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Mid-Term Review of the Implementation of the Dakar and Beijing Platforms For Action

Summary of the Preliminary Assessment Report
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Improvement of women's health including family planning and population-related programmes

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Summary of the Preliminary Assessment Report
Critical Area of Concern: Improvement of women's health including family planning and population-related programmes

INTRODUCTION

Health care and population programmes should be based on the needs of men and women of any age and should provide for the participation of women on an equal footing with men in the management, planning, decision-making, policy-making, implementation, organization and evaluation exercises. Governments, NGOs, United Nations bodies and other organizations should take practical measures to mainstream women at all society levels in the health care systems. They should take special care to integrate population issues and health care activities in the policy-making and overall human development strategies within the context of a carefully crafted gender equity framework.

In accordance with the principles adopted at the 1994 International Conference on Population and Development (ICPD), any individual has the right to enjoy the best possible state of physical and mental health. Consequently, appropriate measures should be taken to provide universal access to health services including reproductive health which includes family planning and sexual hygiene for men and women alike.

Population policies and programmes should promote gender equality and equity and improve the quality of women's lives by enabling them to exercise their right to plan and control their own fertility and to participate fully at all levels in the implementation of population and development programmes

The health care, reproductive health and other objectives including family planning and population, should fully reflect population and gender concerns in terms of :

a. strategies, planning, decision-making and resource allocation, development at every level with a view to satisfying the needs and improving the quality of life for current and future generations;
b. all the aspects of development planning with a view to promoting social justice and eradicating poverty through sustained economic growth within a context of sustainable development;
c. another objective consists of improving the quality of life for all through appropriate human development policies and programmes which aim at alleviating poverty and developing human resources. Since women are often the poorest of the poor and at the same time bear the brunt of development policies, it is essential to do away with all the forms of gender inequity and discrimination as a precondition for alleviating poverty and promoting sustainable human development;'
d. encouraging research into medicine and traditional medical practices;
e. allocating for women's health and gender issues budgetary resources concomitant with the importance and centrality of women's health;
f. giving women equitable representation in health management positions;
g. reducing maternal and infant mortality by 50 per cent before the year 2015;
h. improving post-natal consultancy services; and

i. improving the nutritional status of adolescents, pregnant women and nursing mothers.

The HIV/AIDS objectives are :

a. to combat HIV/AIDS by exhorting African Heads of State and Government to implement the HIV/AIDS declaration which they adopted in July 1992 and in which they decided to :
b. sensitize 95 per cent of the adult and young population by the year 1995 to the threat of HIV/AIDS, its mode of transmission and how to protect themselves and others and to see to it that each ministry of health prepares a plan for combating HIV/AIDS;
c. to prepare a plan for HIV/AIDS control in Africa;
d. to sensitize women to the fact that they can refuse sexual relations with any partner who refuses to take the necessary precautions;
e. to encourage within the family and among partners, the spirit of dialogue which would make for mutual protection from HIV/AIDS and to provide the necessary support when a member of a family had contracted AIDS.

II. Commitments made by governments and major organizations

II.I Governments

In the African Platform for Action, African Governments committed themselves to:

a. extending the access of women throughout their lives to health care, information and suitable related services which were affordable and of good quality;
b. strengthen prevention programmes that would improve the health of women;
c. launch initiatives that take into account the need for women to cope with sexually transmitted diseases HIV/AIDS and other sexual problems having to do with their sexuality and reproductive role;
d. promote research and disseminate the findings on the health of women;
e. increase the resources allocated to women's health and monitor as well as evaluate the situation in this area.

Both the Dakar and Beijing Platforms address the more specific themes of mental health, cancer, health in the work place, health of disabled women and tropical diseases.

II.II International organizations

Through its specialized agencies such as WHO, UNFPA, UNICEF and UNHCR, the United Nations undertook to devote a substantial share of its resources to women's health programmes and projects.

A task force was set up within the Advisory Committee on Coordination (ACC). Represented on the task force were United Nations agencies providing basic social services (UNFPA, WHO, FAO, UNESCO, UNICEF, UNEP, UNDP, WFP, UNIDO, IMF, The World Bank, UNDCP, UNHCR, UNRWA, UNCHS-Habitat, The Regional Commissions, UN/DPCSD, UN/DESIPA, UN/DHA). The task force is expected to provide country support to the activities initiated to monitor the implementation of agreements concluded at United Nations conferences such as ICPD in Cairo, the World Social Summit in Copenhagen and the Beijing World Conference. It has set up working groups on primary health care, reproductive health and national capacity building to monitor maternal and infant mortality. The working groups have prepared

guidelines on these particular themes. They have also suggested several essential activities to be conducted in order to enable the network of resident coordinators to improve reproductive health. WHO has also published a list of indicators for local use.

