

**Workshop on
Access to Reproductive Health for the Achievement of ICPD and MDGs:
The South-South Initiative**

**Organized by
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh and
Partners in Population and Development (PPD)**

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PREFACE

Partners in Population and Development (PPD) is an Intergovernmental Alliance of 21 developing countries established as an outcome of the International Conference on Population and Development (ICPD) held in Cairo in 1994. One of the important reasons for creating PPD is to develop a mechanism in order to facilitate the sharing of knowledge, expertise and experience among the developing countries. Evidence suggests that South-to-South cooperation is innovative, affordable and result-oriented modality of transferring good practices among these countries in the areas of reproductive health, population and development. PPD is in a unique position to enhance cooperation in these areas among its member states through coordinated efforts and advocacy campaign. Towards this endeavor, a one-day national workshop titled “Access to Reproductive Health for the Achievement of ICPD and MDGs: The South-South Initiative” was jointly organized by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh and PPD at Dhaka, Bangladesh on 17 September 2007. It was attended among others by policy makers and Senior Programme Managers from different Ministries, Directorates General of Health Services and Family Planning, other Departments and Institutes of the Government of Bangladesh, representatives of Diplomatic Missions, Donor Agencies, UN Organizations, Universities, Non-Government Organizations and both electronic and print media.

The Workshop aimed to sensitize the senior Government Officials and other key stakeholders on the access to Reproductive Health Services and concomitant achievement of the International Conference on Population and Development (ICPD) and Millennium Development Goals (MDGs) in the light of South-South Cooperation. Three interrelated Keynote Papers pertinent to ICPD and MDGs were presented in the Workshop by three Public Health Experts, which had provided a platform to discuss, debate, exchange views and ideas on very important priority issues of the Government of Bangladesh.

I would like to express my gratitude and thanks to H.E. Major General Dr. A.S.M. Matiur Rahman (Rtd.), Advisor, Ministries of Health and Family welfare, Water Resources and Religious Affairs, Government of Bangladesh for his active support in organizing the workshop. He has remained a constant source of inspiration to PPD and playing crucial role as a Board Member in different international forums. I would like to express my thanks to the resource persons for their contributions by preparing and presenting the keynote papers in the workshop.

The David & Lucile Packard Foundation has provided financial assistance for holding the workshop. I am extremely grateful to the Foundation and its concerned officer who took interest to fund this workshop. I expect their continuous support to PPD.

I am thankful to Mr. Zafar Ullah Khan and Ms. Shaheen Khan, Secretary and Joint Secretary respectively, MOHFW for their tireless efforts to make the workshop successful. I acknowledge the efforts of Mr. Mahidul Islam, Population and Health Specialist, South-South Centre, Bangladesh for compiling and preparing the proceedings

of the workshop. I must not forget the hard work of my colleagues in PPD for making the workshop a success. My sincere thanks to all of them.

Harry S. Jooseery
Executive Director

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ABBREVIATIONS

AIDS	Acquired Immune-deficiency Syndrome
ANC	Ante Natal Care
CIRDAP	Center for Integrated Rural Development for Asia and the Pacific
CMR	Child Mortality Rate
CPR	Contraceptive Prevalence Rate
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
FP	Family Planning
GDP	Gross Domestic Product
GNI	Gross Net Income
GO	Government Organisation
GoB	Government of Bangladesh
HIV	Human Deficiency-deficiency Virus
HNPSP	Health, Nutrition and Population Sector Program
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICMH	Institute of Child and Mother Health
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MOHFW	Ministry of Health and Family Welfare
MSM	Male Sex with Male
NASP	National AIDS/STD Programme
NGO	Non-Government Organisation
NID	National Immunization Day
NIPSOM	National Institute of Preventative and Social Medicine
NNP	Net National Product
ODA	Overseas Development Assistance
PCC	Partners Country Coordinator
PNC	Post Natal Care
POA	Programme of Action
PPD	Partners in Population and Development
PSO	Project Support Office
RH	Reproductive Health
RTI	Reproductive Tract Infection
SAARC	South Asian Association for Regional Cooperation
SBA	Skilled Birth Attendant
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNFPA	United Nations Population Fund

