



**Report of Proceedings  
of  
Partners in Population and Development  
(PPD) Breakfast Meeting**



**Held on February 22, 2007  
At Grand Imperial Hotel, Kampala**

**Report compiled by The Population Secretariat,  
Ministry of Finance, Planning and Economic Development  
P.O.Box 2666, Kampala, Uganda  
E-mail: [popsec@imul.com](mailto:popsec@imul.com)**

## TABLE OF CONTENTS

ACRONYMS .....	iii
1.0 Welcome remarks .....	1
2.0 Overview and workshop objectives .....	1
3.0 Director, PPD Africa Regional Office's remarks .....	2
4.0 Population and Sustainable Development in the Context of South-South Presentation by Dr. Harry Jooseery, Executive Director, PPD.....	3
4.1 South-South cooperation.....	4
4.2 Population Pressure.....	5
4.3 Women at high risk of dying during child birth .....	5
4.4 RH, commodity security and supply .....	5
4.5 Partnerships and experience sharing .....	6
4.6 Political will .....	6
4.7 Sustainable development .....	6
4.8 Africa Region office for Partners in Population and Development .....	7
4.9 Strategic Plan for Africa .....	7
5.0 Discussion .....	8
5.1 Issues from the discussion .....	9
5.1.1 Resource mobilization .....	9
5.1.2 Macro and Micro-economics .....	9
5.1.3 Donor support. ....	10
5.1.4 Poor population .....	11
5.1.5 Coordination problems.....	11
5.1.5 Commitment by policy makers .....	11
5.1.6 No community ownership of programmes .....	12
5.1.7 Setting priorities for development .....	13
5.1.8 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR).....	13
5.1.9 Building of capacity .....	13
5.2.0 Concrete action needed .....	14
5.2.1 Ensuring commodity security .....	14
5.2.2 Donor fatigue towards reproductive health.....	14
5.2.3 Strategic partnerships.....	15
5.2.4 Other issues from the discussion.....	15
6.0 Official closing by Hon. Omwony-Ojwok Minister of State for Planning	16
7.0 Pictorial .....	22
8.0 Press Conference.....	19
ANNEX I: LIST OF PARTICIPANTS .....	21
ANNEX II: Presentations .....	23

## **ACRONYMS**

<b>AIDS</b>	-	<b>Acquired Immune Deficiency Syndrome</b>
<b>APRM</b>	-	<b>African Peer Review Mechanism</b>
<b>FPAU</b>	-	<b>Family Planning Association of Uganda</b>
<b>HIV</b>	-	<b>Human Immuno-deficiency Virus</b>
<b>ICPD</b>	-	<b>International Conference on Population and Development</b>
<b>LDCs</b>	-	<b>Least Developed Countries</b>
<b>MAP II</b>	-	<b>Multi-Country AIDS Programme II</b>
<b>MDGs</b>	-	<b>Millennium Development Goals</b>
<b>MPs</b>	-	<b>Members of Parliament</b>
<b>NEPAD</b>	-	<b>New Partnership for Africa's Development</b>
<b>PPD</b>	-	<b>Partners in Population and Development</b>
<b>PEPFAR</b>	-	<b>President's Emergency Plan for AIDS Relief</b>
<b>POPSEC</b>	-	<b>Population Secretariat</b>
<b>TFR</b>	-	<b>Total Fertility Rate</b>
<b>UNICEF</b>	-	<b>United Nations Children's Education Fund</b>
<b>UNFPA</b>	-	<b>United Nations Fund for Population Activities</b>
<b>UPE</b>	-	<b>Universal Primary Education</b>
<b>USA</b>	-	<b>United States of America</b>
<b>USAID</b>	-	<b>United States Agency for International Development</b>
<b>USE</b>	-	<b>Universal Secondary Education</b>

## **1.0 Welcome remarks**

The workshop started with welcome remarks from Mr. Charles Zirarema, the acting Director of Population Secretariat (POPSEC) and head of the Policy and Planning Department. He welcomed all the participants to the workshop for Partners in Population and Development. He then invited the head of Family Health Department, Dr. Betty Kyaddondo, to give participants an overview of the workshop and its objectives.



*Mr. Charles Zirarema, Ag. Director, POPSEC*

## **2.0 Overview and workshop objectives**



Dr. Betty Kyaddondo gave an overview of the Partners in Population and Development (PPD), saying it is an intergovernmental alliance of 21 countries. She gave the aims of the breakfast as mainly being an opportunity to introduce PPD Africa to key stakeholders and initiate dialogue with them on how they can utilize this important office.

She gave a breakdown of the participants at the breakfast which included Members of Parliament, development partners, UNICEF, UNFPA, the World Bank, Family Health International, Ministry of Health, Ministry of Education and Sports, Civil Society Organisations and others.

She said the breakfast meeting was quite important in as far as it was an opportunity for Ugandans to understand what PPD is all about and how they can commit themselves to how they can benefit from the South-South cooperation.



### **3.0 Director, PPD Africa Regional Office's remarks**

In his presentation, Dr. Jotham Musinguzi, the PPD Africa regional office boss and also the Director of POPSEC said population issues are under funded and not taken so seriously in Africa. He emphasized that PPD work would be geared towards encouraging Africa to embrace the challenge of fronting population issues.



Dr. Musinguzi made a presentation on *'Progress of Africa towards Realisation of MDGs'* where he elaborated on the fact

that although Africa's population is increasing, the question still arises as to whether it is a quality population. He used the example of Uganda's population that is projected to be about 127 million people in 2050 and posed the question of whether the people will be healthy, educated and employed?

*Dr. Jotham Musinguzi, the PPD Africa regional office boss*

Other issues that Dr. Musinguzi's presentation also dwelt on were the fact that;

- ◆ Eastern African countries were not making progress via reducing infant mortality. Kenya's infant mortality rate had risen over the years, while for Uganda, Tanzania and Ethiopia, whose rates had lowered over the years, had now stagnated.
- ◆ Maternal mortality was still a major challenge as far as the East African region is concerned and all the countries' maternal mortality rates have stagnated.
- ◆ Skilled attendance at birth is still not appropriate.
- ◆ As regards the Total Fertility Rate (TFR), Kenya was noted to be doing better than all the other countries in the region, but its TFR had also stagnated. Dr.

Musinguzi noted that POPSEC's National Population Policy is forward-looking as far as fertility is concerned.

