slowed from its current rate of 3.4 per cent per annum, the third fastest rate of population growth in the world.

If no action is taken to reduce fertility and Uganda's population grows in line with UN Population Division (2002) projections, this paper estimates that by 2013/14, 10.3 million Ugandans, approximately 28 per cent of the total population, will live in poverty. Although this represents a reduction in the poverty headcount from 38 per cent in 2002/03, in absolute terms, 1.3 million more Ugandans will be living in poverty in 2013/14 (10.3 million) compared to today (9 million). However, if action is taken to reduce fertility and Uganda's population growth rate slows by one per cent to a still robust rate of 2.4 per cent per annum, the poverty headcount can be reduced to 22 per cent, which in absolute terms, also translates into fewer Ugandans (7.1 million) living in poverty.

In addition, Uganda could also enjoy a number of other benefits from a slower rate of population growth. In terms of human development, lower fertility is likely to increase progress on achieving mortality reductions and improve maternal health. It will also enable Government to further extend public services and improve quality by increasing the level of expenditure per head on sectors such as health and education. In the 1990s, fast population growth wiped out some of the benefits of increased social spending. This is particularly the case for primary education where despite an impressive increase in enrolments under Universal Primary Education (UPE), the pupil to classroom ratio and drop-out rate remained high.

Slower population growth today will also allow Uganda to reduce its high dependency ratio and boost domestic savings. As Uganda enters its next and more challenging phase of economic development, growth will have to increasingly come from new investment, of which a greater share must be financed by domestic rather than foreign savings as aid dependency is reduced. The labour force is projected to almost double over the next 15 years, but Uganda will only experience higher economic growth from this 'demographic gift' of a higher share of workers to total population (as enjoyed by the East Asian economies from the 1960s to 1980s), if domestic savings rise substantially and Government adopts sound economic policy, which encourages private sector growth and high employment. Even if population growth is slowed today, Uganda will still enjoy the benefits of a large workforce for over 40 years. In any case, there are already signs that economic growth and job creation have not kept pace with the expansion of the labour force as visible underemployment is 15 per cent and the youth appear to be experiencing most difficulty finding employment, particularly in urban areas. As industrialisation shifts Uganda towards a more capital intensive rather than labour intensive economic structure, fewer jobs will be created, thus population growth should be slowed to avert high unemployment.

There is an urgent need to reverse the current trend of unsustainable growth by easing the pressure on soil fertility and encroachment on wetlands and lakeshores etc. Uganda's comparative advantage lies in agriculture, thus its economic base depends heavily on its natural resources (land for cash and food crops, lakes for fish, game reserves for tourism, etc.). Unsustainable use of resources, driven by population pressures, therefore clearly threatens Uganda's PEAP objectives by reducing the quality and quantity of resources on which sustainable economic growth and poverty reduction depend.

In addition to these benefits of faster poverty reduction, improved social outcomes, higher per capita economic growth and increased sustainability, Uganda's high rate of population growth is also a clear example of market failure, which requires immediate Government intervention. Poor households can be caught in a 'demographic poverty trap', where they have more children than they desire, due to unaffordable or limited access to family planning services. The wanted fertility rate (based on fertility preferences) is approximately 5.3 in Uganda, compared to an actual total fertility rate of 6.9, with this differential (or 'unmet need') particularly large among poorly educated women in rural areas. Furthermore, family planning remains partially limited by cultural factors as parents match their fertility behaviour to prevailing patterns. If all parents decided to lower their number of children, collectively all households would be better off, but high fertility persists due to a failure of coordination. Government can correct this failure and establish new social forms by targeting the factors that affect fertility levels. These factors are female education, female employment opportunities, higher incomes, good access to reproductive health services and a family planning effort that tries to establish norms of smaller families and assist in making reproductive and family planning services available at low cost to everyone in society.

Last, but perhaps most important and of minimal cost to Government, political leadership and action represent a key median through which to provide an integrated approach highlighting main issues, and co-ordinating the key interventions. Upon assuming office in 1986, His Excellency President Yoweri Museveni argued that effective HIV prevention required openness, communication and strong leadership, from the village level to the highest levels of government. Such commitment translated into massive awareness and prevention campaigns, with President Museveni constantly encouraging candid media coverage of all aspects of the HIV/AIDS epidemic, both locally and internationally. Government leadership can bring about a change in social norms that could make a substantial contribution to lower fertility levels and increased demand for family planning services.

Here the issue is not so much providing information about family planning options, which is widely available, but increasing its acceptability through promoting norms of smaller families. Given these policy options, the Reproductive Health Division in the Ministry of Health has advocated for a decline from 6.9 to 5.4 children per woman in the reproductive age bracket. The Government of Uganda must ensure effective

implementation of these policy recommendations if it is to reduce fertility levels, slow population growth and enjoy the benefits of higher per capita economic growth and faster poverty reduction.

Results of Round Table Discussion

Round Table Discussion 1: Role of Environment/Agriculture

Chairperson: Dr. Klaus Klennert,
Senior Project Manager
Rural Development, Food and Consumer Protection,
Capacity Building International
InWEnt
Feldafing, Germany

Half of the world population lives in cities, where approximately 75 per cent of all natural resources are spent. Overpopulation in cities, urbanization and poverty are at the opposite spectrum to subsistence economies in the rural context in poorer countries in Africa and South Asia where households often struggle to make a living. This round table takes as its start the challenges which recent population trends pose on environment and agriculture and offers a forum for exchange on good practices in addressing these. It aims at working out recommendations and priorities for future sectoral strategies and programs for sustainable development.

Guiding questions:

- What impact do current population trends (birth rate, health status, migration) have on agriculture, especially labour force and food production?
- What impact do current population trends have on environment (water, natural resources)?
- Are you aware of good practices in addressing these challenges that should be priorities for future action? On agriculture, especially labour force and food production?
- What impact do current population trends have on environment (water, natural resources)?
- Are you aware of good practices in addressing these challenges that should be priorities for future action?

Results:

Round Table Discussion 1
Role of Environment/Agriculture

Impact of on	*Birth Rate in %*			*Migration (rural pop. in Mio. and %)*			*Health Status*		
	Af	**As.**	**LA.**	**Af.**	**As.**	**LA.**	**Af.**	**As.**	**LA.**
Year: 2006	2,3	2,0	1.5	582 63%	2,460 62%	136 24%	low	medium	medium
Rural Pop. Dens.				low	high	mix.			
Environment									
1. Natural Res.									
2. Water									
Agriculture									
1. Agr. Labour									
2. Food. Prod.									
3. Nutrition									

Round Table Discussion 1
Role of Environment/Agriculture

- Environment and agriculture is too diverse all over the world depending on nature, climate, rainfalls, people and cultures to give general recommendations.
- The high population growth in certain countries, in particular African countries, cannot be absorbed in the cities so that the rural areas in particular the semi-arid areas extremely affected.
- Only combined approaches of Family Planning, agricultural intensification through use of better technologies and the careful use of natural ressources plus improved education and raising the income of the rural population through increased cash crop production and marketing might be helpful to find sustainable and locally viable solutions.


Round Table
Discussion 1
Role of Environment/
Agriculture

Results of Round Table Discussion

Round Table Discussion 2: Role of Reproductive Health, Women, Sexual Rights

Chairperson: Dr. Jörg F. Maas
Executive Director
German Foundation for World Population, DSW
Hanover, Germany

The ability of women and men to exercise their reproductive and sexual rights is fundamental to reproductive health. The right to decide when and how many children to have is a critical aspect of women's empowerment; at the population level it is a determinant to population growth, population trends and an important factor to sustainable development. It influences women's opportunities for work, education and social participation. However, almost 190 million women do not have access to contraception. By exploring the linkages between the right to health (especially reproductive health and family planning) and population trends, this session will highlight the importance of a rights based approach to sexual and reproductive health and its interconnectedness with the broader context of women's rights, gender equality, culture and tradition.

Guiding questions:

- What obstacles do women face trying to exercise their sexual and reproductive rights? And what needs to be done to negociate these obstacles?
- To what extend do boys and men need to get involved to enable women to exercise the sexual and reproductive rights. Does men's involvement in SRHR programs foster or even hinder the realization of women's rights?
- What are women's local or traditional attitudes towards sexual rights based concepts? To what extend do traditional perceptions need to be included in SRHR-programming?

Results:

Round Table Discussion 2
Role of Reproductive Health, Women, Sexual Rights

What obstacles do women face?:

+ "104 reasons for unwanted pregnancies and 99 ways to leave your lover"

+ No choice – no options – no access

+ Sex is taboo

+ Traditional practices

Round Table Discussion 2
Role of Reproductive Health, Women, Sexual Rights

Male Involvement:

+ early sex education

+ "it is not only about soccer"

+ dialog among different sexes

+ life cycle of sex education and BCC

Round Table Discussion 2
Role of Reproductive Health, Women, Sexual Rights

Local and Traditional Practices:

+ women are actors and not only "victims"

+ how to reach out to rural communities

+ Sex is taboo

+ Traditional practices

Round Table Discussion 2
Role of Reproductive Health, Women, Sexual Rights

What is needed ?

Advocacy – Policy – Continuity – Funds
RH Supplies – Advocacy

Results of Round Table Discussion

Round Table Discussion 3: Role of Industry/Trade

Chairperson: Dr. Claudia Radeke
First Vice President East and West Africa
KfW Entwicklungsbank (KfW development bank)
Frankfurt, Germany

Reduced fertility can contribute to robust economic growth as demonstrated by the East Asian "economic miracle". With fewer dependants in relation to a healthier working-age population, families and countries alike can make additional investments to spur economic growth and help reduce poverty. Trade and industry are driving forces in this process as they attract specific population groups of both sexes. At the same time, they provide the means to escape poverty and require certain skills and levels of education, thereby contributing to a dramatic change in living conditions and norms surrounding social life.

Guiding questions:

- How the formal employment sector impacts on systems of value and social security enabling fertility decline?
- How current population trends impact on the labour market (formal & informal),
- Impact of female employment (in trade & industry) on population dynamics?
- How the private sector can facilitate informed choice and help improve access to self-determined contraception,Good practices regarding the translation of demographic data into development/employment planning?