Introduction:

Partners in Population and Development (PPD) is an Inter-Governmental Alliance of developing countries with deep commitment to improving reproductive health and rights, population and development in Member Countries through South-South Cooperation. Progress towards universal access to reproductive health has been made in member countries, however it has been uneven. Furthermore, the concept, benefits and modalities of south-south cooperation are not well understood and appreciated in many Member Countries. Indeed PPD is organizing workshops in Member Countries to generate greater understanding at national level on how South-South collaboration can effectively contribute towards attainment of sustainable development in Reproductive Health. Following the Millennium Summit in 2000, which resulted in the eight Millennium Development Goals (MDGs), PPD moved swiftly to address not only the goals of the International Conference on Population and Development (ICPD) to which it had been committed since 1994, but also the linkages between reproductive health and population issues and the MDGs. In view of this, a one-day Workshop titled “Access to Reproductive Health for the Achievement of ICPD and MDGs: The South-South Initiative” was organized on 17 September 2007 in Dhaka, Bangladesh.

The workshop was attended by 200 participants from different Ministries of the Government of Bangladesh, Directorates General of Health Services and Family Planning, other Departments and Institutes of the Government of Bangladesh, Diplomatic Missions, Donor Agencies, UN Organizations, International Development Organizations, Universities, Non-government Organizations and print and electronic media.

A. Opening Session:

Major General Dr. A.S.M. Matiur Rahman (Rtd.), Honourable Advisor, Ministry of Health and Family Welfare(MOHFW), Government of Bangladesh graced the occasion as the Chief Guest. Mr. A.K.M. Zafar Ullah Khan, Secretary, MOHW, Government of Bangladesh delivered welcome address in the event. Mr. Harry S. Jooseery, Executive Director, Partners in Population and Development (PPD) and Mr. Pornchai Suchitta, UNFPA Deputy Representative in Bangladesh were the Special Guests. Their speeches are attached at Annex – A.

Mr. A.K.M. Zafar Ullah Khan welcomed all the guests and participants of the workshop and highlighted the importance of the access to reproductive health for the attainment of the Program of Action (PoA) of ICPD and Millennium Development Goals (MDGs). The Government of Bangladesh is proud to host the Secretariat of PPD and the Ministry of Health and Family Welfare (MOHFW) is always supporting activities of PPD since its inception. He stressed that a strong political commitment is essential to eradicate or at least to reduce the burden of poverty, reduction of maternal and child mortality, promote women’s empowerment, combat the spread of HIV/AIDS and ensure sustainable development and access to Reproductive Health (RH) in the southern countries.

He mentioned that the success of Bangladesh in population and Family Planning (FP), increase of life expectancy to 64 years for males and 65 years for females. Women are empowered due to successful operation of micro-credit programme in the country. However, there are many other areas such as poverty, high Maternal Mortality Rate (MMR) and Child Mortality Rate (CMR), high drop out from schools, which need to be addressed to minimize the inequalities.

Mr. Khan concluded that these complex and gigantic problems, can be sorted out through National consensus building involving institutions such as public, private and Civil Society Organizations. He also emphasized the involvement of concerned Ministries for the achievement of the PoA of ICPD and MDGs, one of the mandate of the Government of Bangladesh.

Mr. Pornchai Suchitta, the Deputy Representative, UNFPA Bangladesh in his statement as a Special Guest focused on the linkages between MDGs and ICPD PoA. He said, the Government of Bangladesh is approaching towards the achievement of MDGs 4 and 5 and these are reflected in the Health, Nutrition and Population Sector Programme (HNPS) of Bangladesh. The reduction of poverty is crucial for the attainment of the development of the country, which is still a big threat for the overall development of the nation and PPD will play an important role within its mandate to strengthen the South-South Collaboration through sharing good practices, expertise and information. The geographical proximity, the relevance of respective development experience and the complementarities of resources make strong arguments for enhanced South-South Collaboration.