- ◆ Members of parliament (MPs) should no longer talk about the stagnation in HIV infection rates in Uganda because there actually was a subtle rise in infection rates in the country, which, he said is not being noticed.
- ◆ On life expectancy, he said it has never been high in the East African region. Dr. Musinguzi noted that at one time Kenya's life expectancy rose to around 60, but it has also declined. However, there is a notable increase in Uganda's life expectancy, which is partly a result of interventions such as the control of HIV/AIDS, better sanitation, etc.

Dr. Musinguzi concluded his presentation by saying that there is need for commitment from all partners in the region to move forward the population and reproductive health agenda. This, he said, would have to be done through allocation of more resources and learning from each other, especially from places like the Arab north, which are doing very well in these aspects.

He left participants with some **food for thought**:

***"In the context of what we have as developing countries, what can we do? How can we improve our indicators?"***



#### **4.0 Population and Sustainable Development in the Context of South-South Cooperation, Presentation by Harry Jooseery, Executive Director, PPD**

Mr. Harry Jooseery, the Executive Director, PPD, started with a brief on what the South-South Initiative means. He said all the partner states in this initiative are developing countries, countries in the Southern Hemisphere that are collaborating with each other.

South to South is an initiative that was acknowledged by the international community (Bucharest conference 1974, Colombo 1982, Mexico City 1984, Amsterdam 1989, Rio de Janeiro, Bali 1992). He said South-South affirms that addressing reproductive health, population and development issues is key because there is a close linkage among the three.

He went on to say that the International Conference on Population and Development (ICPD) of 1994 changed the outlook on population programmes in as far as among other things, it brought about a remarkable paradigm shift from family planning to reproductive health. It also:

- ◆ Acted as the mainstream for the attainment of sustainable development
- ◆ Brought about the acknowledgement of very controversial issues and
- ◆ Made partnership and coalition building the cornerstone of attaining achievements

Mr. Jooseery contended that no meaningful result can be achieved without concerted effort – partnerships. He said he was convinced that the world we live indicates that developing countries cooperate because no LDC, on its own, has the power to change the direction of the world economy.

Mr. Jooseery's presentation elaborated on the key issues relevant to population and development, gave a brief on the new PPD Africa office, the Strategic planning process for PPD Africa office. They included;

#### **4.1 South-South cooperation**

The (International Conference on Population and Development) ICPD bolstered the promotion of South-South cooperation, which was in turn reinforced by the MDGs. He added that the Maputo Plan of Action had also contributed by highlighting South-South cooperation as a key strategy for attaining development/progress in the area of population and development.

He said the 1990s have seen changes in the global political environment and the development of a new economic order ushered in by the growing forces of globalisation. Globalisation, therefore, is the driving force in the world today, and it countries need to act now and adapt to the changes taking place or perish.

#### **4.2 Population Pressure**

He noted that although high fertility rates need to be addressed, a decline in fertility rate is not an indicator of a population's general well-being and is not a real sign that the battle for population and development had been won.

#### **4.3 Women at high risk of dying during child birth**

The situation in Africa is a dire reality of what is happening in the developing world. High numbers of women are still dying and will continue to die from child birth related complication if something is not urgently done. He said Africa should act.

#### **4.4 RH, commodity security and supply**

This concentrated on contraceptive supply and security. Mr. Jooseery noted that the recent decrease in donor funds was seriously undermining contraceptive commodity security in Africa. He said the situation is very catastrophic because many people in Africa do not have access at all to reproductive health commodities.

He reiterated that donors had not honoured their promises and called upon them to act. He said OECD countries should help countries in the Southern Hemisphere to come out of their critical situation.

He pointed out that Least Developed Countries (LDCs) are however fortunate to have the determination to help themselves, that is, if the rich countries do not help them, they will help themselves. LDCs have resources, and if they pool them together, they can pull themselves out of their dire situation. He gave examples of countries like China, the second largest economy of the world, which is also referred to as the factory of the world. Another example was India, which rules the Information Technology world. Other



exemplary countries mentioned were Thailand, Indonesia, Brazil, Ghana, South African and Uganda, which has been a shining example because of its fight against HIV/AIDS.

#### **4.5 Partnerships and experience sharing**

Mr. Jooseery called upon Southern countries to share their experiences with the world and let the rest of them also learn from them. He said the way forward for sustainable economic development in LDCs was through sharing experiences, expertise and technology.

He reiterated that the voice of LDCs should be heard throughout the world, saying that if we put our hands together, a lot of suffering in these countries will be alleviated and people will lead a better quality of life.

#### **4.6 Political will**

He pointed out that there is need for strong advocacy by MPs and stressed that from his experience in African countries, commitment on reproductive health and population issues was very low. Policy makers were either not aware of the importance of these issues or they just did not know about them.

He pointed out that even if OECD countries honoured their promises, it would be useless if policy makers did not put reproductive health and population issues high on the agenda of achieving ICPD and MDG goals. Therefore political will and commitment from the elite group are the solution.

#### **4.7 Sustainable development**

Mr. Jooseery also said that “We live today for the future – let us live today without compromising the future. Our young generation should live a good life, too.” He noted that LDCs have the potential not to compromise the future, and that they need to move strategically in attaining sustainable development. He said everybody is concerned with reproductive health, no matter what sector they are in. It is a cross-cutting issue, so there is need for an integrated approach in addressing it.

#### **4.8 Africa Region office for Partners in Population and Development**

PPD has offices in Asia, Latin America and was now opening up a Africa region office. The Population Secretariat under the Ministry of Finance, Planning and Economic Development had graciously accepted to host the PPD Africa region office. Dr. Jooseery thanked the Government of Uganda and the Population Secretariat for housing the Africa office which would be in charge of over seeing PPD activities in the whole of Africa. He then introduced the new regional director, Dr. Jotham Musinguzi. He said he was confident Dr. Musinguzi would do his best for the Africa office.

He pointed out that Uganda is not an ordinary member of PPD – it is a member of the PPD board. He thanked the State minister for Planning, Hon. Omwony-Ojwok, for his commitment, and all the stakeholders present and invited them to help, assist and support PPD.

#### **4.9 Strategic Plan for Africa**

He said there is need for a clear vision, mission and objectives to guide Africa, which is why PPD had organized an experts' meeting in Kampala to facilitate the development of a strategic plan. From 23rd-26th February, the experts would be involved in preparing the draft strategic plan. The plan would be shared with all stakeholders for their input.

