

**REPORT ON THE ONE-DAY NATIONAL WORKSHOP ON SOUTH-SOUTH
COOPERATION AND SUSTAINABLE DEVELOPMENT HELD AT ROCK VIEW
HOTEL, ABUJA ON TUESDAY 10TH NOVEMBER, 2009**

1.0 OPENING

1.1 The One-day National Workshop on South-South Cooperation [SSC] and Sustainable Development organized by the National Planning Commission [NPC] in collaboration with Partners in Population and Development [PPD] and United Nations Funds for Population Activities [UNFPA] was held on Tuesday 10th November, 2009 at Rockview Hotel, Abuja with various stakeholders in attendance. [Attendance list attached as Annexure 1].

2.0 TELEVISION INTERVIEWS

2.1 NTA Panorama

2.1.1. The Nigerian Television Authority (NTA) had a ten-minute discussion with Mr. Abraham A. Taiwo, the Population Country Coordinator (PCC) of PPD in Nigeria the 9th of November, 2009. The interview centred on the growth of population growth rate in Nigeria in comparison with the economic dimensions of the country as well as government's efforts at integrating population variables into development planning process.

2.2. NTA AM Express

2.2.1. The UNFPA Resident Representative in Nigeria, Dr. Agathe Lawson and the Executive Director of PPD, Bangladesh, Mr. H. Jooseery had opportunity early in the morning of 10th November, 2009 to showcase the essence of the PPD workshop in Nigeria, the activities of UNFPA and its relevance to South-South Cooperation and PPD and the expected outcome of the workshop in Nigeria.

3.0 WELCOME ADDRESS OF THE SECRETARY TO THE NATIONAL PLANNING COMMISSION, PROFESSOR S. MONYE, MFR

3.1 In his Welcome Address, the Secretary, National Planning Commission represented by the Director, International Cooperation Department, Mrs. L.D.Bagaiya noted that Reproductive Health sub-programme includes HIV/AIDS, Adolescent Reproductive Health, and Family Planning etc. He stated further that the workshop was convened to basically provide opportunity for stakeholders from the Federal Ministries, Agencies and Departments, local and international NGOs as well as CSOs to build consensus on the constitution of a National Task Force in Nigeria to strengthen the South-South collaboration in the country for efficiency and better results.

3.2. The Secretary further said he was happy to be present at the occasion which he believed would avail participants the opportunity to witness the impact of the intervention efforts of the Partners in Population and Development.

He noted that the Programme partly corresponds with the empowerment and employment generation the National Economic Empowerment and Development Strategy programmes of NEEDS and the 7-Point Agenda of the present Administration, through a participatory approach in fulfillment of the OWNERSHIP, ALIGNMENT and MANAGING FOR RESULTS which are Principles of the Paris Declaration. He emphasized the importance to sensitize participants on the priority placed on health as a catalyst for employment generation and empowerment. Of particular concern was the need for the people trained in capacity-building to maximize and utilize the opportunity and resources provided by the South-South Cooperation in improving Reproductive Health and making poverty history in Nigeria. He expressed the Federal Government's appreciation to the UNFPA-Nigeria and PPD for supporting the key health sector in order to meet the MDG goals.

3.3. In conclusion, the Secretary thanked all participants for attending the workshop and urged them in general for embracing the opportunities provided by the PPD and other partners towards improving our health sector.

4.0. GOODWILL MESSAGES

4.1. NATIONAL POPULATION COMMISSION

4.1.1. The chairman of the National Population Commission, Chief Samail Makama represented by a Director in the Commission, Hajia Binta expressed delight at the organization of the workshop which she described as timely. The chairman recalled the huge role played by UNFPA and PPD towards achieving sustainable development within the South-South Cooperation framework. He acknowledged the role of the National Population Commission in providing data from census, the Nigerian Demographic and Health Survey, Education Data Survey and Vital Registration which includes birth and death registration. He expressed his organization's willingness to collaborate with UNFPA and PPD.