Results:

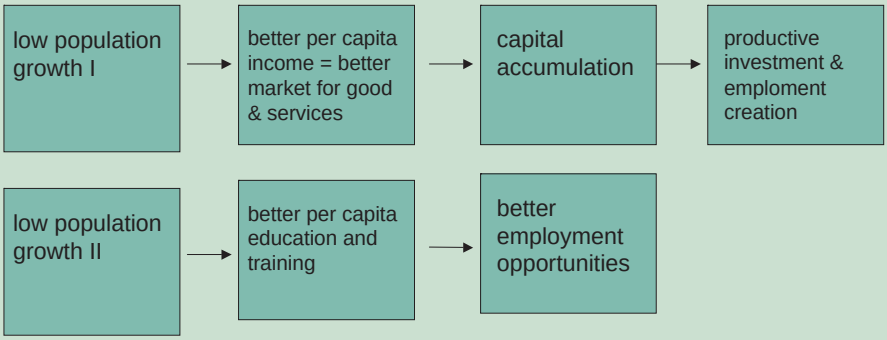
Round Table Discussion 3
Role of Industry/Trade

- Consider the role and the potential of migration for development (investing powers, levels of education…);
- Link between high population growth and business performance, well resourced lobbying instruments out there which could be used;
- Impact of per capita income to afford goods;
- Less chance of specialization with lower per capita income;
- Large population growth does not mean big enough market;
- Per capita expenditure on education & training: business interest to draw on a pool of relatively well-educated work force

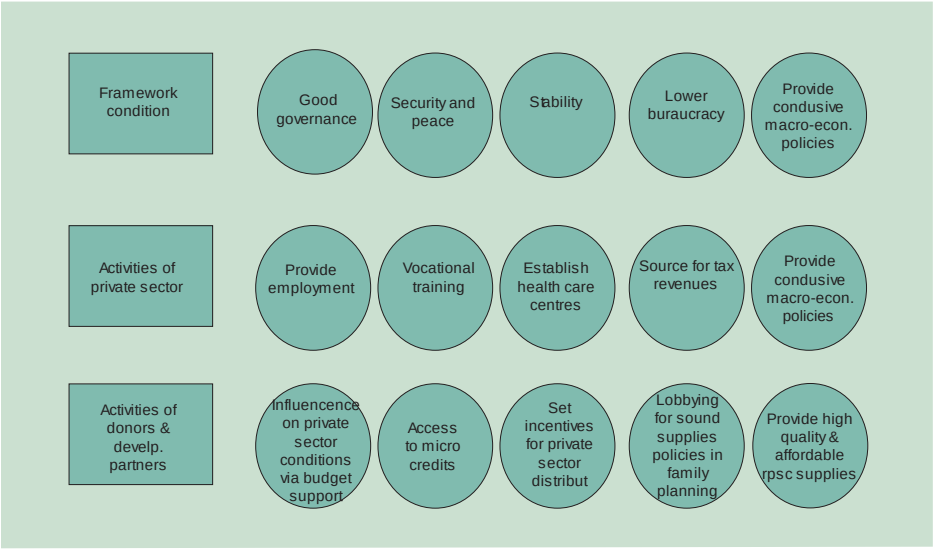
Round Table Discussion 3
Role of Industry/Trade

- Role of pharmaceutical industry: high quality contraceptive products such as in industrialized countries at a affordable price level; consider scope of regional markets;
- Provide qualification & status in formal sector to compensate for status formerly given by children

Round Table Discussion 3
Role of Industry/Trade



Round Table Discussion 3
Role of Industry/Trade



Round Table Discussion 3
Role of Industry/Trade

Results of Round Table Discussions

Round Table Discussion 4: Role of Education

Chairperson: Dr. Ulrich Knobloch
Head
Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights,
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH
Eschborn, Germany

Demographic factors can affect demand for and supply of education (Two-way relationship). The chances of survival and longer life are higher in more educated people. Families with fewer children and children spaced further apart can afford to invest more in each child's education. This has a special benefit for girls, whose education may have lower priority in the family than that of boys. Girls who have access to contraceptives are less likely than those who do not to become pregnant and drop out of school. In addition, the level of education is an important determinant for attitudes favourable to the use of modern contraceptives and child spacing. On the basis of these findings participants to this round table discussion will exchange good practices in integrating SRH interventions in the education sector and present recommendations for future action at policy and programe level in both, the education and health sectors.

Guiding questions:

- What role does and can the education sector play with regard to population issues and reproductive health and rights?
- How does education (especially female education) impact values which can result in better health and fertility decline?
- What are priorities for action at policy and programe level?
- What are windows of opportunities for strengthening the linkage on population and SRH issues between the health and education sector and benefiting from synergism?

Results:

Round Table Discussion 4
Role of Education

Education:

- … is not expenditure, but an investment!
- … gives the tools to Family Planning (FP); and behavior change (e.g. role men and women);
- … is a vital factor: opening windows of opportunity to children of both sexes (quality education, donor support required);
- … is a means of transporting values (good health, investment in children);
- … increases human capital, work force, knowledge about rights;
- Positive impact on social attitudes around gender;
- Realize that education is transformational and can affect social change.

Round Table Discussion 4
Role of Education

Challenges:

- At the household level: education is seen as expenditure rather than a gain: opportunity costs of child educations are high, influencing decision-making at the household level – versus – at the societal level: returns are high at the social level;
- Dilemma between the need to provide quantity and quality of education and the lack of capacity to do so.

Round Table Discussion 4
Role of Education

Priorities for action

- Donors: support government in providing quality education;
- Give priority on expenditure in social sector;
- Quality higher education abroad = the opportunity vs. “brain train” = the challenge;
- Government: provide sufficient resources;
- Provide education which integrates life-skills (i.e. knowledge on HIV family planning included…);
- Addressing both, girls and boys;
- Provides education to HIV+ women about family planning;
- Offer multiple options and models of/for education:formal/informal education, higher education/vocational training;
- Expand capacity to provide primary education (push and pull factors);
- Supportive social policies are required to provide incentives for education of children at the household level;
- Align messages to assure that programmes across sectors are coherent.

Round Table Discussion 4
Role of Education

Windows of opportunity

- Link education policies to social insurance, micro credit opportunities at community level;
- Capacity development and skills building programmes offer entry points for further training on FP/SRH;
- Different means of education can be better explored: for example peer education offers opportunities for meaningful education on FP/SRH;
- Follow the motto “Do no harm” and better coordinate health and education interventions.

Summary of Day´s Proceedings and Recommendations

Dr. Hedwig Petry
Director, Division health,
education and social protection
Deutsche Gesellschaft für Technische
Zusammenarbeit (GTZ) GmbH
Eschborn, Germany

I am sure you will all agree that the sessions of this conference have been extremely rich and inspiring. Personally, I have the feeling that we have been benefiting from the interesting inputs of the speakers as well as the discussion in plenary and in the working groups.

Let me therefore use this opportunity to summarize the proceedings of the day and recall some of the recommendations which were made.

Why are the organizers conducting this International Dialog? Why has it almost become a tradition since five years?

The International Dialog was initiated by German development cooperation agencies, in cooperation with the Federal Ministry for Economic Cooperation and Development and Schering five years ago in order to provide a platform for international exchange on population and development issues, support the implementation of the Cairo agenda and transport its topics into the development agenda in view of our efforts towards reaching the Millennium Development Goals (MDGs) and targets in 2015.

What is the objective/aim of this year's dialog?

The 5th International Dialog Population and Sustainable Development looks at the factors that determine demographic trends in developing countries and how they affect people's living conditions and prospects for the future. The purpose of the presentations was to point out how high birth rates in the poor countries impact socio-economic development. The presentations were supposed to provide impulses for discussion on what can be done to counteract these trends.

We hope that participants will promote the topics of the conference in their respective areas of work.

Let me take this opportunity to highlight some of the major statements and findings of this conference:

Dr. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA), New York

Dr. Obaid made her message clear: greater investment is needed in population and reproductive health if we are to achieve international development goals. To eradicate poverty and hunger, advance gender equality, improve maternal and infant health, ensure universal education, combat HIV/AIDS and protect the environment more attention and resources have to be devoted to population and reproductive health. She has informed us about the plan of action on sexual and reproductive health (SRH) recently adopted in Maputo by the Ministers of Health of the African Union. Among them are:

- the integration of HIV/AIDS and SRH and rights programs and services;
- addressing the SRH needs of adolescents and young people;
- strengthening RH commodity security and emergency obstetric care; and
- addressing unsafe abortion.

Let me thank Dr. Obaid, for the strong advocacy and lobbying of your organization in this regard.

Dr. Gill Greer, Director-General, International Planned Parenthood Federation (IPPF), London

Dr. Gill Greer has reminded us about the close link between sexual and reproductive health and poverty. In her speech she introduced the terms "quality of life" and "social justice" as notions of importance to our discourse on population and sexual and reproductive health: "Behind each statistic is a complex story, the complex story of a woman (or a man) entitled to a life of dignity and meaning." The empowerment of women and a rights based approach – as key issues of quality of life and social justice – are key measures and invoke a shift in attitude which should be promoted

in social and economic development. If you allow me, Dr. Greer, to quote one of your statements: "Empowering women so that they can fulfil their potential, exercize their sexual and reproductive rights, be safe from violence, avoid sexual transmitted infections (STI) and HIV infection, and participate fully in their communities, does not mean the disempowerment of men as some still fear. Rather it enables both to be strong, so enriching society as a whole." Political commitment and leadership, as well as the involvement of men are crucial to assure that funding and policies move in the right direction.

Lena Sund, Deputy Head, Social and Human Development, European Commission (EC), Brussels

Ms. Sund, has stressed that SRH- services and rights are key issues deserving strong political support from all. The European Commission in its 2007-2013 Development cooperation instrument (DCI) will address human development issues on a thematic basis, SRH inlcuded. She stressed that a long term perspective needs to be taken, whereby countries prioritize health and SRH on their own agendas. The African union special meeting of Ministers of Health on reproductive health (September in Maputo) is seen as an important step in that direction: moving towards universal access to sexual and reproductive health services and strengthening rights.

Prof. John Cleland, Professor of Medical Demography at the London School of Hygiene and Tropical Medicine, London

Based on scientific evidence, Prof. Cleland's contribution has once again reminded us that – despite of our efforts – the needs of the poor remain only partially addressed. As an independent scientist, he has drawn our attention to the fact that high fertility and rapid population growth represent an enormous threat to the achievement of the Millennium Development Goals. A threat which – according to him – may even be bigger than that of HIV/AIDS. Prof. Cleland made clear to the audience the importance of realizing that Europe has a role to play and indeed can and should take leadership, in order to bring family planning back on the priority agenda of international development cooperation and convince those who are not yet among the group of converted.

Dr. Jacques Baudouy, Director for Health, Nutrition and Population, World Bank, Washington

The World Banks approach to demographic trends and population growth, which Dr. Baudouy presented to us, is exemplary in so far as it strives to tailoring analysis and programs to World Bank client countries' various demographic needs and challenges. He has outlined that even potentially positive demographic trends such as the "demographic dividend" require good policies, capacity and resources to take advantage of the "window of opportunity".

Richard Ssewakariyanga, Researcher, Ministry of Finance, Planning and Economic Development, Kampala, Uganda

As demonstrated by Mr. Ssewakariyanga in his presentation, Uganda is facing a tremendous population growth with serious impact on poverty and overall development of the country. Overall, household sizes are bigger in rural areas and have been identified as the second largest reason for poverty, contributing to illiteracy, malnutrition and other negative health and social outcomes (like alcoholism etc).

Dr. Richard O. Muga, Chief Executive Officer, National Coordinating Agency for Population and Development Chancery, Nairobi, Kenya

Dr. Muga has presented Kenya to us as a country that has realized the importance of mainstreaming population issues not only into its health sector policy, but strive to integrate it into human development policies and programs in general. I am sure that the Kenya National coordinating Agency on Population and Development is instrumental in supporting these efforts.

To round up and end this conference, I would like to say thank you on behalf of the organizers: thank you to the participants, thank you to the speakers, to my colleagues and co-organizers of this meeting.


5th International Dialog on
Population and Sustainable Development
Demographic Dynamics and
Socio-Economic Development
17 October 2006
Berlin, Germany
gtz


Advocacy - Policy - Continuity - Fund
RH Supplies - Advocacy

Evening Discussion „Condoms, Demography and the Devoloping World“

Keynote Address

Dr. Michael Hofmann
Director General Global
and sectoral tasks;
European and multilateral
development policy; Africa, Middle East
Federal Ministry for Economic
Cooperation and Development (BMZ)
Germany

I. Introduction

Minister Heidemarie Wieczorek-Zeul regrets that she had to cancel her participation at short notice. Just a few weeks ago, Minister Wieczorek-Zeul, United Nations Population Fund (UNFPA) and the German Foundation for World Population (DSW) presented the latest World Population Report in Berlin. The report “A passage to hope – women and international migration” focussed on women in international migration and development and draws a close between demographic dynamics and socio-economic development – the topic of today’s conference.

As has been highlighted in the course of today`s discussions: In global terms the rate of population growth is declining, but there are huge regional differences. The highest level of growth during the coming years will continue to be in particularly poor regions – up to 98 per cent growth in developing countries.

The causes of high levels of population growth are varied. All too often – behind the statistics and the numbers – we discover that basic human rights are not met: the

right to health, the right to informed choice, the right to protection from violence and discrimination. In many regions, women in particular are not able to decide how many pregnancies they want – because they have no access to information or contraceptives, because they are denied the right to make such decisions, because they suffer sexual exploitation or violence at the hand of their partner. It is a scandal that more than 350 million couples have no access to safe contraceptives and appropriate information and counselling services.

