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STATEMENT BY

HON. NASSOROW. MALOCHO (MP) ,
MINISTER OF STATE (PLANNING) ,
UNITED REPUBLIC OF TANZANIA

AT

**THE 21ST SPECIAL SESSION
OF THE UNITED NATIONS GENERAL ASSEMBLY
NEW YORK
30TH JUNE – 2ND JULY 1999**

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Mr. President,
Your Excellencies,
Distinguished delegates,

My delegation wishes to congratulate you and the Bureau on your election to steer our deliberations. It is our conviction that this meeting will provide opportunities for decision-makers to review and appraise implementation of the ICPD Programme of Action.

Tanzania actively participated in the International Conference on Population and Development in Cairo in 1994 and committed herself to the Programme of Action and Recommendations of the ICPD.

Mr. President,

It is on the basis of this background that Tanzania has embarked on a series of **post-ICPD** activities: The population sector adopted new approaches which were found to be more appropriate to our community emphasizing gender equity, reproductive health and rights, and empowerment of women. Tanzania also found that the integration of reproductive health services within the primary health care activities makes it more accessible to and more affordable for the community. The Reproductive Health and Child Care Unit of the Ministry of Health has been strengthened and mandated to coordinate all reproductive health activities in the country, including family planning, control of **STDs** and **HIV/AIDS**, mother and child health and post-abortion care.

The government has instituted legislative and institutional changes to enhance gender equity and empowerment of women, apart from establishing a Ministry responsible for Community Development, Women Affairs and Children. Tanzania has also mainstreamed gender into the macro-economic policy framework, including the budgeting process and procedures. For example, the universal access of girls to education and training is being enhanced. The education and training policy which, among other issues, aims at raising participation rates of girls by establishing more boarding schools for girls, was adopted in 1995. Education and training curricula have been reviewed to avoid assigning gender stereotype roles.

On participation of women in decision-making positions, women have special seats reserved for them in all decision-making bodies, starting from the village to the national level. For example, women are guaranteed at least 15 percent representation in the Parliament and at least 25 percent in local government councils.

Mr. President,

The National Population Policy (1992) is being reviewed to incorporate the emerging concerns of gender, youth problems, HIV/AIDS, environment, poverty alleviation and the broader concept of reproductive health that encompasses sexuality and adolescent concerns which had not been perceived as societal problems in the past.

Mr. President,

In order to stimulate meaningful change for better social services for Tanzanians, the government is undertaking social sector reform programmes which identify areas that need to be either reviewed or reinforced with the aim of improving service delivery. **The** social sector reforms are emphasizing decentralization of social services management, delivery and improvement of quality of care and efficiency. Pilot areas for decentralization have been established and the community is widely sensitized to participate in the social services management, including reproductive health.

Mr. President,

We do not underestimate the strong partnership and vital contribution of civil organizations in policy formulation and implementation of population programmes. **NGOs** have also played a crucial role in complementing government efforts to mobilize resources for population programmes, advocacy and lobbying for change of repressive cultural practices and legislation. We also appreciate the continued financial and technical support to population programmes that both bilateral and multilateral organizations render to our country. Time won't allow mentioning all of our collaborating partners by name. However, Tanzania recognizes and is appreciative of the leading role rendered by UNFPA in supporting population programmes.

Although Tanzania has registered modest achievements in the field of population, her social indices remain low. With a youthful population in which the under 15 comprise 47 percent of the population, the population growth rate is as high as 2.8 percent. Life expectancy at birth is estimated to be 49 years, down from 55 years in the **1980s**, while whatever gains are made in this area are being wiped out by the high death rate prevailing, particularly due to the high incidence of HIV/AIDS.

The situation of reproductive health is also very poor with high-risk programmes, high maternal mortality rates, high infant and child deaths, high fertility rates, low contraceptive prevalence rate, high unmet reproductive health needs, and existence of harmful practices such as female genital mutilation (FGM). Previous studies (Tanzania Demographic and Health Survey, 1996) show that 26 percent of girls aged between 15 and 19 have already begun childbearing. Maternal deaths are still high at a ratio of 529 deaths per 100,000 births. Eighty-eight infants out of 1,000 births die before reaching age 1 year, while 137 children die before celebrating their **5th** birthday. Female genital mutilation is still being practiced in Tanzania with about 18 percent of women reported to have been circumcised. On the other hand, youths and adolescents are the most

under-served sub-population group in the society as far as reproductive health and reproductive rights are concerned, both in terms of information and products.

