National Coordinating Agency for Population and Development (NCAPD), Kenya

Partners in Population and Development (PPD)

David and Lucile Packard Foundation

REPORT

POLICY DIALOGUE ON REPRODUCTIVE HEALTH AND HIV/AIDS WITH AFRO-ARAB PARLIAMENTARIANS

August 2009, NAIROBI, KENYA

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ACRONYMS

ACP	AIDS Control Program
AIDS	Acquired Immunodeficiency Syndrome
ARO	Africa Regional Office (of PPD)
BCC	Behavior Change Communication
BDT	Bethelsdorp Development Trust
CBO	Community Based Organization
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CSO	Civil Society Organization
DSD	Department of Social Development
EAC	East African Community
ECOWAS	Economic Community of West African States
FGC/M	Female Genital Cutting/Mutilation
FP	Family Planning
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
LEAD	Leadership for Environment and Development
MDG	Millennium Development Goals
MTCT	Mother To Child Transmission
NCAPD	National Coordinating Agency for Population and Development
NGO	Non-Governmental Organization
ONFP	National Office of Family and Population
PED	Population, Environment and Development
PLWA	People Living with HIV/AIDS
PPD	Partners in Population and Development
RH	Reproductive Health
SADC	Southern Africa Development Community
SAQA	South African Qualifications Authority
SSP	Safe Sex Practice
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TASO	The AIDS Support Organization
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
VEP	Village Empowerment Program

INTRODUCTION

The Policy Dialogue held in Nairobi on 3rd and 4th August 2009 is one of the Partners in Population and Development (PPD) Advocacy Initiatives aiming to strengthen Reproductive Health (RH), Population and Development programs for the attainment of the Millennium Development Goals (MDGs) and the International Conference on Population and Development (ICPD) goals through South-South Cooperation.

The Nairobi Policy Dialogue gathered Parliamentarians and Senior Officials from PPD Member Countries in Africa and the Arab world. Such a Platform contributed to build a common understanding of the urgency for a concerted action to address both AIDS and RH synergistically, but also to enlist their support in promoting South-South Cooperation to this end. Participants were mainly Members of Parliaments selected from the three regional economic communities of East African Community (EAC), Economic Community of West African States (ECOWAS) and Southern Africa Development Community (SADC), including from the Arab word.

Several issues were discussed, most particularly those related to the Challenges on RH, Population and Development; The integration of RH and HIV/AIDS Services including cultural and socio-economic initiatives for an effective RH/HIV/AIDS program implementation; The International Declarations and relevant Commitments to strengthen and sustain RH, Population and Development programs.

A series of recommendations were formulated, and these called for actions from policymakers, government and non-government organizations as well as collaborating partners in the field of RH, and Partners in Population and Development.

This report summarizes the key issues discussed and the recommendations that came up from the Policy Dialogue.

DAY ONE

OPENING SESSION

Remarks by:

- *Mr. Alexander Ilyin, Representative, UNFPA Country Office, Republic of Kenya*

Mr. Alexander Ilyin welcomed all delegates on behalf of Mr. Bunmi Makinwa, the UNFPA Regional Representative. He pointed out the issues to be discussed in the Dialogue, and noted UNFPA's commitment to support the integration of RH and HIV/AIDS services. Mr. Ilyin mentioned UNFPA's interest in such a Dialogue, and underscored the need to strengthen the capabilities of national and regional institutions in Africa for enhancing initiatives relevant to RH and HIV/AIDS across the continent. On behalf of the Regional Representative of UNFPA, Mr. Ilyin suggested the inclusion of such an issue in the agenda of the Dialogue, and noted the current trend of the AIDS pandemic which requires concrete actions in Africa. He thanked all delegates for attending the Dialogue, and wished success in this important endeavor.

- *Mr. Harry Jooseery, Executive Director, Partners in Population and Development*

In the first instance, Mr. Harry Jooseery thanked and welcomed all delegates from PPD Member Countries and other developing countries for attending the Policy Dialogue. He

extended his gratitude to the Government of Kenya and particularly the National Coordinating Agency for Population and Development (NCAPD) as well as the United Nations Population Fund (UNFPA) and Packard Foundation for providing technical and financial support to PPD.

Mr. Jooseery recalled the rationale for holding such a Dialogue, and pointed out emerging issues as well as contextual challenges relevant to deprivation, poverty, climate change and several diseases originated from the AIDS pandemic and coupled with social facts such as economic instability and gender inequities. He noted the decrease in funding Population programs, particularly family planning which has lost focus as development priority and consequently needs to be reconsidered in the global health agenda. Such a scenario affects mainly sub-Saharan Africa which has the lowest rate of modern contraceptive use, in addition to both high fertility rate and high prevalence of unintended pregnancies across the continent: 50 in Lesotho, 45 and 46 in Kenya and Uganda respectively, 40 in Ghana, and one in every 3 births in Congo, Ethiopia, Senegal and Zimbabwe.

Mr. Jooseery underscored the current economic downturn for which developing countries are more affected. He mentioned progress made by numerous countries to review their population policies in line with the Millennium Development Goals (MDGs) as well as the objectives of the International Conference in Population and Development (ICPD), and pledged for a reliable approach in order to translate the global thoughts into concrete global actions. In this regard, Mr. Jooseery noted the need to strengthen health system for sustaining and scaling-up critical health interventions, and expressed the urgent need for Africa to developing and retaining its human resources, which is fundamental for sustainable development.

Additionally, Mr. Jooseery mentioned the impact of the AIDS pandemic in Africa, which is estimated to be the cause of almost 50% of all deaths of government health employees across the continent. This situation could be avoided by integrating RH with HIV/AIDS care and services for improving access to health facilities to a broader spectrum of population, he mentioned. Besides, he pointed out the importance for developing countries to synergize their effort and share their comparative advantage. Many countries have undertaken tremendous initiatives in the field of RH including FP and HIV/AIDS, and relevant experiences and lessons learned can be shared. From that perspective, Mr. Jooseery insisted for the promotion of partnership and ownership through South-South Cooperation for the attainment of MDGs and ICPD goals.

Finally, Mr. Jooseery reiterated PPD commitment for coordinating the promotion of RH, Population and Development in conjunction with governments, the private sector, civil society groups and donor agencies as well.

- *Dr. Edward Sambili, Permanent Secretary, Ministry of Planning and Development and Vision 2030, Republic of Kenya*

Dr. Sambili welcomed all participants for being a part of the Policy Dialogue, particularly the Hon. Minister for Medical Services of Kenya. He called back Kenya commitment during the previous years, being founder member of PPD, and expressed the importance for the Government of Kenya to host such a Dialogue among Afro-Arab Members of Parliament.

Dr. Sambili pointed out the South-South Partnerships among Member Countries, and noted its importance for people from Kenya. "*The Government of Kenya is delighted to serve South-South Cooperation in the area of population and development as reflected by our continuous commitment to our annual subscription to the PPD and active participation in all PPD activities"*, he noted. Besides, Dr. Sambili mentioned numerous memoranda and

International Agreements signed by his government, and that have set targets including the achievement of MDGs and ICPD goals. He called then the Hon. Minister of State for Planning, National Development and Vision 2030, H.E. Wycliffe Ambetsa Oparanya, for an official opening of the *"Policy Dialogue on Reproductive Health and HIV/AIDS with Afro-Arab Parliamentarians"*.

- *Hon. Wycliffe Ambetsa Oparanya, EGH, MP, Minister of State for Planning, National Development and Vision 2030, Republic of Kenya.*

Hon. Wycliffe Ambetsa Oparanya welcomed all participants to the Policy Dialogue, particularly those who were visiting Kenya for the first time. On one hand, he pointed out all issues to be discussed, which included RH/HIV/AIDS as well as Population and Development, and recommended on the other hand the inclusion of South-South Cooperation in the agenda as priority issue for the discussion within the framework of the Dialogue.

Hon. Oparanya highlighted the importance of building strategic partnership among developing countries, and underscored the particular role for African leaders to chart out development agenda in Population and RH including FP and HIV/AIDS, for better sharing evidence based information and successful experiences. In line with this, he noted the "Kenya Vision by 2030" which mainly focuses on population policies and programs that are expected to boost investments in order to reduce the population growth in Kenya as well as the pressure on available resources, for achieving the targeted economic growth of at least 10 percent by 2010 and beyond.