What are the consequences?
Every day another 14,000 people are added to the total number of people infected with HIV. In many countries the AIDS pandemic is taking place, with unimaginable consequences – for the people and for national economies. Many societies, especially in southern Africa, are facing existential challenges: the productive population is "dying out". Of the 190 million women who become pregnant each year, probably more than 50 million are faced with an unintended pregnancy, resulting in millions of unplanned births and abortions, in infant deaths, in pregnancy related deaths, and the loss of a mother to her children. As abortions often take place under poor medical and hygienic conditions, women are put at risk and denied their basic rights.

In many regions population growth is placing heavy demands on natural resources – which can have the effect of exacerbating conflicts. There are growing shortages with regard to social and material infrastructure in these places, making it more difficult for individuals to get appropriate access to education and health services and to make full use of their potential for development. The circle thus closes.

II. Challenges for German and International Development Cooperation

How are we counteracting these challenges?
German development cooperation is an advocate for the right to development, the right to sexual and reproductive health and physical integrity and for the right to equal participation. In the context of sexual and reproductive health and family planning we support measures whose aim is to ensure that women and men make use of their right to freely decide if and when to have children. Sexual and reproductive rights are human rights – their support demands use of the full range of our development cooperation instruments. Therefore, I would also like to say clearly what, from our point of view, is not an adequate response to the challenges: relying on abstinence only, as is often preached, is naïve. It would be fatal if we were to attribute a subordinate role to information campaigns and sex education and the provision of contraceptives.

Besides the availability of and knowledge about contraceptives, a stronger emphasis on the role of women in society is also a crucial factor in determining the number of children desired – thereby improving training opportunities, resulting in better

economic prospects and income security, in old age too. I am convinced that long-term success requires integrated approaches. Our cooperation programs therefore comprise:
Supporting access to good quality, comprehensive health and family planning services – thereby also strengthening the role of women;
appropriate supplies of modern contraceptives for our partner countries;
strengthening integrated health systems by developing capacity and reducing brain drain;
promoting greater inter-sectoral cooperation, as already called for in the Cairo Programe of Action. For example, by linking information campaigns with education programs.

What are future tasks for joint and concerted action?
Better coordination among international organizations, bilateral donors and partner countries is necessary in order to increase the impact and efficiency of activities. The processes following the Paris Declaration are important steps in the right direction. The BMZ welcomes the respective follow-up process in the health sector – "Scaling-up for better health" – and is actively involved in it. Furthermore – the Reproductive Health Supplies Coalition, which will get together this Thursday and Friday 2006 at the BMZ in Bonn, it is a good example of the efforts by individual donors and organizations and partners to improve the coordination and effectiveness of their activities. In view of sustainable success it is important that better provision of reproductive health supplies goes hand in hand with improvements in strengthening health systems. This is where national responsibility and stewardship are important, just as important as development cooperation and international trading regimes.

"Ownership" must lie with the partner countries. This also implies that donors must take special account of social and cultural differences in this sensitive context and choose their approaches accordingly. However, there can be no question of any restriction of universal human rights here. Partner governments are called upon to make sure that the necessary policies and legislation are in place.

III. German Commitment

What is our commitment?
Toronto Conference in August 2006: general consensus was reached that the empowerment of women is crucial in connection with the battle against AIDS. This also applies to reproductive health and family planning efforts. Germany will follow-up on this consensus in the context of Germany's G8 presidency in 2007. As part of German development cooperation, Germany has provided more than 1 billion Euros since 1994 for the implementation of the Cairo Plan of Action. When it comes to funding and providing contraceptives Germany is one of the biggest bilateral donors.

We intend to expand our commitment in the field of HIV/AIDS and health systems development from approximately 300 to 400 million Euros a year in the upcoming years.

A few weeks ago in Maputo the health ministers of the states of the African Union adopted an Action Plan for Sexual and Reproductive Health and Rights for 2007 to 2010.

The plan begins by stating that "African countries are not likely to achieve the Millennium Development Goals without achieving improvements in the sexual and reproductive health of the people of Africa". I think we all agree that this sentence is universally applicable – in the sense of the declaration made at the World Summit in 2005. And that is all the more reason why we are called to give our partners consistent support to help them tackle this task.

Evening Discussion

Question: Conny Czymoch, PHOENIX

The Bill and Melinda Gates foundation has actually identified in diverse studies bottlenecks about the supply of contraceptives. Can you spell them out?

Answer:
Susan Rich, Senior Program Officer for Reproductive Health, Bill and Melinda Gates Foundation, Seattle, USA

There are multiple bottlenecks about the supply of contraceptives. It is the general coordination and it is also a financing issue. If you graphed out the financing it would be quite a jagged chart. By the time it hits the country, it's either a whiplash or a build-up effect.

There are also bottlenecks at the level of World Health Organization (WHO) where prequalification has been getting in the way. We hope to assist with that system and soon that more southern manufacturers in developing countries can apply, have their products approved for international markets and that will hopefully bring the cost down as well.

What we are considering is supporting a financial mechanism that will smooth down those jagged and jug flows, so that basically, when the government in the north decides to give 10 Million Dollars but doesn't have the cash, the money will be fronted on their behalf. We are looking for innovative ways, with which we can impact the balance.

Question: Conny Czymoch, PHOENIX

Getting donor countries, getting donors to think along the same lines is relatively difficult for the Reproductive Health Supplies Coalition (RHSC)?

Answer: John Skibiak, Director, Reproductive Health Supplies Coalition (RHSC), Seattle, USA

It's not only delivering supplies but making sure that there are healthcare providers who provide the services. It is about getting access. It's about people being able to reach those services. Any programe that's put into place by any government or any agency anywhere needs to look beyond just the commodity, they need to look at the system as a whole.

Question: Conny Czymoch, PHOENIX

You have been a champion for years for all environmental issues that concern this planet. How do you see reproductive health and the environment connected and influency each other?

Answer: Prof. Dr. Klaus Töpfer, former Executive Director of the United Nations Environment Programe (UNEP), Member of DSW's Advisory Council, Hanover, Germany

If you isolate with a topic then you can forget the success. You might be successful in the short term. But if you really want to influence the future development in a reliable, sustainable way you need the integration in the daily life of the people, of the culture they live in.

It's very necessary for us in the so-called developed countries, that we have to understand the cultural differences. We cannot come with those perceptions we take for granted in our countries. There's not something like better or not as good. There are differences.

Question: Conny Czymoch, PHOENIX

How can we actually bring about changes in Sub-Saharan Africa, where we have poverty, where we have little access of women to condoms, HIV/Aids- medicine?

Answer: Dr. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA), New York

It is complex. For instance, take the word "Condom" in the context of „Condoms, Demography and the Developing world". Often people think that all we do is to promote condoms. But actually when it comes to HIV, condoms are life savers. They are part of the right to health. Therefore being able to use a condom is part of the overall human rights agenda. Women want the female condom because it gives them more control over their sexual and reproductive health.

Question: Conny Czymoch, PHOENIX

Where are problems in the health sectors in low-income countries?

Answer: Dr. Peter Wolff, German Development Institute (DEI), Bonn, Germany

One major problem regards brain drain. What we have is a great circulation from Tanzania to Cape Town down to South Africa, but also to Europe and down to Australia. The human resource crisis is really the core of the problem. How to get a doctor to a place, where there are no schools, where there are no good working conditions? It's a very difficult problem that has to be tackled.

Question: Conny Czymoch, PHOENIX

How about setting up production plants in least developed countries?

Answer: Dr. Ulrich Köstlin, Member of the Executive Board, Schering, Berlin, Germany

We currently have three factories but we will eventually reduce these to two factories, one in Brazil and one in Germany. Actually we only need one, the reason for this being the standards by which we produce: the machine quality, the air quality, the water quality. These are so expensive that it really is not affordable to have more factories around the world. We come from a situation where years ago many countries had an import policy, which did not allow the import of products, so that we had twenty, thirty factories around the world. It's so much more economical now and it really allows us to participate on a larger scale in family planning programs.


Condoms, Demography and the Developing World


Condoms, Demography and the


Condoms, Demography and the
Developing World

Summary of discussion

Dr. Sabine Grund
Freelance Journalist, Berlin, Germany

I. Welcome Addresses

„Population dynamics have led to a world of 6.6 billion people today, while in my primary school years there were about two billion people," **Dr. Ulrich Köstlin**, Member of the Executive Board of Schering AG, pointed out in his welcome address to the 5th International Dialog on Population and Sustainable Development. It is estimated that 150 million women want to use family planning but have no information or access to it. As market leader in hormonal contraception, Schering wants to promote women's empowerment and improve child health. Another welcome address was given by **Dr. Claudia Radeke**, First Vice President East and West Africa, KfW Entwicklungsbank, who stressed that bad governance is the biggest obstacle to development. **Dr. Ulrich Madeja**, Social Healtcare Programs, Schering AG, introduced the programe for the day.

II. Keynotes on the Global Situation

The importance of demographic dynamics to other aspects of social and economic development was underlined by **Dr. Thoraya Obaid**, Executive Director of the United Nations Population Fund. Government policies and programs are strongly affected by them, therefore more attention needs to be devoted to the right to sexual and reproductive health (SRH). Obaid stressed that development in the poorest nations depends heavily on addressing population issues. Poor reproductive health is a leading cause of death, limits overall life expectancy, hinders educational attainment and diminishes personal productivity. More than half a million women are dying in childbirth every year, every minute ten people are infected with HIV/AIDS. Yet access to voluntary family planning could help reduce maternal deaths by up to 35 percent, while skilled delivery care might reduce it by about three quarters.

Obaid pointed to the gains from investing in health. Every Mexican Peso spent on family planning between 1972 and 1984 has saved nine pesos in treatment for complications from unsafe abortions and provision of maternal and infant care. A similar study in Egypt found that every Dollar spent on family planning saved 31 Dollars on education, food, health, housing and water/sewage services. A Latin American study showed that modest investment in women's needs for family planning among the poorest segment of the population resulted in a one per cent increase in gross domestic product (GDP).

The demographic bonus is based on lower fertility and mortality, a healthier working population and higher productivity. In East Asia, that bonus is estimated to account for a third of the region's economic growth between 1965 and 1990. Since three quarters of all HIV infections are due to sexual transmission, efforts to fight AIDS should be linked with sexual and reproductive health. This connection has long been rejected, for the wrong reasons, insisted Obaid.

About 95 per cent of world population growth is centered in developing countries, which makes it difficult for their governments to achieve universal education and health care, given ever rising numbers of eligible people. Every few decades, the number of teachers will have to double. Many educated professionals leave their home countries to join waves of international migration in search of a better life in the North. At the same time, studies show that higher female labor market participation in Sweden and the United States lead to higher birth rates than in countries like Germany, Italy and Japan with lower levels of female employment. Thus increasing gender equality is an issue everywhere.

As hopeful sign for Africa, Obaid pointed to the Maputo Action Plan, adopted by the health ministers of the African Union this year. It recommends measures like the integration of the fight against AIDS and reproductive health programs, the focus on family planning for achieving the Millennium Development Goals (MDG), improving quality and affordability of maternal and child health and addressing the problem of unsafe abortions, and to provide a sufficient supply of reproductive health commodities with emphasis on family planning. The Maputo Action Plan includes targets, indicators, time lines and cost estimates. This is a positive sign for Africa, but significant political commitment is required there and everywhere to actually achieve these goals.

Dr. Gill Greer, Director-General of the International Planned Parenthood Federation (IPPF), chose to focus on the importance of universal access to comprehensive sexual and reproductive health services as a precondition for socio-economic development. A high fertility rate is considered one of the causes of poverty in a country, including the poverty of opportunity. The speaker also pointed out sexism in her own country, New Zealand, where sex workers have been arrested and were subsequently raped at the police station. She underlined that men need to be more involved in programs to change attitudes about sex and reproduction.

