

POPULATION

Windows



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Public Private Partnership in Population and Health in Pakistan

Dr. Mohsina Bilgrami, Executive Director - Marie Stopes Society



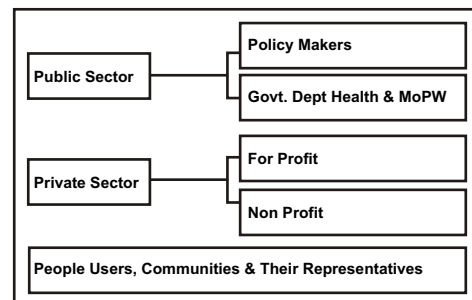
Pakistan's population growth rate has declined to 1.90% and contraceptive prevalence rate has risen to 34% with a decline from 6.8 births in 1980, to 4.1 births per woman today, showing a strong trend in fertility transition. Policy makers say that Pakistan needs to put more donor effort & support is needed in further reducing population growth, increase education and employment opportunities & improve health of the poor.

Pakistan also faces a huge development deficient of rural-urban disparity levels, high poverty levels, a decline in GDP growth per capita income and high unemployment. Even with a comprehensive poverty reduction strategy, there is still a huge gap in availability of services, poor still have to go to private sector for health services – a figure of almost 70% is quoted. There is growing evidence that the cost of health care among the poor can lead to deeper poverty.

Government of Pakistan wants to promote better healthcare by increasing coverage, improve quality of care and control excessive health care costs (especially to the poor). Pakistan's long standing economic & social challenges include a fragile macroeconomic situation, and civic governance problems, slow progress on poverty reduction due to slacking economic growth, poor social indicators, particularly among women and in the rural areas, severe gender disparities, and rapid urbanization. Low levels of education & poor health care limiting Pakistan's productivity and poverty reduction prospects.

A strategy to increase coverage, improve quality of care and make services affordable in current

situation is only possible by building partnerships between:



Enhanced outputs can be expected when partnerships among the three groups can be developed. Each sector need to meet at one platform with the objective to reduce poverty by addressing the basic human right of health services which are available, accessible, affordable and reliable. Private Public Partnerships in Population and Health Sector in current stage can actually change the course of poverty with in Pakistan especially in rural areas.

Private Sector

In Pakistan there is a huge private sector and the non-profit sector mostly non-governmental organizations. There are 56, 219 NGOs registered in Pakistan, and like all other sectors, there are some "good" and some "bad" NGOs. There is the private sector, which is for profit – mostly private hospitals, private providers like general practitioners & doctors with small or large clinics. This also includes some pharmaceutical and manufacturing companies. Most non-profit organizations working for health and population are already working in backward – urban areas. It is time that their coverage needs to be expanded in rural and remote areas. Some has excellent coverage and quality service delivery capacity.

Three P's in Population and Health

Shakeel Durani
Secretary, Ministry of Population Welfare



Pakistan was one of the few countries to start a population programme more than fifty years ago from the platform of an NGO. The programme gradually evolved into an ongoing public sector social development endeavour operating within the framework of nationally accepted broad based and strategically focused population and development policies aimed at encouraging the voluntary adoption of small family norms. However, the transition of the programme from NGO to public sector did not have the vision of a public-private sector partnership, which proved so successful in addressing population problems in other countries. Initially the Pakistani programme was limited to fertility control. A broader planning approach consistent with economic and sectoral policies on population concerns backed by media and

political support evolved later.

At present the fertility level in Pakistan is four children per woman, the highest in South Asia with the exception of Afghanistan and Bhutan. Although Pakistan's fertility rate has declined, it is higher than that of similarly placed countries, such as Bangladesh and India, whose fertility rates are 3.6 and 3.1 respectively. The Contraceptive Prevalence Rate (CPR) in Bangladesh is 54 percent compared to 33 percent in Pakistan. At Independence, Pakistan had 32.5 million people while today it has over 150 million, four and a half times as many. At the country's inception there was a growth rate of one million people a year while today it is more than three million a year. Population growth has gained such momentum that it will continue to increase for another half a century even after Replacement Level Fertility is attained by 2020 when the figure could be as high as 197 million. The forecast is that the population could reach 344 million by 2050; the year when population stabilization is expected. No development plan can sustain population growth on such a scale and its impact on development and efforts to reduce poverty is not difficult to assess.

Low achievement and shortcomings as a result of these factors emanate predominantly from the weak bonds of partnership among NGOs, private and public sectors and the lack of ownership of programmes by the Health Department hierarchy in the public sector. The latter maintain more than 10,000 health units in all provinces, five times the total of Population Welfare Programme units. Similarly, 80,000 Local Health Workers already stand deployed in almost every village in the country to provide FP/RH services. If fully involved along with NGOs, social marketing agencies and the private sector, they could help meet the needs especially of the rural population.