Opening remarks by Hon. Wycliffe Ambetsa Oparanya, EGH, MP, Minister of State for Planning, National Development and Vision 2030, Republic of Kenya

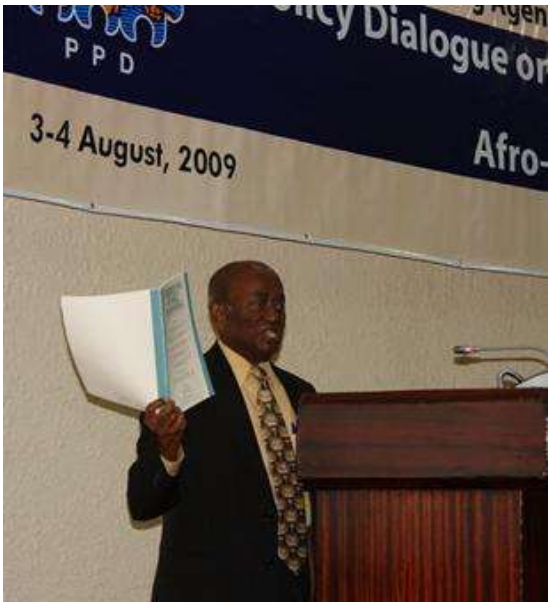
Hon. Oparanya underscored the positive progress made by Kenya towards the achievement of MDGs 2 and 6, respectively on: *Universal Primary Education* and *Combating HIV/AIDS, Malaria among other diseases*. However, he noted many current challenges including poverty, food insecurity, high unemployment, maternal and child mortality as well as gender inequality. Besides, he mentioned the impacts of the AIDS pandemic in Kenya, but pointed out also the progress made over the years to reverse to course of the epidemic. In this regard, he noted the "National Strategy on Integration of RH and HIV services" that Kenya is developing, as per the Maputo plan of action. Hon. Oparanya appealed all leaders from Africa and particularly those attending the Nairobi Policy Dialogue to ensure that women do not continue dying from preventable conditions

whose remedies are also available in the developing world. "We cannot just sit back and watch as our women continue to die so needlessly in pregnancy and child birth" he added. Hon. Oparanya wished that the meeting come up with realistic and practical recommendations.

Finally, Mr. Oparanya thanked all delegates, PPD and NCAPD as well for organizing the Dialogue. He also thanked the Packard Foundation for providing financial support and declared the *"Policy Dialogue on Reproductive Health and HIV/AIDS with Afro-Arab Parliamentarians"* officially opened.

Session One: Reproductive Health, Population and Development: New Challenges

By: Prof. Fred Sai, Honorary Prof. of Community Health, University of Ghana, Legon, Republic of Ghana.

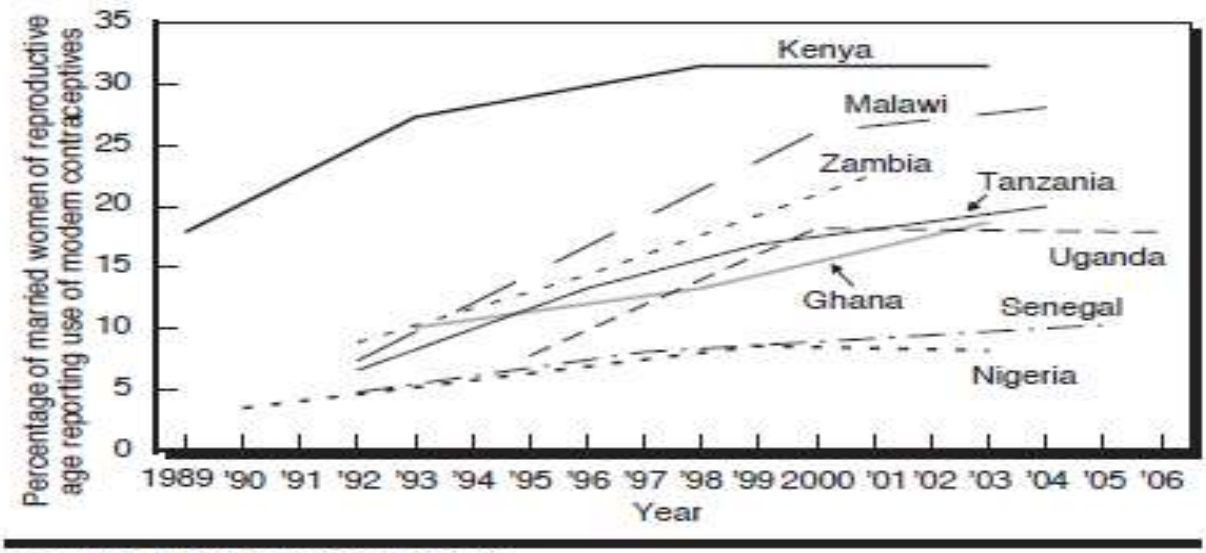


Prof. Fred Sai

The key presentation from Prof. Fred Sai focused on Challenges relating to RH and FP programs. Firstly, Prof. Sai underscored the commitment made by Governments at the ICPD for universal access to RH services as well as the existing funding gaps. He highlighted the World Demographic Prospects by 2050, and pointed out that Africa's Population will reach 2 billion people by the next four decades. Albeit the fact that fertility rates are being stalled across Africa, Prof. Sai underscored several challenging factors across the continent including: 1) Availability of and access to health care facilities; and 2) Youth/Adolescents issues in African cities and relevant education and unemployment problem they are facing.

Secondly, Prof. Sai shared the current trends related to modern contraceptive use in selected countries in sub-Saharan Africa (as shown in figure-1). He pointed out the unmet needs relevant to modern contraception, which vary depending on the context. Prof. Sai also highlighted the linkages between Population and Climate Change, and demonstrated how Gender Inequities inhibit all efforts towards universal access to RH programs and services through: 1) Women's need for husband/partner permission to access RH services; 2) Restricted access to education for girls and women; 3) Increased gender-based violence, etc.

Figure 1 Modern contraceptive use among married women of reproductive age in eight sub-Saharan African countries, 1989–2006



Source: DHS final country reports.

From a different perspective, Prof. Sai mentioned the decrease in funding population programs, which is mainly affecting FP programs. He recalled the urgent need for integrating Sexual and Reproductive Health (SRH) issues into development programs, and pointed out the following RH/FP and HIV/AIDS challenges:

1. Enormous task in tackling unmet needs of RH in the developing world;
2. Over 200 million women have unmet need for FP;
3. In sub-Saharan Africa, nearly one in four women have unmet need for FP;
4. 350 million women lack access to full range of contraceptive methods;
5. 120,000 HIV+ women get pregnant each year;
6. The number of young people 10-24 years increased by 50% in 30 years;
7. By 2015, 3 billion people will enter reproductive age;
8. 500,000 women die a year from pregnancy related causes;
9. CPR remains low and unmet needs is high for most countries in sub-Saharan Africa;
10. Both unmet contraceptive need and adult HIV prevalence are high;
11. 33 million people are HIV+ worldwide, and more than 65% are in sub-Saharan Africa;
12. 7,397 new daily HIV infections occur (mainly through sexual contact);
13. Women and young people are especially vulnerable: a) 45% new infections in 15-24 years old; b) 50% new infections among women;
14. Annually 1.8 million infected pregnant women deliver approx 600,000 infected infants.

Beside this, Prof. Sai underscored the priority needs for integrating RH and HIV/AIDS services, and called back also relevant challenges, including: 1) Policy issues (such as restriction on certain service provision by different categories of Health Care Workers (HCWs); 2) Resistance by service providers; 3) Existing parallel programs may resist integration; 4) Continuous in availability of RH commodities; 5) Community perceptions/commitment. On the other hand, he mentioned the benefits for providers and clients relating to the integration of RH and HIV/AIDS services, but noted the growth in private and public services mainly in sub-Saharan Africa as well as current RH supplies problems.

Finally, Prof. Sai noted that the above mentioned challenges are inevitable but can be overcome, and highlighted the feasibility to integrate RH and HIV/AIDS services. In line with

this, he pledged for more commitment from governments, which requires strategic actions from RH/HIV/AIDS program Specialists and Promoters.

Session Two: Reproductive Health and HIV/AIDS Integration: Issues for consideration

By: Hon Dr. Chris Baryomunsi, Member of Parliament, Chairperson Uganda's Parliamentary Forum on Food Security, Population and Development, Republic of Uganda.

In his presentation, Dr. Baryomunsi pointed out Key Elements of both RH and HIV/AIDS Prevention and Care. He determined the linkages between RH and HIV/AIDS through Policies and Programs including service delivery and advocacy. Dr. Baryomunsi gave the following definition of INTEGRATION *"when different kinds of RH and HIV/AIDS services or operational programs can be joined together to ensure collective outcomes",* which includes referrals from one service to another, based on the need to offer comprehensive services.