Harry concluded by saying that he was convinced the solution for development in LDCs lies within their reach. They need commitment, concerted effort, etc.

He wound up with a quote from Nelson Mandela.

## **5.0 Discussion**

In a session chaired by Honourable Dr. Chris Baryomunsi, Chairman of the **Parliamentary Forum on Population, Reproductive Health and Food Security** participants were invited to participate in open and frank discussions. He added that in Uganda indicators for maternal and infant mortality rates are poor, so there is need to move from rhetoric to action.



*Honourable Dr. Chris Baryomunsi,*

Dr. Baryomunsi pointed out that population is an issue of global concern whose history in Uganda dates back to Indian women who were concerned about their fertility. These women's concern led to the setting up of the Family Planning Association of Uganda (FPAU) in 1957. The importance of population issues was also reflected in the global concerns about population that had sprung up, as reflected by the United Nation's establishment of the United Nations Fund for Population Activities (UNFPA) in 1967 to address population issues. Another instance he cited was the technical experts' meeting in Italy to discuss population issues. This meeting led to a series of population conferences, for example that in Bucharest, Mexico City, the ICPD, etc.

Dr. Baryomunsi pointed out that reproductive health and population issues should be looked at in the context of internal politics and dynamics, which are crucial. He added that in Uganda indicators such as maternal and infant mortality rates are poor, so there is need to move from rhetoric to action. Here he gave an example of the HIV/AIDS scourge, saying its journey in Uganda had been through three phases – Rise, Decline to Stagnation and then possible Increase. It is therefore pertinent that we act.

He welcomed PPD to Uganda and said he was happy that Uganda had been singled out in the whole of Africa to host PPD's regional office. He added that countries sharing lessons and learning from each other is crucial, for instance Uganda could learn from Brazil in

the way they have handled the rolling out of anti-retroviral drugs. He then opened up the discussion to

## **5.1 Issues from the discussion**

### **5.1.1 Resource mobilization**

It was observed that the major challenge for Uganda and Africa in general is the lack of resources. From the 1970s, funding for reproductive health and family planning has been going down. As advocates for population and development, PPD's voice needs to become louder, and therefore be heard far and wide. However it is further important that Uganda as a country ensures that funds reach the grassroots.



*Some of the honourable Members of Parliament, who attended the breakfast meeting.*

### **5.1.2 Macro and Micro-economics**

Several MPs pointed out that they have a bone to grind with the Ministry of Finance, Planning and Economic Development and its arguments of macro-economics. They said

the ministry argues that the country cannot absorb more resources, yet evidence on the ground shows that it can. According to them, the ministry sets ceilings for absorption of resources yet on the ground there is need for more resources, for instance the Multi-Country AIDS Programme II (MAP II) suffered – it did not receive more funding from the World Bank.

The response to this by an official from the World Bank was that resources from the World Bank are not decreasing; instead, Uganda decides on whether to keep receiving them or not. Government makes priorities and these are the ones that receive funding, while others, like MAP II, that are no longer supported were not requested for. The official said that as a country, Uganda needs to learn to reach consensus on issues.

On this issue of macro-economics, Hon. Omwony Ojwok, the Minister of State for Planning, said Uganda is dependent on economic assistance by 50%. This means that forex is always brought into the country and distributed randomly, leading to inflation. Prices of goods and services go up, but incomes do not, so the people suffer. This is therefore why it is necessary to control the amount of foreign aid that comes into the country.

### **5.1.3 Donor support.**

Despite their discontent over funding, the MPs thanked donors for their support and encouraged the government to look at sustainability as a strategy of attaining development even if the country is still receiving donor support. It was noted that for example, there has been a 2-5% increase in funding for HIV/AIDS from donors, especially the USA.

Caution was given that developing countries need to be aware of the changing global realities. It was noted that money is given out depending on the giver's/donor's priorities. These countries therefore need to strengthen their capacities to run their own programmes and make them sustainable in case donor support ends.

#### **5.1.4 Poor population**

It was pointed out that Uganda has a problem of a big percentage of its population being impoverished however it should not look at other countries to help solve this. The country needs to make people understand that it is their responsibility to solve this problem and come out of poverty; no one else will do it for them. Uganda cannot keep depending on outsiders.

#### **5.1.5 Coordination problems**

There was concern that Uganda has very many programmes on related issues eg. population, HIV/AIDS, Reproductive Health ... that are being implemented by very many partners. This highlights the critical need for proper coordination so that the programmes can translate into meaningful interventions, especially for people at the lowest levels. In line with this, it was noted that there is need for institutional capacity to effectively deliver upon programmes in the country. Caution was made that Uganda should not end up with 'topsoil' programmes that do not reach the lowest levels/grassroots.

#### **5.1.5 Commitment by policy makers**

The MPs present assured the meeting that the 8th Parliament is a very committed one, particularly to issues of reproductive health, population and development issues. Simple evidence of this, they said, was the fact that all the Members of Parliament who had been invited to the breakfast had turned up.

The MPs said Parliament has even formed various forums to address different pertinent issues, for example the parliamentary forums on food security, children, women and that on monitoring the MDGs. They pointed out that they even recently moved a motion on issues of maternal mortality.

Hon. Dr. Baryomunsi (chairman of this session) commented that although Mr. Jooseery had said there was little commitment to reproductive health and population issues from politicians, he believed the problem was that some people fear to work with politicians,



yet these (politicians) are very crucial in as far as they are trusted by voters and can contribute to the success or failure of an initiative/programme.

He pointed out three roles that MPs play:

- i. Representation;
- ii. Legislation and Oversight
- iii. Ensuring accountability.

He said at the moment, within the realm of these three major roles, the Parliament is doing the following:

- Thinking of legislation to handle HIV/AIDS from a legal aspect
- Drafting a law on female genital mutilation and
- Drafting law on trafficking in persons, for example prostitution.

He reiterated that Parliament is ready to work with PPD and said he hoped the **Parliamentary Forum on Population, Reproductive Health and Food Security** would be one of PPD's top partners.

