable Development**

Given the depth of poverty and its importance to the problems facing Africa, it is necessary to focus attention to this important area. There is a need to aim at broad-based growth which addresses equity concerns. Food security is a major concern in eradicating poverty, attaining economic growth and sustainable development.

- **HIV/AIDS**

This poses the greatest threat to the attainment of economic growth and sustainable development. The immediate and future impacts of the epidemic need to be examined in the development of policies and programmes for economic and human development and for ensuring sustainable development.

- **Data, Information and Communications**

The need for reliable, up-to-date and comparable information and data is an important pre-requisite for assessing performance and monitoring progress, towards the attainment of the goals and objectives of NEPAD.

- **Reproductive Health and Managing Population Growth Rates**

The high burden of disease, poverty and unmet needs for contraception, helps to lock many African families into a "high fertility, high mortality poverty trap". Efforts to break this trap should also include improving the health of mothers and children, education and services in reproductive health.

- **Human Resource Development and Employment**

The expansion of employment opportunities, enhancement of skills, promotion of small and medium sized private sector enterprises, are indispensable elements of human resource development and poverty reduction strategies. Such strategies need to target disadvantaged groups such as women and the poor.

73. After the presentation by the Secretariat on NEPAD, the Committee embarked on a discussion on the topic. The participants considered the question of resource mobilization. The Committee noted that African countries had, over several decades, experienced an economic malaise which poses a major obstacle in the implementation of NEPAD. Consequently, the participants recommended that:

- Mobilization of African people in the implementation of NEPAD. To that end, due attention must be given to creating awareness regarding the advantages to be

derived. Initiatives should be launched at the subregional level, involving the regional economic communities such as: ECOWAS, CEEAC, SADC, and so on;

- Cooperation among African countries in the implementation of NEPAD. At the same time, international agencies should adjust their programmes in keeping with NEPAD;
- The concept of new partnerships for Africa's development should be disseminated, consolidated, and focused primarily on intra-African cooperation, before extending it to external partners;
- The creation of income-generating activities through the establishment of national solidarity structures for the alleviation of poverty, and the creation of a regional fund along the lines of the world poverty reduction fund;
- The HIV/AIDS problem should not be overshadowed by the other problems of reproductive health, but should remain a distinct concern. This would facilitate resource allocation and channelling.
- Collaboration with research institutions should be strengthened to create an effective information system which would facilitate the analysis, dissemination and utilization of the information towards the formulation of development plans and programmes;
- Interventions should extend to poverty and sustainable development, particularly through the development of road infrastructure and improvement of the legislation governing the marketing of primary commodities;
- Countries that had embarked on their development programmes before the launching of NEPAD should be afforded the necessary technical resources to adjust and adopt programmes through which they can integrate the NEPAD orientations. More particularly, population policies should be integrated into the NEPAD agenda to facilitate their integration into the various national five-year and ten-year economic and social development plans.
- Conflict resolution and peace building in Africa should underpin the actualization of the NEPAD objectives;
- Concrete actions should be taken in regard to the involvement of men as partners in the area of reproductive health.

Consideration and adoption of proposals on the ten-year review and evaluation of the implementation of ICPD in Africa (ICPD+10) (agenda item 5)

74. The representative of Senegal, Chairperson of the Follow-up Committee, briefed the meeting about the Second Meeting of the Working Group for the Follow-up to the DND/ICPD. She reported that the Meeting suggested that the ten-year review process in the Africa region should focus on the following five main thematic area. (i) Poverty and demographic changes; (ii) HIV/AIDS; (iii) Youth; (iv) Migration; and (v) Gender. The issues concerning each thematic area were identified and both qualitative and quantitative evaluations were recommended.