At present social marketing companies (SMCs) are concentrated in urban areas. They need to consider intensification of their efforts in peri-urban slum and rural areas also. To this end NGOs, social marketing companies and the private sector must join hands with small grassroots NGOs, CBOs and the huge public sector health infrastructure available in rural areas. A network would need to be established through effective coordination and capacity building of the small grassroots NGOs to enhance interpersonal communication and motivational activities and the provision of FP/RH services through innovative joint ventures. If we do not quickly reach out to the rural targeted population and peri-urban slums we will not be able to cater to the 33 percent un-met need for family planning which includes 12 percent of women who wish to delay their next pregnancy and 21 percent who want no more children. Such a sizable unmet need, which is expected to increase, could only be tapped and achieved successfully through the coordinated and collaborated efforts of NGOs,

SMCs and the private and public sectors

Ministry of Population Welfare is fully cognizant of the situation and plans to provide doorstep service delivery by strengthening mobile service units (MSUs) to be headed by female doctors with provision of medicines. These MSUs will be deployed in all Tehsils with the aim over the next two years to reach every village, hamlet and slum and build effective links with LHWs. The service infrastructure is backed up by electronic and print media campaign as well as innovative ground activities such as music concerts by famous folk singer Mr. Atta ullah Esakhelvi and road shows by Mr. Naseer Soomro (tallest man in Pakistan). Moreover special programmes for Youth and adolescents are also being undertaken. Advocacy initiative to involve elected representative, opinion leaders, media professionals and religious scholars are also under way for bridging the gap between knowledge and practice.

The population policy, approved by the Federal Cabinet and announced by the President on World Population Day 2002, recognizes the weak links and stresses the need to build a stronger partnership with NGO, SMCs and the private and public sectors.

Bringing this dream of partnership to reality will go a long way to redress the neglect in the field of family planning and reproductive health in Pakistan. Now all the stakeholders in public and private sector must join together for this national cause.

5th Annual Research Conference 2004

Sharing Population and Development Research Across South & West Asia, Karachi University, 14-16 December 2004. 128 Researchers (Australia 3, Bangladesh 7, India 38, Nepal 2, Nigeria 1, Pakistan 75 and USA 2) gave an enthusiastic response to PAP's Call for Abstract for 10 scientific sessions of the conference 2004. In a Scientific Organizing Committee meeting held on 30 August 2004, 58 Abstracts were approved for inclusion in the Conference 2004 tentative program (original abstracts available at www.pap.org.pk). While 41 abstracts were recommended for Poster presentation and 29 were rejected. The deadline for complete paper submission through email is 15 October 2004.

Election Executive Council 2005-06

According to the provision in the Constitution of the Population Association of Pakistan (PAP), a new Executive Council must be elected before the end of the term of the incumbent Executive Council. The third election for the Executive Council of the association will be held on 15th December 2004 during the Fifth Annual Research Conference organized by the PAP at Karachi University from 14 - 16 December 2004.

The PAP Secretariat has already dispatched nomination forms to all voting members i.e. Institutional, Honorary, Life and Regular. For your convenience and to ensure a maximum number of voting members, the nomination paper along with a letter from Dr. Naushin Mahmood, Secretary General - PAP is available on our Website www.pap.org.pk. Please note that only Institutional, Honorary, Life and Regular Members are eligible to vote.

A Call for Leadership and Development July 24th-26th 2004

Addis Ababa

A two-day consultative meeting was held in Ethiopia from July 24-26th to discuss issues and strategies for improving leadership within the population and development sector. Nearly 150 participants from nearly twenty countries and three continents attended the meeting. The Honourable Minister of Youth Affairs of the Government of Ethiopia opened the meeting. Representatives from the Packard Foundation the International Institute for Education, International Health programmes and the University of Washington (who were the main sponsors of the meeting) presented an overview of the efforts they were making to develop a global cadre of leaders within the population and reproductive health field.

The two-day meeting adopted an open space discussion approach, which was both innovative and productive. It helped to elicit candid views on the issues and leadership challenges being faced in many countries around the globe.

Discussions around these issues led to the identification of a number of strategies that could help in overcoming these challenges. Greater inter county and inter regional collaboration through the establishment of networking mechanisms was stressed as one of the viable options to help partners sharing from each others' experiences and lobby for change.

One of the positive outputs of the meeting has been the establishment of a youth leadership development network. It also helped in achieving a renewed commitment from all those who were present to work more vigorously for the population cause. The meeting helped participants learn from other countries in terms of what worked and what did not.



President General Pervez Musharraf

Donor Institution's Role: Improving the Social Sectors in Pakistan through Public Private Partnership

Shahzad Saeed

Any collaboration between public bodies, such as local authorities or central government, and private companies tends to be referred to as a public-private partnership (PPP). It is always desirable the range of public-private partnerships because it is

thought to be the best way to secure improvements in public services. It is also believed that private companies are often more efficient and better run than bureaucratic public bodies. In trying to bring the public and private sector together, the government hopes that the management skills and financial acumen of the business community will create better value for the public sector.

The population health and education development issue requires efforts and contribution from all the stakeholders and levels of society. President Gen. Pervez Musharraf, in his message on World Population Day, 10th July 2004, urged the public/private sectors and society at large to promote and participate in the national cause of population welfare for the well being of the people of Pakistan. In Pakistan, it is the partnership between the public and private sectors that works to create policies and programmes aimed at creating a moderate, prosperous state and preventing terrorism. Multilateral lending and funding institutions like the Canadian International Development Agency (CIDA), Human Reproduction Program (HRP) (co-sponsored by the United Nations Development Program (UNDP)), the United Nations Population Fund (UNFPA), the Department for International Development (DFID) UK, the United States Agency for International Development (USAID), the World Bank, International Monetary Fund (IMF) and Asian Development Bank (ADB) have played a major role in providing financial and development policy advice to Pakistan over the last half-century.