#### **5.1.6 No community ownership of programmes**

Concern was raised over the fact that people do not have values for development in many African countries. It was noted that increasingly, we have donor-driven programmes in Uganda, but there is no real ownership of the programmes by the communities, yet this is one of the ways in which our initiatives will be successful. When the programmes are not owned by the local people, accountability becomes a problem because if and when things go wrong, we turn back and blame the donors, the ministers, etc., yet they are not responsible.

It was noted that to achieve this, there is need to empower the local woman and man. Development has to begin with the *wanainch* (local people). Without this, we will not have sustainable development and a good appreciation of reproductive health and population issues. The question posed, therefore, was, how can the people be empowered? Is it through Universal Primary Education (UPE)? Participants noted that

UPE has its challenges, for instance children going without meals, etc., but research shows that every child can learn, given the right environment. So education was agreed on as one way of empowering the wanainchi, and participants were called on to support the newly-introduced Universal Secondary Education (USE).

#### **5.1.7 Setting priorities for development**

Uganda needs to know that development is a sacrifice. All the country's indicators, such as Voluntary Counselling and Testing and Prevention of Mother To Child Transmission of AIDS, are marginal. It was pointed out that the country needs to set its priorities as opposed to spreading itself too thin. Even if it has few resources, it needs to utilize them well to make a difference.

#### **5.1.8 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)**



Concern had been raised of PEPFAR ending once President G.W. Bush goes out of office in 2008, but the USAID representative present said the US Congress is not likely to change drastically after President Bush's term of office expires. She said we can therefore be hopeful that support for HIV/AIDS and Malaria will continue. She added that PEPFAR and others are not Republican initiatives that are determined by President Bush's stay or not in power; they are the American people's initiatives, and they should go on as long as there is need for them to.

*Sereen Thaddeus, USAID representative*

#### **5.1.9 Building of capacity**

Another aspect that came out of the discussion was the fact that Uganda has been known to have a lot of capacity and it was hoped that PPD will promote a more sustainable exchange of technologies with other countries. Participants also expressed hope that PPD would support institutions of learning, for example Makerere University. It was

mentioned that many organizations have bypassed educational institutions, yet it is in these institutions that capacity-building is supposed to take place. Mr. Jooseery said PPD is developing a capacity-building development plan to train Ugandans annually on reproductive health and development, starting August 2007 until 2010.

#### **5.2.0 Concrete action needed**

A participant noted that PPD risks becoming a ‘talking club’ like the United Nations if it shies away from talking about certain ‘hard’ target areas like accountability and political commitment. It was advised to tackle such issues head on. Mr. Jooseery said PPD does not want to be and will not become a ‘talking club’. He added that there should be indicators of political commitment and PPD is working on that.

#### **5.2.1 Ensuring commodity security**

The discussion brought out concern over how developing countries can produce their own reproductive health commodities and services. It was noted that these are only produced by super powers while people in Africa have to wait for bureaucratic procurement processes before getting the commodities.

The proposed solution was that developing countries need to consider how to best benefit from technological transfer whereby they will be able to produce their own commodities. It was also suggested that people in developing countries need to have faith in products from fellow southern countries; they need to know that those products are also of good quality and therefore use them, for example the commodities from China which are of good quality and cheaper.

#### **5.2.2 Donor fatigue towards reproductive health**

Some of the participants wondered why donors are reluctant to fund reproductive health and population issues. Mr. Jooseery’s response was that people do not think population and reproductive health issues are important. They want to channel all the money towards HIV/AIDS initiatives. Mr. Jooseery gave the example of the Bush policy, saying there are issues / aspects that cannot be funded under it, for example abortion. He further gave the

example of the 500,000 women dying annually around the world due to pregnancy-related complications.

### **5.2.3 Strategic partnerships**

If PPD is to achieve its dream, there is need for integration. PPD needs to work with other stakeholders, for example the Ministry of Education and Sports on education issues, Ministry of Health on health issues and Ministry of Agriculture on aspects of food security. It was noted that for instance, Universal Secondary Education is a very good initiative. Research shows that if women are educated, the infant and maternal mortality ratios decrease, and children are healthier.

### **5.2.4 Other issues from the discussion**

1. There is need to address the 'over-burdening' of girls and women with duties especially in relation to the issue of girl-child education.
2. How do we get South-South to integrate all partners?
3. Asia has made great strides in development. Can Africa adopt the same strategies to attain development? We should not forget the secrets of the Asian Tigers.
4. A question was raised on how PPD has promoted participation since its inception.

**6.0 Speech by Hon. Omwony-Ojwok, Minister of State for Planning**



*Hon. Omwony-Ojwok, Minister of State for Planning*

The minister began by recognizing the media for its good work of informing and educating the public, and mentioned that he had been chairman of the Media Council before becoming minister.

He then went on to discuss the issues at hand, giving a background of PPD. He said that during the ICPD, 10 countries had agreed to form a partnership for Population and Development. The idea was for PPD to drive the ICPD Programme of Action agenda. It was from this initiative that the important transformation from population control to reproductive health happened. He further said that He said both the ICPD and Millennium Development Goals should be in harmony and mutually enforcing. He noted that since 1997, Uganda has had a Poverty Eradication Action Plan in which education, health, modernization of agriculture, etc. are addressed. He said as a result, Uganda has registered enormous successes, for instance the country has grown economically, poverty has reduced from 38-31% and the HIV prevalence has

reduced. However the minister noted that by 2050, Uganda is projected to have around 127 million people. However, the country is still battling with challenges of HIV/AIDS and Malaria.

In the context of South-South cooperation, the Minister said that Uganda's hosting of the PPD Africa office will enable the country to share experiences and learn from other countries and that Uganda is committed and open to the South-South exchange. He said Uganda is looking forward to utilizing the PPD Africa office to further South-South cooperation.

Giving the benefits of some of the Uganda government's initiatives, the minister said that after the introduction of UPE, primary school enrolment had increased. The minister also pointed out that USE had become operational (from 19th February, 2007) and expressed hope that together with the 20 or so universities in Uganda, the country would move forward. The minister said that in spite of its relative success, UPE had not gone without challenges. Some of these are the poor quality of the education offered, high drop-out rates, low girl-child education and the challenge of how to educate children of pastoralists (the enrolment rate among these children is currently less than 12% because of their lifestyle whereby 'animals drive the people, not vice versa').