4.2. UNFPA

4.2.1 The Resident Representative of UNFPA in Nigeria, Dr. Agathe Lawson, in her Goodwill Message, commended the South-South Cooperation as a welcome solidarity effort to collectively deal with the challenges confronting developing countries. This initiative, she noted, is aimed at fostering self-reliance by addressing issues that threaten the economic independence of member - countries. She recalled that PPD was founded in 1994 with a membership of only 10 countries and that it was quite encouraging noting that it celebrated its 15th anniversary with 22 countries as members. Dr. Lawson remarked that UNFPA, as a major contributor to South- South Cooperation, has promoted experience sharing and best practices between and among countries, capacity building at regional levels, supported NGOs and served as an advocacy group. She noted that the occasion highlighted the linkage between ICPD Goals and the MDGs as relates to population concerns, women's health and empowerment, among others. She recalled further that recent studies showed that fertility rate in Nigeria has remained the same and that there was need for creation of awareness on Reproductive Health [RH]. In conclusion, she described as laudable, the objective of the workshop.

5.0 EXECUTIVE DIRECTOR, PPD-BANGLADESH, MR. HARRY JOOSEERY

5.1 The Executive Director, PPD –Bangladesh, expressed appreciation to the NPC, PPD and the UNFPA for organizing the workshop. He noted that the workshop

underscored the importance attached by the government of Nigeria to address the issue of RH as well as attain of the ICPD and MDG goals. He commended Nigeria's support to PPD for better SRH environment in developing countries through the SSC. He also appreciated the support of UNFPA to PPD programmes especially at this year's governance meeting and the 5th Asia Pacific Conference on Sexual and Reproductive Health and Rights in Beijing, China in October, 2009.

He gave a general overview of PPD as an intergovernmental organization of 25 developing countries established within the framework of ICPD in 1994 to, among things, create enabling environment to promote RH using the SSC strategy.

6.0 His message further revealed the following:

- ICPD has affected population and development policies in member- countries and deserved to be applauded;
- There is a shift from Family Planning to RH with over 50% of couples using the method;
- Annual population growth is now 73million compared to 93million in 1994 with a substantial reduction in mortality rate;
- Most of these are recorded in developed economies;
- Only 18% of women in sub Saharan Africa use modern FP method;
- The percentage of unintended pregnancies were: Lesotho 50, Kenya 45, Ghana 40 etc.

7.0 On Nigeria he noted that despite the recorded progress, the situation remained precarious as the country's population growth still faced challenges put at 2.3% annually. He stated that with high fertility rate put at 5.2, much still needs to done. He further noted that:

- Women in Nigeria have a very high mortality rate;
- Nearly one of five Nigerian children die before their fifth birthday;
- Life expectancy in Nigeria was only 47 years
- About 3.4 million people are infected with HIV in Nigeria representing 4% adult in 2008.

8.0. The PPD Director also congratulated the country for the various steps put in place towards ensuring sustainable development especially as it relates to healthcare and RH. Of note to him was the federal budget line created for emergency obstetric care which he described as laudable.

Mr. Jooseery remarked that despite Nigeria's huge material and human resources, the country was still lagging behind and far from achieving the MDGs by 2015. He stated that the country had the capacity to alleviate poverty and move towards sustainable development. He concluded by noting that investment was needed in the Health sector as well as poverty alleviation desired in order to achieve sustainable development in Nigeria and that synergy was imperative in this regard.

9.0 KEYNOTE ADDRESS BY THE HONOURABLE MINISTER/DEPUTY CHAIRMAN, DR. SHAMSUDEEN USMAN, OFR

9.1. The Honourable Minister represented by the Secretary of the Commission, Professor Sylvester Monye, MFR before giving his keynote address disagreed with the Executive Director of PPD on the statement that Nigeria was a sleeping giant. He outlined the various efforts by the country towards poverty alleviation. He stated that Nigeria's role at peacekeeping efforts was outstanding and that the country has been building capacity through her Technical Aids Corps programme while still maintaining the Nigerian Fund at the ADB worth about US\$570 million. He remarked that Nigeria had sometimes underplayed national interest to assist other nations.

9.1.2 The Hon. Minister expressed delight to witness the opening session of the National Workshop on Reproductive Health, jointly convened by the National Planning Commission, UNFPA and Partners in Population and Development. (PPD). He also conveyed the appreciation of the Federal Government of the Nigeria to PPD and UNFPA on South-South Cooperation for the initiation and co-hosting of the national workshop, for MDAs and other stakeholders, on reproductive health.