A year after the military government of General Musharraf took power in Pakistan, the Executive Board of the IMF approved a Stand-by-Credit (SBC) of \$596 million. The programme was to run until the end of September 2001 supporting the government's economic programme for 2000-01. The Stand-by-Agreement (SBA) focused on moving Pakistan to high sustainable growth by strengthening and building its human capital through health and education development and reducing public sector indebtedness. As far as population health and education development is concerned, improved relations between the IMF and government of Pakistan meant that the IMF approved a three-year Poverty Reduction and Growth Facility (PRGF) loan to Pakistan in December 2001. The PRGF is a package valued at \$1.3 billion. This programme has proved successful and Pakistan has received \$738 million.

In the 53 years since 1952, the International Bank for Reconstruction and Development and the International Development Agency, both World Bank agencies, have approved 84 loans and 119 credits for Pakistan amounting to \$6.97 billion and \$7.71 billion respectively. The World Bank has funded another \$1.23 billion for 15 main projects, of which \$416 million remains to be disbursed. More than 75% projects are based on the issue of population development in which health and education have been given top priority.

The Government committed itself to increase pro-poor budgetary expenditures and, with the help of multilateral institutions, the trend of robust increases in expenditure on education and health in the second half of FY 2002, continued in the first quarter of FY 2003. The economic and structural reform process in the North West Frontier Province (NWFP), Pakistan, is to be boosted by a US \$90 million credit, approved by the World Bank (Jun-04). USAID's return to Pakistan in July 2002 was front-page news in all the country's newspapers. The Government of Pakistan, led by the Ministries of Finance, Education and Health, welcomed USAID back warmly and promised strong cooperation. To date, funding for the new programme has been

strong and as anticipated. Six hundred million dollars in debt relief and \$39.55 million for education, health and democracy activities was provided in FY 2002; \$186 million more for debt relief and \$50.145 million for education, health, democracy and economic growth is expected in FY 2003. Planning for FY's 2004 and 2005 includes non-project assistance continuing at the \$200 million ESF level and the Mission's programme budget increasing to approximately \$75 million a year. Another project, a joint venture between USAID and the Pakistan Poverty Alleviation Fund (PPAF), has been launched in Pakistan to develop population through education and health advancement. USAID Director Lisa Chiles said \$100 million each would be spent on education and health, \$40 million on improving governance, and \$30 million on economic growth.

The Asian Development Bank provided 42 million dollars to improve health facilities in 54 underdeveloped districts and agencies with the lowest socio-economic indicators in Jan2001. The project is aimed at overcoming rural-urban and inter-district imbalances and social services and uplifting the health status of 40 million people. Disbursement of micro credit through the Khushhali Bank, Pakistan Poverty Alleviation Fund, and the Agricultural Development Bank of Pakistan has improved health and education substantially in FY 2002 and the first quarter of FY -2003.

The UK is the third largest bilateral donor to Pakistan behind the US and Japan. Since the financial year 2000/01, DFID spent £144 million on aid programmes in Pakistan. In June 1999, the WB approved a \$90 million credit to support the Pakistan Poverty Alleviation Fund (PPAF). Its aim is to empower the urban and rural poor by giving them access to resources particularly related to health and education. This programme is considered a success and was followed with a pledge of a further \$368 million program in December 2003 to assist Pakistan in improving literacy and health facilities. When General Musharraf came to power in October 1999, Pakistan's relationship with the WB and IMF was initially strained. The WB initially showed reluctance to provide assistance to Pakistan. But when the military government restored some elements of democratic reforms, both the organisations restored assistance to Pakistan.

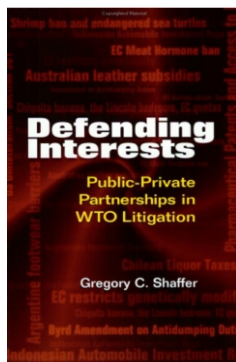
While addressing a delegation of young professionals and businessmen at the AIWAN-E-SADAR on Wednesday 25th August, President General Pervez Musharraf said: "The government's economic reform process was clearly leading to an improved standard of living and a decline in poverty through development in public health and education". To assist reforms at federal level, the WB also encouraged reforms at provincial levels. To that end in July 2002, the WB approved Structural Adjustment Credit, (SAC) for two provinces (Sindh and North West Frontier Province) totalling \$190 million. At a provincial level, the WB further assists Pakistan in community development by empowering people at grassroots level through political devolution and providing better health and education facilities.

The WB has increased its influence in Pakistan as its assistance has increased. The WB disbursed \$1.226 billion in fiscal year 2003—the highest level ever in the history of Pakistan. The WB's Country Assistance Strategy (CAS) for fiscal years 2003-05 focuses on supporting Pakistan's home grown reforms through a program based on institutional capacity building in which health and education have been given importance. Most of the recent lending by the IMF and WB has been to enable structural reforms and institutional development in Pakistan by improving the economic environment. A thorough and in-depth analysis of WB and IMF-supported programmes in Pakistan reveals positive results. These programmes have brought about macroeconomic stability in the country. WB-supported programmes in Pakistan emphasize financial discipline, reduction in budget deficits, poverty alleviation, and education and health improvements. Furthermore, the structural reforms introduced by the government under these programmes have improved the governance level in the country.