The successful Programmes of Bangladesh on RH awareness building, Women Empowerment through effective micro-credit programme, the decrease of Maternal Mortality Rate (MMR) and increase Contraceptive Prevalence Rate (CPR) should be shared with other developing countries. He concluded by quoting the statement of Ms. Thoraya Obaid, Executive Director, UNFPA delivered at the Regular Session of the UNDP/UNFPA Executive Board Meeting of January 2007:

“ It is now widely accepted that we will not reduce poverty, advance women’s empowerment and gender equality, improve maternal health, reduce child mortality, combat HIV/AIDS and achieve sustainable development unless greater progress is made to ensure universal access to reproductive health”.

Mr. Harry S. Jooseery, Executive Director (ED) of PPD thanked the Government of the People’s Republic of Bangladesh and H.E. Major General Dr. A.S.M. Matiur Rahman (Rtd.), Honourable Advisor of the MOHFW and PPD Board Member for providing assistance and support in organizing this workshop. He stated that progress has been made worldwide in the field of Demography and CPR reached to an average of 60 percent globally, however access to FP services in many parts of the developing world is still a serious cause of concern.

Mr. Joosery mentioned that PPD was created during Cairo, ICPD 1994 to facilitate sharing the knowledge, experience and expertise among Southern Countries with similar

economic, social, political and cultural conditions. He mentioned that PPD created the conditions to improve RH as well as reduction of poverty through, among others, capacity building. He affirmed that more than half (54%) of the world population is connected through PPD and they share each other's experience and good practices for mutual benefit. He further mentioned that to improve the quality of life of the people of southern hemisphere, North-South blending is also essential.

Aiming at improving the situations of the developing world, he urged upon that the following issues need to be addressed:

- Poverty and RH problems;
- HIV/AIDS;
- Death related to unwanted pregnancy and unsafe abortion;
- Harmful traditional sexual practices; and
- Female Genital Mutilation.

Mr. Jooseery added that during the last five years, resources for FP and basic RH services had drastically declined and impacted in the achievement of the POA of ICPD and MDGs. Country donors have pledged to provide 0.7% of GNP equivalent to US\$ 200 billion per year in Official Development Assistance (ODA) but actually ODA provided only US\$ 70 billion per year. He said that population in developing countries is increasing and it is imperative to employ the concerted efforts of all concerned to ensure South-South Cooperation for the attainment of the PoA of ICPD and MDGs.

He warned that if a country fails to adjust with the changed world order, it would perish. Thus, developing countries will have to be united to gain power and ability to influence the policy and economic order of the developed countries in order to gain benefit from the globalization and the liberalization to ensure sustainable development of the resource-poor countries.

The Executive Director, PPD informed the participants that PPD has earned the Permanent Observer Status in the General Assembly of United Nations and supported by Government, donors, UNFPA, Foundations to initiate following strategic interventions to realize the mandate of PPD:

- Advocacy;
- Mobilization of resources: locally and globally;
- Capacity building; and
- Commodity security and supply.

He highlighted the success of Bangladesh in many areas of RH and there is a need to sustain these efforts, to achieve the MDGs by 2015. In view of this, he pledged that PPD would continually help promoting RH condition in Bangladesh.

Major General Dr. A.S.M. Matiur Rahman (Rtd.) said RH is given top priority by the Government of Bangladesh, donors and NGOs. Thus, awareness building on RH, STI,

HIV and AIDS is crucial for the promotion of healthy mother and healthy child, which consequently lead to a healthy nation.

He pointed out that PPD's coverage is higher than any other Intergovernmental Organisation and the government of Bangladesh is proud that it has hosted the Secretariat of PPD, which is striving to promote South-to-South Cooperation in reproductive health, population and development.