Another challenge he said Government is still grappling with is in the sphere of reproductive health. However, he assured the meeting that the Government is determined to address this issue. He said that where there is demand, the reproductive health services should be made available and of good quality. The health of mothers and infants is of major concern. He reiterated that without universal access to reproductive health services, the ICPD's goals and MDGs may not be achieved. He said government wants a quality population and reassured PPD that it (government) would work with them for the success of the programme. He then officially declared the meeting closed.



## 7.0 PICTORIAL



## **8.0 PRESS BRIEFING ON PPD AFRICA REGIONAL OFFICE**

At the end of the breakfast meeting, a press briefing was held where Hon. Omwony-Ojwok, Mr. Harry Jooseery and Dr. Musinguzi addressed the press. The Minister first gave a brief on the hosting of the PPD Africa office by Uganda and reiterated the Uganda Government's commitment to ensuring that the venture is a success.



Members of the Press were then welcomed to ask a few questions and seek clarification on any issues related to PPD. The following are some of the issues that came out clearly from this discussion;

- Africa has a very high population growth on one hand, and poverty on the other. As a result, people's welfare is very low.
- On HIV/AIDS, Uganda is doing very well in relation to other countries, but there are infections still happening. Each infection is a minus for us.
- In relation to these issues/challenges,



there have been a number of initiatives formed, for example the ICPD, and then the NEPAD and APRM, frameworks according to which Africa is working.

- The minister said Uganda has moved away from population control to planning. This is planning for the number of people that a country can afford to have, and for their welfare. He said we can benefit more by working together as LDCs other than trying to only learn from the developed countries.

**ANNEX I: LIST OF PARTICIPANTS**

<b>Name</b>	<b>Designation</b>	<b>Organization</b>
Luka Munjoja		UNFPA
Eudua Kwiera	MP	PARLIAMENT
Muntu Micheal		
Winnie Kyokunda	Secretary	Population Secretariat
Birungi Isabella	Research Assistant	Population Secretariat
Zayedue Hoque	Ex. Assistant	PPD Dakar
Moussa L.Y	Programme Officer	PPD Dakar
Chris Baryomunsi	MP	PARLIAMENT
Rev. Canon Job Mbukure	Director	URHAN
Nassuuna Priscilla	Research Assistant	Population Secretariat
Nambatya Diana	NPO	Population Secretariat
Sudarshan Rajasundaram	NPO	Population Secretariat
Ssinabulya Sylvia	MP	PARLIAMENT
Ruth Kavuma	MP	PARLIAMENT
Nkola Paul	Driver	Population Secretariat
Dr. Mariam G. Mutabazi	Reg. RH Coordinator	UNFPA/MoH
Hope Nzeire	NPO	Population Secretariat
Dr. Gideon Rutaremwe	Lecturer	Population Studies Dep't, Makerere University
Dr. Joy Naiga	SNPO	Population Secretariat
Dr. Janex Kabarangira	PD Health	UNICEF
Peter Okwero		World Bank
Resty Musonge	Coordinator	URHAN
Mugirwa Patrick		AFFORD
Agnes Barongo		UNFPA
Ms Hellen Nviiri		UBOS
John Ssekamatte	Demographer	ISAEMU
Sereen Thaddeus	RH Advisor	USAID
Dr. Pius Okongo		Nsambya Hospital
Nyombi N. Sarah	MP	PARLIAMENT
Angela Akol	P/Director	Family Health International
Jooseery Harry	Executive Director	PPD
Jotham Musinguzi	Regional Director	PPD Africa
Turyahikayo Paula	MP	PARLIAMENT
Flavia Nakagwa	Reporter	New Vision
Okullo Charles	Reporter	Great Lakes Media

Joseph Basoga	Editor	UBC TV
Kenneth Lukwago	Journalist	Radio One
Richard M. Kavuma	Senior Staff Writer	Weekly Observer
Bruno Birakwate	Journalist	Daily Monitor
Natooco Sarah	Reporter	UBC Radio
Wifred Sanya	Photographer	The New Vision
Stella Kigozi	SNPO	Population Secretariat
Birungi Charity	Secretary/Admin. Assistant	PPD
Sylvia Nabanoba	NPO	Population Secretariat
Dr. Betty Kyaddondo	Head FHD	Population Secretariat
Mr. Charles Zirarema	Head PPD	Population Secretariat



**ANNEX II: Presentation 1**

**Presentation on MDGs**

by  
**Dr. Jotham Musinguzi**  
Director, PPD Africa Region

**February 22, 2007**

**Africa's Population Trends**

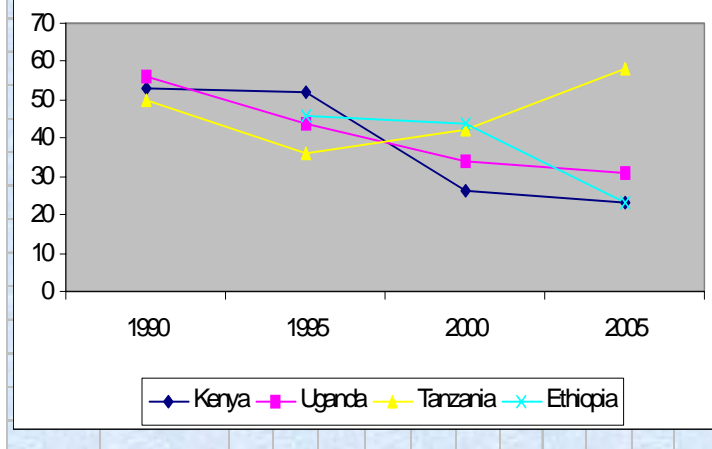
Year	Population (in millions)	Share of the Global Population (%)
1950	215	9
2005	906	14
2050	1,994	21