Defending Interests: Public-Private Partnerships in WTO Litigation

Gregory C. Shaffer

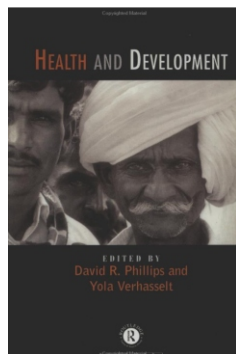
This book examines the growing interaction between private enterprises and public officials to challenge foreign trade barriers. Building on more than one hundred interviews with former and current trade officials and private attorneys in the United States and Europe, Gregory Shaffer calls attention to the ways in which well-organized private parties are using the World Trade Organization's legal system to advance their own commercial ambitions and how public officials are increasingly dependent on their assistance.



Health and Development

David R. Phillips, Yola Verhasselt

Health is an elusive concept and environmental change is leading us to new health risks and exposure to new forms of danger. Development, in its many facets, can have very positive, but also negative, effects on physical and mental health. Poverty continues to afflict Third World cities and increasing numbers in the developed world. Meanwhile macro-economic policies, recession in the West, debt servicing in the Third World and the impacts of structural adjustment policies, often mean cutbacks in Health and Development presents a broad and detailed description of the multifaceted aspects of health and development across the globe. Recession in the North and debt servicing in the South have reduced public expenditure on health and welfare. The links between regional, economic and environmental factors and the health of a population are becoming more pronounced.



Public Private Partnership..... Continued from page 1

Most of these NGOs provide subsidized or free services. This aspect needs to be further encouraged by active participation of philanthropists. If they were to partner with public sector and the people – then all the three objectives can be achieved.

Public Sector

As already discussed – this includes the policy makers and officials of ministries and departments of health & population, trade & industry a commerce, pharmacy board etc. if partnerships are to be developed then public sector need to actually handover some underutilized, non-performing service delivery outlets to NGOs to run them effectively. In addition they need to reduce regulatory and fiscal barriers, like price control, drug price, easy access to essential drugs, and available forum, policies for building these partnerships.

People

Expand demand for services, for this Pakistan urgently needs:

- Policy on role of private sector (boundaries).
- Policy on private public partnerships making it a consultative process.
- Identification of private (NGO partners) who have capacity to deliver in rural areas.
- Monitoring & evaluation systems for these partnerships through a consultative process.

A consultative exercise by Marie Stopes Society (MSS) was done with policy makers and key public and private sector individuals on public private partnership recently. A short outcome of this;

The key responses are consolidated;

- i) Need to define, demystify and unfold the Public Private Partnership (PPP) jargon.
- ii) Commitment from both sides is a pre-requisite for positive outcome
- iii) Need a consultative process to define role and boundaries but all agreed that public sector should play a leadership or standard ship role.
- iv) Some very successful models were discussed. They are;
 - Rahim Yar Khan project: all BHUs are contracted to PRSP
 - Enhanced HIV/AIDS control program has major PPP component
 - LHW program has an approved PC1 for public private partnership. LHW program partner with UNICEF, UNFPA, MDM (Intl. NGO), AKHSP (Aga Khan Health Services Programme) & NRSP (National Rural Support Programme) for public private partnership in different projects
 - GFATM (Global Fund Available for TB and Malaria) projects
 - Social marketing programs – pointed out by majority as the most significant example
 - TB DOTS and family planning program in AJK Pakistan
 - FPAP Armed Forces Project
 - Government of Azad Jammu Kashmir FPAP partnership

International Examples

- i) Cambodia PHC
- ii) Guatemala program for indigenous people
- iii) Bangladesh urban PHC
- iv) Building trust among the two parties and extensive advocacy needed for success of PPP.
- v) In population program social marketing is an excellent example.

In this regard, NATPOW, which has become a dormantorgauis action, needs to be re-activated.

READER'S

Forum

Readers are requested to send their comments and queries to editorial committee for inclusion in future issues through letter or Email.

Sir,

In order to update readership regarding current social sector surveys may I kindly request Population Windows to provide brief on the following:

- Multi Indicator Cluster Survey (MICS) by UNICEF
- Core Welfare Indicator Questionnaire (CWIQ) by National Bureau of Statistic
- Rural Support Programme (RSP) By PIDE

Thanks

Dr. Tauseef Ahmed
Islamabad.

Pakistan Most Urban Country in S. Asia

Pakistan is the most urban country in South Asia as 32 per cent of its rural population has so far moved to urban areas, posing daunting challenges of housing, environment and employment and putting extra burden on urban infrastructure and social services, reveals a UN report.

The report, which has been prepared by the United Nations Population Fund (UNFPA), presents a situation analysis of Pakistan's current demographic and socio-economic environment and the recent efforts of the government towards structured adjustment in various sectors. The report shows that 24 per cent of urban growth in Pakistan can be attributed to migration including international migration with influx of Bangladeshis, two to three million other illegal entrants and as many as three million Afghan refugees. While the overall natural increase in urban areas remains 2.6 per cent, Pakistan's population is likely to reach 220 million by the year 2020.

