

National Workshop
on
South-South Cooperation in Population
and Development

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Paper Presentation:

**Population and Sustainable Development in
the context of South South Cooperation**

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1. Introduction

We recognize the intrinsic linkages between Reproductive Health, Population and Development and affirm that addressing them synergistically is the key route towards equitable and efficient development of human resources, alleviation of poverty and the attainment of peace and harmony in the world. From Bucharest in 1974 to Colombo in 1982, Mexico City in 1984, Amsterdam in 1989, Rio De Janeiro and Bali in 1992 the international community joined hands to strengthen efforts to adopt an integrated approach incorporating population, resources and environmental elements for the attainment of sustainable development.

In 1994 in Cairo, the world efforts to address the intertwined challenges of population and development took a new dimension. The International Conference on Population and Development (ICPD) should be applauded as having been the crux that changed the world's outlook on population policy and programme. There has indeed been the generation of a remarkable paradigm shift from Family Planning to Reproductive Health concerns, but perhaps more importantly the acknowledgment of Reproductive Health and Population programme activities as the mainstream for the attainment of sustainable development. ICPD hence articulated a new pathway for the attainment of human growth and development. Renewed prominence was given to women empowerment and girl's education. ICPD Programme of Action was bold and revolutionary. Besides acknowledgement of very controversial issues that needed urgent attention like Adolescent Sexual Health and Abortion, ICPD also contended that no meaningful result can be attained without concerted efforts from

all stakeholders. Partnership and coalition building became the cornerstone in the achievement of the ICPD goals. In fact ICPD advocated the need for increased international assistance to promote South-South Cooperation. ICPD Programme of Action stated ***“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”***.

Before coming to the notion of South-South Cooperation as a way forward to address Sexual and Reproductive Health, Population and Development issues of developing countries, and as a pathway for sustainable development, I would like in the first instance to situate its context in the present world scenario.

2. The Global Scenario

After the World War II, as many developing countries were in the process of shaking off their colonial vestige, the international system of cooperation between nations was also being questioned. Developing countries constituted afterwards the Non-Aligned Movement and the G-77 to concentrate on regional and sub-regional cooperation, but mostly in the field of economic, trade and financial cooperation. In the 1980's as many of the developing countries were still struggling with high debt burden, poor living conditions and threat of severe malnutrition, the high dependence of the South on the North was reinforced.

However in the 1990's with major changes in the global political environment and the development of a new economic order ushered by the growing forces of globalization, and the recognition of substantial progress in some developing countries, it was becoming apparent that there is potential for cooperation among countries with common socio-economic and political background. South-South Cooperation became the guiding force and was recognized as one of the key route to attain success. Countries with greater commonalities reinforced their cooperation ties. As I mentioned before, ICPD bolstered the promotion of South-South Cooperation. Indeed the attainment of the MDGs would be jeopardized without partnership and coalition building, and this has been highlighted also at the world summit. The Executive Director of UNFPA Dr Thoraya Obaid in Maputo in September 2006, and at the UNFPA Executive Board in January this year reaffirmed and continues to show commitment to move forward promoting South South Cooperation as a key route for the attainment of the ICPD and MDGs. The Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for SRH and Rights in Africa specifically highlights South South Cooperation as a key strategy for the universal access to SRH in the continent. I would like here to congratulate then Africa Union for this laudable effort and for having brought together all Health Ministers from Africa to agree on a framework for action to address the issue of Reproductive Health in Africa.

Ladies and gentlemen, as an advocate for South South Cooperation, I do so not only out of commitment, but also out of conviction as a specialist in Reproductive Health. I have a strong conviction ladies and gentlemen that the world we live, with all the changes ushered by modernity and globalization dictates that the developing world should act now; that we look back and re-arm ourselves with added strength and vigor to face the new challenges, so that the younger generation be proud of us, and would one day affirm “We deserve our new brave world from our elders”.

Globalization and liberalization present a wide range of options and opportunities for South-South Cooperation. The imperatives of globalization caution that all those who fail to keep up with the new world order are doomed to collapse. Adapt or Perish! No developing country on its own has the capacity to change the direction of the world economy, unless there is a deliberate clustering of power and influence. The South-South initiative aims at recognizing the commonalities among developing countries, and synergizes efforts among the “have-nots” and creates the influence and strengths to grow and develop. We are hence destined to promote South-South Cooperation to ensure sustainable development, especially if you consider the grim reality of growing population pressure.

3. Population Pressure

The world population between 1960 and 2005 rose by 114%, from 3 billion to 6.5 billion. It is true that over the next 45 years, the percentage increase is expected to be much lower at 40%, but will still remain huge in absolute numbers. With the assumption of a fall in fertility, world population is expected to be over 9 billion in 2050. Half of the expected increase will come from Asia and 30% from Sub-Saharan Africa. Despite a general projected decline in fertility rate, the birth rate in many developing countries is sustained at a high level, because of the high proportion of the population in the reproductive age range. The sustained rapid population growth in many of the world’s poorest countries continues to hold checks on economic growth rate and development.