**Table for East Africa**

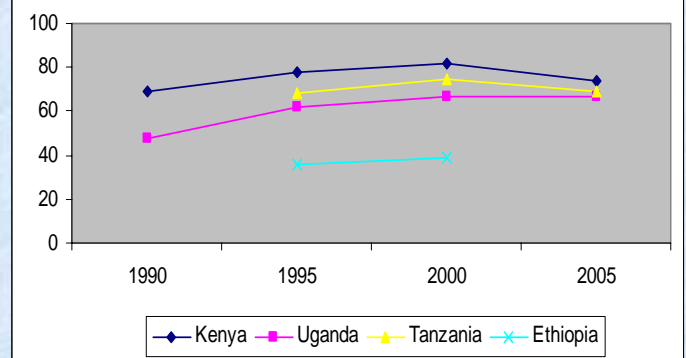
Indicator	Kenya				Uganda				Tanzania				Ethiopia			
	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005
Poverty Levels (%)	53	52	26.5	23	56	44	34	31	50	36	42	58	46	44	23	
Literacy Level	69	78	82	74	48	62	67	67	68	75	69		36	39		
Women MPs	1.1	3	3.6	7.1	12.2	18.1	17.9	23.9	17.5	16.4	21.4		2	2	7.7	
IMR	61	69	74	77	122	115	88	88	92	92	99	68	131	120	116	100
MMR	650	590	630		523	506	505		770	530	530		1400	1800	850	673
SAAB's		45	44	42	38	38	39	39	53	36	43		14	10	6	
TFR	5.9	5.7	4.7	4.9	7.1	7.3	6.9	6.9	6.1	6.3	5.9	5.7	6.8	7	6.7	5.9
CPR	16	33	39	39	5	15	23	23	10	20	24	26	4	4	8	
HIV	5	11	11.6	6.1	30	18	6.1	6.7	5.5	8	9.4	6.5		9.3	1.4	
Life Expectancy	59	56	49	48	46	45	42	48	54	49	53	44	47	50	46	48



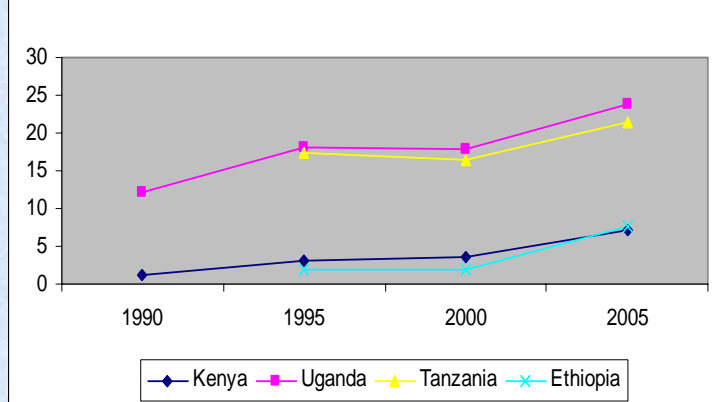
**Kenya, Uganda, Tanzania and Ethiopia:  
Poverty trends**



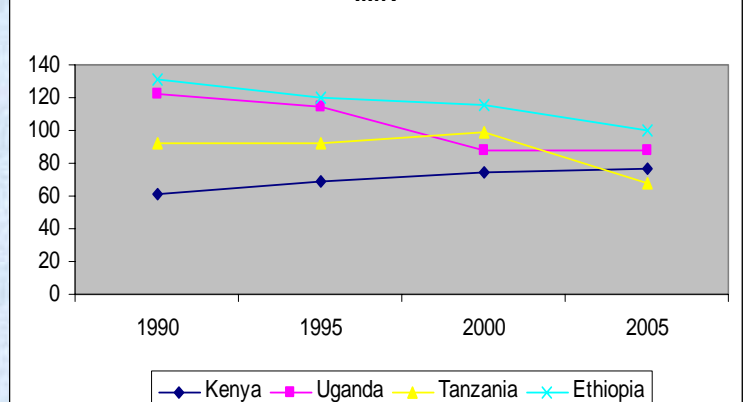
**Kenya, Uganda, Tanzania and Ethiopia:  
Literacy Level**



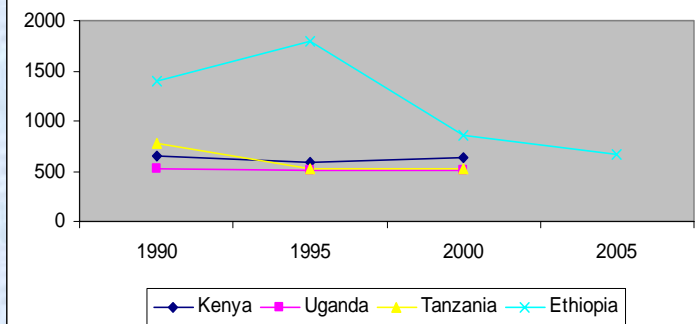
**Kenya, Uganda, Tanzania and Ethiopia:  
Women MPs**



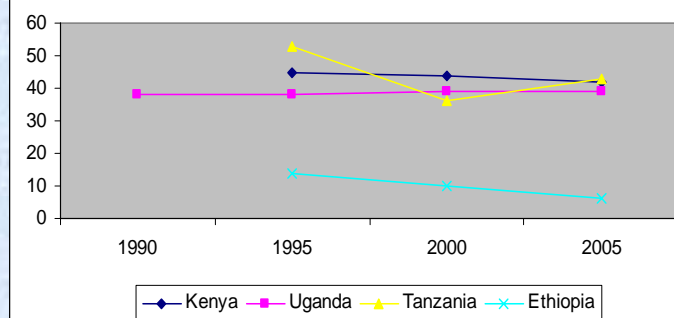
**Kenya, Uganda, Tanzania and Ethiopia:  
IMR**



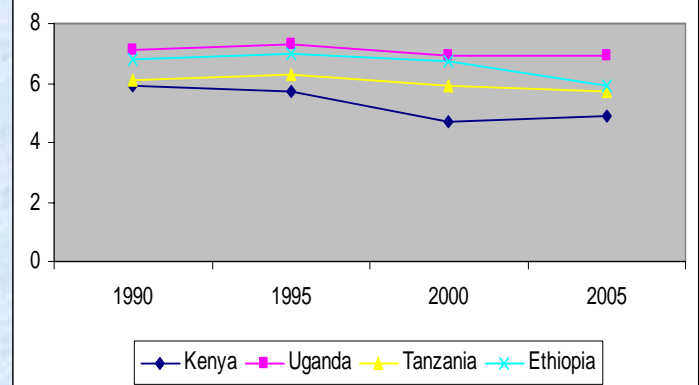
**Kenya, Uganda, Tanzania and Ethiopia:  
MMR**