Dr. Matiur urged to partnership building among Government, PPD and NGOs and assured that the Government of Bangladesh will support to make the partnership functioning. He affirmed that this partnership will help to promote sharing of experiences among developing countries. He expressed his concern of the management incapacity to implement projects in time and he suggested following five issues to take care for timely and efficient implementation of projects:

- Human Resource Management;
- Timely Procurement of materials;
- Managerial ability to implement projects;
- Resource allocation and release of fund; and
- Monitoring and evaluation.

He affirmed that South-South Cooperation will bring tangible change in terms of commodity security and supply among the Southern Countries by using the affordable and accessible pharmaceuticals produced by Bangladesh, India, China and Indonesia. Bangladesh did well in Expanded Programme on Immunization (EPI) and HIV/AIDS activities and Thailand has successfully stopped the spread of HIV/AIDS, which interventions can be shared with other developing countries.

The Honourable Advisor concluded his speech with the assurance that PPD will continue to facilitate the South-South Cooperation for the implementation of programmers in collaboration with the respective Governments. He pledged to intensify the support of the Government of Bangladesh to further strengthen the role of PPD.

At the end, the Honourable Advisor addressed a Press Conference with electronic and print media where he highlighted the importance of South-South Cooperation and the implementation of HNPSF.

B. Technical Session:

The Business Session was presided by Ms. Shaheen Khan, Joint Secretary, MOHFW, GoB and Partners Country Coordinator (PCC), PPD. Following three papers were presented:

- i) Meeting ICPD Goals and MDGs: Population and Family Planning Agenda for South-South Collaboration,

- ii) Promoting Capacity Building and Exchange of Experience among Developing Countries on Reproductive Health, Population and Development and
- iii) Integration of Reproductive Health and HIV/AIDS were respectively prepared

a) Paper presentation:

**i) Meeting ICPD Goals and MDGs: Population and Family Planning
Agenda for South-South Collaboration**

Presenter: Dr. Ahmed A.N. Neaz, Professor, American International University - Bangladesh

The paper highlighted the following five issues:

- Population and development;
- Linkage between population growth and development;
- Global perspective, ICPD and MDGs;
- South-South Cooperation: A new guiding philosophy; and
- What Bangladesh can share with other partners.

The presenter cited the Malthus' theory of population stability at subsistence level and Keynes and Lewis theories on population growth and production demand. He stated that by the year 2020, about 80% of world population living in less developed countries would possess only 20% of global resources. This inequitable distribution of resources contributed to increase poverty and social injustice. Family Planning is essential for the achievement for the fertility reduction.

ICPD in Cairo 1994 elaborated international consensus on interrelationship between the population and development. The Programmes on reproductive health, sexual health and women empowerment were reaffirmed by the World Summit for Social Development and World Conference on Women. In the Year 2000, the achievement of MDGs constitute the roadmap to achieve ICPD PoA including universal access to RH and FP. Mr. Kofi Annan, UN Secretary General in his statement in the Millennium Summit mentioned that “ **The Role of the United Nations in the 21st Century depict a glaring global disparity. Even today, such disparity remains, over the past decade, rapid progress for some countries, but reversal for unprecedented countries. East Asia and the Pacific Region stand out on track for all the goals. South Asia is also making progress on a number of goals. Since these two regions, which together account for nearly half the world's population, human development is still proceeding too slowly**”. The statement clearly depicted that East Asia and the Pacific Region including the South Asia need to commit more resources and energy to achieve the MDGs. However, it is anticipated that MDGs cannot be achieved without attaining the RH and Population Development Goals established during the ICPD.

The statistics on poverty need to be reviewed and updated in line with the present socio-economic conditions. The presentation showed that achieving high GDP might not ensure poverty reduction unless it is equitably distributed.

The education constitutes a priority in ICPD and MDGs as it impacts in all areas of development. About 90 countries out of 189, will achieve universal primary education by 2015. Evidence suggests universal access to education will facilitate to achieve the objectives of ICPD and MDGs.