A decline in fertility rate in general is not an indicator of a general well being of the population. The UN projects that fertility in 2050 in Asia and Latin America will fall from 7.4 to 2.0 and in Sub-Saharan Africa from 5.6 to 2.5, and that in Europe it will rise from 1.4 to 1.8. The general fall in world fertility has unfortunately ushered the general feeling that the battle for population control is over.

Ladies and Gentlemen, countries in the South, especially in the African continent, are imbued with increasing difficulties in the field of Sexual and Reproductive Health and Population Control. This is the grim reality. A woman’s life time risk of dying due to maternal causes is 1:16 in sub-Saharan Africa i.e. nearly 6 times higher than in Asia, 10 times higher than in Latin America and more than 2,000 times higher than in developed world. In Africa total fertility rate is 5-6 birth per women and 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. With about 28.5 million PLWHA, Africa houses two- third of the world’s HIV infection among the 15-24 year olds. We have 40 million of people with HIV/AIDS in the world; 64% of them live in Sub-Saharan Africa. In South Africa, one in three pregnant women attending public antenatal clinics lives with HIV. Incidences of unwanted pregnancies particularly among adolescents result in 4.02 million of unsafe abortion in Africa. 33% of Africans would be food insecure by 2010.

4. Reproductive Health Commodity Security and Supply

This is another area of concern and urgency. Africa suffers from important shortfalls in commodity supply and security. In some areas of Africa, access to RH supply is totally unavailable. Contraceptive security relates to the ability to forecast, finance, obtain and deliver a sufficient supply and choice of high quality contraceptive to every person that needs them. Recent decrease in international donor assistance to

Reproductive Health coupled with increased contraceptive demand is seriously undermining contraceptive security.

For 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

The problem of availability, accessibility and affordability of Reproductive Health Commodity Supply in Africa in general is indeed a serious cause of concern. Thousands of people are dieing yearly due to inadequate services.

In such critical situation what do we do? Do we still have room for complacency? Funds from donor countries are not enough to improve the RH condition in developing nations. Donor countries committed to provide necessary resources by reaffirming their pledge to reach 0.7% of the GNP in Official Development Assistance. 0.7% of GNP of donor countries near approximately \$ 200 billion per year compared to the present ODA of about \$ 70 billion per year. The UN Millennium Project's findings show that an additional of only \$ 130 billion per year would be more than enough to scale up critical interventions to achieve MDGs in developing countries. The donor countries have not honored their promise, and they remain loud speakers in international foras.

However, we should not be desperate. We are unfortunate to lack adequate resources. We are fortunate to be very hard workers, to have commitment to move forward, and to be determined to shape positively our own destiny. This reminds me of the famous World Bank Economist Mahboob UI Hak who said: ***“We are poor because we are poor”***. We perceive ourselves poor. We make ourselves poor. Let us see the other side of the coin to understand the real value of the coin.

Ladies and gentlemen, developing countries possess a wealth of knowledge and expertise that can marvel and sprinkle extraordinary energy that can reshape their destiny. Over the years, the developing world has acquired impressive knowledge, developed immense capacity and expertise, new technologies in Reproductive Health, and if these are effectively shared among each other, many of our population related issues would be solved.

We have got expertise, technical know-how and ability to change our future. China, judged by the Purchasing Power Party (PPP), is regarded as the second largest economy of the world. It is today the factory of the world. While China dominates the “Perspiration Industry” and is emerging as an economic powerhouse, India dominates the “Inspiration Industry” and rules the IT world. Other countries like Thailand, Indonesia, Brazil, Ghana, and South Africa have developed innovative programmes that deserve emulation. Thailand and Uganda have developed very successful HIV/AIDS programme that have helped to lower drastically the incidence of the disease in these countries. The Love Life and Adolescent Health programme in South Africa needs to be shared and emulated by other parts of the developing world. Ghana, Morocco, Kenya, South Africa, Indonesia, Tunisia and many other developing countries have made impressive stride in Population and RH programme which need to be shared to the whole world for replication. The most important

manufacturers of generic drugs are in the developing world, like China, India, Brazil and South Africa.

The way forward for sustained economic development for developing countries is through sharing of experiences and expertise and technologies through South-South Cooperation. The resounding voice of the South needs to be heard.