Greer emphasized the significance of the paradigm shift to a rights-based approach to reproductive health over previous models based on coercion and control. Since people are the most important element on earth, the poverty of rights and opportunities has to be opposed. The points of departure can be simple, as for instance are safe childbirth requires access to clean water to begin with. And the poor have less access to SRH services in general than other parts of the population; internally displaces persons and migrants are posing a special challenge to state

systems. The lifetime risk of maternal death is 1:16 in sub-Saharan Africa, compared with 1:4000 in more developed regions. Infant mortality is 88 per 1000 birth, compared to seven deaths in the United States.

Empowerment of women is considered key to reductions in fertility. The International Conference on Population and Development in Cairo 1994 declared the goal of universal access to SRH and contraceptives. This rights-based approach marked a sea-change of public consensus, it is also central to IPPF. It turns service providers into advocates and makes clients aware of their rights. While young people's access is often juxtaposed with parents' rights, Greer stressed that we need to recognize the realities of the 21st century and respect the rights of youths today. In rural Nepal, IPPF uses peer educators to break down taboos and raise awareness among young people about sexuality. Yet political commitment, expressed at various international conferences, remains critical to achieving substantial progress. Change is also brought about by parliamentarians and civil society organizations. Greer wants to ensure that services and education programs also reach those who don't use traditional health services. Unstable supply of contraceptives remains a problem that the Reproductive Health Supply Coalition will address at a meeting in Bonn, Germany in the coming days.

In a short round of questions it emerged that donors are funding non-governmental organizations (NGO) on a competitive basis, which some claim makes it harder for them to cooperate effectively in fields like health. It was suggested that workers in infrastructure and other projects ought to be receiving SRH services. The idea to create new, separate funds for health concerns was rejected, as donors have negative experiences with too many funds and excess administration.

Lena Sund from the Directorate General Development of the European Commission reiterated the need for all European institutions to support the goals of the Cairo conference in 1994. In the European Commission budget of 2003-2006, a number of NGO-driven projects in the poorest countries have been funded. Among others, 55 million Euros were provided for maternal health and SRH projects related to youths. A new regulation, the Development Cooperation Instrument, will soon be voted for in the Parliament and the Council. It will ensure that all human development issues are addressed on a thematic basis, including SRH concerns. Yet the engagement of the developing country governments themselves remains essential, therefore the bulk of EU aid is channeled on a bilateral basis.

The new European Consensus will make local ownership in partner countries its main principle of operation. Sund mentioned that budget support or sector budget support is the preferred tool for future aid, but this must be linked to strong national policies and recipient commitments. At the same time, donor coordination is to be improved. By now, the European Commission and member states have begun to jointly negotiate Country Strategy Papers and follow-up programming documents.

The European development policy is also refining its definition of good governance to be approached holistically, which also includes ownership as part of its social dimension.

Sund also mentioned the importance of the Reproductive Health Supplies Coalition's key role in coordinating information and services. The European Commission wants to bring an EU perspective to this international grouping. The EU also aims to integrate SRH and AIDS programs. A practical aspect of gender equality can be the availability of female contraceptives, thus the European Commission is supportive towards research on microbicides. It is time for SRH issues to become a priority worldwide, thus the EU strongly welcomes the Maputo meeting of September and the Action Plan of the African Union.

Rejecting political correctness as destructive to effective political dialog, **Prof. John Cleland** from the London School of Hygenie and Tropical Medicine had critical remarks on the quality of the discussion, which were widely welcome in the audience. He warned that world population will probably increase to nine billion until 2050, and for the environment those real numbers matter. Alternative projections expect 10.6 billion or 7.7 billion people, representing a half percentage point variation, and fertility drives these world population figures. There are now only a few countries as exceptions from an overall positive trend in Asia, namely North India, Pakistan, Afghanistan and Laos. Fertility is not a problem in Latin America anymore. The crucial problems are in Africa, whose population is expected to increase by 145 percent in the next 45 years.

Cleland sees population growth as a bigger threat to development than AIDS: Uganda's population is expected to increase from 30 million today to 127 million in 2050. He considers the decision of USAID to shift its budget from fertility control to AIDS prevention as disastrous. He criticized economists for neglecting many factors beyond demographic dynamics, which also influence poverty reduction but are hard to isolate and thus casually ignored.

Population growth is expected to be the main driver of water demand, for agriculture and food, in a few decades. The growth of rural population will increase the pressure on marginal land and lead to further desertification. Due to economic growth and carbon dioxide emissions, especially in China and India, steps to just stabilize the environment will have to be much more draconian. That and drastic examples can serve as arguments for enhanced family planning: Niger has a population of 14 million, lost half its arable land, and with a fertility of seven children per woman will increase to 50 million by 2050 – a march towards catastrophe. Therefore Cleland stressed that the widely praised "rights-based approach" is far too feeble for the problems we are facing. He pleads for the use of robust language, we should not shrowd the challenges ahead in obscure language like "sexual and reproductive health". Instead, we need to talk about family planning and stabilizing population growth.

In addition, it needs to be taken into account that the needs of many developing countries are increasingly diverse. Family planning is often not a priority. The short-termism that governs international debate, for instance in that constant focus on achieving the Millennium Development Goals (MDG) by 2015, makes us forget what the long-term goals must be and how we aim for them. Family planning has to be seen in periods of 15 to 20 years, when effects will emerge. The success of family planning in poor countries depends on winning the hearts and minds! Cleland argues for finding champions of the cause outside the UN system. In his view, neither the World Bank nor the EU have been inspiring in this field.

As Director for Health, Nutrition and Population at the World Bank, **Dr. Jacques Baudouy** stressed the need for partnership. The most important people to be convinced are the prime ministers and finance ministers of developing countries themselves. Experience shows that accelerated economic growth and a demographic dividend are only emerging when investments have been made in education, employment and health services. Yet the rapid population growth in poor countries is a neglected issue in development today. As one of several positive examples in Asia, Thailand is now in a position to reap some demographic dividends, with fertility declining and the share of working age population increasing. In contrast, Latin America never had much of a demographic dividend, since it missed the window of opportunity to introduce good policies and institutions.

A window of opportunity requires that essential measures be taken towards achieving a healthy population, including children, an educated labor force for the future, a functioning labor market, and a basic social system to protect against shocks. In all of this, the World Bank can only assist countries. Recently the International Monetary Fund (IMF) developed the concept of a second demographic dividend, which occurs about five decades after the first. When the majority of the population is of older working age, they face a longer retirement and have incentives to accumulate assets, which are invested in the economy. Ideally, this period could last indefinitely, if the incentives in an economy are suitably structured.

Baudouy constrasts this with developments in much of Africa, where family planning has been neglected, and where some governments don't even care about a domestic situation that makes economic development impossible. To achieve any improvements, the World Bank tries to improve health outcomes for the poor by making health systems more effective. This requires integrating population policy at the country level, not to create more separate funds for population issues. Among the Bank's focus are the macroeconomic and fiscal context and economic research to inform government policies. One present task is a plan to mainstream population and demography into overall health programs at the Bank.

The Poverty Reduction Strategy Papers, a priority of Bank and IMF, have been useful to keep population policy on countries' development agenda, Baudouy stressed. Yet

much needs to be done to link the discussion to policy actions and to indicators that measure results. The Bank is very concerned that policies need to translate into concrete actions and funding. This means, first and foremost, to get countries to make the right decisions.

Discussion

In the subsequent questions period, John Cleland noted that the rights paradigm has predominated for over a decade now, while family planning has nearly disappeared in sub-Saharan Africa. He criticized that so-called rights proliferated, nearly to the degree that the UN will give people the right to a satisfactory sex life, while nobody seems concerned with the bleak practical realities. Cleland noted that in contrast to the Cairo conference, which destroyed the family planning agenda and led to many irrelevant debates, the World Bank does not talk about rights but about reaching concrete outcomes. Thoraya Obaid underlined the centrality of individuals in policy: When they don't demand a policy, it will not work to impose it on them. She cautioned that we have reached a plateau in family planning, and that we are unable to go against social customs unless we give incentives to individuals to change. The MDGs may have been helpful by creating a competition among UN member states to reach them, but they are not a replacement for concrete policies. Greer admitted that, given positive cultural perceptions about having many children, advocating condom use is not a sexy issue for most governments.

III. Case Studies

Two case studies, on Kenya and Uganda, enriched the abstract discussion.

In the presentation on Kenya, **Dr. Richard Muga** from the National Coordinating Agency for Population and Development emphasized that the current president is a strong advocate of family planning. But the contraceptive use among married women is still too low, partly due to insufficient commodity security that does not give people choices. The political leadership is aware of the negative cycle from a large young population to a high dependency burden, low standards of living, low investment and savings, which ultimately lead to low economic growth. Due to high population growth, Kenya's per capita health expenditures are well below the 33 Dollars recommended by the World Health Organization. The demand for education is steadily growing, while given education services are already stretched. The introduction of free primary education has negatively affected the overall quality of education in the country.

Despite economic growth at 5.8 percent recently, maternal health care remains insufficient and HIV is a national disaster. Muga reported about a slum upgrading programe in Nairobi and other major towns. Transparency in government and media

freedom have been improved. But education remains a huge challenge for Kenya, educational facilities are inadequate, there is a low transition rate to secondary education, and the now free primary education suffers from high costs and quality problems. The government focusses on women in the rural areas, where they are effectively the household leaders and need empowerment. With support from the German government, Kenya has developed an output-based approach to scale up reproductive health services. Yet unexpected setbacks happen: In 2003 many women began to plan their family size, but lack of contraceptive commodities caused many to give up. Thus the government also lost the community-based distributors. Richard Muga noted with regret that Kenya's donors have been very reluctant to support its plea for debt relief, whose proceeds are to be ploughed back into the social sector.

Richard Ssewakiryanga from the Ministry of Finance, Planning and Economic Development, Kampala, Uganda reported about the reversal from positive poverty reduction trends of the 1990s, which Uganda has experienced since 2000. High population growth is a factor in this reversal, since not all politicians believe in reducing population growth. Today, rapid population increase is wiping out the gains from improved social spending. Uganda has grown by eight million people in the past 12 years, its fertility is very high with an average of seven children per woman. By 2050 there may be 100 million people living in the country. The fastest increase happens in the poorest regions, especially in the North which has been living at war over the last 20 years, which made policies mostly ineffective.
Large families have no savings, suffer from land fragmentation, poor household sanitation and diseases. They contribute to environmental degradation and low productivity, are more likely to suffer from alcoholism and be involved in crime, thus creating more poverty. The war situation in Northern Uganda has compounded existing problems, like the cultural preference for more boys, and caused added uncertainty in life that further promoted the given tradition to have many kids.
The Long Term Expenditure Framework calculates the budgetary resources available to the Ugandan government for a 10-year period. In this context, variations in the population growth rate show significant differences in possible development gains, in per capita social, health and education expenditures. From the various indicators, Ssewakiryanga concluded that the presently high population growth remains a major challenge to the Ugandan government's efforts to reduce poverty. Important opportunities for positive intervention are female education and female earning opportunities, reproductive and health services and government leadership in promoting a lower fertility rate.

IV. Round Table Discussions

Four round table groups gave all seminar participants an opportunity to share their practical experiences. **Round table 1** on agriculture and environment did not produce general recommendations, but rather concluded that countries are all too

diverse in their natural conditions, population density, culture and education. There was agreement on the need to use combined approaches: Family planning needs to be complemented by intensification of agriculture, better cash production and marketing to create cash for investment in rural areas. It was criticized that donors focus too much on capital cities and neglect rural areas, which increases urban migration and intensifies population pressure in cities. To reduce rural poverty, agricultural productivity must exceed the population growth rate.