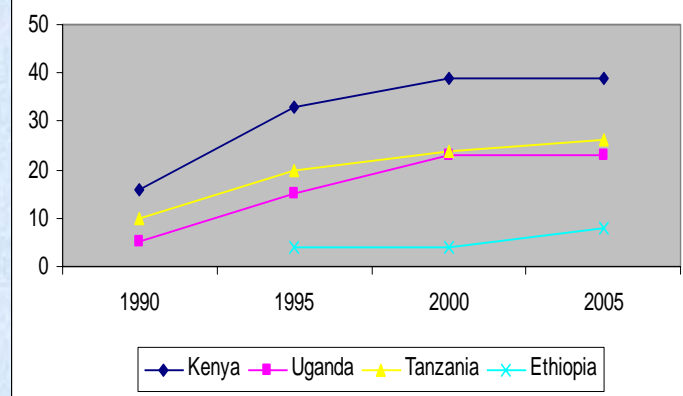
**Kenya, Uganda, Tanzania and Ethiopia:  
Skilled Attendance at birth**



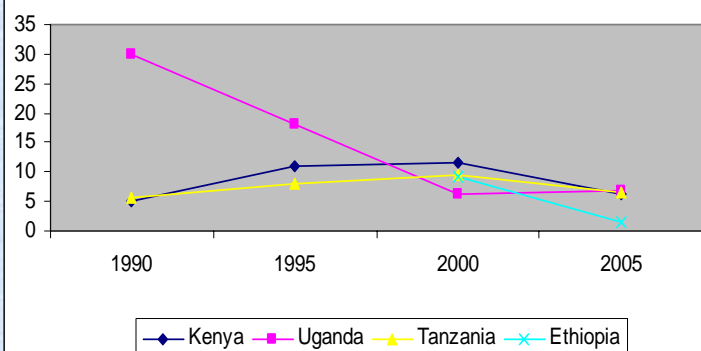
**Kenya, Uganda, Tanzania and Ethiopia:  
TFR**



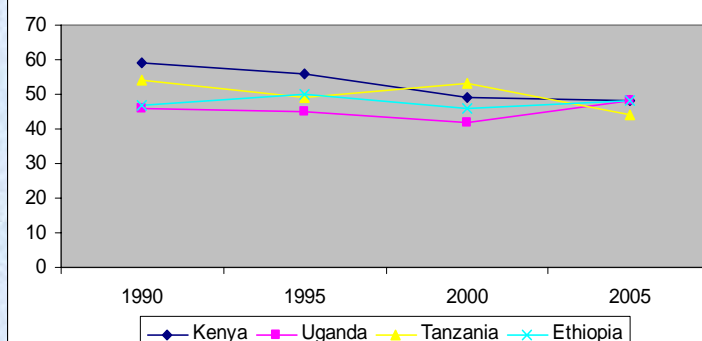
**Kenya, Uganda, Tanzania and Ethiopia:  
CPR**



**Kenya, Uganda, Tanzania and Ethiopia:  
HIV prevalence**



**Kenya, Uganda, Tanzania and Ethiopia:  
Life Expectancy**



**Table for Southern Africa**

Indicator	Malawi				Botswana				Zambia				Zimbabwe				Mozambique			
	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005
Poverty Levels (%)	54	42.1	65	42		34.7	33.3	24		69	63.6	76	26	35	36	56		69	37.8	38
Literacy Levels		56	60	64	74	70	77	81	73	78	78	68	67	85	89		33	40	44	
Women MPs	9.8	5.6	8.3	14	5	8.5	17	11.1	6.6	9.7	10.1	12	11	14.7	14	10	15.7	25.2	30	34.8
IMR	131	134	127	100	45	39	57	57	110	107	109	95	61	53	80	62	116	148	134	119
MMR	560	580	1800		250	480	100		940	870	750		570	610	1100		1500	980	1000	
SAAB's		55	56	56		78	98	94		51	46	43		69	72	73		25	44	48
TFR	7	6.7	5.9	6.5	4.5	4.2	4.1	3.1	6.4	6.5	6.1	5.7	6	4.4	4	3.8	6.3	6.5	5.6	5.5
CPR		13	22	31	33	33		40	15	15	26	34	43	48	54	54	4	6	6	17
HIV			14.9	11.8			25.1	24	17.1	19.1	19.1	17	17.4	25.8	25.8	20.1	5.8	14.7	14.2	16.1
Life Expectancy	46	45	39	45	66	64	44	35	47	48	37	37	60	54	40	41	43	46	40	42

**Table for West Africa**

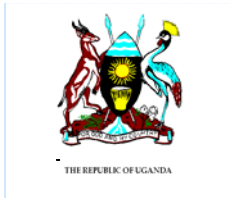
Indicator	Nigeria				Ghana				Senegal				Mali			
	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005
Poverty Levels (%)		34.1	70.2	71	50	...	44.8	45	33.4	54	26.3	22			72.8	72
Literacy Levels	51	57	64		60	65	72	58	38	33	37	39	32	31	42	19
Women MPs			3.4	4.7			9	10.9	12.5	11.7	12.1	19.2		2.3	12.2	10.2
IMR	120	72	77	100	75	81	56	64	90	68	68	83	140	104	123	133
MMR	1000	1100	800		740	590	540		1200	1200	690		1200	630	1200	
SAAB's		31	42	35		44	44	47		46	50	58		24	24	41
TFR	6.8	6.3	6	5.9	5.8	5.5	4.5	4.4	6.5	6	5.7	5.1	7.4	7.3	6.7	7.1
CPR	6	6	15	12	13	19	22	25		7	13	11	5	5	7	8
HIV			4.1	3.9			2.4	2.3			1.8	0.9			1.7	1.7
Life Expectancy	47	56	52	44	56	56	58	58	53	49	52	56	46	47	53	48

**Table for Northern Africa**

Indicator	Algeria				Morocco				Tunisia				Egypt			
	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005	1990	1995	2000	2005
Poverty Levels (%)	23	<2	<2	13	1.1	<2	<2	7.4	7.6	<2	<2	23	23	3.1	3	44
Literacy Level	57	62	67	70	49	44	49	52	65	67	71	74	48	51	55	71
Women MPs	2.4	6.6	3.2	6.2	0	0.6	0.6	10.8	4.3	6.7	11.5	22.8	3.9	2	2	2.9
IMR	54	55	44	32	69	57	37	40	41	43	35	21	76	62	52	37
MMR	160	150	140		610	390	220		170	70	120		170	170	84	
SAAB's		77	92	96		40	40	63		69	90	90		46	61	74
TFR	4.7	4.4	3.8	2.4	4	4	3.1	2.5	3.6	3.4	2.6	2.1	4.3	3.9	3.3	3.2
CPR	36	47	47	57	36	42	59	63	50	50	60	63	38	47	55	60
HIV			0.1	0.1				0.1				0.1				< 0.1
Life Expectancy	67	67	69	73	64	69	69	70	69	68	69	73	63	64	65	70