Dr. Baryomunsi highlighted the linkages between HIV/AIDS and RH, which mainly include: 1) Epidemiology and primary prevention as it relates to Mother To Child Transmission (MTCT) and Safe Sex Practices (SSP) ; 2) Effective interventions that include the delivery of adequate services as well as social mobilization for IEC/BCC program implementation. He noted common outcomes relevant to HIV/AIDS and RH linkages in a same group of populations, and underscored accordingly the misdeed of the AIDS pandemic on poor RH programs and vice versa.

Hon Dr. Chris Baryomunsi, Member of Parliament, Uganda, Mrs. Fatimata DEME, Executive Director, Forum of African and Arab Parliamentarians for Population and Development (FAAPPD), Senegal, Dr. Jotham Musinguzi, Director, PPD ARO and Hon. Beatrice Rwakimari, Member of Parliament Uganda, (From the left)

On the other hand, he insisted on the need for integrating RH and HIV/AIDS programs in order to provide combined and comprehensive services. In line with this, he mentioned the following benefits from integration:

- Increased access to and uptake of key SRH and HIV/AIDS services;
- Better SRH services tailored to meet the needs of women and men living with HIV/AIDS;
- Reduced HIV/AIDS related stigma and discrimination;
- Improved coverage of underserved and marginalized populations;

- Greater support for dual protection against unintended pregnancy and STIs including HIV;
- Improved quality of care;
- Enhanced program effectiveness and efficiency;
- Mutually reinforcing complementarities in legal and policy frameworks;
- Better understanding and protection of people's rights;
- Decreased duplication of efforts and competition for resources;
- Better utilization of scarce resources for health;
- Accelerated progress towards achieving MDGs/ICPD and other goals and commitments.

Besides, Dr. Baryomunsi noted many important challenges to be taken into consideration in RH/HIV/AIDS integration process: 1) Ensuring that integration does not overburden existing services hence compromising quality; 2) Managing the increased workload for staff who take on new responsibilities; 3) Allowing for increased costs initially when setting up integrated services and training staff; 4) Combating stigma and discrimination from and towards health care providers, which can undermine service effectiveness; 5) Adapting services to attract men and young people who tend to see SRH, especially family planning, as a women's issue; 6) Reaching those who are most vulnerable but least likely to access services such as young people; 7) Providing the special training and ongoing support required by staff to meet the complex SRH needs of HIV+ people; 8) Motivating donors to move from parallel to integrated services, and sustaining support for integrated policies and services.

Finally, Dr. Baryomunsi pointed out some current integration efforts being implemented in many countries. Based on his statement, such initiatives need improvement for scaling up, and Dr. Baryomunsi provided the following basic recommendations for strengthening the process of integrating RH and HIV/AIDS services:

1. Advocate with Governments to expand their unwritten AIDS policies of leadership, diversity of approaches and openness to include larger issues of SRH;
2. Create an enabling environment for integration, which requires from donors the review of terms and conditions of their funding, and allow greater flexibility in the way they should support relevant initiatives;
3. Provide services for HIV/AIDS at RH clinics in order to attract new clients and to create opportunities for promoting RH to a wider population;
4. Take specific steps to meet the needs and concerns of the women and men in providing RH and HIV/AIDS services;
5. Restructuring and strengthening the health system in many countries, throughout: 1) Shifting from project based planning to sector wide planning, management and financing; 2) Shifting from vertical to integrated service delivery through unification of RH services particularly at the health facility level.

DAY TWO

Session Three: Socio Economic and Cultural Barriers for effective RH and HIV/AIDS Program Implementation

By: Ambassador Dr. Eunice Brookman-Amissah, FRCOG, IPAS Vice President for Africa, Kenya, and Former Health Minister, Republic of Ghana.

From a cultural, political and economic perspective, Dr. Eunice Brookman-Amissah pointed out in the first instance the issue of women's RH as a Social Justice matter. In her presentation, she underscored the women's reproductive risks including unsafe abortion, which accounts 20 to 30% maternal death in Africa, while 100 women die daily across the continent. At global level, Dr. Amissah noted that 20 million out of 100 million abortions that occur per year are unsafe, 68,000 women die annually over the world due to complications of unsafe abortion, and 2 to 7 million women survive with long term injuries.

Ambassador Dr. Eunice Brookman-Amissah, FRCOG, IPAS Vice President for Africa, Kenya, and Former Health Minister, Republic of Ghana presenting her keynote paper on Socio Economic and Cultural Barriers for effective RH and HIV/AIDS Program Implementation.

While addressing RH as an issue of Public Health, Human Rights and Social Justice, Dr. Amissah mentioned important commitments made during the Universal Declaration of Human Rights in 1948; ICPD in 1994; the 4th World Conference on Women held in Beijing in 1995; the UN Special Assembly in 1999 as well as CEDAW the same year. Besides, she noted Ipas's Mission around the world, which is to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries. According to her presentation, women must have the opportunity to determine their futures, care for their families and manage their fertility. In regard to this, she quoted the African Union Charter on the Rights of Women in Africa (Art. 14), which states that: *1) States Parties shall ensure that the right to health of women, including SRH is respected and promoted. This includes: the right to control their fertility; the right to decide whether to have children, the number of children and the spacing of children; and the right to have family planning education, etc. 2) Protect the reproductive rights of women* ***by authorizing medical abortion*** *in cases of sexual assault,*

rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus.

In a different register, Dr. Amissah underscored many barriers for an effective RH/HIV/AIDS programs development and implementation. This includes religious factors, gender inequalities in line with cultural and traditional beliefs and practices, the low status of women including restricted RH choices as well as lack of education and knowledge and a poor economic status affecting them. There is a lack of political will, she noted. Accordingly, she pledged for a strong partnership for improved RH services, taking into account the urgent need to address unsafe abortion directly and to promote universal access to RH/FP commodities. Consequently, Dr. Amissah noted the need for a Political Commitment to address RH, and called back the "Jeremy Shiffman's four key factors" relevant to: 1) the existence of clear indicators showing that a problem exists; 2) the presence of effective political champions to push the cause; 3) Focusing events to raise widespread concern for the issue; and 4) the availability of policy alternatives to show that problem is surmountable.

Finally, Dr. Amissah mentioned the role of Members of Parliament in such a process, who should: 1) Promote the reproductive rights of citizens; 2) Bring RH issue up to highest political level; 3) Demand Government commitment and action – accountability for international/regional RH commitments; 4) Move agenda from rhetoric to action: bridge gap between conferencing and national action to implement; 5) Push for appropriate legislation and policies; 6) Demand accountability of Ministries of health and others; 7) Request for research – get acquainted with RH situation globally and at country level; 8) Seek to identify relevant interventions to propose; and 9) Ensure adequate financial allocation and investment in RH. She stated at the end that *"The promotion of women's RH is not just a good economic or development decision; it is the right thing to do"*.

Session Four: International Declarations on RH, Population and Development and Political Commitment

By: Dr. Kris Valaydon, Consultant in Population and Development, Former Deputy Representative, UNFPA, Republic of Madagascar.

Dr. Valaydon placed his intervention in the context of the inter-linkages among the various declarations and plans of action that have been adopted by consensus over the last 15 years. In his statement, he pointed out the main commitments contained in the major international declarations in RH, Population and Development that include: the ICPD in 1994; the Millennium Summit in 2000 with the adoption of the MDGs; and the 2005 World Summit.

In line with this, he recalled the different platforms, conferences and relevant declarations made, that have substantially reaffirmed RH and reproductive rights as crucial in achieving human and civil rights in the process of attaining the MDGs. In reference, he recalled many of the international forum and conferences including the ICPD+5 and 10, the Monterrey Consensus from the International Conference on Financing for Development as well as the Johannesburg Plan of Implementation of the World Summit for Sustainable Development. In this regard, Dr. Valaydon reaffirmed all commitments made, that aim to implement "the global partnership for development" set out in the United Nations Millennium Declaration.

From another perspective, Dr. Valaydon underscored the world leaders' commitment to achieving the MDGs, and pointed out the critical importance of SRH program implementation for attaining such goals. However, he noted the importance for translating international commitments into concrete actions, while appreciating many positive steps that have been taken by developing countries to introduce legislation and develop policies for promoting RH

including FP Programs. In line with this, Dr. Valaydon reaffirmed the strategic role Members of Parliament should continue playing in order to bring expected changes in the developing world.