Round table 2 on reproductive health, women and sexual rights was rather grim in its conclusions. Since talking about sex is a taboo in many countries, there will be little chance of behavior change. Traditional practices take long to overcome, that applies not just to men but also to women. It was suggested to involve young boys in sex education and to promote a dialog among the sexes. Especially in the rural areas, women need to become activists and overcome their position as victims. The group demanded more funding and more supply of contraceptives.

Round table 3 on industry and trade saw industry jobs for women as an alternative to children. Lower population growth would translate into more educational spending and higher per capita income. It advocated an alliance of national government, private sector and international donors. The private sector could be refinanced through development banks, and donors should lobby for sound family planning and provide affordable commodities.

Round table 4 on education suggested that education expenditures should finally be considered as an investment, a tool for behavior change, not as costs. Returns to education spending are actually high on the societal level, but individual families still see it primarily as expenditure. Quality education, while needing donor support, would transport values, have a positive impact on gender equality, and act as change agent. Education should focus on integrating life skills that include family planning, formal and peer education, and vocational training. The push and pull factors for primary education need to be identified.

V. Closing Statement

In summarizing the day, **Dr. Hedwig Petry** of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) pointed to education as most powerful contraceptive. She restated that the political agenda should be driven by countries, with special emphasis on local ownership in projects. She thanked all institutions for their support of this event and the participants for a lively debate.

VI. Evening Discussion: "Condoms, Demography and the Developing World"

The evening panel was titled "Condoms, Demography and the Developing World". **Dr. Michael Hofmann** of the Director General Global and sectoral tasks; European and multilateral development policy; Africa, Middle East, Federal Ministry for Economic Cooperation and Development (BMZ) pointed out the overall decline in population growth rates, yet with significant regional discrepancies, in his keynote address, standing in for the German development minister. He underlined that German development cooperation advocates the right to development, to sexual and reproductive health, to physical integrity and the right for equal participation. Couples should decide freely if and when to have children. Sexual and reproductive rights are human rights, therefore they need to be supported with the full range of development cooperation instruments. Relying on abstinence only, while attributing a subordinate role to information campaigns, sex education and provision of contraceptives, would be naïve. Besides, a stronger role of women in society is a crucial factor in determining the number of children desired. German programs comprise the support for access to good quality, comprehensive health care and family planning, appropriate supplies of modern contraceptives, strengthening integrated health systems and reducing brain drain, and promotion of greater inter-sectoral cooperation, as called for in the Cairo Programe of Action.

Hofmann underlined the need for better donor coordination to increase efficiency, as mentioned in the Paris Declaration. He cited the Reproductive Health Supply Coalition as a positive example. As for the strengthening of national health systems, that is where national responsibility of recipients is important. Ownership must lie with the partner countries, and donors must be sensitive to social and cultural differences and choose their approaches accordingly. Yet this cannot amount to putting any restrictions on universal human rights. Partner governments are called upon to put necessary legislation in place.

The German government is committed to the Toronto Conference of August 2006 and its consensus that empowerment of women is crucial in the battle against AIDS. This will also be on the agenda of Germany's G-8 presidency in 2007. Since 1994, Germany has provided more than one billion Euros for the implementation of the Cairo Plan of Action, it is one of the biggest bilateral donors in funding and providing contraceptives. **Hofmann** welcomed the plan adopted by African Union health ministers in Maputo, which states that improvements in sexual and reproductive health are crucial for African countries to reach the Millennium Development Goals.

Evenings Panel Discussion

In the subsequent panel discussion, **Thoraya Obaid** reiterated that the goal is to reach the vulnerable groups, especially those women that have no status and no access to contraceptives. The question is how to get the political commitment, and the funding for that purpose, within the human rights concept of sexual rights. She also welcomed the Maputo conference of African health ministers and their agreement on practical steps as a hopeful sign of progress.

Speaking as representative of the Reproductive Health and Global Health Program of the Bill&Melinda Gates Foundation, **Susan Rich** pointed out that the Gates Foundation wants to reach everyone with health tools. The big pharmaceutical companies are usually not investing in medication for developing countries, so the Gates Foundation took the initiative to fund some of their research. In recent years, private corporations have also played a positive role to improve donor cooperation.

We have no product and no programe, we simply bring actors together to make supplies available, said **John Skibiak** from the Population Council's Expanding Contraceptive Choice Program, a network of health care professionals seeking to mainstream quality emergency contraception services in Africa. In his words, this coalition grew out of the donor community.

Dr. Peter Wolff from the German Development Institute in Bonn reminded the audience that the discussion is ongoing whether population growth is positive or not for development. Development economics regards high fertility as negative for poor developing countries. In South Korea and Southeast Asia, declining family size has brought more employment opportunities and better health. Now researchers even see a big interlinkage effect: More than one third of the growth in East Asia in recent decades is attributed to lower population growth. The question remains how other countries can benefit from these insights.

Thoraya Obaid considers condoms as a means to make decisions, thus they are part of the human rights agenda. The Cairo conference has brought the bedroom into the open view to underline this. The bottomline of the task is to achieve behavioral change. Therefore, investment should happen at a young age to make people change behavior, or else that opportunity gets lost. The problem in Africa is the absence of such investment, instead there are HIV, drought, and malaria. She is meeting with youth groups a lot, they want a better life and have to explain exactly what they want. She also regretted that the need for partnership with men has been ignored too long in her work, as all groups of society are needed to achieve behavior change and development.

Among the major problems in reproductive health projects are insufficient donor coordination and the huge supply fluctuations that supply managers in developing countries have to deal with. Therefore Rich sees her task as finding innovative ways

to rectify the bottlenecks and instabilities in funding. The Gates Foundation takes special pride in being innovative.

Skibiak extended her definition of the problems, adding that supply problems for reproductive commodities are often due to limited money available at a time, but they could also be remedied with more innovative involvement of generic manufacturers in developing countries and a better use of marketing tools. **Wolff** confirmed the tremendous coordination problems, and that reproductive health is an instrument to achieve poverty reduction. **Obaid** saw earnest efforts towards donor coordination, she also considers the Maputo conference as such a measure, since African governments coordinate with each other how to address donors. She agreed with **Skibiak**, that more manufacturers of generic medication are needed in developing countries, yet this was still a question of maintaining the high quality standards of production required.

Rich mentioned the need for an advocacy toolkit in dealing with finance ministers, she and her colleagues are thinking creatively how to reach them on the urgency of reproductive health issues. **Obaid** reiterated that the people in her target group know for themselves what they want. She does not see her job as 'changing cultures', people do this for themselves. She just wants to help mobilize the communities, for instance through supporting NGOs and linking them to the policy level. Thus her task is to enlarge the dialogue by including new actors.

Prof. Klaus Töpfer, former Executive Director of the UN Environment Programe (UNEP), applauded the international "Stand up" campaign against poverty. He insisted that isolating a topic would lead to failure, ideas and issues have to be integrated in people's daily lives. From his experience in Nairobi at UNEP, he also pointed to very difficult misunderstandings, like those surrounding the Nobel Peace Prize winner Wangari Maathai in 2004. One has to understand that people in other cultures are discussing issues like AIDS in a different cultural context and language. Westerners have to make an effort to understand the meaning of different cultural discourses, rather than immediately jumping at people with very harsh criticism.

In the following discussion with the audience, a **Richard Ssewakaringa** from Uganda mentioned that development has become a culture in itself, with dominant people who are defining the discourse. He objected to the many technologies and terminologies that are imported to African and other countries from the West. After all, countries have to define their own core values, apart from imports by way of the international 'development circles'. **Thoraya Obaid** agreed and insisted that she and her team would not go to villages and talk about PRSPs (Poverty Reduction Strategy Papers), as the communities have to articulate their values to her. She also gave an example of a French representative of UNFPA in Pakistan, who was brought into a meeting with local mullahs. He asked who is the most important family member and was told: children. So he asked the mullahs whether they agree that the children need their mother and that, therefore, mothers need safe and healthy deliveries,

i.e. good health services. Obaid emphasized that creating cultural change is time-intensive, it needs active dialog at the local level. In Islamic culture, the prophet Muhammad sees the mother as most important family care giver for a man, thus the health of mothers is crucial by standards of the Quran.

Klaus Töpfer pointed to the repercussions of population growth on the need for energy. The number of children in an Indian family is correlated with the availability of electricity; in regions where there is less electrification, there are more children. Thus the seemingly most diverse topics must be integrated, there must be more networking efforts on the development stage. And development officials must remember that a national finance minister also has a need to integrate issues, for instance when faced with migration to the cities. He warned that our world is overly divided, the meaning of seemingly same terms is very different in different countries and cultures. This is often neglected and leads to needless misunderstandings. Topics like population policy, meaning of cities, are seen exactly from opposite angles in a largely depopulating North and a South that experiences population pressure in daily life.

The more efficient use of available money is still a challenge, according to **Susan Rich**. At Maputo, the African Union health ministers were angry at donors for their largely vertical systems of assistance, which create a rigid separation of issues and are financially wasteful. **Peter Wolff** raised the issue of brain drain in the health sector, with many African doctors and nurses working in Britain and other English-speaking industrial countries. Now the British government has agreed to compensate the countries of origin for sending their health professionals. But in fact the situation should be looked at as a brain circulation, and with a very fragmented structure. At the same time, **Wolff** saw no way to actively tackle that circulation problem, to get doctors to stay in places where working conditions are very poor. Donors are not able to influence these overall conditions in a country.

John Skibiak agreed that a supply coalition created by donors in the North is not able to solve such problems, they have to be addressed at the respective country levels. These governments have to be put in the driver's seat. The main challenge to his organization is not the supply of commodities, but the lack of efficient local health care providers, a weak link in the health care service chain. Therefore he demands that all actors look more at the systems, not just commodities. **Thoraya Obaid** added that the blame cannot be completely taken off the donors, they also need to find ways to possibly top local salaries of health care professionals, thus motivating them to stay in their country. **Klaus Töpfer** sees the main problem of Africa in being only an exporter of raw materials. In his view, Africans need to extend the value chain; and that is where the failure of the Doha Trade Round has the greatest impact on Africa.

Another concern from the audience were unintended negative consequences of the Cairo conference of 1994. **Obaid** agreed that there was an excessive wave of celebration after Cairo, that the opposition movement to family planning was

largely overlooked, and dissenting voices ignored. A participant also criticized that while Africa is using one billion condoms per year, there is no African producer of condoms. **Skibiak** mentioned developing countries like Uganda, India, China as members of his supply coalition and welcomed more countries to join. But **Susan Rich** pointed to the quality problems that had emerged with production in developing countries, despite transfer of Western technologies. The negative effects of the much praised local production even extend to prices: When Mexico produced contraceptives, the government enforced a 'buy Mexican' policy, which led to prices of products being higher than for the same product on the international market, since producers could use the government's protectionism for price hikes.

The experience of Schering AG with international production was explained by **Dr. Ulrich Köstlin**: "Schering has one factory in Germany and one in Brazil, which together produce one third of the world supply of oral contraceptives. The production process is very high-tech and thus expensive already, but the company maintains two factories. Any more decentralized production would be too expensive to justify."

Thoraya Obaid responded to a last question regarding gender relations and reproductive health. She regretted that feminism has created a huge gap in communication with men, by stereotyping and increasing male machismo. She reiterated that all dialog is useful, including at the inter-generational level. She also cautioned against overlooking stereotypes in every respect. For instance, in Thailand condoms were mostly associated with sex workers, which made the youths shun them and led to an increase of AIDS infections among youths. **Susan Rich** warned against excessive expectations about female contraceptives, which are in the early stages of research and far from being marketable. And **Wolff** predicted that in five years everyone would be talking about how to better adapt to global warming.