An estimated 50 million abortions occurs in the world, of which 40% are conducted in unsafe conditions, 130 million girls experience female genital mutilation (FGM) and two million women are living with Fistulas caused by complicated births globally. Universal access to RH/FP will not be possible if poverty alleviation and education are not guaranteed.

HIV/AIDS pandemic is also negatively impacting on development. About 40 million are infected, 24 million have died and more than 5 million infections occur every year. Some of the African countries lost 30 years of longevity due to HIV pandemic. The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS held in 2001 recognized that **“Poverty, underdevelopment, and illiteracy are among the principal contributing factors to the spread of HIV/AIDS”**.

The achievement of MDGs depends mainly on resource mobilization but Overseas Development Assistance (ODA) is gradually reducing, as the developed countries did not provide the amount they promised during ICPD. Four countries namely Denmark, The Netherlands, Norway and Sweden have provided committed 0.7 % or more of GNI and rest have disbursed much less than that. Mr. Kofi Annan, UN Secretary General in 1997 suggests: **“So long at every fifth inhabitant of our planet lives in absolute poverty, there can be no real stability in the world”**.

It is to note that the North-South development model of 1950's prescribed for the developing countries has failed to give benefit to the target people rather it became counterproductive and has developed controversy and suspicion among the development experts of the World. ICPD '94 is a way forward to match with the present requirement of the contemporary development world. PPD is originated to anchor the south countries with a view to developing mechanism in order to facilitate the sharing of knowledge, expertise, experience and information in those countries. PPD introduced multilateral flow of information with full respect and dignity instead of unilateral North to South information flow. PPD will create a congenial environment directing towards the attainment of ICPD PoA and MDGs.

It is proved that interaction among southern countries is essential for the mutual benefit of these countries. Bangladesh has many good practices such as service delivery, GO-NGO collaboration, micro-credit, research and training which can be shared with other countries for their development.

Following factors have contributed to the success of Bangladesh program:

- Sustained political commitment towards the program from the top of the government irrespective of change of parties and system.

- Inter-personal worker client contact with substantial information at a regular basis with domiciliary level service delivery.
- Client oriented service delivery by broadening the choice of methods under the cafeteria approach without any coercion through informed choices.
- Maternal child health (MCH) based integrated FP strategy with proper quality of care and side effort management.
- Supplementing and complementing role of NGOs in collaboration with GOB in both sectoral and inter sectoral level.
- Massive women empowerment program through group formation backed by micro-credit and
- Sustained commitment of the development partners towards population gender, girls education and poverty alleviation programs.

The good practices that can be shared are mentioned below:

- Neutralize Opposition and Enlist Support of Religious Leaders;
- GO-NGO Collaboration: An Innovative Approach;
- Community Mobilization as a Means to Create Awareness;
- Demographic Surveillance System of ICDDR,B;
- Multi-Sectoral Program;
- National Effort for Female Education and Empowerment; and
- Micro Credit, Poverty and Women Empowerment.

The successful elements of RH/FP in Bangladesh can be replicated in similar socio-economic conditions to realize the ICPD PoA where PPD can play a pivotal role to facilitate the replication.

ii) Dr. A.M. Zakir Hossain, Public Health Specialist, PSO, MOHFW

Dr. A.M. Zakir Hossain began his presentation by giving importance on integration of RTI services with HIV/AIDS program. He stated that at present there are 40 million HIV infection and 4 million AIDS cases in the world with majority of cases prevalent in developing countries. He mentioned that women are the most vulnerable because of poverty, illiteracy and subjugated status in the society which affects their power to negotiate for safer sex causing infection. Putting emphasis to integrate HIV/AIDS program to RH services, he pointed out that blood transfusion is more frequent among women due to pregnancy related complications, STD remains undiagnosed and untreated, biologically women are more vulnerable, opposition to sex education by policy makers, teachers and parents etc., among others, are the main arguments for integration. He mentioned that 15% pregnancies are always at high risks and out of them 5% require surgical interventions, which requires blood transfusion an important source of infection.