9.1.3 He noted that the adoption of the Millennium Declaration in year 2000 by the United Nations General Assembly was aimed at institutionalizing and strengthening South-South collaboration, in order to accommodate new challenges in the areas of

reproductive health , HIV/AIDS and poverty, which confront member countries of which Nigeria's President has already approved Nigeria's membership of the network.

9.1.4. The Minister further remarked that the meeting would enable stakeholders share and exchange expertise and past experiences necessary to overcome the challenges of our development goals. The workshop, according to him, was significant because it would provide an opportunity to appraise the pace of programme implementation, with a view to making useful suggestions on the way forward. He expressed the hope that the main objective of this workshop which was to rub minds among the partners and to come up with credible solutions to fast track the adoption and implementation of the International Conference on Population and Development (ICPD) Agenda agreed to in Cairo in 1994 would be attained. The Agenda, he noted, was aimed at achieving rapid and effective implementation of programmes as well as improving South-South collaboration among developing countries with established track record in the fields of population, family planning and reproductive health, in order to improve the quality of life and accessibility to social facilities.

9.4.5 The Minister remarked that in tackling the enormous challenges, the present administration had on assumption of office introduced a 7-Point Agenda as a planning framework to tackle these issues, as well as articulating the Vision 20:2020 aimed at making the country one of the top 20 economies in the world by the year 2020.

Nigeria he noted further has done much to reduce health morbidity and mortality while admitting that the current situation was still below expectation with maternal mortality in Nigerian still relatively high, compared to what obtained in countries at similar levels of development. The Minister stressed that health and population dynamics have significant effects on efforts to improve the standard of living and that this accounted for the lack of vaccine preventable diseases (VPD) currently being tackled frontally.

9.1.6. He further revealed among other things that:

- Nigeria contributed one quarter to the burden of malaria in Africa.
- Malaria also was responsible for 30% of childhood, and 11% of maternal deaths in Nigeria and that as a result, Nigeria loses about \$1 billion every year to malaria.

- The maternal mortality rate (MMR) has been hovering around 800/100,000 for more than a decade, the infant mortality rate (IMR) around 80/1000 and the under – 5 mortality rate (U5MR) at 85/1000.
- These indicators are bad enough to challenge our sensibilities.
- There was need to work harder towards achieving the MDGs as part of the goals towards the actualization of the goals of the International Conference on Population and Development (ICPD).
- The total support of the development partners is crucial to Nigeria.

9.1.7. In conclusion, he expressed optimism that with the caliber of people at the workshop, the outcome would ensure welfare of women and children in Nigeria as well as result in the optimization of good planning, with a view to realizing the agenda of the President to bring sustainable improvement to the generality of Nigerians.

10.0 SECTION TWO

10.1. PAPER PRESENTATIONS

10.1.1. The workshop featured two (2) technical sessions where high-level speakers presented four (4) technical papers and discussed extensively on the various workshop themes namely:

- ✓ Reproductive Health and Achievement of International Conference on Population and Development (ICPD) Goals;
- ✓ Integrating Reproductive Health into HIV/AIDS to Meet the MDGs;
- ✓ PPD Mission and Programme for South-South Cooperation; and
- ✓ National Support Structure for South-South Cooperation in Nigeria.

10.2 Reproductive Health and Achievement of International Conference on Population and Development (ICPD) Goals

10.2.1. This presentation focused on the International Conference on Population and Development (ICPD) Conference held in Cairo Egypt, in 1994. The progress report on improving access to Reproductive Health (RH), safe family planning and the achievement of MDGs goals, in relation to health delivery system were among other

issues discussed in the paper. The progress made so far in Nigeria which included the following:

- ❖ The implementation of paradigm shift from maternal child health and family planning to reproductive health, such as the launching of the Population Development Agenda by the Hon. Minister of Health and was followed by State level advocacy;
- ❖ Sensitization workshops were conducted in every State to educate stakeholders, raise awareness on the shift and mobilize for action;
- ❖ The National RH Policy (2001) was formulated of which already existing policies were integrated;
- ❖ The Safe Motherhood Initiative which ensures that no mother going through the process of pregnancy or childbirth suffers injury, or loss of her life or that of the baby;
- ❖ The goal of ICDP was to achieve universal access to a full range of safe and reliable family planning methods through the PHC by 2015;
- ❖ Capacity building for service providers is on-going;
- ❖ The Adolescent Health Policy was developed in 1995 by the FMOH in collaboration with UNFPA, WHO and other stakeholders;