Going back to the commitment that was made at the ICPD for universal access to RH, by 2015, Dr. Valaydon highlighted the need for translating such commitment at the national level, by integrating this commitment into strategies for attaining internationally agreed development goals, including MDGs and particularly those that were aimed at reducing maternal and child mortality, improving maternal health, promoting gender equity, and the like. Relevant to this, he recalled the consensus statement made at the Cairo Conference, which urged *"All governments and non-government organizations, to strengthen their commitment to women's health, deal with the health aspect of unsafe abortion as a major public health concern, and to reduce the recourse to abortion through expanded and improved FP services."*

Dr. Kris Valaydon

Besides, he noted a set of factors affecting women, particularly in Africa where urgent actions are needed to face issues including maternal mortality and unwanted pregnancy which remains high across the continent. Progresses relevant to MDG5 on maternal mortality are least visible, noted Dr. Valaydon who pledged for more political commitment in this regard. On the other hand, he acknowledged the considerable progress that has been made during the past 15 years. In spite of this, millions of people – mostly disadvantaged women and adolescents' girls – still lack access to SRH information and services, and noted that 201 million married women in developing countries still have an unmet need for modern contraception.

Additionally, Dr. Valaydon informed that the estimated spending for maternal and newborn health to achieve MDG5 by 2015 is $24 billion. In line with this, he noted that developed countries were called upon to provide additional resources to the developing ones, in accordance with relevant commitments taken in order to ensure that population and development goals were met. In return, he noted that many donor countries have not honored the rate of 0.7% pledged. Accordingly, he raised several questions in his statement in order to know: 1) whether countries are allocating the required consideration for Population and RH matters; 2) whether countries have tapped available resources or made efficient utilization of the funds at their disposal; 3) whether countries are satisfied of the resource utilization rate in the area of population and development; 4) whether they have gone along the lines of the Paris Declaration on aid effectiveness in the attempt to make them appropriate the programs funded by donors countries/agencies.

Finally, Dr. Valaydon pointed out the linkage between population and development that needs to be highlighted. The commitment towards implementing the recommendations for achieving the MDGs and ICPD goals needs to be placed in the wider context of achieving sustainable development. In this regard, he considered that Parliamentarians can play a key role to influence the policy orientation. No development is possible unless we address population issues, said Dr. Valaydon, and sustainable development entails that we need to invest in population to achieve development goals and ensure that the future generation enjoys a better quality of life. He pledged for more action in order to translate international commitments into global initiatives, and reaffirmed his optimism to achieving some major objectives by 2015.

Session Five: Best Practices in Population and Development in Africa

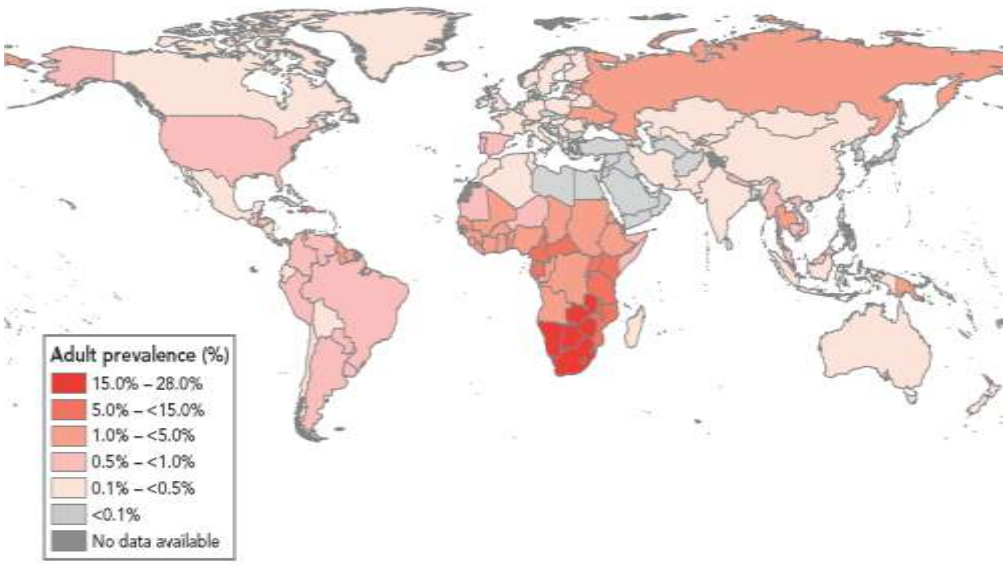
Presentation one:

"Advocacy efforts of the Members of Parliament that has generated increased resources for Reproductive Health Programs in Uganda".

By: Hon. Dr. Elioda Tumwesigye, Member of Parliament, Chairperson, Sub-Committee of Parliament for HIV/AIDS, Population and Development, Republic of Uganda.

Dr. Elioda started in his presentation by determining the magnitude of the AIDS pandemic in Uganda. He gave an overview of the current trends of the AIDS pandemic in all regions across the world, and underscored the continuous increase in the number of people living with HIV. He stated that over 33 million people were living with HIV in 2007. Out of them, 31 million aged 15 years or over and more than 2 million children under the age of 15, while 90% of all infected cases are concentrated in sub-Saharan Africa where more than ¾ of death due to AIDS occurred in 2007.

The following figure gives a global view of HIV infection in 2007



Regarding the high HIV prevalence in Africa, Dr. Elioda stated that there is no reason determining the current trend. However, there are some confounding factors such as: 1) poverty and poor health systems; 2) lack of political commitment and growing social barriers; 3) high levels of illiteracy and low status of women, malnutrition and high STD prevalence; 4) concurrent multiple partnerships.

For the specific case of Uganda, Dr. Elioda recalled the first cases of HIV+ in 1982. He highlighted the rapid spread of the AIDS virus in all parts of Uganda, affecting different groups and communities across the country. Following his presentation, Dr. Elioda determined three phases in the trends of HIV prevalence, from 1989 to 2005. The first phase is of rapid increase, between 1989 and 1992; the second phase is of rapid decline, which happened between 1992 and 2002; and the third phase according to him is the one of stabilization of prevalence, from 2002 to 2005.

Dr. Elioda highlighted the current HIV/AIDS status in Uganda with a wide focus on the feminization of the epidemic. In Uganda, the prevalence in girls (15-24 years) is four times higher than boys and is nine times higher in the 15-19 years. Major factors explaining such situation can be: the cross-generational sex; the transactional sex associated with poverty and lack of empowerment; gender inequality and gender violence; inability to negotiate safer sex and absence of women controlled methods as well as biological factors such as immature mucosa and large exposed area.

From another angle, Dr. Elioda pointed out the role of Parliamentarians in Uganda in providing political leadership and mobilizing significant resources to prevent further spread of HIV and increase access to treatment and support for infected and affected people. Besides, Parliamentarians played a key role for: 1) advocacy; 2) legislation; 3) resource mobilization and allocation; 4) oversight of public policy and utilization of resources; and 5) representation. In this context, he mentioned the following efforts from Members of Parliament in Uganda:

- Parliamentarians have advocated for increase in Government health centers for antenatal, delivery and postnatal services;
- Members of parliament are promoting safe motherhood both in their constituencies and at the national level;
- Parliamentarians in Uganda are sensitizing women and men in Uganda to make informed choices in RH services in order to improve maternal and child health through community awareness campaigns;
- Uganda Parliament has enacted laws exempting taxes on essential drugs and medicines;
- The Parliament ensures that Universal Primary Education feeds into MDG3 by giving practical education and skills in all the sectors of education;
- Members of Parliament lobbied the President to sign the "Roadmap for Accelerating Reduction and Maternal and Neonatal Mortality and Morbidity".

He also noted some major challenges that include among other issues: 1) lack of harmonization and consistent support for RH commodities; 2) population growth, which is not prioritized as a development issue; 3) inadequate funding for the health sector, which makes internal reallocations difficult in a state of competing priorities; 4) government and sector budget cuts are often done at executive level without parliamentary approvals. Nevertheless, many lessons have been learned from the National Response to the AIDS pandemic in Uganda, including:

1. Comprehensive co-ordination mechanisms were developed early in the epidemic: AIDS Control Program (ACP) in 1986; STD Control Program in 1990; STD/ACP in 1993; The Partnership Committee and lower level committees (district, constituency, sub-county, parish, village);
2. Introduction of Voluntary Counseling and Testing by the AIDS Information Centre and Ministry of Health early in the epidemic;
3. Country wide STD Control measures undertaken in a growing epidemic;
4. The positive living concept, the care and compassion by TASO and later other NGOs gave hope to PLWA, enabled many to come out and helped to fight stigma and discrimination;
5. The special involvement of women in HIV/AIDS and in governance has been essential to the success;
6. Political commitment and support right from the highest level was strongly demonstrated early in the epidemic;
7. Decentralisation of implementation of HIV/AIDS Control activities to the districts, civil society and private sector;
8. The No-Party Movement system of governance that allowed all to participate without political bias;
9. Multisectoral approach to control HIV/AIDS involving Government, CSOs (faith-based organizations, private sector, etc.) was crucial;

10. Allowing more than 2000 NGOs and Community Based Organizations (CBOs) to participate in HIV/AIDS control and prevention activities at all levels has played an important role to fighting HIV/AIDS and achieving AIDS Competence;
11. Openness policy adopted by Government relatively early in the epidemic enabled many actors to be involved in HIV/AIDS activities;
12. Implementing effective interventions and giving clear messages on prevention such as ABC.