He presented the challenges in HIV/AIDS Control Program in Bangladesh and analyzed these challenges extensively using the National Strategic Plan developed by the National AIDS/STD Program (NASP). He stated that HIV/AIDS program in Bangladesh encountered challenges as mentioned in the Strategic Plan.

- First, among the population in the country 0.5% to 6% is at higher risk, most of whom are brothel based, street based and hotel based female sex workers and hijras.
- Secondly, the social factors such as premarital sex, MSM, opposition to sex education by policy makers, teachers and parents, HIV infection is not screened at the ANC service points, lack of effective women empowerment program, more than 80% deliveries are conducted at home leave them away from the clinic based program.
- Thirdly, to address the challenges, actions such as HIV testing sites in blood transfusion laboratories, prevention of peri-natal transmission through intensive and widespread education, prevention of transmission through breast feeding, adoption of precautions for prevention of infection during birth, legislative protection of women, access to legal aid services, protect young girls and women from unwanted pregnancies, research and mainstreaming of SAARC Regional Strategy on HIV/AIDS and to develop enabling policies by SAARC member states were undertaken. He noted that some of these planned actions would face administrative difficulties during implementation if these were not implemented without integration with RH services.

The objectives, which are confirmed at the National Strategic Plan of NASP and taking the planned actions into considerations, require integrated interventions to address the problem of AIDS and STDs.

Dr. Hossain mentioned that the efficient and effective implementation of HIV/AIDS programme in the socio-cultural context of Bangladesh require RH based interventions, ensuring legislative protection to women including strong and sincere support of the Government of Bangladesh to curb the HIV infection in the country is commendable. He noted that following HIV/AIDS control management structure and tools in Bangladesh supported by the highest level of policy makers:

- National AIDS Committee was formed in 1985
- National HIV/AIDS Program was started in 1998
- National HIV/AIDS policy was adopted in 2000
- National HIV/AIDS related BCG strategy was developed in 2001
- National AIDS and STD Control and Prevention Program was initiated in 2002
- National Strategic Planning 2004 to 2010 was adopted in 2005
- Control of AIDS was included as a strategy in PRSP document in 2005
- A training manual has been developed for all categories of staff related with AIDS services

Following recommendations were placed:

- advocate to integrate HIV/AIDS Program with RH service provision for effective and efficient implementation which PPD can do with the Honourble Advisor;
- conduct research on the most effective and efficient packaging of interventions towards making balance demand supply of services where PPD can play an effective role;
- master support from the wider body of policy makers on an informed basis where PPD might share this responsibility with others;
- ensure respect to human rights and patients' rights;
- respect the strategy and policy document of the country regarding HIV/AIDS control Program; and
- support updating national policy on HIV/AIDS in terms of integration with Reproductive Health Care.

He concluded by giving a suggestion and six recommendations. He suggested to **“Integrate HIV/AIDS based activities with Reproductive Health Care of Women for the sake of cost effectiveness, accessibility and acceptability”**.

iii) Prof. Abdul Hannan, Executive Director, ICMH, Dhaka

Prof. Hannan at the very outset of his presentation projected the global scenario of child Health, Reproductive Health, Population and Development by presenting the following statistics as stated below:

- Global population : 5.8 billion
- Children under 5 : 613 million
- Children adolescent aged 5-15 years : 1.7 billion

He mentioned that continuing spread of HIV/AIDS, 5,90,000 children <15 years of age infected with HIV in 1997, rapid increase of number of young women aged 15-19 and pregnancy, child birth at adolescent pose higher risks for both mother and child. He also presented that over half-a-million women die each year from pregnancy related complications although 40% deliveries are conducted by Skilled Birth Attendants (SBAs). The common causes are hemorrhages, hypertensive disorders, sepsis, obstructed labor, unsafe abortion and eclampsia etc. He advised that administrating evidence based interventions will help to achieve the MDG 4 “two /third reduction in child mortality by 2015”.