As 33 per cent of the country's population is living in urban areas, the urban population has registered a higher growth rate of 3.5 per cent with an increasing demand for basic civil and social amenities. About 50 per cent of the total population lives in one-room houses, with inadequate access to sanitation and sewerage facilities, according to the report. Urban population, the report says, has grown over seven times from about 6 million in 1951 to about 34 million in 1998. However, the provision of basic amenities in urban areas has not kept pace with the growing urban population, adding to a host of problems through the increasing slums in cities and townships.

Urban poverty exists and itself is a breeding ground for many social problems including drug and child abuses, HIV/AIDS and sexually transmitted infections (STIs). According to the report, the rise in urban population, as a result of population growth and rural-to-urban migration, has increased pressure on urban infrastructure and social services.

Besides, overcrowding and air pollution has increased markedly as a result of vehicular emissions and industrial pollution. Pakistan, the report says, is also confronting the deforestation issue as only 5 per cent of its total land area is under forest. Similarly, the adverse effects of unplanned urban growth lack of implementation of quality standards for industrial pollution and lack of defined property rights are contributing to environmental degradation in the country.

The report has also highlighted the three main aspects of migration in Pakistan including inter-provincial, rural-to-urban and international. About internal migration, the report reveals that the number of persons who migrated during the ten years preceding the 1998 Census was estimated at 4 million, over two third of those "recent" migrants settled in urban areas, where they constitute 6.3 per cent of the population. Urban areas of all the four provinces combined had 5 to 6 per cent of their population classified as "recent migrants".

In the rural areas of Punjab, the percentage of recent migrants was about twice that of the other three provinces, which suggests that in Punjab rural-to-rural migration is more prevalent. Since 1950s, Sindh has been receiving migrants who have mainly originated in Punjab and NWFP provinces. Over 70 per cent of the migrants in Sindh had originated

outside the province whereas about 60 per cent of the migrants who originated in the Punjab and the NWFP migrated within the provinces.

The report also highlights uneven distribution of population among the provinces. Balochistan, which contains about 44 per cent of the landmass, has only five per cent of the country's population and has a density of 19 persons per square kilometer. Punjab, on the other hand, contains 55 per cent of the total population, with only one fourth of the total land area of the country.

Source: <http://www.dawn.com>

Rise in Hepatitis Worries Experts

Medical experts on 10th October 2004 underlined the need for vaccinating the entire population against Hepatitis B, especially the newborns, to contain the disease from spreading. The experts were speaking at a seminar on liver diseases, organized by the Dow University of Health Sciences on Sunday. It was attended by family physicians and the general public for promoting awareness about liver diseases including all strains of hepatitis from A to E, and their preventive measures.

Chairman of the Medicine Department, Aga Khan University Prof Dr Waseem Jaffery discussing the prevalence and prevention of hepatitis A to E said the prevalence rate of the virus of each type in Pakistan was five per cent. He said contaminated water and substandard eatables, which included unpeeled vegetables, caused Hepatitis A. He said that Hepatitis A virus mostly affected the pediatric population. "About 90 per cent of our population have had previous exposure during childhood," he said.

He cautioned that vaccines for Hepatitis B should not be re-started but continued from the missed dose. Dr Abdul Nadir representing the USA Phoenix, in his presentation about the prevalence of hepatitis in various parts of Pakistan, said various studies on the hepatitis virus had revealed the alarming rise of Hepatitis C in Pakistan due to non-availability of its vaccine. He identified that addicts who shared syringes become patients of hepatitis A, B and C. "Dentists on roadsides who reuse syringes after sterilization also spread the disease." He called upon private and public sector hospitals to dispose of their hospital waste in a proper and scientific way to prevent their reuse.

Dr S.M. Muneer from the Jinnah Postgraduate Medical Centre said that if a mother is a Hepatitis B patient, her would-be child could be a Hepatitis B carrier; therefore, it was very essential to get women vaccinated during pregnancy. He said Hepatitis B was curable, adding treatment was even available for chronic patients. Dr Shahab Abid from the Aga Khan University spoke on the side effects of various allopathic and herbal medicines especially those containing heavy metals. "Heavy metals like Arsenic cause harm to the liver," he cautioned.

The Director of Sarwar Zuberi Liver Centre of DUHS, Dr Rana Masood, said that during her last 20 years at the Civil Hospital Karachi, at least one patient of hepatitis had been admitted daily and 90 per cent of them come for treatment when they reach the final stage. Other patients, she said, wanted assurance of their 100 per cent recovery before starting treatment. Besides, a certain percentage simply avoided treatment to escape side effects of medicines. – APP

Source: <http://www.dawn.com>

Need Stressed to Modify Laws on Women

Chief of the National Commission on Status of Women (NCSW) Justice (r) Majida Rizvi on 10 October 2004, said that there were various laws that were discriminatory towards women, and stressed the need for identifying and modifying the same. She was speaking at a ceremony held here on Sunday to award certificates to the participants of a six-day workshop on Gender Responsive Budgeting, organized by an NGO, the Social Policy and Development Centre (SPDC).

Justice Rizvi said that the Citizenship Act had already been identified as discriminatory towards women but despite efforts put in by various NGOs, activists, etc., a little success had been achieved to get it reviewed. Similarly, the Hudood Ordinance and other such laws also appeared discriminatory, she said, adding that the commission had formulated recommendations after holding consultations with the scholars belonging to various schools of thought and experts in different fields. However, she regretted, a remarkable progress in this matter also was yet to be seen.