Presentation two:

"Leadership Training Programs in Sustainable Development: The Population, Environment, Development Nexus in South Africa".
By: Mr. Jacques van Zuydam, PPD Partner Country Coordinator and Chief Director, Population and Development Department of Social Development, Republic of South Africa.

South Africa developed and implemented a five-year strategy on population and development (2004-2009), which aimed to promote sustainable human development by focusing on Population, Environment and Development (PED) interactions. The specific aim of such an initiative was to enhance the leadership and management capacity in the government and civil society, in order to integrate population, development and environment interactions into policies and programs. In this regard, the Department of Social Development (DSD) of the Republic of South Africa, the United Nations Population Fund (UNFPA) and Leadership for Environment and Development – Southern and Eastern Africa (LEAD – SEA) collaborated since 2005 to present international training sessions on the relationship between population, the environment and the development challenges facing Southern Africa and the world.

Many strategic partners including UNFPA, UNECA and Southern African universities were involved in the process of conceptualization and development of the training course titled: *Leadership Training in Sustainable Development: the Population Environment Development Nexus*.

The training sessions were organized as response to the various challenges facing decision makers and planners to develop and implement policies and programs that improve the quality of life. Such policies and programs should transcend the traditional boundaries between disciplines, sectors, nationalities, cultures and generations. The training is highly participatory, integrating a number of actors at different levels, and provides an environment for peer learning and sharing. Participants are introduced to population trends and their relationship to environment and development challenges. They are selected so as to give the program a multinational, interdisciplinary and multisectoral character.

Overall, several South African universities assisted to offer the training program, and 11 training sessions on the Population, Environment and Development Nexus were held. Many outputs have been produced through this partnership, including the following:

- Participants can continue to also attend other courses of the LEAD Fellows Program, at any of LEAD's 14 member programs worldwide which largely overlap with PPD Member Countries (membership);
- A course outline was produced, which could be implemented at centres other than the current partners;
- LEAD entered into memoranda of understanding to collaborate with the Universities of Cape Town and Free State;
- 299 officials who occupy key positions in all three spheres of government have been trained;

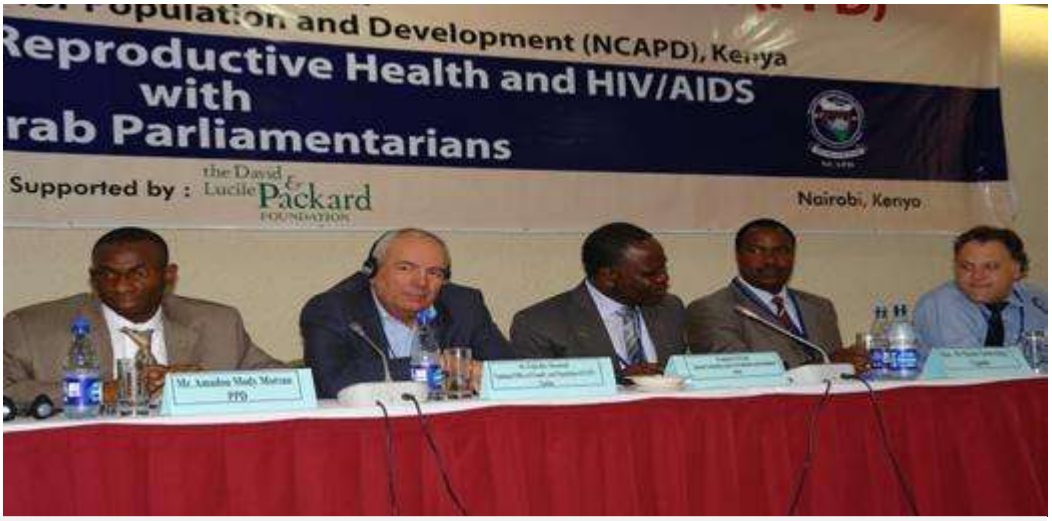
- A spin-off course was developed for officials who work in local integrated development planning in South Africa. Two pilot sessions were conducted in 2008, in which a further 38 persons were trained;
- The course was accredited with the South African Qualifications Authority (SAQA) through the University of the Free State;
- It has become an important feeder course for LEAD's Fellows program;
- The course is supported by research, networking and information support activities;
- The DSD, LEAD – SEA and the Bethelsdorp Development Trust (BDT): a community based organization in Port Elizabeth, South Africa collaborate to produce the *PED Newsletter*, through which local level experiences in PED integration from across the SEA region are shared;
- South Africa will host LEAD's 2010 International Training Session on Population, Climate Change and Development, in Port Elizabeth.

Besides, many lessons have been also learnt from the initiative, taking into account:

1. The challenge of sustainable development presents itself everywhere, even if in different ways;
2. Regional South-South partnerships in capacity building are viable and potentially very dynamic;
3. Participants are able to apply the skills obtained through the course directly in their work;
4. Systems thinking is a very valuable approach to PED;
5. The course offers a southern African perspective on local development issues;
6. Funding for this type of training remains a challenge, especially for NGOs and in some countries;
7. The comprehensive, independent evaluation of the course found that it meets its objectives, and that it does make a significant impact.

Presentation three:

"Integration of Family Planning with Maternal Health Services: the Experience of Kollo, Niger".
By: M. Ben Messaoud Fethi, PPD Partner Country Coordinator and Secretary General, National Office of Family and Population (ONFP), Republic of Tunisia.



Mr. Amadou Moreau, International Program Officer, PPD, Mr. Ben Messaoud Fethi, Secretary General, ONFP, Republic of Tunisia, Dr. Boniface O. K'Oyugi, Chief Executive Officer, NCAPD, Republic of Kenya, Hon. Dr. Elioda Tumwesigye, Member of Parliament, Chairperson, Sub-Committee of Parliament for HIV/AIDS, Population and Development, Republic of Uganda, Mr. Jacques van Zuydam, Chief Director, Population and Development Department of Social Development, Republic of South Africa. (From the left)

The above mentioned experience is a three-year triangular project North-South-South, initiated within the framework of "South-South Cooperation in Population and Development" by the Republic of Tunisia and Niger with financial support from the Government of France. The aim of the project was to transfer from Tunisia to Niger successful approaches, strategies and management methods relevant to the "Integration of Family Planning with Maternal Health Services". The major objectives of the project were: 1) to decrease the maternal and childbirth morbidity and mortality rate in the Sanitary District of Kollo, in Niger, by reinforcing both the RH/FP service delivery system and the skills and capacities of health providers in the district; 2) to provide relevant support for initiating, implementing and evaluating such a project, and to document the lessons learnt within this framework.

During the implementation process, several strategies were adopted, which include: 1) frequent field visit at grassroots level; 2) the dissemination of IEC materials and advocacy with high officials from within the project area; 3) capacity building for service providers; 4) the development of a management system; and 5) partnership with NGOs and CSOs.

Outcomes from this experience include:

- Increase in the coverage of RH/FP services, from 27% to 80%, before and at the end of the project respectively;
- The use of Antenatal Care services has increased from 10% before and 57.7% after implementation of the project;
- Use of Modern Contraceptive went from 1.5% before the project and 22.5% at the end;
- Postnatal Care and treatment: 5% before and 13.4% after the project;
- Childbirth that occurred in health infrastructures: 5% before and 8.41 at the end of the project;
- Sixty (60) new nurses were trained during the implementation process, and the project contributed to increase the RH/FP knowledge within the target area.

Finally, the integration process of FP services has been successful in both Tunisia and the District of Kollo, based on the three major strategies that follow: 1) high level commitment for controlling the demographic trend and the increase in population; 2) resource mobilization; 3) the improvement made in the Sanitary Development Plan that takes into account mobility as a key strategy.

Presentation four:

"Dynamics for the effective elimination of Female Genital Cutting/Mutilation (FGC/M) in Senegal".