Mr. President,

Tanzania, like many other countries on the African continent, is faced with a number of daunting challenges in her efforts to implement the **ICPD** Programme of Action. The pace and scope of reaching the **ICPD** goals are greatly hampered by shortages of resources. Although the government has been increasing the share of resources allocation to the social sector and population programmes, resources available have tended to be much less than those required. Debt servicing has been a major constraint also. By the end of 1998, the country's external debt was about **US\$8** billion, equivalent to 110 percent of GDP. Currently about 35 percent of total annual budget go to debt servicing. Debt relief actions for the highly indebted poor countries (HIPC) are a positive step in enhancing capacities for achieving the **ICPD** Programme of Action goals. However, such actions need to be made more flexible in order to accommodate many of these countries.

Mr. President,

Tanzania, over the years has been almost a permanent home to hundreds of thousands of refugees from the neighbouring countries. We do welcome these refugees in accordance with international conventions. We know these are human beings and their rights have to be respected accordingly. However, the burden these refugees pose on our environment, infrastructure and social services is very serious. Although the international community has generously come out with some assistance to ameliorate the situation on several occasions, for which we are very grateful, there is an urgent need to step up this support and assistance in order to avoid long lasting catastrophe in the refugee camps and surrounding communities and overall development of the country.

Mr. President,

The HIV/AIDS epidemic is another threat to our socio-economic development. In view of the social, economic and health impact of the pandemic of HIV/AIDS, its prevention must be accorded high priority by the entire international community if we are to survive in the new millennium. Now that we are more aware of the magnitude of the problem than we were in 1994, more resources have to be directed in the control of the epidemic. The role of **UNAIDS** has to be reinforced in leading a more concerted and coherent response to the HIV/AIDS epidemic. Tanzania has intensified her fight against HIV/AIDS through a multisectoral approach. A National AIDS Advisory Board, chaired by H.E. Ali Hassan Mwinyi, former President, is reviewing current policy.

Mr. President,

Given the existing constraints and challenges that exist in the country, I wish to assure delegates that measures to create an enabling policy and legal framework have been undertaken.

There also exists opportunities that can increase the pace of success: First, the country enjoys peace, tranquility and unity among its people. The introduction of a multi-party democracy has raised the level of political involvement and participation of the people, including that of women.

Secondly, the adoption of a long-term National Vision 2025 and the subsequent medium-term plans will offer a long term policy guide and framework for strategic thinking. Hitherto, government interventions were based on short term outlook and sometimes foreign prescriptions such as the Economic Recovery Programmes, Structural Adjustment Programmes, Structural Adjustment Credits, etc., some of which had negative effects on the well-being of the most vulnerable in society.

Thirdly, the rapid increase of the involvement of civil societies, especially the NGOs, in the country in recent years, working at grassroots level with communities, are more responsive to the local needs and are effective mobilizers of the people. They are emerging to be successful change agents through lobbying and advocacy.

Fourthly, the ongoing reforms in the macro-economy, in the public sector, in the local government, in the social sectors and in the political arena, have spearheaded the tempo for change. The impact of these reforms, we hope, will be to enhance partnership with the private/NGO sector. Consequently, governance, accountability and people's participation will increase. Eventually, the rationalization of public sector functions will make available more government resources for social services.

Mr. President,

I would like to stress that the world community is not short of blueprints and programmes of action. What we are short of is their implementation. Another limiting factor is the lack of coordination of efforts among collaborating partners. The "do it alone" syndrome leads to ineffective use of resources.

The future, therefore, depends on working together and meeting the promises that have been made by different parties for the realization of the ICPD Programme of Action. Anything short of these promises will ultimately affect the implementation process and contribute to the slow realization of poverty eradication to which we have committed ourselves in a number of international fora in the 1990s.

Mr. President, Ladies and Gentlemen, I thank you for your attention.