The NCSW chief told the audience that the biased laws had seriously affected the womenfolk. The number of women prisoners, majority of them facing trials under Hudood laws, had multiplied many times following the promulgation of such laws. Speaking about the gender budgeting course, she said that the government had announced a number of programmes on different occasions for the uplift of womenfolk. However, budgetary allocations for many of such programmes had not made. She hoped that techniques of gender budgeting taught at the workshop would help assess such allocations. She described knowledge of gender budgeting as an important step towards achieving gender equality.

Katrin Schneider, a gender expert from Germany who had conducted this workshop, besides another two such events earlier, said that she had noticed an increasing interest in gender responsive budgeting which was reflected in the Pakistan's policy documents, such as Gender Reform Action Plan. "It is still the woman who is responsible for reproductive labour that includes caring for children and the sick, cooking, cleaning, etc., all of which is not included in the national accounting system, although it contributes to a high degree to the welfare of the society," she pointed out.

Dr Kaiser Bengali, chief of the SPDC, said that his organization was trying to create a pool of experts in the technique of gender budgeting who could deliver as and when a decision was taken to implement the programme in the national, provincial or district budgeting process.

The objectives of the workshop were to integrate knowledge and carry out training on gender responsive budgeting with national representatives, civil servants and provincial administration; to share successful interventions regarding gender responsive budgeting initiatives by the government; to extend assistance in the implementation of gender reforms action plans; to assess achievements and constraints, as well as to build a knowledge management strategy at the regional level. Later, certificates were awarded to the participants of the workshop.

Source: <http://www.dawn.com>

World Bank approves US\$300 million Poverty Reduction Support Credit

The World Bank has approved a credit of US\$300 million in support of the Government of Pakistan's Poverty Reduction Strategy. The Poverty Reduction Strategy Credit (PRSC) is the first phase of a three-year programme to support the country's efforts at sustaining rapid growth and reducing poverty. "Pakistan has come a long way in implementing a comprehensive and ambitious economic reform programme," says John Wall, World Bank's Country Director for Pakistan. "These reforms have resulted in GDP growth accelerating to over 6 percent and the debt burden declining considerably, paving the way for greater expenditure targeted at poor people."

The World Bank has supported the Government of Pakistan's reform program since 1999 with two credits, a first Structural Adjustment Credit of US\$350 million in May 2001 and a second credit of US\$500 million in May 2002. This ongoing reform program, supported by the PRSC, is aligned with the Government of Pakistan's medium-term program to accelerate growth and poverty reduction and to improve health and education. This program is articulated in the Government's Poverty Reduction Strategy Paper (PRSP) entitled "Accelerating Economic Growth and Reducing Poverty: The Road Ahead."

The Strategy is based on four pillars: (i) achieving sustained high and broad-based economic growth, while maintaining macroeconomic stability; (ii) improving governance and consolidating devolution both as a means of delivering better development results and ensuring social and economic justice; (iii) investing in human capital with renewed emphasis on effective delivery of basic social services; (iv) targeting the poor and vulnerable, to bring the marginalized sections of the population and backward regions into the mainstream of development.

"The next few years pose the challenge of maintaining the reform momentum, attracting domestic and foreign investment to sustain a higher growth path, finding more ways of translating this higher growth into lower poverty and mobilizing additional domestic and external resources to accelerate improvements in education, health, and infrastructure," says Manuela Ferro, the World Bank's Country Economist for Pakistan and co-task manager of the PRSC. "Critically, Improving service delivery in social service outcomes is conditional upon the improved utilization of expenditure which in turn is dependent on governance reforms that are being supported through this credit," says Zahid Hasnain, a World Bank Economist who co-managed the PRSC from the Bank's Islamabad Office.

The US\$300 million interest-free credit, from the International Development Association (IDA), the World Bank's concessionary lending arm, has a 35-year maturity, a 10-year grace period and a 0.75 percent service charge.

Community Midwifery Programme in the cards

Health Minister Muhammad Nasir Khan said the Women's Health Project was launched in 20 districts to develop a women-friendly district health system and AIDS control programme working in 65 high-risk

districts. "Efforts are being made to train midwives through this project, while improving emergency obstetric care services. To improve reproductive health services, 34 more districts will be strengthened through a new reproductive project," he said in his inaugural address at the Regional Workshop on Skilled Birth Attendants in South and West Asia. The health minister and the United Nations Population Fund organized the three-day workshop. Representatives from Pakistan, India, Nepal, Sri Lanka, Bangladesh, Maldives, Bhutan, Afghanistan and Iran were participating in the workshop. The basic theme of the workshop is to devise some strategies to enhance the number and working of the skilled birth attendants to control the mother mortality rate in South and West Asian countries.

"Considering midwives are pivotal to the sustained success of new public-private partnerships for health that will assist in extending service coverage and improved health outcomes, the Ministry of Health, with technical assistance from the National Commission on Human Development, is making efforts to launch a national Community Midwifery Programme on a pilot basis," Mr Khan said.