UNFPA has selected a comprehensive range of population programme indicators that must be used primarily by national programme officials.

III. Resources allocated for platform implementation

According to the 1998 WHO World Health Report, investment in health in Africa has practically stopped. The social sectors, including health, have been particularly affected by worsening budget deficits. The share of GNP allocated to health has been diminishing.

The report also indicates that there are no reliable and verifiable data on the financing of health in the developing countries generally and that it is difficult to secure information on private sector health expenditure. For that reason, additional resources for promoting health are provided by non-governmental organizations, bilateral and international donors. Since resources in the public sector are dwindling because of economic recession and cutbacks in official development assistance, some activities being conducted to control diseases and to promote essential health services (mother and child health campaigns, vaccination campaigns) have become dependent on external financing. In Africa, coordinating such aid remains a problem and few are the countries which are satisfied with the allocation of financial resources between promotional and health care services.

As to the issue of human resources, the poor performance of the health institutions and the inefficiency of health officials remain a matter of concern. The brain-drain continues to the extent that the public sector has become less able to respond to national needs. The unemployment of young graduates is particularly felt in the health sector. Virtually all the countries are aware of the need to rectify this situation as a matter of urgency. Indeed, for successful decentralization of health services, local governments would need to have adequate administrative and management capacity and the machinery for guaranteeing transparency and public participation. What actually happens is that health officials are not sufficiently attracted to primary health since it means being posted to remote areas.

Several African countries have placed infrastructural development at the center of their health policy. The hospitals continue to absorb the bulk of the health budget, sometimes at the expense of the health centres. Health facilities and equipment are not properly maintained because of financial difficulties and for cultural reasons.

In many cases, the work done has not been consolidated without international cooperation. In order to address this situation, an effort is being made to guarantee better quality health by working out and constructively replicating best practices and making optimum use of existing resources.

Community participation has become necessary to revitalize the strategy of health for all. This is encouraged through the procurement of medical equipment, the coverage of recurrent costs such as building maintenance and cost sharing in order to make medicines more affordable.

IV Results of recommendations made at post-Beijing meetings

Since the September 1995 Fourth World Conference on Women was held in Beijing, the following meetings have confirmed the specific and strategic objectives contained in the Dakar and Beijing Platforms. They are:

a. the annual meetings of the Commission on the Status of Women in New York (The March 1998 session was specifically devoted to health problems and violence against women);
b. the meetings of the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW);
c. the annual assemblies of WHO;
d. the Expert Group Meeting on Integrating the Gender Approach in the Health Sector (28 Sept- 2 Oct. 1998 in Tunis);
e. the International Conference on African Women and Economic Development: Investing in our Future, held to mark the 40th Anniversary of ECA from 28 April to 1 May 1998 in Addis Ababa;
f. the Sub-regional Follow-up Meetings on the Implementation of the Dakar and Beijing Platforms;

Generally, the recommendations of various meetings, particularly those technical meetings of agencies working in the health sector (WHO, World Bank, UNICEF, UNDP, UNFPA, FAO, UNHCR, UN/AIDS, WFP) as well as some donors like Germany, the Nordic countries, ADB and the Islamic Development Bank after Beijing has helped the organizers to recall the strategic objectives identified in the Platform and also map out a systematic way of monitoring and coordinating the implementation of the Dakar and Beijing Platforms.

The recommendations can be classified under three headings:

A- Institutional

Repeatedly, the role that each partner or group should play at each stage in order to optimize the efforts in conducting country activities, has been stressed.

Governments had the task of initiating efforts through their commitment and political were expressed in comprehensive legislation (Cameroon, Nigeria, Botswana and Zambia); setting democratic rules of the game (Senegal, Rwanda and Uganda) coordinating, leading and providing a place and role for civil society to articulate its vision within an effective and sustainable partnership.

International institutions, regional and subregional organizations were requested to facilitate and support these initiatives with a view to the speedy attainment of the regional and global platform objectives.