75. In the ensuing discussions, the Committee proposed the following regarding coverage in the ICPD+10 evaluation:

- Reproductive health should be included as one of the themes to be evaluated. Another theme to be included is on data collection, analysis and dissemination;
- Under the theme of poverty and demographic changes, mortality and fertility should be included as components of demographic changes;
- The issue of migrations should be reflected in the evaluation of the theme on HIV/AIDS;
- Under the theme of migration, internal migration should cover all aspects , i.e.: rural to urban, urban to rural, internally displacement of the population due to conflicts, and refugees;
- The concept of gender should not be confused with women in development but refer to both men and women;

76. There was a need to address contributions by member States in the evaluation of ICPD+10 as well as contributions and support from the international organizations.

Population, environment, agriculture and development interactions (nexus) (agenda item 6)

Modelling the interactions for advocacy and policy analysis: the PEDA Model (agenda item 6.1)

77. The Population-Environment-Development-Agriculture (PEDA) Model was introduced to the Committee by the Secretariat. The Secretariat indicated that the development of PEDA by ECA was a response to the situation prevailing in Africa, characterized by widespread poverty, food insecurity, illiteracy, soil erosion and deforestation, and rapid population growth rates. The action plans and recommendations

of international conferences (e.g. ICPD, World Food Summit, Rio Summit etc.) clearly recognized the connections existing between these sectoral issues and called upon countries to address all development issues with an holistic approach in order to attain sustainable development. However, there still exist inertia toward compartmentalisation of disciplines and a lack of coordination between governmental line ministries. PEDAs were developed as an advocacy tool to raise the awareness among national policy makers on the inter-linked issues of population-environment-development-agriculture.

78. The Committee was informed that PEDAs can demonstrate the likely impacts of alternative national policies on future food security situation as well as the relationship between factors by simulating user-defined scenarios. As for the theoretical approach of the model, the Secretariat emphasized that PEDAs relies on the 'Vicious circle model' developed by the Cambridge University and runs in several modules, namely population, natural resource, agricultural production, food availability and distribution and HIV/AIDS.

79. After explaining the three main steps followed by PEDAs in the simulation exercise, e.g. multi-state population projection, estimation of food available and distribution of food to estimate the number or proportion of the food insecure, the Secretariat introduced a policy question of Zambia: *'What will be the situation of land and food security in 2030 if education increases by 30 % ?'* A comparative analysis of simulation results given by PEDAs with regard to this question was presented to the Committee, and clearly showed that an increase in school enrolments contributes significantly to increase food production and preserve land, and therefore, food security situation will be much better than the situation whereby no effort is made to improve education.

80. After briefly presenting the activities accomplished by ECA to develop the model, the Secretariat pointed out that PEDAs will be officially released soon in various formats, e.g. CD-ROMs, accompanied by User's and Technical manuals and some advocacy booklets. The Committee was also informed that ECA is organizing sub-regional training workshops to enhance the capacities of national experts for use of the model, and efforts will continue to initialize and customize the model.

81. During the discussion that followed the presentation, the Committee commended the Secretariat for the initiative they have taken to sensitise African policy makers and development planners on the holistic approach by developing an advocacy tool like PEDAs. Subsequently, they made following remarks on the Model:

- The PEDAs Model uses a number of input and output variables. However, as development situation may differ from one country to another, the model should be more flexible so as to allow for change in or adding variables according to national priorities.
- In Africa, the interlinkages between developmental issues are so complex. For example, urbanization impacts on agricultural production by reducing the agricultural

labour force and the number of school teachers in rural areas. The model should allow users to simulate all their crucial preoccupations.

- The flexibility in the hypothesis that underlies the model was raised. As at the micro level, there are also success stories that contradict the model of vicious circle, the model has to be flexible for virtuous circle model assumptions.

- As the simulation results given by the model should be reliable as much as possible, baseline data have to come from reliable national sources. And in order to ensure cross-country comparability, the model needs to use data that adapt to international standards.

82. The Secretariat responded that the model had been made flexible to allow for both Malthusian and Boserupian visions. It was added that an ideal situation for initializing the model for a specific country would be when a national team of multi-disciplinary experts work together to customize the model to their country specific situation, by changing variables or eventually adding new variables, and modifying the underlying hypothesis as well as preparing most reliable empirical data. The Secretariat also added that the model has to rely on some other demographic tools (e.g. MORTPAK) in the data generating process, but it is also the intention of ECA to benefit from other existing tools (macro-economic tools) to further develop and increase the efficacy of PEDDA.