By: Mr. Amadou Moreau, International Program Officer, Partners in Population and Development.

Female Genital Cutting also recognized as Female Genital Mutilation (FGC/M) or female "circumcision" refers to a set of practices involving the partial or complete removal of the external female genitalia. These practices can be found in a wide variety of contexts throughout much of Africa and the African Diaspora, as well as part of the Middle East and Asia. In the last two decades, the international community, national and local institutions have taken a position against FGC/M which is nowadays being considered as a human rights violation.

Many initiatives against FGC/M have been undertaken, which most commonly include educational campaigns highlighting the adverse health outcomes, assuming that as people become aware of the risks, they will be motivated to abandon the practice. In line with this, the

NGO Tostan, in collaboration with other non-governmental and governmental institutions in Senegal have, as part of a broader program of education and empowerment of women (called **Village Empowerment Program** (VEP)), initiated a movement of public collective anti-FGC/M pledges. The various kinds of interventions activities, which have been successfully implemented in Senegal, are arguably the most successful anti-FGC/M program completed thus far.

However, after many years of programming efforts yielding, in several instances, limited results, the question to know what works and what doesn't arises. In this regard, an evaluation of intervention efforts has been done in several steps during the implementation process of the VEP in Senegal, which emphasizes a set of findings/outcomes and lessons learned including the requirements to scale up or transfer the Senegalese Successful Approach for abandoning FGC/M to different cultural settings.

Findings from the evaluation process and the VEP impacts include:

1. VEP significantly increased the awareness of women and men about human rights, gender-based violence, FGC/M and RH;
2. The consequences of FGC/M were better known, as were issues concerning contraception, pregnancy surveillance and child survival;
3. Women's knowledge improved more than men's, except for STI/HIV;
4. Diffusion of information from the VEP within villages worked well, as other women and men living in the intervention villages also increased their knowledge on most indicators;
5. Communities have mobilized around maintaining peace and reducing discrimination, through establishment of committees for peace and management of conflicts;
6. A Forum was organized by young girls who expressed strongly their opposition to FGC/M, and early and forced marriage;
7. Public declarations to support abandonment of FGC/M took place to reinforce the above mentioned changes in attitudes and behavior:

    - The first public declaration against FGC/M, early and forced marriage involved 300 villages in June 2, 1998;
    - The second declaration was held on 27 November 1999 including 105 villages;
    - The third declaration on March 25, 2001 including 108 villages;
    - The fourth one was organized on June 5, 2002, with 300 villages;
    - In June 2009 in Senegal, 3800 villages already publicly declared the end of FGC/M into their respective communities.

Lessons learned from the Senegalese Approach for the abandonment of FGC/M stand into the three major components that follow: 1) the need to determine goals and tailor approaches; 2) the use of multi-faceted approach; and 3) the involvement of key partners.

1 – Determine Goals and Tailor Approaches

Determine goals and indicators

1. It is vital to clearly determine the goals of any anti-FGC/M intervention before implementation, through setting benchmarks for success, including appropriate indicators, and planning to evaluate the effects rigorously;
2. Well-designed projects that are informed by empirical evidence and designed to allow strong scientific evaluation are crucial if valid conclusions are to be made regarding their effectiveness;
3. Challenges in measurement of abandonment of FGC/M exist because of difficulties in confirming the validity of people reporting whether or not the practice has taken place;

denial of the practice is common in situations where the practice is illegal or socially unacceptable;
4. Measuring progress with, and understanding the social dynamics of, the process by which abandonment of FGC/M happens is critical in order to make conclusions that can be useful to communities and program managers.

Abandon the practice or only make it safer?

1. Anti-FGC/M campaigns that focus solely on the negative health consequences of FGC/M have, in some cases, inadvertently led to the practice being undertaken by health personnel (termed "medicalization") and to less severe forms of cutting, rather than communities giving up the practice;
2. Health providers must be made aware that practicing FGC/M abuses the human rights of girls and goes against medical ethics, and so they must be supported to resist the financial motivation to provide medicalized cutting.

Interventions and goals should match a community's readiness for social change.

1. FGC/M is practiced for a variety of reasons that can differ by ethnic group even within the same country;
2. It is essential, therefore, to tailor any intervention to address the community's rationale for FGC/M and to take into account its readiness to openly question and address the issue;
3. Where questioning is already underway within a community, assertive advocacy strategies may add momentum to ongoing social change;
4. Where communities continue to strongly support FGC/M, efforts to encourage abandonment should stimulate community-wide discussions about the socio-cultural reasons for cutting, by identifying reasons why it is a harmful practice.

2 – Use a Multi-Faceted Approach

Multi-faceted approaches

1. The most effective approaches for the abandonment of FGC/M are multi-faceted, intervening at many strategic points and promoting a different norm publicly;
2. A community-led education program using a holistic approach can accelerate a collective decision to abandon FGC/M;
3. Interventions to eliminate FGC/M within existing community-based RH care projects can increase knowledge of the harmful physical, social, and psychosexual effects of FGC/M, elicit public debate on the practice and public declaration of abandonment.

Reducing social support for the practice

1. Understanding the socio-cultural context and the rationale for the timing and type of cutting practiced by a community is essential before activities to stimulate abandonment are initiated;
2. Approaches that focus only on seeking to "convert" practitioners through education and providing alternative revenue or the passage of laws to criminalize the practice are not sufficient because they do not address the underlying social norms supporting FGC/M;
3. Focus on reducing social support for the practice rather than abandonment by practitioners.

Laws against FGC/M

1. Laws against FGC/M are an important policy commitment and create an enabling environment. When adequately implemented their impact on the abandonment of FGC/M is effective;
2. The law needs to be preceded and complemented by education campaigns and advocacy and sensitization of leaders;

3. Implementing laws against FGC/M is an effective component of change.

3 – Engage Key Partners

1. Use the media: Public discussion of FGC/M, led by respected community leaders and supported through intensive media campaigns, can help communities to openly question and confront this traditional norm;
2. Confrontation of longstanding cultural norms is facilitated by existing changes of generation, migration, education and the globalization of the culture facilitated by media;
3. In areas where the practice of FGC/M is entrenched through a belief, the engagement of credible traditional and religious leaders as advocates for total abandonment of the practice (and not reduction in severity or medicalization) is a critical and absolutely necessary initial step;
4. Health providers are an important potential resource in campaigns to eradicate FGC/M, but a concerted effort is needed to ensure that they can become effective behavior change agents;
5. Addressing providers' attitudes and enhancing their communication skills is crucial so that they can advocate against FGC/M and become effective change agents within their community.

RECOMMENDATIONS

Participants recognized that the current global economic slowdown is having a serious impact on the economies of developing countries, with severe consequences for the efforts to achieve MDGs and ICPD goals. They further expressed concern that despite the extra burden imposed on infrastructure and of social services provision caused by rapid population growth, FP has lost its centrality in terms of resource allocation as well as its place in poverty reduction strategies. Noting the barriers to integration that include, among other, vertical nature of programs, lack of skills by service providers; and concerned at the changing socio-cultural and political landscape of the RH environment, participants made a series of recommendations as follows:

Participants urged:

A. Parliamentarians in the region to

1. Play their legislative role in establishing legal frameworks and policies that are supportive to and promote RH and HIV/AIDS programs ;
2. Provide oversight for the implementation of the established policies and programs;
3. Encourage country governments to commit themselves to the regional and international agreements they have made including Maputo Plan of Action and Abuja Declaration, and ensure that these commitments are translated into concrete actions;
4. Advocate for adequate resources to SRHR and HIV/AIDS programs through the creation of specific budget line in the national budgets;
5. Collaborate with key relevant institutions including their national governments to raise awareness on issues related to RH/HIV/AIDS, Population and Development;
6. Ensure transparency, accountability and good governance with regards to utilization of services, program implementation, reporting of result-based expenditures for SRHR and HIV/AIDS.

Drafting Committee for the Recommendation

B. Governments to

1. Promote a more effective multi-sectoral integration of RH and HIV/AIDS programs to meet the needs of the population;
2. Integrate the goal of universal access to SRH services including FP into strategies, to attain the international agreed MDGs and ICPD goals as well as those aiming to reduce maternal and child mortality and morbidity, promoting gender equality, combating HIV/AIDS and eradicating poverty;
3. Build infrastructure and capacities that strengthen the health care system for a comprehensive response to HIV/AIDS and SRH needs;
4. Implement innovative and proactive strategies including community based models to improve the health coverage and access to SRH and HIV/AIDS services to meet the needs;
5. Facilitate youth participation and leadership in policy development and implementation of HIV/AIDS and SRH programs;
6. Develop guidelines for health professionals and program managers to meet the requirements for a better integration and linkage between SRH and HIV/AIDS services;
7. Mainstream gender into all SRH and HIV/AIDS policies and programs at all levels;
8. Promote an enabling environment for elimination of stigma and discrimination against vulnerable groups including PLWHA and involve them in the design and implementation of policies and programs that affect their life;
9. Support empowerment of women and the education of girls, in order to reduce maternal, infant and child mortality and morbidity and improve FP acceptance and combat harmful practices like FGC/M;
10. Promote a sustainable and equitable economic growth and socio-economic development to ensure poverty eradication.