Annexes

Curricula Vitae of Speakers

Dr. BAUDOUY Jacques

Director of Health, Nutrition and Population, Human Development Network, a position he has occupied since July 2003. In his previous assignment at the World Bank, Dr. Baudouy was Director of the Human Development Sector in the Middle East and North Africa Region, a position he held from 1996 until June 2003. Dr. Baudouy joined the World Bank in 1984, in the Africa Region, as the Principal Public Health Specialist, responsible for several health, population and social programs in various countries. Prior to joining the World Bank, Dr. Baudouy had acquired extensive experience in health sector policy and management (consultancies for USAID and EC), community-based development (operational research with the Harvard Institute for International Development) and relief operations (Doctors without Borders, a French NGO). Dr. Baudouy has a Doctorate in Medicine from Nantes University (France) and a Master's degree in Public Health from Harvard University (USA).

Dr. BICHMANN Wolfgang

Head of the Sector and Policy Division Health, in KfW Entwicklungsbank (KfW development bank), covering sector policy tasks as well as German Financial Cooperation's programe financing for health, population and HIV/AIDS in Sub Saharan Africa. With working experience overseas as well as in research and lecturing at Heidelberg University, he joined KfW development bank in 1993 and held positions in sectoral divisions for social infrastructure and development. He is going to co-chair the international Reproductive Health Supplies Coalition together with a Netherlands representative from 2006 onwards.

Prof. CLELAND John

His career has involved a long spell with the World Fertility Survey and shorter periods with the International Statistical Institute in Netherlands and with the Medical Department in Fiji. Prof. Cleland joined the School of Hygiene and Tropical Medicine, London in 1988 and was appointed Professor of Medical Demography in 1993. He currently manages a research programe funded by the Department for International

Development (DFID)on sexual and reproductive health. He is co-organizing the study unit on Family Planning Programs and teaching on various Term 1 linear units. His longstanding research interests are concerning fertility, family planning and child health in developing countries. Current research studies are including gynaecological morbidity in South India, contraceptive failure and discontinuation, and the sexual and reproductive health of young people.

Dr. GREER Gill

Appointed 2006 as the new Director-General of the International Planned Parenthood Federation (IPPF). She is a highly experienced and committed sexual and reproductive health professional and has been the Executive Director of the New Zealand Family Planning Association since 1998. She also chairs the Asia Pacific Alliance (a network of 30 NGOs in seven countries), and the New Zealand NGO Ministry of Health Forum (a network of more than 100 NGOs). Dr. Greer has been a member of the New Zealand government delegations to the United Nations General Assembly Session on HIV/AIDS (2006), the United Nations World Summit (2005), the Commission on the Status of Women (2005) and the Commission on Population and Development (2004). Dr. Greer has been awarded the New Zealand Order of Merit for services to family planning.

Dr. KLENNERT Klaus

Senior Project Manager, Rural Development, Food and Consumer Protection, InWEnt- Internationale Entwicklung und Weiterbildung gGmbH, Capacity Building International, in Feldafing Germany. He is Socio-Economist, Ph.D. in Agriculture. He worked 5 Years in Pakistan.

Dr. KNOBLOCH Ulrich

Senior Staff Member of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH division of health. He held various senior technical and management positions in the health sector and has gathered extensive work experience in Latin America, Africa, the Mediterranean and at GTZ headquarters. Currently head of the GTZ sector initiative population dynamics, sexual and reproductive health and rights, he promotes a comprehensive and evidence based strategy to mainstreaming reproductive health issues in development cooperation. Dr. Knobloch is a medical doctor with a postgraduate specialist degree in Public Health.

Dr. KÖSTLIN Ulrich

Member of the Board of Executive Directors, Schering AG. He is in charge of Marketing and Sales, Supply Chain and Environment – Europe and Africa. Before, he has worked in various positions in the pharmaceutical industry, such as the General Manager of Infarma S.A. (Schering-Bayer JV) Quito, Ecuador. Dr. Köstlin holds a doctorate in law.

Dr. MAAS Jörg F.

Executive Director of the German Foundation for World Population (DSW) – a private foundation and charity in dealing with world population issues including sexual and reproductive health and HIV/AIDS. Dr. Maas studied in Bonn, Berlin, and at Harvard University and holds an M.A. in philosophy and a Ph.D. in history and philosophy of science. He has been working with institutions of the European Union, the World Bank and UN organizations and serves on the boards of several European non-profit organizations.

Dr. MADEJA Ulrich-Dietmar

Medical doctor, graduated from Humboldt-University Berlin, Germany. He is currently Senior Business Development Manager Social Healthcare Programs at Schering AG, Berlin/Germany. From 2000 until 2005 he worked in Malaysia and Singapore as Marketing & Sales Manager and Regional Business Development Manager Asia-Pacific as well as Medical Director. Prior to that he was appointed at Schering AG, Berlin as Regional Group Product Manager Therapeutics for Region Asia/Middle East and as Assistant to the Board of Directors.

Dr. MUGA Richard O.

Chief Executive Officer of the National Coordination Agency for Population and Development (NCAPD) in the Ministry of Planning and National Development, Kenya. He is responsible for the overall multi-sectoral implementation of Kenya's Population Policy for Sustainable Development. Dr. Muga is involved in a number of innovative projects in Kenya including OBA (Output Based Aid) in provision of safe motherhood, family planning and gender based violence recovery support. Prior to the current assignment, Dr. Muga served as the Director of Medical services for Kenya for five years during which he acquired both international and local experience in health planning, health policy development, health priority setting, health financing and sector wide approaches. He holds an MD, Masters Degree in Child Health and Public Health together with a post-graduate diploma in Health Systems Management.

Dr. OBAID Thoraya

Executive Director of the United Nations Population Fund (UNFPA). Prior to that she was a member of the United Nations Strategic Framework Mission to Afghanistan. She also was a member of the International Women's Advisory Panel and of the Regional Programe Advisory Panel, of the International Planned Parenthood Foundation (IPPF). Dr. Obaid was in particular involved in women's issues in the Arab States. She has joined the UNFPA in 1999.

Dr. PETRY Hedwig

Head of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH Division of Health, Education, and Social Protection since January 2006. Prior to joining GTZ she worked in international business cooperation with a special focus on health, bio-medical research and HIV/AIDS. In the more than 20 years of her professional career she held several senior management positions around the world. Her regional experience ranges from Nordic countries to Africa and the United States where she established and managed teams of scientific and private business background. With a PhD in education and a specialist degree in business management she moved from higher education and academics to international cooperation.

Dr. RADEKE Claudia

First Vice President East and West Africa, KfW Entwicklungsbank (KfW development bank), Germany and thus responsible for the bank's development cooperation with 12 countries in East and West Africa, Sahel. Following her studies of economics in Geneva and Munich, she earned her doctorate with a thesis on the economy of developing countries. Her career led her from working for a research institute to joining KfW to become involved in her special field of interest, development cooperation. Her first position at this company was project manager for various countries in Southeast Asia, later she became director of the KfW office in Moscow. In this function Ms. Radeke implemented the German government's transformation programe for the CIS states. After her return from Russia Dr. Radeke became head of a directorate at KfW and dedicated herself to commercial project and export funding to the successor states of the Soviet Union. She then became departmental director, and her responsibilities included the development cooperation in the states of East Africa.

SSEWAKIRYANGA Richard

Researcher in the Ministry of Finance, Planning and Econcomic Development of of Uganda. He has ten years experience in policy research, planning and management which includes working as a Team Leader for Participatory Poverty Assessments and contributing to key Uganda Government planning and poverty monitoring policy processes. Mr. Sewakaranga is coordinating the technical component of the Uganda Participatory Poverty Assessment Process and giving technical oversight to over 200 researchers and research assistants drawn from central and local governments, civil society and academic institutions for 3 major policy research programs. He is participating in number of international collaborative research projects with institutions like the Institute of Development Studies, Sussex University, Institute of Development Studies, Roskilde University, Denmark, Center for Studies in Social Science Studies Calcutta, India. He has a Post Graduate Degree in Gender and Women Studies, 1996 and a Bachelor of Arts Degree with Honors, Makerere University, 1993.

SUND Lena

Deputy Head of Unit Human development, social cohesion and employment, sexual and reproducitve health, Global Fund to Fight AIDS, Tuberculosis and Malaria at the European Commission (EC), Brussels. Prior to that she was responsible for Intellectual Property Law and the TRIPS Agreement to Medicines. She joinend EC in 1997, where until 2000 she was in charge of trade and development tasks including Cotonou Treaty. Lena Sund has a law background and is former member of the Swedish Bar association specialized in trade and competition issues.

Curricula Vitae of Speakers

EVENING DISCUSSION

CZYMOCH Conny

Moderator and since 1997 working at PHOENIX, a German TV Station.

Dr. HOFMANN Michael J.

Director General in the German Federal Ministry for Economic Cooperation and Development (BMZ) for Global and sectoral tasks; European and multilateral development policy; Africa; Middle East. He studied Political Sciences and Latin American Studies at the Free University in Berlin (Diploma in 1974) with postgraduate studies in Economics in Berlin and Lima (Peru). In 1978 he earned a Ph.D. in Economics and Social Sciences from the Free University in Berlin. After a trainee programe at the German Development Institute he has held following positions: 1979 – 1980 he was Assistant to the Chairman of The Brandt Commission, ICIDI in Bonn, Geneva and London. In the nineties he worked as chief of Staff for the Chairman of the Social Democratic Party (SPD) (1992/93 for Björn Engholm, 1993-95 for Rudolf Scharping). Dr. Hofmann is Member of the Society for International Development (SID) and Member of the Advisory Board of the Foundation Development and Peace (SEF).

RICH Susan

Senior Program Officer for Reproductive Health in the Global Health Program of the Bill & Melinda Gates Foundation. At the foundation, she is responsible for all aspects of strategic and grant-making activities focused on reproductive health including contraceptive supply and demand, new contraceptive technologies, and maternal health. She has over twenty years of experience developing and monitoring grants for international reproductive health initiatives. Most recently she was the Director of Women and Population for the United Nations Foundation in Washington, D.C.. Prior to that she served for ten years as a Senior Program Officer for the Wallace Global Fund in Washington, D.C.. Ms. Rich has a Master's degree in African Area Studies and a Master's in Public Health from University of California, Los Angeles. She is a leader in philanthropic circles and is current Chair of the Board of the Funders Network on Population, Reproductive Rights and Health, an affinity group of over 50 private foundations.

SKIBIAK John

Director of the Population Council's Expanding Contraceptive Choice Program in Africa and Coordinator of ECafrique, a bilingual network of health care professionals seeking to mainstream quality emergency contraception (EC) services in Africa. He has more than 20 years of experience in the development field, 15 of which have been spent in country-managing, directing, and leading reproductive health programs in Africa, Asia, and Latin America. He has a solid track record of providing vision, direction and leadership in family planning/reproductive health, health systems, and research. He also brings extensive experience in the areas of applying best practices, scaling up lessons learned, and strategic planning. He worked as the Bolivia Country Director for the USAID-funded Latin America Operations Research Project (INOPAL II), he founded the Council's country office in La Paz, put in place the requisite management and financial systems, and recruited the staff needed to implement project and programe activities. In Zambia and Ethiopia, he worked closely with national staff and consultants to develop programs, designed proposals for donor funding, and established offices and the systems needed to manage them.

Prof. TOEPFER Klaus

Former Executive Director of the United Nations Environment Programme (UNEP) and Member of German Foundation for World Population Advisory Council. He is known internationally for his personal commitment to promote environment and sustainable development, and to fight for the cause of the developing world. Prof. Toepfer has restructured the organization UNEP under five priority areas (environmental assessment and early warning, development of policy instruments, enhanced coordination with environmental conventions, technology transfer and industry, support to Africa). As a firm believer in social market economy, his vision is to make environment work to improve the lives of present and future generations. Environment should not be seen as an impediment for economic development. Quite to the contrary, protection of natural resources and regulations on the use of harmful substances trigger technology development and create new markets and jobs. Prof. Toepfer believes that environment policy is the peace policy of the future.

