

As written

PARTNERS IN POPULATION AND DEVELOPMENT

STATEMENT BY

BALLA MUSA SILLA, EXECUTIVE DIRECTOR

Mr Chairman,

Under Secretary General and Executive Director of the United Nations Population Fund, Dr. Nafis Sadik,

Honourable Ministers,

Esteemed Delegates to the ICPD+5 Forum,

Distinguished Guests, Ladies and Gentlemen,

I am honoured, on behalf of the Partners in Population and Development, to address The Hague Forum, convened on the occasion of the five-year anniversary of the International Conference on Population and Development. We, too, are celebrating our five-year anniversary as we were launched in Cairo at the same time that the ICPD Programme of Action was ratified by consensus by 179 countries from around the world. In a sense, Partners is a true legacy of Cairo, an offspring of whom we can all be proud not just because it has survived, but because it is now a sturdy intergovernmental organisation with increasing membership and concrete south-south collaborative activities.

When Partners was conceived five years ago, 10 developing countries committed themselves to the philosophy of Partners and enhanced south-south collaboration. We were an alliance of countries whose depth of experience in the fields of population and development was unparalleled. Using varied and innovative approaches, each of the founding Partner countries had already achieved measurable successes in improving the status of women, reducing infant and maternal mortality, and providing high-quality family planning services to large percentages of their populations.

Today, Partners has grown to 14 member countries. Since the original 10 came together in Cairo five years ago, (Bangladesh, Colombia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia, Zimbabwe), four more

countries have since joined: China, Pakistan, India, and most recently Uganda. We are in discussions with other countries, and we hope to announce new additions to the Partners roster soon.

Partners' aim, as set out in Cairo, was to gain a broader view of one another's programs by sharing and adapting successful initiatives and strategies resulting in a deeper understanding of the strengths and weaknesses from both sides. Such candid sharing of experience is possible in a South-South setting of mutual trust, respect, and openness.

The Partners continue to be guided by a clear goal: the expansion and improvement of reproductive health services that will enable:

All couples to have only wanted children;

All children to be born in healthy circumstances;

All women to avoid unwanted pregnancies and to give birth in health and safety;

All adolescents and adult men to help prevent the harmful consequences of unsafe or irresponsible sexual activity.

At this Forum we are reviewing the progress of the Programme of Action. We are assessing its implementation, reviewing action underway as a result of commitments promised five years ago. The Cairo Programme of Action cannot be achieved by inventing new wheels; we need to learn from our successes and our mistakes. Partners made a commitment in Cairo to share expertise among government population, family planning, and reproductive health programs and I can confidently assure you today that we are fulfilling our commitments. Examples of initiatives launched by Partners over the past five years abound – here are three:

EARHN: The East African Reproductive Health Network, is a network of governments, **NGOs**, and donor agencies in Kenya, Tanzania, and Uganda exchanging experiences and expertise in family planning, safe motherhood,

STDs/HIV/AIDS, adolescent health, gender issues, and genital and reproductive organ cancers.

The expertise gained by PROFAMILIA in Colombia in reproductive health programs for adolescents is being shared with sister family planning associations in Ecuador, Panama and Venezuela with the aim of creating a mode of services which promotes safe sexual behaviour and prevention of unwanted pregnancies and **STDs/HIV/AIDS**.

Indonesia's experience in providing reproductive health information and services through a family **centred** approach has been adapted and will be implemented in Senegal and Mali using a community service delivery approach.

More such projects have been devised and are seeking funding. Over the past five years, Partners has conducted roundtables, consultations, and seminars throughout the world aimed at helping governments and their NGO partners formulate project ideas and turn them into proposals. Funding is actively being sought for some 20 projects, among them:

STDs/HIV/AIDS and Infertility in North Africa: a tri-national effort between Algeria, Morocco, and Tunisia to provide reliable data and to develop strategies to address neglected reproductive health concerns such as **STDs/HIV/AIDS**, and the prevention and cost-effective treatment of infertility which these dreaded diseases cause.

Orientation of Religious Leaders for the Promotion of Reproductive Health: a collaboration between the Governments of Bangladesh, Pakistan, China and Thailand to work with the Muslim leadership in their countries to create enabling environments within religious settings to promote reproductive health and family planning activities.

Integrated and **Decentralised** Community Based Reproductive and Child Health Program: in this project, the Governments of Indonesia and Thailand have agreed to help selected states in India learn from their expertise in improving the quality of reproductive and child health programs through empowering women, generating income, and overall social development.

Implicit in all Partners-sponsored projects and proposals is the essential NGO component. Our member countries have long **recognised** that policies can only be implemented with the help of civil society, and our Governments have been grateful for the unfailing assistance of local, regional, national, and multinational **NGOs** serving their communities for many, many years. At

Partners' most recent Board meeting, some 50 **NGOs** from 20 developing and developed countries gathered to present a framework to promote NGO south-south collaboration.

The transfer of south-south technology, the technology of programmes and policy, is underway but it cannot be achieved without the unflinching support of our sisters and brothers in countries far wealthier than ours. There is a community of donors who have **recognised** the long-term value of investing in Partners. We are grateful to the overseas development agencies from the Governments of The Netherlands, the United Kingdom, and the US; to the multilateral agencies – the United Nations Population Fund, the World Bank, and most recently, the European Commission; and last, but hardly least, the Rockefeller, Packard, Hewlett, and Gates Foundations. We are honoured that these esteemed institutions are the Partners' "partners," providing funding for everything from operations to programmes to projects. Quite simply, we could not do our work without them and the votes of confidence their funding represents give Partners the momentum to persevere, in spite of the odds.

As you are all too well aware, the financial targets for the year 2000 to implement the Programme of Action are unlikely to be met. Although we got off to a good start in 1994 and 1995 with a global total of \$9.5 billion earmarked for population programmes and projects, of which \$7.5 billion came from developing countries, developed country governments have lost their momentum. If current rates of funding continue through 2000, the implementation of **ICPD** will be impeded by a \$2.1 billion funding shortfall.

The message that policy makers from donor countries should take away from this five-year review of Cairo is this: developing countries are doing their share to implement the Cairo agenda. But they cannot do it alone. They need much greater support from the international community than they have received so far, and the mechanisms exist. **Partners** is an effective, and efficient instrument for further implementation of the Programme of Action. Donor country investments in collaboration with Partners can be maximised fully through our ability to adapt and rapidly apply proven and well-tested approaches to improving and expanding reproductive health and family planning services.

Ladies and Gentlemen: Consider these statistics:

30 Years ago in the developing world:

The average woman had 6 children.

lin 8 children died in their first year.

Nearly 12 million infants died every year.

Life expectancy was just over 50 years.

Annual per capita income was about \$700.

More than half of the people lived on less than a dollar a day.

Today in the developing world:

The average woman now has 3 children.

Infant mortality has been cut in half.

5 million fewer children die every year.

Life expectancy has risen by more than a decade.

Per capita income has risen by 60 percent

The percentage of those in absolute poverty has been cut almost in half.

We should be proud. Progress has been made. When commitments are fulfilled, development can be achieved. Of course our task is by no means over. The current HIV/AIDS epidemic in the developing world is a diabolical obstacle placed in our continuing uphill struggle. But we will address this disaster just as we have faced other unbearable odds. And we will succeed, but only if we embrace and enhance partnerships among all the actors in development: governments, **NGOs**, funding agencies, and most importantly, the people whom we serve.

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