C. Partners in Population and Development to

1. Advocate and support SRH and HIV/AIDS integration and linkages, as a best practice;
2. Encourage countries in the region to exchange information and share experiences in the area of HIV/AIDS and SRH through South-South Cooperation;

3. Facilitate sharing of experiences and information in the area of HIV/AIDS and SRH integration through appropriate channels and mechanisms;
4. Assist countries to form effective/functional networks and partnerships with UN agencies, national parliamentary organizations, NGO's, CSOs, the media and the private sector;
5. Develop a communication package to raise awareness of Parliamentarians in the fields of RH/HIV/AIDS, Population and Development;
6. Create appropriate fora for sharing best practices and disseminating relevant information on SRH and HIV/AIDS;
7. Facilitate multi-skilling and multi-tasking of personnel to address integration and linkage of HIV/AIDS and Sexual Reproductive Health and Rights (SRHR);
8. Intensify training in the area of HIV/AIDS and SRH including the integration of PPD generic modules into curricula of the training institutions in the region;
9. Promote partnerships, coordination and joint programming and service delivery among stakeholders, namely governments, NGOs, CSOs, the private sector to ensure integrated, holistic and comprehensive provision for SRH and HIV/AIDS services;

D. Development Partners to

1. Promote and protect national ownership of HIV/AIDS and SRH programs;
2. Support all parties in building capacities for the delivery of effective and efficient SRH and HIV/AIDS services at national and local levels;
3. Create an enabling environment for HIV/AIDS and SRH integration by reviewing their funding terms and conditions;
4. Assist countries to strengthen monitoring and evaluation mechanisms by developing tools to better assess HIV/AIDS and SRH integration and surveillance;

CLOSING SESSION

Hon. Dr. Omingo Magara, Minister of Trade, Chairman of the Parliamentarian Network on Population and development

Dr. Magara shared his thoughts about Men involvement in SRHR initiatives that are targeting specifically women, and pointed out the linkages between women and RH matters. He noted the role of Parliamentarians for addressing the issue of Health in general and RH in particularly, and mentioned relevant challenges including political decisions for strengthening the health system and services in developing countries in order to provide adequate services to women.

Dr. Magara thanked PPD for the work the institution does within the framework of ICPD Program of Action, and pledged for an assessment of the achievements fifteen years after its inception. He recalled his fellow Members of Parliament for supporting the development of local initiatives targeting rural areas where health facilities are mostly needed and noted progress made by the Government of Kenya to make RH services accessible to rural communities.

Dr. Magara appealed for synergized actions between Development Partners and Members of Parliament who currently need to coordinate their strategic initiatives for achieving target goals. However, he noted the urgent need to increase resources for RH programs, and called Development Partners for enhancing health care and support particularly in the field of capacity building for RH service providers in line with the achievement of MDGs.

Finally, Dr. Magara called for reinforcing the legislation as well as strengthening cooperation among Partners including donor agencies who should adopt adequate strategies to face

Population and RH challenges. He mentioned that donor agencies should work together with Parliamentarians to reexamine the way to go for the achievement of targets goals including the Woman target, and stated that *"with an empowered woman in a globe, we'll get a developed world".*

Official closing: *H.E. Mrs. Beth Mugo, EGH, MP, Minister of Public Health and Sanitation, Republic of Kenya*

In her statement, Hon. Beth Mugo recalled the different important issues discussed during the Dialogue as well as relevant recommendations that have been formulated by the participants. She pledged for implementing such recommendations and mentioned the commitment of the Government of Kenya to strengthen the process of integrating HIV/AIDS and RH programs in order to appropriately meet the health needs of population.

Hon. Beth Mugo called for the development of more initiatives targeting young people, who are more vulnerable and affected by HIV/AIDS and unwanted pregnancies. She pointed out the different initiatives from the Government of Kenya to address the challenges faced by young people and women. She called Members of Parliament and all participants to the Dialogue to prioritize women's health for achieving the MDGs. *"Women's health is the cornerstone of the family's health and the nation at large"*, mentioned Hon. Beth Mugo. In this regard, she noted the critical role Parliamentarians should play in: 1) improving women's health through proactive legislation; 2) requesting governments to own international declarations, protocols and plans of action that impact on the health status of women; and 3) promoting enabling environments for women's health indicators to thrive.

Finally, Hon. Beth Mugo called all the participants and their respective governments to give to women's health the due attention it deserves, and declared the *"Policy Dialogue on RH and HIV/AIDS with Afro-Arab Parliamentarians"* officially closed.

Vote of Thanks: *Mr. Harry Jooseery, Executive Director, PPD*

Mr. Jooseery thanked one more time all delegates, the Staff of NCAPD and most particularly the Chief Executive Officer Dr. Boniface K'Oyugi for providing relevant facilities to make the Policy Dialogue a success. Mr. Jooseery noted the assistance provided by the Government of Kenya, and thanked all Ministers and PPD Board Members, Secretaries and Members of Parliament, Representatives from Partner Organizations as well as Partner Country Coordinators for their contribution to the success of the Policy Dialogue.

Mr. Jooseery pointed out the key outcomes from the Dialogue, noted the quality work and papers presented during the various sessions, and extended his gratitude to all Key Speakers, Presenters and Discussants whose inputs contributed to develop the set of recommendations that are targeting Governments, Parliamentarians, Development Partners as well as PPD. He thanked PPD Staff from both the Secretariat and ARO for the work they have done accordingly, and highlighted the contribution from various resource persons as well as the drafting and editing committee members who provided valuable inputs and produced the recommendations from the Dialogue.

Finally, Mr. Jooseery thanked the Packard Foundation for the financial support provided, and reiterated PPD commitment to move forward taking into account the implementation of the recommendations from the Policy Dialogue.

Annexure A: List of Presentations

SESSION ONE: Reproductive Health, Population and Development: New Challenges

1. *Prof. Fred Sai*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess1%20-%20%20Fred%20Sai.pdf

2. *Hon. Mr. ADAM Bagri Moumouni*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess1%20-%20ADAMBMoumouni.pdf

SESSION TWO: Reproductive Health and HIV/AIDS Integration: Issues for Consideration

3. *Hon. Dr. Chris Baryomunsi, MP*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess2%20-%20Dr_ChrisBaryomunsi.pdf

4. *Hon. Beatrice Rwakimari, MP*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess2%20-%20BeatriceRWAKIMARI.pdf

SESSION THREE: Socio Economic and Cultural Initiatives for effective RH and HIV/AIDS Program Implementation

5. *Ambassador Dr. Eunice Brookman-Amissah*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess3%20-%20Dr_BrookmanAmisaah.pdf

6. *Hon. Mariam Patience Nalubega*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess3%20-%20MariamPNalubega.pdf

7. *Hon. Madame Dicko Fatoumata DICKO*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess3%20-%20FatoumataDicko.pdf

SESSION FOUR: International Declarations on RH, Population and Development and Political Commitment

8. *Dr. Kris Valaydon*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess4%20-%20KValaydon.pdf

9. *Hon. Kalifa Jammeh*
   http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess4%20-%20KalifaJammeh.pdf

10. *Dr. Mohammed Abou-ouakil*
    http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess4%20-%20Abou-ouakil.pdf

SESSION FIVE: Best Practices in Population and Development in Africa

11. Successful approaches and Lessons learnt from the National HIV/AIDS and RH Programs in Uganda
    Hon. Dr. Elioda Tumwesigye
    http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess5%20-%20ETumwesigye.pdf

12. Leadership Training in Sustainable Development: The Population Environment Development Nexus
    Mr. Jacques van Zuydam
    http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess5%20-%20JacquesVZuydam.pdf

13. Intégration de la Planification Familiale dans la Santé Maternelle Expérience Tunisie / Niger
    Mr. Féthi BEN MESSAOUD
    http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess5%20-%20FethiBMESSAOUD.pdf