In 2000, heads of 189 countries gathered and adopted Millennium Declaration popularly known as MDGs to be achieved by 2015. Several studies found that uneven progress of achieving MDGs by the developing countries can be grouped as follows:

- some countries will achieve the Goals by 2015 or sooner;
- second group is most likely to achieve most of the Goals by the time; and
- third group of countries mainly Sub-Saharan Africa are unlikely to achieve the Goals by 2015.

The High Level Forum of senior policy makers of North and South countries supported by WHO and World Bank initially made open discussions and thereafter debated focusing on “Political” rather than technical constraints to achieve the Health related MDGs of the Southern Countries.

Prof. Hannan said that the problems of developing countries are more or less common and Bangladesh is no different than other developing countries. The Evaluation of the MDGs 4 and 5 indicate that their situation in Bangladesh cannot be considered satisfactory. Although Under 5 mortality and MMR are decreasing, it is still considered globally very high. Bangladesh is an example of GO-NGO and Private sector collaboration, which are playing pivotal role in providing health services. The following statistics 56% ANC, 14% SBA at birth, 10% Institutional delivery, 27% EmOC, 18% post-natal care, 58% CPR, 71% full Immunization and MMR 322 / 100,000 live births describe the situation of RH in Bangladesh. The Government of Bangladesh has been implementing HNPSp with the objective to further strengthen the health status of the Country. Indeed the presentation showed the progress made by the Government of Bangladesh in many areas of RH such as Expanding Obstetric Services, National Immunization Day (NID), community based SBA, Maternal Health Voucher Scheme, infant and young child feeding, counseling for newly married couples, family planning, Public-Private Partnership and local level planning which can be shared with other southern countries.

Despite these commendable successes in RH and development, following challenges demand immediate attention:

- infections remain a major threat;
- new-born health care is relatively a new issue;
- malnutrition is a continuing problem;
- emerging infection like HIV/AIDS, Dengue, Roll-Back of Malaria, Arsenicosis; and
- population momentum because of increasing under 15 populations.

To meet the challenges, one of the important elements is the capacity development that can be defined as the ability of individuals, organizations, and systems including networks of organizations to perform in support of their development objectives. Prof. Hannan put forward some elements, which can be attributed for capacity development. He mentioned that highest level of commitment along with budget support, formation of

consortium of various partner institutions including networking through online, website and e-Learning. The role of PPD is to innovate technology to facilitate transfer, commodity exchange, fellowships, technical assistance and development of infrastructure between various agencies, institutions and countries. The mechanisms to be employed to facilitate capacity development are:

- research;
- networking;
- exchange of information;
- training;
- technical Assistance;
- study tours; and
- dissemination of lessons learnt.

Prof. Hannan concluded that promoting capacity building would contribute for the attainment of the PoA of ICPD and MDGs. He appreciated that the GOB and PPD is working together to strengthen capacity of various institutions in Bangladesh, which will help achieving ICPD and MDGs.

B. Discussions

At the end of the presentation of the three papers, the Chairperson of the Session invited brief and specific questions and comments from the audience.

Mr. Md. Younus Fakir, Director, MIS, Directorate General of Family Planning commented that during the presentations all had given emphasis on RH but the overall health condition of Bangladesh cannot be termed as good. In such a situation, it is better first to improve the overall health condition thereafter to focus on RH.

Dr. Amirul Hassan, Associate Professor, National Institute of Social and Preventive Medicine (NIPSOM), Bangladesh referred to a point that 70% of the population is poor. He posed a question ‘how this number could be reduced by bringing equality in the society?’ Here we have had discussed on MDGs but the bulk of the population live in rural areas who do not know what MDGs is. RH information should be made available at the rural level focusing on women rights. In replying the question, Prof. Hannan said that strong political commitment is essential for capacity building. Prof. Neaz answered that inequality exists globally and to reduce the burden, partnership among the countries with similar socio-economic conditions is important and working together is essential for the economic and human development. The guiding philosophy of PPD can intensify the South-South Cooperation to achieve the MDGs.