Ladies and Gentlemen, if all of us put our hands together, lots of our sufferings and miseries can be alleviated and many of our brothers and sisters in the developing world would leave a more decent life. It is unfortunate that many of our poor countries are caught in with pervasive problem of poverty trap, in which poor people are too poor to invest to overcome hunger, disease and to achieve sustained economic growth. It is also unfortunate that many of our policymakers are either unaware or not really concerned with the challenges of growing population pressures on the environment and development.

Assuming that the OECD countries honor their promise of providing adequate ODA to developing countries, all meaningful efforts would be eroded if our political leaders are not convinced on the need to put Reproductive Health high on the agenda as a key route to achieve the MDGs. Unfortunately, many of our countries in the South suffer from low level commitment from policy makers and also from poor governance.

The prime factor that will galvanize all efforts to achieve substantial progress in developing countries and global sustainable development is the political will and commitment from the elite group and also from the developing countries themselves.

5. Integrated Approach for Sustainability

The essence of sustainable development entails that we live for the future. If we want to save the world for our sons and daughters, and not compromise their future, we need to question the present. Developing countries have potential not to compromise their future. Charity starts at home. If we are forward looking, we need not act sporadically, but move strategically. Reproductive Health issues are the concern of all, and hence an integrated approach needs to be adopted to address the problem of HIV/AIDS, Women Empowerment, Adolescent Sexual Health, Abortion, Female Genital Mutilation, Maternal Mortality etc. this has been recognized by the New York Call to Commitment and Glion Call to Action in 2004. The New York Call to Commitment declared ***“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”***. On the basis of common cause, the behavioral and epidemiological linkages between Sexual and Reproductive Health and HIV provide a compelling rationale for service integration. 90% of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breast feeding.

6. Partners in Population and Development

I am proud to head a unique intergovernmental organization which is a Permanent Observer to the United Nations and which is mandated to promote South-South Cooperation in the field of Reproductive Health, Population and Development. Partners in Population and Development has been striving to promote and produce concrete substance to the spirit and principles of South-South Cooperation in population and development since 1994. We are present in Asia, Africa, Latin

America and in the Arab region. We reach 21 countries of the developing world and cater for 54% of the world population. Our Board consists of Health and Population Ministers from all these countries. We have offices in New York, China, Bangladesh, and given the urgency to particularly address the most vulnerable continent, PPD is opening an office in Uganda to promote South South Cooperation to achieve ICPD goals and MDGs in Africa.

7. The Uganda Office

Ladies and gentlemen, we have opened this month an office in Uganda to oversee all South South programme related to RH, Population and Development in the Africa region. I would like here not to miss to thank wholeheartedly the government of Uganda and the people of Uganda for accepting to house the PPD Africa Office in Kampala. It is our pride and pleasure to be in Uganda, and I would like also to introduce you to our new Regional Office Director, Dr. Jotham Musinguzi, who is know to you all, having had important responsibility in the Government of Uganda. He is a person of high intellectual capacity and known also to the whole international community working in RH, Population and Development. I am confident that he will make the PPD Africa Office a well respected organization in Africa, and will with his wide experience move us towards achieving our mission. I wish him the very best of success.

I am grateful to the Government of Uganda for providing us with office space and also with logistic and secretarial facilities. I would like to remind you that Uganda is not an ordinary member of PPD. The Minister of State Finance, Planning and Economic Development is a member of PPD Board, an Executive Member and also the Treasurer of the Organization. I would also like to thank personally the Minister for his commitment to the South South Initiative and also for all his personal support and assistance to PPD.

I would like also to invite all stakeholders to provide assistance and support to the Uganda Office, particularly the UNFPA, other international bodies, foreign embassies, donor agencies and well wishers, to help us promote South South cooperation in Africa. We rely on your support.

8. Strategic Plan For Africa

The Ugandan Office needs to move strategically. We cannot move without a clear vision and mission, and am happy to inform you that we are groping 20 experts from different corners of Africa, with varies competencies to develop a Strategic Plan for the Africa Office. A four day Meeting of Expert will be held as from tomorrow at the Sheraton Hotel, Kampala to develop a draft Strategic Plan which will be shared with all stakeholders for comments and inputs before final adoption.

Our [Strategic Areas of Intervention](#) are:

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

And our [Strategic Approaches](#) are:

- Capacity Building
- Research and Documentation
- Transfer of Expertise, Experience and Technology
- Resource Mobilisation
- Leadership Building

- Advocacy
- RH Service Delivery
- Partnership and Coalition Building

9. Conclusion

To conclude, ladies and gentlemen, I have the firm conviction that the solution for economic growth and development of developing countries resides among us and if we synergize and exert concerted efforts, especially through South-South Cooperation, the battle is won. I will end by citing Nelson Mandela when he was speaking on *“Turning the Tide of Poverty”*, in 1998 in Johannesburg.

“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.”

Ladies and gentlemen, I thank you for your attention.