14. Dynamics for the Effective Elimination of Female Genital Cutting in Senegal
    Mr. Amadou Moreau
    http://www.partners-popdev.org/docs/presentation/PolicyDLG_Kenya09_Sess5%20-%20%20AMoreau.pdf

Annexure B: South African Program outline of The Population Environment Development Nexus Training Sessions

Main theme: PED for sustainable development
- Overview of key population, development and environment concepts and indicators; international agreements
- System thinking
- Simulation: Fish Bank
- The role of Indigenous knowledge systems in sustainable development, public participation
- Globalization, trade and sustainable development

Theme: Environment and Development
- Ecosystems and global change
- Ecological Footprint
- Resource utilization
- Health and environment

Theme: Population and Development
- Population, gender and development
- Reproductive health and development
- Social and economical impacts of HIV/AIDS
- Migration and urbanization

Theme: Population and Environment
- Land tenure and human settlement
- Agriculture and food security
- Disasters and vulnerability

Competencies in leadership and management
- Communication skills
- Conflict resolution, negotiation and decision-making
- Change management

Site visits / local case studies, for example:
- HIV/AIDS and local demographic trends
- Mining and water resource management
- Sustainable human settlements and urban renewal
- Industrial development
- Culture and heritage
- Human settlements, rural development, land reform and commonage management

Annexure C: Agenda

DAY ONE: MONDAY, AUGUST 3, 2009		
TIME	**SESSIONS**	**CHAIR AND RAPPORTEUR**
OPENING SESSION		
9:00	**Addresses** • Mr. Alexander Ilyin Representative UNFPA Country Office Republic of Kenya • Mr. Harry Jooseery Executive Director, PPD • Dr. Edward Sambili Permanent Secretary, Ministry of Planning and Development and Vision 2030, Republic of Kenya **Opening Address** • Hon. Wycliffe Ambetsa Oparanya, EGH, MP Minister of State for Planning, National Development and Vision 2030, Republic of Kenya	**Master of Ceremony** • Dr. Boniface O. K'Oyugi, MBS Chief Executive Officer, National Coordinating Agency for Population and Development (NCAPD), Secretary PPD Board, Republic of Kenya **Rapporteur:** • M. Charles N. Oisebe Senior Program Officer National Coordinating Agency for Population and Development (NCAPD), PPD Partner Country Coordinator, Republic of Kenya
11:00	**SESSION ONE**	**Chair:** H.E. Mrs. Edna Molewa Minister for Social Development Member of Parliament, PPD Board Member, Republic of South Africa **Rapporteur:** Mr. Abdelylah Lakssir International Program Officer PPD Africa Regional Office (PPD ARO) Republic of Uganda
	Reproductive Health, Population and Development : New Challenges	
	Keynote: Prof. Fred Sai, Presidential Advisor on Population, Reproductive Health and HIV/AIDS, Republic of Ghana Discussants: • Hon. Dr. Victor Munyaka, Member of Parliament, Republic of Kenya • Hon. Mr. ADAM Bagri Moumouni, Member of Parliament, Republic of Benin • Dr. Eliya Zulu, Director of Research, African Population Health and Research Centre (APHRC), Republic of Kenya	
12:00	DISCUSSION	
14:00	**SESSION TWO**	**Chair:** Mrs. Fatimata Dème Executive Director, Forum of African and Arab Parliamentarians for Population and Development (FAAPPD) Republic of Senegal **Rapporteur:** Mr. Patrick Mugirwa Program Officer, PPD ARO Republic of Uganda
	Reproductive Health and HIV/AIDS Integration: Issues for consideration	

	Keynote: Hon Dr. Chris Baryomunsi, Member of Parliament, Chairperson Uganda's Parliamentary Forum on Food Security, Population and Development, Republic of Uganda Discussants: • Mrs. Fatimata DEME, Executive Director, Forum of African and Arab Parliamentarians for Population and Development (FAAPPD), Republic of Senegal • Hon. Beatrice Rwakimari, Member of Parliament, Chairperson Parliamentary Standing Committee on HIV/AIDS and Other Related, Republic of Uganda • Dr. Lawrence Oteba, Technical Officer, IPPF Africa Region, Republic of Kenya	
15:00	DISCUSSION	
16:30	**WRAP UP**	Dr. Jotham Musinguzi Regional Director, PPD ARO Republic of Uganda
19:00	Official diner hosted by Partners in Population and Development	
DAY TWO: TUESDAY, AUGUST 4, 2009		
8:30	**SESSION THREE**	**Chair:** H.E. Dr. Douglas Tendai Mombeshora Deputy Minister of Health and Child Welfare, Republic of Zimbabwe **Rapporteur:** Dr Mohammed Abou-Ouakil, PPD Partner Country Coordinator, Kingdom of Morocco
	Socio Economic and Cultural Initiatives for effective RH and HIV/AIDS Program Implementation	
	Keynote: Ambassador Dr. Eunice Brookman-Amissah, FRCOG, IPAS Vice President for Africa, Kenya, and Former Health Minister, Republic of Ghana Discussants: • Hon. Nalubega Mariam Patience, Member of Parliament, National Female Youth Representative, Republic of Uganda • Hon. Dicko Fatoumata DICKO, Member of Parliament, Chairperson, Commission for Health, Development and Solidarity, Republic of Mali • Hon. Dr. Zainab Amir Gama, Member of Parliament, Republic of Tanzania	
9:30	DISCUSSION	
11:00	**SESSION FOUR**	**Chair:** H.E. Dr. Ahmed Ali Bourji Secretary General, Technical Secretariat, National Population Council, Council of Ministers, PPD Board Member, Republic of Yemen **Rapporteur:** M. Charles N. Oisebe, PPD Partner Country Coordinator, Republic of Kenya
	International Declarations on RH, Population and Development and Political Commitment	
	Keynote: Dr. Kris Valaydon, Consultant in Population and Development, Deputy Representative, UNFPA, Republic of Madagascar Discussants: • Hon. Ekwee Ethuro, Member of Parliament, Republic of Kenya • Hon. Prof. Idris Ali Mtulia, Member of Parliament, Republic of Tanzania • Hon. Kalifa Jammeh, Member of Parliament, Republic of the Gambia • Dr Mohammed Abou-Ouakil, Director, Communication Division, Ministry of Health, PPD Partner Country Coordinator, Kingdom of Morocco	
12:00	DISCUSSION	
14:00	**SESSION FIVE**	**Chair:** Dr. Boniface O. K'Oyugi, MBS Chief Executive Officer, National

		Coordinating Agency for Population and Development (NCAPD), Secretary PPD Board, Republic of Kenya **Rapporteur:** Mr. Ben Haj Aissa Adnane, Director, Technical Cooperation, Office National of Family and Population, Republic of Tunisia
	Best Practices in Population and Development in Africa	
	Presenters: • "Advocacy efforts of the Members of Parliament that has generated increased resources for Reproductive Health Programs in Uganda", **Hon. Dr. Elioda Tumwesigye**, Member of Parliament, Chairperson, Sub-Committee of Parliament for HIV/AIDS, Population and Development, Republic of Uganda. • "South African successful training programs in Population, Environment and Development", **Mr. Jacques van Zuydam**, PPD Partner Country Coordinator and Chief Director, Population and Development Department of Social Development, Republic of South Africa. • "Integration of Family Planning with Maternal Health Services; the Experience of Kollo, Niger", **Mr. Ben Messaoud Fethi**, PPD Partner Country Coordinator and Secretary General, National Office of Family and Population (ONFP), Republic of Tunisia. • "Dynamics for the effective elimination of Female Genital Cutting in Senegal", **Mr. Amadou Moreau**, International Program Officer, PPD.	
15:45	**RECOMMENDATIONS, DISCUSSIONS AND ADOPTION**	**Chair:** Dr. Jotham Musinguzi Regional Director, PPD ARO Republic of Uganda **Presenter:** Prof. Fred Sai, Presidential Advisor on Population, Reproductive Health and HIV/AIDS, Republic of Ghana **Rapporteur:** Mr. Amadou Moreau International Program Officer, PPD
CLOSING CEREMONY		
16:30	• Hon. Omingo Magara Assistant Minister for Trade Chair, Parliamentary Network for Population and Development Republic of Kenya • H.E. Mrs. Beth Mugo, EGH, MP Minister of Public Health and Sanitation, Republic of Kenya **Vote of Thanks** • Mr. Harry Jooseery Executive Director, PPD	**Master of Ceremony** • Dr. Boniface O. K'Oyugi, MBS Chief Executive Officer National Coordinating Agency for Population and Development (NCAPD) Secretary PPD Board Republic of Kenya

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