

**Workshop for Development of
PPD Africa Strategy
23 – 26 February 2007, Kampala, Uganda**

**Opening Speech
By
Harry Sangeet Jooseery, Executive Director**

Ladies and Gentlemen,

I am very pleased to welcome you to this Expert Meeting in Kampala, and I thank you wholeheartedly for having agreed to share your knowledge, experience and expertise with us in the development of a Strategic Plan for our Africa Office. I wish you have had a pleasant journey and I know how painful it might have been for some of you who have come a long way to reach Kampala. If ever there has been any shortfall from our side that has caused inconvenience to you, I humbly apologize for that and wish the best for you.

As you are aware, PPD is an Intergovernmental alliance of 21 developing countries, and we operate from our Secretariat in Dhaka, Bangladesh. We have got an office in New York and another in Taicang, China. We are mandated to promote South-South cooperation in the field of RH, Population and Development, and specifically for the achievement of the ICPD and MDGs.

We have this month opened an Africa Office in Kampala, Uganda, with Dr. Jotham Musinguzi as its Director. The first question that comes to us is why an Office in Africa, and why Uganda.

We believe that the key route to address salient and burning RH, Population and Development issues in Africa is through the South-South Cooperation. The South-South partnership has been spelt out by ICPD and the MDGs, and at other regional meetings. The Gaborone Meeting of Health Ministers of Africa adopted a Continental Policy Framework on SRH and Rights for Africa which was adopted by all AU Heads of State in 2006. Successively the Maputo Plan of Action for the operationalisation of the Framework specifically highlighted the need to utilize South-South Cooperation as a key strategy for the attainment of the ICPD and MDGs in Africa. We must acknowledge that the South-South Initiative in the African Continent has not altogether been very aggressive. There is need to re-energize and reactivate the mechanism to promote the South -South Initiative.

UNFPA, Hewlett and Packard Foundations and other agencies do believe in and strongly support the initiative and we are glad to be supported by these organizations and specially Thoraya Obaid, Sara Seims, Steve Sinding, Sarah Clark and many others who have been the pioneers behind the movement. We have among us many experts who are very knowledgeable on the issue and who continue to support us, for which I am very grateful.

We all here support the initiative not only by commitment but also by conviction.

Secondly, ladies and gentlemen, we cannot wait long to act aggressively in Africa. Africa is the most vulnerable and deprived region of the globe and we need all to galvanize our efforts to address the burning RH issues of the continent. More than 300 million people in Sub Saharan Africa - nearly half of the population - live in less than \$1 a day. This number is expected to rise to 400 by 2015. Africa is the

home of 25 million people with HIV/AIDS, which constitute 64% of the global infections. Less than 1/3 of Africans have access to RH.

The RH Situation in Africa

- Maternal mortality ratio rose from 870 deaths per 100,000 live births in 1990 to 1,000 in 2001
- 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
- Contraceptive use is the lowest in the world. ¾ of women in sub-Saharan Africa need but do not have access to family planning.
- Total fertility rate –5 to 6 births per woman
- In 2004 Africa population is 869 million (14%) vs. 690 million (12%) 1994.
- Incidences of unwanted pregnancies abound particularly among adolescents resulting in unsafe abortion 4.02 million of unsafe abortions occur in Africa.
- Morbidity associated with pregnancy is high in Africa with more than 20% of cases requiring referral to higher level of care. Anaemia, genital fistulae as sequelae to obstructed labour.
- Perinatal mortality 35 –111 per 1,000 births
- Neonatal mortality 40-56 per 1,000 live births
- Africa is still strongly patriarchal with gender discrimination and other forms of social exclusion adversely affecting reproductive health
- Africa alone accounts for 25% of new global STIs annually. Rates of Syphilis in pregnant women is as high as 10-20% in some African countries.
- The region hosts all 25 states with lowest human development index.
- Chronically undernourished people rose from 89 million (1969) to 180 million 1995/97
- 33% would be food insecure by 2010
- About 28.5 million PLWHA. Two- third of HIV infection among the 15-24 year olds occur in African countries.
- Cancer of the cervix is the commonest genital tract cancer.
- 100 million women and girls in Africa have had genital mutilation. 27 out of the 46 member states still practice FGC.
- Most countries are beleaguered with massive death, poverty of great magnitude, collapsing health systems and uneven or lack of access to health services.

In 1970 OECD countries promised 0.7% of their GNP on Development Assistance. Unfortunately, this promise has not been kept and ODA turns around not more than 0.3% of the GNP. Expected ODA per year was approximately \$ 200 billion, but in fact is only about \$ 70 billion per year.

The 2006 Brazzaville Commitment on Scaling up towards Universal Access, and the Abuja Call for Action towards access to services, and the Maputo Plan of Action, acknowledge the dire need for more aggressively in Africa.

Ladies and gentlemen, PPD opens an office in Africa with the objective to promote RH, Population and Development focusing on South-South Cooperation as a key route. PPD is unique as such, and is the only intergovernmental organization that is mandated to act thus. We groups 21 Ministers of Health, Population who are our Board members and we discuss twice yearly through our Board and Executive Meetings to discourse and take actions for the promotion of South-South Cooperation in the area of RH. We are an Observer at the UN and as such are at liberty to voice our opinion at the UN General Assembly. We provide our members states a platform to make their voice heard. This is the uniqueness and comparative advantage of PPD.

PPD Africa Office is based in Uganda, which is geographically the centre of Africa. Uganda is not an ordinary member of PPD. Besides being a Board member, Uganda is also an Executive Member and the Treasurer of PPD. We are grateful to the Government of Uganda which has agreed to house the PPD office in Kampala and to provide us office space, logistic and secretarial services, free of charge. We also have as I said before a very able and well known figure as the Director of our Office, Dr. Jotham Musinguzi. We wish him the very best of success.

Ladies and Gentlemen, we need however to act strategically. RH has many pillars and they are all crucial for Africa. We have for example the issues of Safe Motherhood, HIV/AIDS, Adolescent Sexual Health, Abortion, Access to RH Services, RH Malignancies, to mention a few. We need to agree on what we shall do in Africa, and how we are going to proceed. The very notion of South South Cooperation entails that there are expertise, know how, and experience to share. Countries of the south have lots of potentials that need to be tapped. We need also to build on their capacity further.

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

1. Promotion of ICPD goals and 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 Mobilization
- Leadership Building
- Advocacy
- RH Service Delivery
- Partnership and Coalition Building

This year PPD is conducting an Enquiry among its members to gather information on the capacity building initiative and potentials, based on which a Capacity Development Plan will be developed. It is also developing a Business Plan to accelerate the achievement of the MDGs and ICPD goals, to enhance PPD capacity to assist member countries to respond effectively to their needs, and also to serve as a framework for resource mobilization. This will serve as a basis for an invigorated PPD that would move forward positively to accomplish its mission.

The PPD Africa Office Strategic Plan will help PPD move in a more focused and concerted manner to address the specific issues in Africa. We wish to come up with, your expertise and experience, and knowledge of the Africa region, with a draft document that will trace the pathway for this to operate effectively and efficiently. The workshop will be facilitated by Mr. Kalaule, an expert in Strategic Planning Development, to whom I am thankful for having agreed to be with us despite his busy schedule. He has been traveling from Australia to be here with us. I would like also to thank Hewlett Foundation, UNFPA, IPPF, Africa Union who is represented here, the Government of Uganda for all the support and assistance provided to PPD. Last but not least, I thank all the experts gathered over here for accepting to share their expertise with us.

Thank you.