The organizers told participants that Afghanistan had the highest mother mortality rate among South and West Asian countries. For every 100,000 births, some 1,276 mothers die during delivery in the war-ravaged country. Statistics for deaths during delivery per 100,000 births show that some 377 mothers out of every 100,000 die in Bangladesh, 488 in Bhutan, 540 in India, 76 in Iran, 153 in the Maldives, 901 in Nepal, 476 in Pakistan and 92 in Sri Lanka. The data revealed that only 12 percent of deliveries are handled by skilled birth attendants in Nepal, 13 percent in Bangladesh, 15 percent in Bhutan, 20 percent in Pakistan, 42 percent in India, 90 percent in Maldives and 94 percent in Sri Lanka. The data from Afghanistan was not available.

The health minister said that the National HIV/AIDS Control Programme, Maternal and Neo-natal Tetanus Elimination Project in 65 high-risk districts and a National Nutrition Project are examples of some of the initiatives undertaken by the ministry. Health Secretary Tariq Farook said that South and West Asia was a region with wide variations among member states, particularly in population size, maternal mortality, health systems and socio-economic status.

In his message, the United Nations Population Fund Technical Services Director Dr Wasim Zaman said: "Most of the governments in the region are signatories to the various conventions on human rights, the International Conference on Population and Development and the Beijing Platform of Action, yet the continuing high levels of maternal mortality in most of the counties in the region attest the poor progress made."

He advised the governments to develop targeted programmes for training, supervision and deployment of skilled birth attendants. He added that physicians, nurses and policy makers must agree on what interventions can be carried out at community level by various categories of workers. He suggested that professional councils and governments review and amend legislation to enable the process.

Source: <http://www.dailytimes.com.pk>

UNICEF donates Rs4m equipment for Karachi health centres

The UNICEF, Sindh chapter, has donated medical equipment worth Rs4 million for operation theatres and labour rooms of 10 health care facilities of city district government to improve the functioning of maternity homes and ensure provision of 24-hour emergency maternal obstetric care.

The ceremony for handing over supplies to City District Government of Karachi (CDGK) was organized at a local hotel. City Nazim Naimatullah Khan, who was the chief guest, received the equipment. The equipment will be handed over to the 10 health facilities at outskirts of Karachi namely Qatar General Hospital, Manghopir Maternity Home, Rural Health Centre, Maternity Home, Orangi Town; Soldier Bazaar Maternity Home, Maternity Home, Shah Faisal Colony; Maternity Home, Liaquatabad; Maternity Home, New Karachi; Maternity Home, Gizri; and Rural Health Centre of Sher Shah, Keamari Town.

In addition to above health supplies donated to the city government were eight stretchers; nine examination tables; nine infant scales; 10 resuscitator hand-operated sets for adult and infants each; 10 vacuum extractors; 10 foot-operated suction pumps; 29 surgical instrument abdominal sets; 14 surgical instrument curettage sets; 21 surgical examination/vaginal instruments; nine examination light mobile 220-12V; 10 stools; 12 bed-side screens; 10 infusion stands; 10 ambulance bags; 10 oxy hoods for babies; eight trolleys for instrument; 10 trolleys for emergency; four trolleys for dressing; one auto-clear horizontal; eight delivery tables; three newborn coats; seven foldable wheel-chairs; three cylindrical drums of 150mm-dia & 240mm-dia each; three cylindrical drums, besides other items.

Source: <http://www.dawn.com>

Body being set up to deal with arsenic hazard in Sindh

A committee is being formed to tackle arsenic contamination of water in the province. The committee will undertake the testing of water coming from legal and illegal hydrants and also bottled water that is sold in the market. This was stated by Wasim Akhtar, Adviser to the Chief Minister on Local Government, while talking to journalists on Tuesday after the inaugural session of the seminar on "Safe water supply in Sindh: Arsenic problem and mitigation". In response to a question, Mr Akhtar said the provincial government possessed the technical expertise needed for the purpose. Some people from the UNICEF would also be inducted into the committee.

The total number of people to be included in the committee remained to be decided, said Mr Akhtar. However, some people from the district levels would be on the committee. He said efforts had already been initiated for the provision of safe drinking water to the masses. He said the authorities were committed to supplying potable water to the rural and urban areas of the province.

Source: <http://www.dawn.com>

Pakistan at high-risk of HIV/Aids spread: UN report

Pakistan is a "high-risk" country for the spread of HIV/Aids due to several socio-economic, demographic and behavioural factors, claims a UN report. The report, which was recently launched by United Nations Population Fund (UNFPA) and Government of Pakistan, says at present, about 0.1 per cent of the adult population is infected with HIV/Aids, which is considerably lower.

However, the country is considered to be at high risk for a number of reasons including the widespread cultural denial of behaviours that spread HIV and sexually transmitted infections (STIs) in general; low literacy rate and a poor educational environment; pervasive poverty; gender issues; and a young population (63 per cent being under 25 years), says the report titled Pakistan Population Assessment, 2003.

It says there are large concentrations of individuals in major cities with behaviour that makes them extremely vulnerable to rapid spread of HIV and sexually transmitted infections (STIs) such as chlamydia, syphilis and gonorrhoea. Such individuals include male and female commercial sex workers, men who have (unprotected) sex with men or transvestites, injecting drug users and highly mobile occupational groups such as truckers.