Cooperation at every level was strongly recommended in order to avoid dissipation of effort and resources.

B- Operational

By committing itself to the holding of a series of subregional meetings to follow up the Beijing Conference, ECA was pursuing two objectives through its Africa Centre for Women (ACW).

a. The first was to show member States how to draft a prototype action plan with targeted and measurable objectives, time frames, identified players and institutions and appropriate resources ;
b. The second was to harmonize the presentation of the national plans of action and the evaluation methods with a view to facilitating the regional review and appraisal.
c. In addition to these practical activities, the meeting recommended the setting of a specific time frame for the achievement of strategic objectives while insisting on the need for cooperation between government and NGOs on the one hand and between NGOs and aid agencies on the other hand.

In that regard, ECA decided to organize the 6th Africa Regional Conference on Women in November 1999, giving all participants the freedom to participate on an equal footing and to work together. The involvement of sector ministries in the implementation of the Platforms was indicated when it came to those areas in which they held national responsibility. The idea was to integrate the gender approach in order to take into account the needs and concerns of women.

Such involvement was considered all the more necessary as the substantial resources allocated to these sectors and discriminatory practices continued to affect the life of women.

Accordingly, an Aide-Memoire was prepared for the purpose of evaluating the national plans of actions and circulated to all member States.

C- Strategic planning

Two important lessons were drawn from the various national, subregional and regional meetings held after the Beijing Conference:

a. Women's advancement has become a development issue and, as such, requires the mobilization of men and women over the long haul if sustainable results are to be achieved;
b. Women need to be educated about their status, rights and responsibilities in order to create the groundswell of empowerment which alone can change attitudes and behaviour.

In order to make the recommendations more explicit, the post Beijing meetings suggested that :

- Women programme and project directors working in areas other than the advancement of women or in social protection at every level should be involved in the formulation of strategies and action plans in their area of responsibility;

- Information, education and communication programmes should be prepared to educate local communities about issues of public and family hygiene, nutrition, reproductive health and a secure environment;

- Regular meetings should be organized among the various sectors of social development;

- National meetings should be convened in order to popularize some health issues;

- The dialogue between government, NGOs and other partners should be intensified;

- An on-going dialogue should be established among people from all segments of society on issues having to do with gender disparities.

IV. Follow-up mechanisms

a. National

The Dakar and Beijing Platforms state that the monitoring of women's access to positions of responsibility should be carried out by relevant institutions. Such institutions may vary from country to country. Ministerial departments, national directories or NGOs serving in a technical advisory capacity are cases in point. It has been proposed that the preparatory committees of the Dakar and Beijing Conferences should monitor the situation at the national level. Still other countries have opted for inter-ministerial commissions to discuss and decide on the manner in which national plans should be implemented and the strategies to be pursued in resource mobilization.

Although there are not many examples to give about how these commissions operate (apart from the Southern African Development Community, Senegal, Cameroon and Nigeria), the post-Beijing period has created genuine awareness with the drafting of national reports and the number of meetings organized in member States about the need to eliminate all forms of discrimination against women and to take better into account their needs and aspiration in all development programmes and projects.

b. Subregional and regional

The regional platform indicates that coordination, review and appraisal should be entrusted to the Committee on Women and Development (CWD) working in close cooperation with such intergovernmental organizations as PTA, SADEC and ECOWAS as well as the Joint OAU/ADB/ECA secretariat, relevant United Nations agencies and UNIFEM and in consultation with them as stipulated in the existing institutional arrangements.

C. United Nations System

The United Nations follow-up and evaluation machinery comprises the Commission on the Status of Women, the Committee on the Elimination of Discrimination against Women, UNIFEM, INSTRAW and the Division on the Advancement of Women.

An inter-agency task force has been set up within ACC comprising UNFPA, WHO, UNICEF, ILO, UNESCO, UNIDO, UNDP, IMF, World Bank, WFP, UNEP, UNIFEM, UNDCP, UNRWA, UNCHS-HABITAT, The Regional Commissions, UN/DPCSD/UN/DESIPA, and UN/DHA.

The task force provides country support to member States in following up the agreements concluded at United Nations conferences such as ICPD in Cairo, the World Social Summit in Copenhagen and the Beijing Conference. The working group on reproductive health of the ACC Task Force on basic social services for all has approved 15 global indicators for reproductive health and WHO has also published a list of indicators to be used at the local level.