Mr. Ranjit Kumar Biswas, Director General, National Nutrition Project (NNP), Government of Bangladesh commented that our daughters and sisters are not hesitant to listen the RH matters, therefore those who are here in this auditorium need not to be motivated. We failed to inform the millions of rural people who are not getting the

correct messages and also shy to listen the RH matters. Therefore, it is essential to provide clear and adequate information to the millions of rural people.

Prof. Mazharul Islam, Department of Statistics, Dhaka University made a general comment on all the three papers presented. According to him, the paper presented by Dr. Zakir was clearly related with the theme. The paper presented by Prof. Hannan provided the situation analysis of RH including FP. It did not address the issues of ICPD, MDGs and Capacity Development. He Commented on Dr. Neaz's paper emphasised on Global achievement rather than the context of Bangladesh. Prof. Hannan replied that he had shown 3-4 slides on capacity development, which had direct relationship with the title of the paper. Dr. Neaz answered that although he gave emphasis in his paper world scenario of RH, but he also mentioned the performance of Sri Lanka, India and Bangladesh, which could be mutually reinforced for the benefit of this region.

Dr. A M M Anisul Awal, Deputy Chief, MOHFW, GOB made the last comment. He commented that the title of the workshop created opportunity to GO-NGO and private sector collaboration to achieve ICPD and MDGs. He pointed out that GDP of Bangladesh is 6.3% and inflation rate as declared by the Government is 10.5% where as economists estimated that inflation was ranging from 22 to 33%. With this backdrop, he posed a question that where do we stand at present in view of achieving the MDGs. He further said that he had no idea of what was the percentage of people living below the poverty line at present. "Taking into account the present condition, what are the strategies to be undertaken to achieve desired level of development", he said.

Prof. Hannan responded that he showed data of maternal and infant mortality and also gave some suggestions in his document to reduce the mortality rate.

D. Closing Session

Mr. Harry Jooseery, Executive Director, PPD wrap up the Technical Session by thanking all the three keynote paper presenters for presenting on three different but inter-related themes. He said that although some issues raised by the participants on these papers, however these documents covered many pertinent issues of ICPD and MDGs. He particularly thanked Prof. Abdul Hannan, Executive Director, ICMH for offering some scholarships from his Institute to the public health practitioners of the Southern Countries.

Mr. Jooseery mentioned that without depending only on data, it is important to work together to achieve the desired goal of ICPD and MDGs. He stressed on capacity building which is important for the resource constraints countries the better utilization of the available resources for the benefit of the people of those countries. Although Bangladesh is doing well in many areas of development sector, he regrets to mention that 63 million people are living below the poverty line and 80% of MDGs are yet to be achieved in Bangladesh. He said that he is optimistic and Bangladesh would be able to achieve MDGs at desired level within the stipulated time if additional efforts are being engaged.

It was observed that poor governance is one of the crucial elements of poor performance in developing countries including Bangladesh. The failure of many projects attributed to the lack of good governance, which impede the achievement of expected development of the country.

The Executive Director, PPD further stated that it is necessary to change the attitude, mentality and behaviour of the concerned and intensification of personal initiative in order to improve the quality of life of the millions of people of the southern countries. He expressed his conviction that there are hopes to improve the conditions of people of developing countries through South - South Cooperation and PPD's mandate is to develop mechanism in order to facilitate the cooperation among the southern countries. He further stated that PPD is working in this direction in collaboration with the Government of the Member Countries with the support of the donor communities.

Mr. Jooseery concluded his statement by thanking again all the participants, resource persons, officials of the MOHFW, GOB, representatives of donors, International Organisations, Non-Government Organisations, media for making the workshop a success.

Ms. Shaheen Khan, the Chairperson of the Session concluded the workshop by giving thanks to the guests, resource persons and participants for their active participation in the Workshop.