10.2.2. The following constraints and opportunities in the reproductive health care system were also highlighted.

11.0. CONSTRAINTS

- ✚ Weak Health Information System and lack of data;
- ✚ Human resource gaps and lack of budget line for RH;
- ✚ Limited involvement of communities;
- ✚ RH and FP commodities were mostly provided by donors; and
- ✚ Lack of infrastructural facilities such as roads, electricity, and communication pose serious limitations to the expansion of RH service.

12.0. OPPORTUNITIES

- Free Health care by some States;
- Increased donor support;
- Support for the fight against HIV could be used to strengthen RH services;
- Awareness could be created for RH services due to basic education and policies in place.

13.0 INTEGRATING REPRODUCTIVE HEALTH INTO HIV/AIDS TO MEET THE MDGs

13.1. The presentation treated the event of the 1994 ICPD Conference, where there was a global consensus for the integration of Reproductive Health into HIV/AIDS services in order to achieve the Millennium Development Goals aimed at reducing poverty, hunger, disease, illiteracy, environmental degradation, gender inequality and discrimination against women. By 2000, this agenda had been refined into eight concrete goals linked with a set of measurable targets and are to be achieved by 2015 as a benchmark.

13.2. The paper also discussed the situation in Nigeria which was abysmal and not targeting the most vulnerable populations. Although, in 2008, attempt was made by FMOH in recognition of the strategic importance of RH and HIV integration, a guideline was published which was developed within the context of existing policies for policy makers, CSOs, service providers, programme managers, health care delivery Institutions at the three levels. This guideline was adopted at a meeting on RH-HIV by a body of national stakeholders to provide appropriate national strategy and framework for a uniform integration of RH-HIV services, wherever they are implemented in Nigeria.

14.0. MERITS OF INTEGRATING REPRODUCTIVE HEALTH AND HIV/AIDS

- a) It ensures that individual men and women are provided with a continuum of HIV and reproductive health services that meet their needs;
- b) Enhanced programme effectiveness and efficiency;

- c) Greater support for dual protection;
- d) Increased attendance and involvement of mate partners for HIV testing and STI treatment;
- e) Meeting the huge unmet need for contraception also has important HIV outcomes; and
- f) It helps to address the shortages of health care workers.

15.0. THE IMPORTANCE OF RH AND HIV INTEGRATION IN ACHIEVING THE MDGs

15.1. In this regard the paper identified the following:

- I. Reduction in childhood mortality (MDG4);
- II. Reduction in maternal mortality/achievement of the universal access to reproductive health services (MDG5);
- III. Combat AIDS, Malaria and other diseases (MDG6);
- IV. Eradication of extreme poverty and hunger (MDG1) and a host of others.

16.0. RECOMMENDATIONS FOR IMPROVED RH HIV INTEGRATION IN NIGERIA

16.1. The presenter identified the following:

- Re-orientation and redirection of management efforts are key factors necessary for improved RH and HIV integration;
- Leadership is an essential tool to maximize resources and reduce missed opportunities;
- Effective implementation of the FMOH guideline for the integration of RH and HIV programmes in Nigeria;
- Resource allocation that enhances integration of RH and HIV programmes and services;
- Establish supportive supervision systems for integration and support of integrated RH and HIV programmes and services;

- Service delivery design to highlight where integrated services will be provided (i.e. clinic-based or community-based) and ministry, agency or organization with the responsibility to coordinate the activities; and
- Strengthen RH and HIV referral linkages and systems.

17.0. PPD MISSION AND PROGRAMME FOR SOUTH-SOUTH COOPERATION

16.1. The paper discussed the PPD Vision and Mission and its strategic directions. In addition, the organizational priorities which included strengthening South-South Cooperation, networks and partnership and enhanced resources availability were also discussed. However the following goals are meant to be achieved through South-South Cooperation in Strategic Business Plan (SBP) according to the paper:

- Enhanced commitment of policy makers and programme managers;
- Improved sharing of information and communication;
- Strengthened support systems and structures at national level; and
- Creation of awareness and better understanding on the concept and needs of SSC at national levels.