Dr. WOLFF Peter

Head of department – World Economy and Development Financing at the German Development Institute, Bonn, Germany. His major areas of work are policies and instruments of development finance; public and private financial flows to developing countries; structural adjustment and poverty reduction strategies; private sector development. The Country expertise include in Asia various long- and short-term assignments in China, Vietnam, Indonesia; in Africa consultant assignments in Togo,

Mali, Burkina Faso, Nigeria (private sector development); training courses in Malawi and Burundi (project management); consultant assignments in Togo and Guinea for the World Bank (structural adjustment policies). He worked in the nineties at the Central Institute for Economic Management (CIEM), Hanoi as Economic Advisor to the Government of Vietnam in the framework of German-Vietnamese development cooperation and analytical work for the preparation of the Vietnamese Poverty Reduction Strategy Papers.

Program

11.30 a.m. Arrival and Registration

12.00 p.m. Welcome

Dr. Claudia Radeke, First Vice President East and West Africa, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

Dr. Ulrich Köstlin, Member of the Executive Board, Schering , Berlin, Germany

12.15 p.m. Keynotes on the Global Situation

Dr. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA), New York

Dr. Gill Greer, Director-General, International Planned Parenthood Federation (IPPF), London

Lena Sund, Deputy Head, Social and Human Development, European Commission (EC), Brussels

Prof. John Cleland, Professor of Medical Demography at the London School of Hygiene and Tropical Medicine, London, UK

Dr. Jacques Baudouy, Director for Health, Nutrition and Population, World Bank, Washington

Discussion

2.30 p.m. Coffee break

3.00 p.m. The Economic and Social Aspects of Demographic Trends in a National Context

Input Uganda
Richard Ssewakariyanga, Researcher, Ministry of Finance, Planning and Economic Development, Kampala, Uganda

Input Kenya
Dr. Richard O. Muga, Chief Executive Officer, National Coordinating Agency for Population and Development Chancery, Nairobi, Kenya

Four Round Table Discussions on the following topics:

Round Table Discussion 1
Role of Environment/Agriculture
Chairperson: **Dr. Klaus Klennert**, Senior Project Manager, Rural Development, Food and Consumer Protection, InWEnt- Internationale Entwicklung und Weiterbildung gGmbH, Capacity Building International, Feldafing, Germany

Round Table Discussion 2
Role of Reproductive Health, Women, Sexual Rights
Chairperson: **Dr. Jörg F. Maas**, Executive Director, German Foundation for World Population (DSW), Hanover, Germany

Round Table Discussion 3
Role of Industry/Trade
Chairperson: **Dr. Claudia Radeke**, First Vice President East and West Africa, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

Round Table Discussion 4
Role of Education
Chairperson: **Dr. Ulrich Knobloch**, Head, Sector Initiative Population Dynamics, Sexual and Reproductive Health and Rights, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), GmbH, Eschborn, Germany

5.00 p.m. Findings and Discussion

Dr. Wolfgang Bichmann, Head of the Sector and Policy Division Health, KfW Entwicklungsbank (KfW development bank), Frankfurt, Germany

5.45 p.m. Summary of Day's Proceedings and Recommendations

Dr. Hedwig Petry, Director, Division of Health, Education and Social Protection, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), GmbH, Eschborn, Germany

6.00 p.m. End of International Dialog

6.30 p.m. Evening Discussion
„Condoms, Demography and the Developing World"

Keynote Address
Dr. Michael Hofmann, Director General Global and sectoral tasks; European and multilateral development policy; Africa, Middle East, Federal Ministery for Economic Cooperation and Development (BMZ), Germany

Panel Guests
Dr. Thoraya Obaid, Executive Director, United Nations Population Fund (UNFPA), New York

Susan Rich, Senior Program Officer for Reproductive Health, Bill und Melinda Gates Foundation, Seattle, USA

John Skibiak, Director, Reproductive Health Supplies Coalition (RHSC), Seattle, USA

Prof. Dr. Klaus Töpfer, former Executive Director of the United Nations Environment Programe (UNEP), Member of DSW´s Advisory Council, Hanover, Germany

Dr. Peter Wolff, German Development Institute (DIE), Bonn, Germany

Moderation: **Conny Czymoch**, PHOENIX

8.30 p.m. End of Panel Discussion

Reception

Press Review

AfricaNewsAnalysis
Author: Musah Ibrahim Musah
October, 17, 2006
http://www.africanewsanalysis.com

5th International Dialog Population and Sustainable Development Opens in Berlin

Berlin, 17 October, 2006 – Under the theme: "Demographic Dynamics and Socio-Economic Development", the conference, as usual, brought together leading experts and policy makers from around the world. A plethora of topics ranging from the economic and social aspects of demographic trends in a national context, the role of environment and agriculture, the role of reproductive health and sexual rights, formed part of the business calender of the day-long conference held in the buildings of the KfW bank in Berlin.

Delivering her keynote address, Dr Thoraya Obaid, Executive Director of the United Nations Population Fund (UNFPA) observed that demographic dynamics affect "in a significant way every aspect of social and economic development." "A government simply cannot make effective plans, policies and programs unless it analyses population trends and dynamics. Demography affects the very prospects for a nation's development, and conversely, development interventions impact on a country's demography," she said.

Dr Obaid indicated that poor sexual and reproductive health was a leading cause of death and disability in the developing world adding that it limits life expectancy, hinders educational attainment, diminishes personal capability and productivity, and thus impacts directly on economic growth and poverty reduction. The UNFPA Executive Director laid bare a very startling statistics at the conference on the failure of the international community to prevent what she called "needless deaths".

"Every year, more than half a million women die during childbirth, over 95 percent in Africa and Asia. Every minute, ten people are newly infected with HIV and three million die of AIDS each year. This is double tragedy because we know how to prevent these needless deaths. Effective intervention exist."

Dr Obaid observed that in East Asia where poverty had dropped dramatically, the demographic bonus was estimated to account for about one-third of the region's unprecedented economic growth from 1965 to 1990. "Therefore, investing in sexual

and reproductive health is also strategic for curbing the HIV/AIDS epidemic. With over 75 per cent of HIV cases due to sexual transmission, delivery and breast feeding, it makes sense to link HIV/AIDS efforts with sexual and reproductive health, which would benefit women and young people who are being disproportionately affected."

Delivering his keynote on the Global Situation, Prof. John Cleland, Professor of Medical Demography at the London School of Hygiene and Tropical Medicine stressed that while national family planning programs have proved effective in reducing fertility and making progress towards population stabilization in most of Asia and Latin America, the needs of the poor remain "only partially addressed." According to Prof. Cleland, high fertility and rapid population growth poses greater threat to the achievement of the Millennium Development Goals in most African countries than HIV/AIDS.

He said that in the past decade, family planning has dropped down the list of international development priorities, with the consequence that demographic issues in poor countries have been severely neglected.

"The family planning agenda must be revitalised but, for once, leadership may need to come from Europe rather than the USA administration," stressed Prof Cleland. Speaking on the importance of universal access to comprehensive sexual and reproductive health services in relation to population issues, rights based and youth focused programming and the achievements and the lessons learned since ICPD, Dr Gill Greer said the views and needs of young people should not be ignored in the 21st century.

Dr Greer, who is the Director-General of the International Planned Parenthood Federation (IPPF), told the conference that the goals of the ICPD, namely, universal access to sexual and reproductive health services, was not only intrinsic to the success of any efforts to reduce global poverty, but also to the quality of life of each man, woman and child as well as to the social and economic development of communities. Sexual and reproductive health, she stressed, was not only a health issue but an essential conerstone of any effort for sustainable socio-economic development. "It impacts upon many areas, including education, productivity, the environment and the everyday lives, wishes and hopes of billions of people."

A country's fertility rate, according to UNFPA research, says Dr Greer, was "not only the result of poverty, but one of the causes of poverty" adding that it becomes particularly true "when we also consider the poverty of opportunity. "We know, for example, that families with fewer children are more likely to be able to educate them, and those who are educated are more likely to contribute fully to economic productivity. This has proved to be particularly true for women."

She said the burden of ill-health was a huge factor for the world to confront today adding that HIV/AIDS "are eroding gains made in a number of countries." According

to Dr Greer, the Africa region accounts for some 241,000 deaths during pregnancy and childbirth each year, nearly 50 percent of all global maternal deaths. "The lifetime risk of maternal death in sub-Saharan Africa is staggering 1 in 16, compared with a lifetime risk of 1 in 4,000 for women in other more developed regions. This is an avoidable denial of social justice. In one African country the infant mortality rate is 88 per 1,000 live births compared to 7 deaths per 1,000 live births in the U.S., one of the highest in the developed world."

The Director-General of the IPPF said female empowerment must be part of all development efforts and reminded her audience of what the UN Secretary General Kofi Annan said, that "study after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity, or to reduce infant and maternal mortality."

Conference delegates discussed and debated a number of key questions such as the impact of high birth rate in poor countries on the socio-economic development in those regions; how are demographic trends effected by the position of women, cultural and political framework conditiond and similar trends and whether economic and social aspects of demographic trends should be given a greater role in planned international development cooperation.

DW Radio/Afrika/Kiswahili
Author: Petra Stein

DEUTSCHE WELLE
DW

5th International Dialog on Population and Sustainable Development, "Demographic Dynamics and Socio-Economic Development"

Mdahalo juu ya uhusiano uliopo kati ya kuongezeka kwa kasi kwa idadi ya watu ulimwenguni na maendeleo ya kudumu ulifanyika jana mjini Berlin. Mdahalo huo wa mabingwa wa mambo ya misaada ya maendeleo, uchumi na sayansi uliandaliwa na mashirika mbalimbali ya kitaifa na kimataifa yasiyo ya kiserikali yakiungwa mkono na Wizara ya Ushirikiano wa Kiuchumi ya Ujerumani. Washiriki walijadiliana juu ya matokeo ya ongezeko la idadi ya wananchi kwa uchumi, mazingira, afya na haki za akina mama katika nchi maskini. Miongoni mwa wageni pia alikuwa Dk. Richard O. Muga, Afisa mtendaji wa Shirika la Kitaifa la Kenya la Kuratibisha kuongezeka kwa Idadi ya Watu na Maendeleo. Mtaalamu huyo alifahamisha juu ya sera za nchi yake katika eneo hili.
Kwa habari zaidi sikilizeeni mwandishi wetu Petra Stein na ripoti yake.

+ + +

Watu bilioni 6 unusu wanaishi ulimwenguni kwa wakati huu na idadi yao itakua zaidi katika karne hii. Nchi zinazoendelea na hususan nchi maskini kabisa za

Afrika ndizo zinazobanwa na ongezeko kubwa la idadi ya wananchi. Ongezeko hilo linapunguza raslimali za nchi hizo na kuathiri vibaya uwezo wa taratibu zao za elimu na huduma za afya. Dk. Richard Muga, mbingwa wa sera za huduma za afya na upangaji wa uzazi kutoka Kenya amefafanua juu ya mwambatano huo akitoa mfano wa nchi yake. Hivyo kiwango cha uzazi kiliongezeka tena tokea miaka kadhaa. Ndiyo kwamba mafanikio ya programu za upangaji wa familia yaliyofikiwa mnamo miaka iliyopita yameharibika. Dk. Muga ameeleza:

O-Ton english

Dk. Muga akaendelea kusema kuwa serikali ya nchi yake ina ari ya kutekeleza wajibu wake katika kufikia malengo ya maendeleo ya Milenia. Lakini, ili kuzifanikisha sera zake za kusimamisha ukuaji wa idadi ya wananchi Kenya inahitaji misaada zaidi kutoka kwa nchi tajiri. Dk. Muga:

O-Ton english

Kwa mujibu wa uchunguzi wa shirika la United Nations Population Fund wanawake zaidi ya milioni 120 ulimwenguni wanapenda kupanga idadi ya watoto wao, lakini hawana nafasi ya kupata elimu wala huduma zinazohitajika. Ndiyo kwamba programu za upangaji wa uzazi ni muhimu sana, kama pia Dk. Muga alivyosisitiza. Kupeleka watoto shule ili wapate elimu juu ya kupanga uzazi, kufanya mazungumzo na wananchi mashambani na kuendesha kampeni kamambe kwa redio na tv ni njia za kufaa, akaongeza.