Role of the partnership between governmental and non-governmental organizations in the management of the nexus issues (agenda item 6.2)

83. The representative of the "Tunisian institute of sustainable development and NGO management" introduced the subject stating that the partnership among NGOs and governments is central to the success of the implementation of the priority actions of the NEPAD.

84. Governments are able to lay down the foundation of this partnership by creating a confident and trustful environment where NGOs are given the appropriate role and field of actions. Governments are called to put in place the necessary infrastructure (e.g. roads, electricity, water network, and sanitation) in the areas most affected by poverty, AIDS, and environmental problems. NGOs are called to mobilize local resources in the most cost efficient way in order to contribute efficiently in the NEPAD activity.

85. Governments and NGOs are able to ensure the transition from formal academic studies to employment oriented trainings. Most of all, some NGOs should orient their efforts to bring the reality of the field to the academia arena and to promote the training in such areas as: statistics, population issues, NGO management, gender planning and development, project cycle, proposal writing and development, fund raising.

86. Following his presentation, the speaker illustrated the statement that NGOs participating in the Follow up Committee have developed. The statement is included in Part II of the present report.

Any other business (agenda item 7)

87. No issue was discussed under this agenda item.

Adoption of the main recommendations of the fourth meeting of the Follow-up Committee including proposals on population and development component in the NEPAD (agenda item 8)

88. The Follow-up Committee adopted its recommendations. Those recommendations, containing the amendments proposed and adopted are included in Part II of the present report. The Follow-up Committee also adopted proposals on "Implementing The New Partnership for Africa's Development (NEPAD): Some Priority Areas in Population and Development". These proposals, containing the amendments proposed and adopted are included in Part II of the present report.

89. The participating NGOs established a mechanism to co-ordinate their activities in implementing the identified NEPAD priorities (see Part II of the Report).

Closure of the meeting (agenda item 9)

90. In his closing remarks Mr. Hakim Ben Hammouda, Director of the ECA/Subregional Development Centre-Central Africa (ECA/SRDC-CA), thanked all the participants for their contributions to the fruitful meeting. He also thanked all the institutions and organisations that contributed to the organisation of the Fourth Meeting of the Follow-up Committee on the Implementation of the Dakar/Ngor Declaration (DND) and the Programme of Action of the International Conference on Population and Development (ICPD-PA). In particular, he thanked the UNFPA for the financial contribution that made it possible the organisation of the meeting.

91. Ms Rokhaya Sene, Chairperson of the Committee, thanked the participants for their contributions to the work of the Committee and requested the Secretariat to undertake the activities recommended by the meeting.

PART II

**OUTCOMES OF THE FOURTH MEETING OF THE FOLLOW-UP
COMMITTEE ON THE IMPLEMENTATION OF THE DND AND THE ICPD-PA**

PART IIA

RECOMMENDATIONS

OF 4th MEETING OF THE FOLLOW-UP COMMITTEE ON THE IMPLEMENTATION OF THE DND AND THE ICPD-PA

Yaounde, Cameroon

28-31 January 2002

1. Enabling political environment for the implementation of DND/ICPD

Priority should be given to conflict prevention and resolution, peace, resettlement of displaced people, democracy and good governance. Poverty alleviation plans should aim at achieving social justice and improving the quality of life of the most vulnerable segment of the population. Improvement of African socio-economic welfare should take into account environment protection, sustainable development and attainment of food security.

African countries and the international community are called upon to strengthen their commitment to implementation of the Dakar/Ngor Declaration (DND) and the Programme of Action of the International Conference on Population and Development (ICPD-PA). Additional resources should be mobilized at the national and international levels to support the implementation of population and reproductive health programmes.