18.0 NATIONAL SUPPORT STRUCTURE FOR SOUTH-SOUTH COOPERATION IN NIGERIA: A PROPOSAL

18.1. This session of presentation explained the objectives of the support structure for South-South cooperation in Nigeria while identifying the constraints, approaches and what Nigeria should do to take ownership of the reproductive health care programme.

18.1.2. The following were the issues discussed.

19.0. OBJECTIVES

- Coordinate with the government and other stakeholders in the field of RH and development;
- Promote knowledge and information sharing, documentation and dissemination of lessons learnt and best practices;

- To facilitate national capacity building, including training and research on Reproductive Health (RH), population and development; and to increase awareness and support for RH issues and programs among key policy makers in the country.

20.0. CONSTRAINTS

- ✓ There is need for Task Force to gather actors at national level including private sector, parliamentarians, NGO and CBO involved in promoting RH issues for better social change;
- ✓ Lack of adequate structure to promote South-South Cooperation (SSC); and
- ✓ Promote and reinforce coordination between stakeholders to synergize activities related to South-South Cooperation (SSC.).

21.0. APPROACHES

- ✚ Allocate a budget to support the National Structure in order to facilitate its implementation;
- ✚ develop a guideline in collaboration with stakeholders to define and specify their responsibilities;
- ✚ involve members from Ministries, NGO, CBO, Media FBO, etc; and
- ✚ Organize a workshop to develop a National Action Plan that will be implemented under the supervision of government agency.

22.0 CONCLUSION

22.1 In conclusion, Nigeria was given the right to constitute a 15-member Task Force who will take up the challenges and ensure sustainability of Reproductive Health programme in Nigeria.

23.0. QUESTIONS/COMMENTS/ RESPONSES

23.1. A participant sought to know what the government was doing to tackle the problem of marrying many wives since according to him this contributed to population growth.

23.2. Another participant sought to know what the federal government was doing to mainstream the youth into RH and remarked that youth based NGOs lacked capacity thus the need for training.

[a] With regards to the issue of polygamy, a participant intervened by stating that this was purely cultural as well as religious and that such a move if not well handled could generate more challenges. He further stated it was right in Islam to marry more than one wife. He however advised that each family should control her fertility and cited

that after the population policy of 1988, the north rejected immunization which it saw as another way of contraception.

[b] Responding, Professor Ladipo stated that practical solutions to the identified challenges would start from everyone recognizing the magnitude of the problem at hand. He remarked that the policy of polygamy was pro-men rather than improve the quality of life in Nigeria. He cited that Iran after the revolution adopted family planning as a means of controlling fertility. According to him, achieving the NV2020 would remain a mirage unless the issue of population and RH was tackled in Nigeria. He noted that culture itself was dynamic hence the need for birth control policies that is holistic in approach. In conclusion he recommended a dual approach by both sexes towards RH.

[c] On this Dr. Odeku noted that Federal Ministry of Health through the National Council on Health was already synergizing with the Ministries of Education and Youth Development in this regard. On Youth NGOs, she remarked that they lacked a network structure.

[d] A participant canvassed the need for synergy in planning government policies and programmes amongst MDAs to ensure sustainability and effectiveness.

[e] On the National Support Structure of PPD, participants expressed readiness to constitute the Task Force and requested for the necessary documents. This the Director [IC] promised will be sent to them via their e-mails.

24.0. CLOSING REMARKS

24.1. The Assistant Director, Mr. A.Taiwo in his closing remarks thanked the resource persons and every participant for their fruitful contributions at the workshop while promising that effective follow-up actions would be adopted. He said that the Task Force would be enlarged from its present eight members to include all relevant stakeholders. The Assistant Director stated that a meeting would be convened in due course to consider what was discussed while assuring PPD that subsequent fellowships to Nigeria would be honoured.

24.2. The workshop achieved its objective because it addressed reproductive health and population issues and the modality for forming the National Task Force as the driving force of PPD in Nigeria.