Kwa haya namaliza ripoti hii. Mimi ni P.S. kutoka Berlin kwa redio DW, Bonn.

List of Participants

Last Name	First Name	Institution	City
Amutenya	David	Embassy of the Republic of Namibia	Berlin
Andersson	Björn	United Nations Population Fund (UNFPA)	Brussels
Angenendt, Dr.	Steffen	Stiftung Wissenschaft und Politik	Berlin
Anschütz	Katharina	KfW Entwicklungsbank	Frankfurt
Arold-Hahn	Antje	Plan International	Potsdam
Aykroyd	Toby	Population and Sustainability Network	London
Bah	Nurudeen	University of Potsdam	Berlin
Bähr	Renate	German Foundation for World Population	Hanover
Bartlett	Terri	Population Action International	Washington
Bast, Dr.	Claudia	Schering AG	Berlin
Baudouy, Dr.	Jacques	World Bank	Washington
Bauer	Michael	Federal Ministry for Economic Cooperation and Development	Berlin
Baumgarten, Dr.	Inge	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	Eschborn
Becker-Jezuita	Wolfgang	Schering AG	Berlin
Bhattarai, H.E, Dr.	Madan Kumar	Embassy of Nepal	Berlin
Bichmann, Dr.	Wolfgang	KfW Entwicklungsbank	Frankfurt
Bilgic-Torchalla	Burga	Schering AG	Berlin
Bindewald	Elke	KfW Entwicklungsbank	Frankfurt
Bonte-Friedheim	Christian	Syngenta Foundation	Berlin
Bornbusch	Alan	U.S. Agency for International Development Bureau for Global Health Office of Population and Reproductive Health	Washington
Brueggemann	Ingar	German Foundation for World Population	Berlin
Budgett-Meakin	Catherine	Population and Sustainability Network	London
Chanda	Peter	Embassy of Zambia	Berlin
Chikane, H.E.	Moses	Embassy of tthe Republic of South Africa	Berlin
Chinkuli	G.K.	Embassy of Zambia	Berlin
Chiovato Rambaldo	Giusy	Schering AG	Berlin
Christopeit	Horst-Dieter	atelier kultursysteme	Berlin
Cleland, Prof.	John	London School of Hygiene and Tropical Medcine	London
Czymoch	Conny	PHOENIX	Stuttgart
Dalichow	Uwe	Schering Indonesia	Jacarta

Last Name	First Name	Institution	City
DeFilippo	Valerie	International Planned Parenthood Federation	London
Ditsch	Christian	Photographer, Version	Berlin
Donner-Reichle	Carola	InWEnt – Internationale Weiterbildung und Entwicklung gGmbH	Bonn
Dörlemann, Dr.	Alois	Health Focus GmbH	Potsdam
Dornseifer	Rainer	CDU/CSU-Bundestagsfraktion	Berlin
Fenn	Monika	KfW Entwicklungsbank	Frankfurt
Fernandez-Castilla	Rogelio	United Nations Population Fund (UNFPA)	New York
Fieke	Hanna	German Parliament – Office Karl Addicks	Berlin
Fleisch, Dr.	Hans	Bundesverband der Deutschen Stiftungen	Berlin
Frank	Annika	Schering AG	Berlin
French	Robert	Schering AG	London
Gabriel	Annette	KfW Entwicklungsbank	Frankfurt
Gad, Dr.	Gerhard	VENRO	Berlin
Gaglo	Emmanuel Kokou	University of Potsdam	Berlin
Gerhardt	Friederike	g+h communication	Berlin
Giese	Sonja	European Parliament	Brussels
Görgen, Dr.	Regina	evaplan gmbh	Heidelberg
Görgen, Dr.	Helmut	evaplan gmbh	Heidelberg
Greer, Dr.	Gill	International Planned Parenthood Federation	London
Grund, Dr.	Sabine	Rapporteur	Berlin
Gunderlach	Rhan	g+h communication	Berlin
Gunderlach	David	storyteller tv	Berlin
Gutscher	Sarah	Federal Ministry for Economic Cooperation and Development	Berlin
Haarbrink	Joyce	Marie Stopes International	Brussels
Haftl	Alexandra	Schering AG	Berlin
Hägele	Mirjam	German Foundation for World Population	Berlin
Halgasch	Tom	Health Focus GmbH	Potsdam
Hamann, Dr.	Bernd	Medical Doctor	Berlin
Heiduck	Claudia		Berlin
Heinemann-Knoch, Dr.	Marianne	Institut für Gerontologische Forschung	Berlin
Heinrich	Ines	Afrikaherz	Berlin
Heisecke	Karin	United Nations Population Fund (UNFPA)	Brussels
Hinz	Catherina	German Foundation for World Population	Hanover
Hofmann, Dr.	Michael	Federal Ministry for Economic Cooperation and Development	Berlin
Holtz	Johannes	Missio	Berlin
Hornung-Pickert	Annette	g+h communication	Berlin
Hutchings	Jane	Reproductive Health Supplies Coalition	Seattle

Last Name	First Name	Institution	City
Isenheim	Monique	Schering AG	Berlin
Jachertz	Norbert	Deutsches Ärzteblatt	Berlin
Jahn, Dr.	Christian	Consultant	Berlin
John	Tanja-Michaela	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Jung Rayamajhi	Pavitra	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Kaczmarczyk, Prof.	Gabriele	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Kasch Dr.	Volker	Misereor	Berlin
Katjavivi, Prof.	Peter H.	Embassy of the Republic of Namibia	Berlin
Kempmann	Nora		Leipzig
Klennert, Dr.	Klaus	InWEnt – Internationale Weiterbildung und Entwicklung gGmbH	Feldafing
Knobloch, Dr.	Ulrich	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	Eschborn
Köppel	Carsten	Behördenspiegel	
Köstlin, Dr.	Ulrich	Schering AG	Berlin
Kranz	Astrid	Schering AG	Berlin
Kroh	Wolfgang	KfW Bankengruppe	Frankfurt
Kutzner	Christian	Berlin-Institut für Bevölkerung und Entwicklung	Berlin
Lankinen	Kari.S.	Schering Oy	Helsinki
Lindley	Matthew	International Planned Parenthood Federation	London
Lorenzl	Günter	Humboldt University	Berlin
M‘Bayo	Rosaline	Afrikaherz	Berlin
Maas, Dr.	Jörg F.	German Foundation for World Population	Hanover
Madeja, Dr.	Ulrich	Schering AG	Berlin
Mahrad	Asad	TU-Berlin	Berlin
Mantel, Dr.	Carsten	Institute of Tropical Medicine Charité Universitätsmedizin Berlin	Berlin
Marr, Dr.	Joachim	Schering AG	Berlin
Matthews	Mascha	German Foundation for World Population	Hanover
Meijer	Wouter	World Population Foundation	Hilversum
Meissner	Martin	Schering AG	Berlin
Metz	Martina	Federal Ministry for Economic Cooperation and Development	Bonn
Mihatjevic	Goran	German Parliament – Office Sibylle Pfeiffer	Berlin
Miosga	Margit	Inter-European Parliamentary Forum on Population and Development	Berlin

Last Name	First Name	Institution	City
Mitchell	Beate	Senatsverwaltung für Wirtschaft, Arbeit und Frauen, Landesstelle für Entwicklungszusammenarbeit	Berlin
Monkam	Josiane Caroline	German Foundation for World Population	Hanover
Muga, Dr.	Richard	National Coordinating Agency for Population and Development	Nairobi, Kenya
Musah	Ibrahim	AfricaNewsAnalysis	Berlin
Nakonz	Christian	Afrikaverein e.V.	Wandlitzsee
Napoleon	Mariona	Embassy of El Salvador	Berlin
Nikula, Dr.	Minna	STAKES, Division of Health Services research	Helsinki
Obaid, Dr.	Thoraya Ahmed	United Nations Population Fund (UNFPA)	New York
Osman, Dr.	Mohamed	Tecum-International	Berlin
Petry, Dr.	Hedwig	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)	Eschborn
Raack, Dr.	Rainer	Schering AG	Berlin
Rabier	Serge	Equilibre and Population	France
Radeke, Dr.	Claudia	KfW Entwicklungsbank	Frankfurt
Radloff	Scott	Reproductive Health Supplies Coalition	Washington
Rennmann	Denise	Schering AG	Berlin
Revuelta	Karin-Annabella	EPOS Health Consultants	Bad Homburg
Rich	Susan	Bill and Melinda Gates Foundation	Seattle
Riedel	Ramona	g+h communication	Berlin
Riedel, Dr.	Hans-Joachim	Schering AG	Berlin
Riesberg	Annette	TU-Berlin	Berlin
Rippberger	Sabine	Deutsche Welle radio	Berlin
Rost	Katharina	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Rückerl	Thorsten		Berlin
Saenz	Elisabeth	Caritasverband für das Erzbistum Berlin	Berlin
Schaffran	Lutz	Schering AG	Berlin
Schlaffer, Dr.	Edit	Österreichische Stiftung für Weltbevölkerung und internationale Zusammenarbeit	Vienna
Schmidmaier	Sieglind	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Schmidt	Mandy	Schering AG	Berlin
Schmitt	Claudia	Schering AG	Berlin
Schneider	Simone	Humboldt University	Berlin
Schwarz	Justine	Consultant	Berlin

Last Name	First Name	Institution	City
Shah-Preusser	Noreen	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Siple	Julie	Deutsche Welle radio	Berlin
Skibiak, Dr.	John	Reproductive Health Supplies Coalition	Seattle
Ssewakiryanga	Richard	Ministry of Finance, Planning and Economic Development Uganda Participatory Poverty Assessment Process	Kampala
Stein	Petra	Deutsche Welle Kisuaheli	Berlin
Sund	Lena	European Comission DG Development Social and Human Development	Brussels
Tadsen-Duch	Enken	Translator	Berlin
Tallowitz-Rochas	Kathrein	Consultant	Berlin
Tautz	Siegrid	evaplan gmbh	Dossenheim
Thurow	Gyda	Translator	Berlin
Toft	Lindsey	Afrikaherz	Berlin
Töpfer, Prof. Dr. Dr. h.c.mult.	Klaus	German Foundation for World Population	Höxter
Tröscher	Adelheid	German Parliament	Frankfurt
Upadhyay	Jagdish	United Nations Population Fund (UNFPA)	New York
Vainio	Ilari	Schering Oy	Helsinki
Voigt	Franziska	German Parliament – Office Karl Addicks	Berlin
Voigt, Dr.	Monika	German Foundation for World Population	Northeim
Vollgraf	Christine	Schering AG	Berlin
Waldherr-Ifada	Ruth	Charite Virchow Clinic „Health and Society, International Gender Studies Berlin“	Berlin
Warmbier	Peter	Schering AG	Berlin
Weinert	Jürgen	Freier Publizist	Berlin
Weldin	Marian	Reproductive Health Supplies Coalition	Seattle
Wepler	Nina	German Foundation for World Population	Hanover
Westerkamp	Meike	Human Rights Watch – German Office	Berlin
Westphal	Sandra	International Labour Organisation – Office Germany	Berlin
Wick	Barbara	Humboldt University	Berlin
Wiemers	Matthias	Lawyer	Berlin
Wolff, Dr.	Peter	German Development Institute	Bonn
Wolff, Dr.	Thomas	Gitec Consult	Düsseldorf
Wulff	Gerda		Bremen
Yaffi	Abdahmed	Embassy of Yemen	Berlin
Zaire	Luther	Embassy of the Republic of Namibia	Berlin
Zett	Maria	Caritasverband für das Erzbistum Berlin	Berlin
Zirpel, Dr.	Rolf-Rüdiger	Federal Foreign Office	Berlin