2. Health Policies

Priority should be given to the primary health care package addressing immunization, safe motherhood, HIV/AIDS, tuberculosis, malaria and other endemic illnesses.

The reproductive health policies currently in place should be translated into more effective interventions. Sub-regional and regional programmes taking into account country specificities should be implemented and monitored.

PART II.B

Implementing The New Partnership for Africa's Development (NEPAD)

Some Priority Areas in Population and Development⁴

⁴ As recommended by the Fourth Meeting of the Follow-up Committee on the Implementation of the DND/ICPD, Yaounde, Cameroon, 28-31 January 2002

Priority Area	Issues/Justification	Specific Action
1. Poverty reduction and sustainable development	<ul style="list-style-type: none">◆ Poverty reduction is an overriding goal in all the programmes of the NEPAD.◆ In Sub-Saharan Africa, nearly 300 million or 46 % of the population live in poverty (i.e. on less than US\$ 1 per day) and rural poverty accounts for 80% of this African poverty.◆ The negative synergy resulting from stagnating and declining agricultural production, rapid population growth and environmental degradation is a major cause of Africa's population being trapped in poverty and food insecurity.◆ The Sustainable Development Division (SDD) of the ECA intends to become a centre of excellence for managing the inter-linked issues of population-agriculture-environment (nexus) and to play a leading role in raising awareness and guiding decision making on nexus issues.	<ul style="list-style-type: none">◆ Enlarge areas of advocacy including PEDAs.◆ Investment in the promotion of food security.◆ Modelling the Nexus interconnections for planning purposes.
2. HIV/AIDS	<ul style="list-style-type: none">◆ The impact of HIV/AIDS on African populations has been severe. This impact is costly in terms of increasing poverty through mortality, which impacts the young and the most productive segment of the population.◆ The impact is also in terms of morbidity, which leads to decline in food production and rise in health expenditures.	<ul style="list-style-type: none">◆ Ensuring Leaders' commitment on the fight against HIV/AIDS◆ Stemming the spread of HIV/AIDS◆ Promoting sexual behavioural change◆ Care of infected and affected people◆ Decentralise the fight against HIV/AIDS◆ Encourage IEC interventions◆ Increase access to anti-retrovirus drugs◆ Integrating HIV/AIDS measures into sectoral programmes◆ Promote research in understanding effects of HIV/AIDS on economically active population

		<p>and rural communities</p> <ul style="list-style-type: none"> ◆ Document and disseminate information on the best practices for preventing HIV/AIDS
3. Population dynamics and distribution	<ul style="list-style-type: none"> ◆ The ICPD-PA articulates a comprehensive approach to issues of population and development and affirms that an early stabilization of the world population and a more balanced distribution of the population in the countries are preconditions for sustainable development. ◆ Rapid population growth combined with little scientific and technological progress has had adverse effects on the development in Africa. ◆ There is a need to not only monitor progress made so far in the region in managing population dynamics, but also to draw lessons and formulate and effectively implement policies and strategies that facilitate demographic transition in the continent as a whole. ◆ The SDD addresses population concerns within the context of the population-agriculture-environment (nexus) interlinkages and delivers an array of services with a view, among others, to promoting an enabling environment for managing population change and the demographic transition. 	<ul style="list-style-type: none"> ◆ Advocacy on the Nexus issues ◆ Monitoring and analysis of population dynamics including analysis of data from civil registration, censuses and surveys ◆ Managing refugees and displaced populations ◆ Promote periodic revision of population and development policies ◆ Promote integration of population variables into sectoral policies and programmes ◆ Building and retaining human capacity in population and development management ◆ Strengthen institutional capacities to enable a more comprehensive approach to population and development issues ◆ Monitoring country implementation of the DND/ICPD ◆ Document and disseminate information on the best practices
4. Data, information and communications	<ul style="list-style-type: none"> ◆ Bridging the digital divide is a major NEPAD objective. ◆ Data is needed for monitoring the implementation of NEPAD, DDN/ICPD and preparing special sectoral and evaluation reports. ◆ Requisite data should be produced and shared with all actors. 	<ul style="list-style-type: none"> ◆ Develop country, sub-regional and regional databases ◆ Develop web sites and information sharing ◆ Funding for censuses and national household