V. Progress achieved

Thirty-four out of the 53 African countries have identified health as a national priority. The specific objectives range from maternal and infant mortality (Nigeria, Algeria, Cameroon) to female

genital mutilation (Ethiopia, Guinea, Nigeria, Mali, Senegal) to vaccination (Nigeria, Gambia, Uganda, Madagascar) to breast feeding (Burkina Faso, Cote d'Ivoire, Niger, Nigeria) the improvement of health services (Ghana, Botswana, Rwanda, Mali, Cameroon, Tunisia), HIV/AIDS control and sexual transmitted disease (Botswana, Uganda, Cote d'Ivoire, Zambia, Ethiopia, Egypt, Ghana) family planning (Ghana, Egypt, Lesotho, Cote d'Ivoire, Senegal) to social security (Algeria).

Case Studies

In North Africa, Algeria stands out for being one of the few countries in Africa having a system of social security, more specifically health insurance which covers nearly 80 per cent of the total population. Algeria is also one of the five African countries which has achieved the targets of health for all by the year 2000 along with South Africa, Cape Verde and Mauritius.

In Central Africa, Cameroon has taken such measures by enacting legislative act 096/03 of 4 January 1996 on the protection of women and children (see results in the preliminary report).

In Southern Africa, Botswana is recognized as one of the AIDS-stricken areas. In 1994, Botswana was the country with the highest rate of AIDS prevalence in the world. Life expectancy declined from 67 years in 1996 to 52 years in 1998. It is estimated that by 2010, Botswana's life expectancy will be 33 years if the current trend continues. The country has, however, made serious efforts to improve the situation, particularly by issuing regulations to strengthen AIDS control and treatment activities as well as prevention.

VII Conclusion

A review of the results achieved by the various countries shows no significant improvement in women's access to health services and quality family planning. For that reason, the design of programmes targeting women alone is making way for a gender approach policy which should help to overcome the obstacles which prevent women and men alike from realizing their full potential.

This shift to the gender approach is an important stage even though it has yet to produce the expected results. This is so for two reasons:

a. There is much confusion in the use of the concepts of gender, sex and gender approach.
b. The techniques of integrating the gender approach have not been adequately mastered in policy-making and programming.

From the foregoing, it can be said that if Africa is to improve its implementation of national plans of action, it must :

-Make an effort to address the dwindling and/or paucity of material and financial resources at all levels and initiate advocacy aimed at clarifying the concepts so as to identify the real issues arising in matters of health.

- No provision is made to combat prejudices in health practice and in medical research which continue to be conducted in the traditional biochemical manner. This applies not only to clinical research and epidemiological research but also to the routine collection of mortality and mobility statistics which form part of medical standards. There is no qualitative research enabling the findings to be gender differentiated because medical research continues to assume that, apart from the differences in their reproductive systems (as with coronary diseases and HIV/AIDS) men and women are similar.

- The integration of gender in health research has to contend with the lack of gender specific information on women. The lack of gender disaggregated data makes it difficult to plan effective action to address the specific needs of men and women. Another problems lies in the fact that there are very few women engaged in medical research.

- Health research could be expanded to other social sciences in order to include different influences on human health. Multidisciplinary research should be encouraged;

- The integration of the gender approach in health services remains a serious challenge in the formulation, planning, implementation, management, monitoring and eventual evaluation of policies and programmes. Policy commitment at the highest level, combined with a comprehensive assessment of gender requirements, the taking into account of women's need in the planning processes, the creation of a gender friendly legal environment, institutional support for gender mainstreaming and definition of responsibilities, review and appraisal would all be essential ingredients of a process for effecting sustainable change;

- Inter-sectoral cooperation is important for resolving gender inequities in decision-making within and among sectors relative to resource allocation but good governance may prove essential in securing the participation of women in the making of health decisions.

Since health is a human right, gender parity must include political participation, empowerment and transparency;

Intersectoral cooperation should be based on the agreements reached in the Beijing Platform, the Convention on the Elimination of Discrimination against Women and other international instruments if they are to be systematically reflected in national laws and development activities as a cross-cutting issue.

Health care is one aspect of health. In order to address effectively, the inequalities between men and women, educational, legal, social, agricultural, industrial and transport policies need to be reviewed.