## **Presentation II**



### **UGANDA Breakfast Meeting** **Population and Sustainable Development in the context of South South Cooperation**

*Harry Jooseery  
Executive Director  
Partners in Population and Development*

1

## **Introduction**

- Linkages between RH, Population, and Development issues
- Bucharest in 1974
- Colombo in 1982
- Mexico City in 1984
- Amsterdam in 1989
- Rio De Janeiro and Bali in 1992

### **International Commitment**

2

## 1994 ICPD

- Remarkable paradigm shift from Family Planning to Reproductive Health
- Mainstream for the attainment of Sustainable Development.
- Acknowledgement of very controversial issues
- Partnership and coalition building became the cornerstone

3

## ICPD Statement

***“Donor countries and international funding agencies are urged to support the inclusion of South-South components in development cooperation programmes and projects so as to promote cost effectiveness and sustainability”.***

4



## **The Global Scenario**

- After the second world war
- The Non-Aligned Movement and the G-77 to concentrate on regional and sub-regional cooperation
- 1990s: Changes in the global political environment and the development of a new economic order ushered by the growing forces of **Globalization**

5

## **South South Cooperation**

- South-South Cooperation became the guiding force
- Bolstered by ICPD
- Reinforced by the MDGs
- Globalisation dictates:
  - Action now
  - Adapt or Perish!

6

## **South South Initiative**

- Recognizes the commonalities among developing countries
- Synergize efforts
- Grim reality of growing population pressure

7

## **Population Pressure**

- World population between 1960 and 2005 rose by 114%
- Expected to be over 9 billion in 2050
- Half of the expected increase will come from Asia and 30% from Sub-Saharan Africa.

8

## **Population Pressure ctd**

- Fertility in 2050 in Asia and Latin America will fall from 7.4 to 2.0
- In Sub-Saharan Africa from 5.6 to 2.5, and
- In Europe it will rise from 1.4 to 1.8

**Fall in Fertility rate: Not an indicator of a general well being of the population**

9

## **Women risk of dying**

- 1:16 in sub –Saharan Africa i.e. nearly 6 times higher than in Asia,
- 10 times higher than in Latin America
- More than 2,000 times higher than in developed world

10

## **Africa**

- Total fertility rate is 5-6 birth per women
- Contraceptive prevalence rate is the lowest in the world.
- $\frac{3}{4}$  of women in sub-Saharan Africa need but do not have access to family planning
- Africa houses two- third of the world's HIV infection among the 15-24 year olds

11

## **Africa Ctd**

- 64% of PLWHA live in Sub-Saharan Africa
- 4.02 million of unsafe abortion in Africa
- 33% of Africans would be food insecure by 2010

12

## **Reproductive Health Commodity Security and Supply**

**Ability to forecast, finance,  
obtain and deliver a sufficient  
supply and choice of high  
quality contraceptive to every  
person that needs them.**

13

## **Shortfall in Contraceptive Supply**

- every \$1 Million shortfall in contraceptive supply assistance, there are:
- 360,000 unintended pregnancy
- 150,000 induced abortion
- 800 maternal deaths
- 11,000 infant deaths
- 14,000 deaths of children under 5

14

## **RH Commodity Supply**

### **Problem**

- **Availability**
- **Accessibility**
- **Affordability**

15

## **What do we do?**

- Complacency is unwarranted
- Donor commitment dwindling
- ODA is falling short :. 0.7% of GNP of donor countries ???
- Fund is becoming scarce.

**We should not be desperate!**

16

***“We are poor because we are poor”.***

- We perceive ourselves poor
- Possess a wealth of knowledge, experience and expertise
- CHINA: second largest economy of the world
- INDIA: rules IT world
- Thailand, Indonesia, Brazil, Ghana, South Africa ,Uganda etc

17

## **Sustainable Development**

- Sharing of experiences and expertise and technologies through South-South Cooperation
- Political Commitment
- Integrated Approach to HIV/AIDS
- Not compromising the future generation

18

## **New York Call to Commitment**

- ***“Development goals will not be achieved without ensuring universal access to sexual and reproductive health services and programs and without an effective global response to HIV/AIDS”.***

19

## **Partners in Population and Development (PPD)**

- Permanent Observer to the United Nations
- South-South Cooperation in population and development since 1994
- Reaches 21 countries of the developing world and cater for 54% of the world population
- Board of Ministers
- In New York, China, Bangladesh

20



## **PPD UGANDA OFFICE**

- Regional Office for Africa
- A Director for the region: Dr Jotham Musinguzi
- Govt of Uganda houses the PPD office with logistics and secretarial support
- To galvanize efforts to reach the whole of Africa
- Minister of Econ.Planning is the Treasurer of PPD

21

**To promote South South  
Cooperation in the field of  
RH, Population and  
Development  
for the Africa Region**

22

## **Support and Assistance**

- Government
- UNFPA and other international Bodies
- Foreign Embassies
- Donor agencies and Wellwishes

23

## **Strategic Plan for Africa**

- **Expert Meeting in Kampala between 23-26 Feb.07**
- **20 Experts from Africa**
- **Development of a draft Strategic Plan**

24

## **Strategic Areas of Intervention**

1. Promotion of ICPD goals for the achievements of the MDGs
2. Integration of HIV/AIDS programme into RH programme
3. Promoting RH commodity supply and security

25

## **Strategic Approaches**

- Capacity Building
- Research and Documentation
- Transfer of Expertise, Experience and Technology
- Resource Mobilisation
- Leadership Building
- Advocacy
- RH Service Delivery
- Partnership and Coalition Building

26

## Conclusion

- We need a concerted effort
- We need commitment
- We need conviction that SS Collaboration is an important key route for Sustainable Development in the developing countries.
- We need to act, and act strategically

27

## Nelson Mandela

***“As we succeed, we will be turning our region into the powerful engine for development if it has the potential to be – a building block of an African economic community and a vital force to make the twenty-first century, the African Century. The imperatives of development define our destiny not only as an African nation, but also a nation of the south.”***

28