	<ul style="list-style-type: none"> ◆ Promotion of Results Based Management will also mean increased data requirements. 	<p>surveys</p> <ul style="list-style-type: none"> ◆ Technical assistance in implementing census and household survey country programmes ◆ Funding civil registration/vital statistics ◆ Collaboration with research institutions in carrying out in-depth analysis of data ◆ Foster standard methodologies for data collection and analysis to facilitate comparison ◆ Develop standard socio-economic and demographic indicators for monitoring and evaluation of country implementation of NEPAD and DND/ICPD ◆ Disseminate information to potential users, especially the community ◆ Promote ICT training at all levels of education
5. Reproductive Health	<ul style="list-style-type: none"> ◆ Women have a dual role of reproduction and food production. The linkages associated with women in these roles are multidimensional and require due attention. ◆ Reproductive health strongly affects the well-being of all segments of the population. ◆ Reproductive health is a priority concern. Within RH, most resources go to meeting contraception requirements and improving contraceptive services. ◆ Data requirements in the RH area are enormous. 	<ul style="list-style-type: none"> ◆ Investigating the interrelationships between women's reproductive health and household food security. ◆ Integrated reproductive health into comprehensive primary health programmes. ◆ Address adolescent reproductive health needs ◆ Promote men's involvement in reproductive health

<p>6. Human Resources Development/ Employment</p>	<ul style="list-style-type: none"> ◆ The International Development Goal of achieving universal primary education by 2015 is important for development. ◆ Access to secondary and higher education, the promotion of research capacity, technological know-how and skills development should be given priority ◆ Increased employment through multi-sectoral approaches, especially the promotion of private sector, and small and medium enterprises impacts directly on poverty reduction, health and development through income generating form of employment ◆ Unemployment and under-employment encourage poverty in rural areas. ◆ To build and retain critical human capacities for Africa's development, to reverse the brain drain and to develop strategies for utilising scientific and technological know-how, are important objectives of NEPAD 	<ul style="list-style-type: none"> ◆ Promoting research capacity, technological know how and skills development ◆ Promoting multi-sectoral approaches to employment ◆ Encouraging vocational training especially for the youth ◆ Promoting other income generating activities in rural areas ◆ Building and retaining human capacity ◆ Developing indicators to monitor progress of implementation in the area of human resource development ◆ Strengthen African training and research institutes in population and development ◆ Empowering women and promoting the fulfilment of women roles ◆ Promote informal sector
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PART III

ANNEXES OF THE MEETING

Annex I
LIST OF DOCUMENTS

- | | | |
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| 2. | ECA/FSSDD/ICPD/FC.4/01/Inf.1 | Draft programme of work |
| 3. | ECA/FSSDD/ICPD/FC.4/01/Inf.2 | Guidelines for the preparation of country report |
| 4. | ECA/FSSDD/ICPD/FC.4/01/Inf.3 | List of Participants |
| 5. | ECA/FSSDD/ICPD/FC.4/01/2 | Report on the review and appraisal of the implementation of the Dakar/Ngor Declaration and the ICPD Programme of Action |
| 6. | ECA/FSSDD/ICPD/FC.4/01/3 | The state of the demographic transition in Africa: Executive summary |
| 7. | ECA/FSSDD/ICPD/FC.4/01/4 | HIV/AIDS in sub-Saharan Africa: An overview |
| 8. | ECA/FSSDD/ICPD/FC.4/01/5 | Impact of HIV/AIDS on fertility in sub-Saharan Africa |
| 9. | ECA/FSSDD/ICPD/FC.4/01/6 | Report of the Fourth Meeting of the Follow-up Committee on the Implementation of the Dakar/Ngor Declaration (DND) and the Programme of Action of the International Conference on Population and Development (PA-ICPD) |

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