"It is likely that in Pakistan, the epidemic will start in one or more of these groups and then spread to the general population through individuals who have contact with both high-risk groups and the general population," says the report. In epidemiological parlance, the report states, individuals who spread the infection from concentrated high-risk groups and the general heterosexual population are termed the bridging group or population. Typically, these are married or unmarried men who are clients of sex workers or bisexuals, or share needles with injecting drug users. The reports says little is known about the sexual conduct of men in Pakistan, but the available evidence suggests that both pre-marital and extra-marital sexual contacts, either homosexual or heterosexual, are "common" to create and sustain a generalized HIV epidemic.

The report also stresses immediate and effective action to avert the threat of HIV epidemic in the country. It says while some classical STIs are reproductive tract infections (RTIs), other are not, or not primarily transmitted by sexual intercourse. They can be acquired iatrogenically during the insertion of intra-uterine devices or abortion. They can also arise endogenously due to proliferation of organisms normally present in the body.

Among the RTIs, bacterial vaginosis has become increasingly recognized as a major public health concern in Pakistan. The report has also welcomed the anti-HIV/Aids programmes of the Ministry of Health, like the National Aids Prevention and Control Programme, and the Pakistan Reproductive Health Services Package. It says, at present, over 70 NGOs in the country are involved in the prevention of "this silent and largely invisible epidemic". These NGOs are working in all provinces, in both urban and rural areas, but external donors currently support very few. Instead, they rely upon self-financing mechanism or community contributions.

Public Private Partnership in RH/FP

It is the country's first full area-wise (entire AJK) Reproductive Health and Family Planning Programme, which has been approved in a Public Sector Development Programme (PSDP) and its implementation outsourced to an NGO/FPAP. The Government of AJK, Department of Health and Family Planning Association of Pakistan (FP AP) has entered into a joint-venture to 'Strengthening of RH/FP Service in AJK.

Under this developmental Project a sum of Rs. 79.798 millions will be spent in a period of four years to: 1) improve the reproductive health status and quality of life of mothers, children and families in AJK, particularly with regard to safe motherhood (safe pregnancies and aseptic deliveries), planned pregnancies birth spacing, RTIs, STIs prevention and effective management 2) bring about changes in reproductive behaviour in favour of small family norm 3) promote Safe Motherhood Initiative in AJK, which seeks to reduce maternal mortality ratio (MMR) and infant mortality rate (IMR) through integration of reproductive health / family planning with mother & child health services.

The Project will ensure delivery of quality RH/FP services at 350 health outs (DHQs/THQ hospitals, RHCs, BHCs, MCH centres) of AJK. Underserved & marginalized areas of AJK will be covered through 3-mobile teams including one for contraceptive surgery, 30 NGOs/CBOs, 200 CBDs, 150 TBAs and 150 private practitioners.

Some 450 personnel of DoH (female doctors 50, male doctors 125, LHVs/LHW Supervisors 100, para-medics 175) and 150 private practitioners will in delivery of quality RH/FP services. All equipment/instrument, contraceptives and IEC materials will be procured and supplied by the Family Planning Association of Pakistan (FP AP) to health outlets.

Study Report

"Unwanted Pregnancy & Post Abortion Complications in Pakistan" Launched

The Population Council in conjunction with partners, the Packard Foundation, WHO, Alan Guttmacher Institute, DFID and UNFPA had launched the report on the National study on "Unwanted Pregnancy and Post abortion complications in Pakistan" on 8th October 2004 at a local hotel in Islamabad.

The aim of the study was to achieve a better understanding of the magnitude and underlying reasons for unwanted pregnancy and induced abortions in Pakistan. The study shows that in Pakistan, as many as one in six pregnancies end in an induced abortion. The findings of this report

will, it is hoped, lead to more effective policies and programs to reduce the incidence of both unwanted pregnancies and the resulting morbidities associated with unsafe abortions.

While the fertility decline in Pakistan is well underway with family planning use on the rise, there has been concern among many in the field of reproductive health about high levels of unmet need for contraception and the resulting number of unwanted pregnancies. A large percentage of Pakistani couples say they do not want more children but are not doing anything to prevent an unwanted pregnancy.

The study is based on interviews with health professionals, a survey of health facilities, and interviews with women and men and providers. Data were collected in all four provinces, and in both urban and rural communities.

The study estimates the national abortion rate at 29 per 1000 women of reproductive age, implying that a sizeable proportion of Pakistani women have abortions. Mainly older married women with several children account for the large majority of unwanted pregnancies.

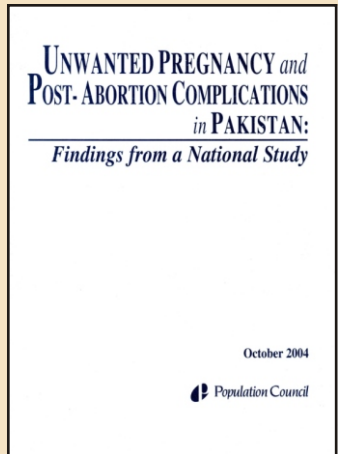
This study looks into the complexity of some of the painful decisions made by women and men to avoid an unwanted pregnancy and the health hazards attached to them.

In this context, the study reports useful information on post-abortion complications at the national level. This evidence raises serious concerns about the quality of existing post-abortion care (whether following a spontaneous or induced abortion).

The care provided in both public and private facilities falls short of desirable standards: staff is not adequately trained, female staff is in short supply, and appropriate equipment is lacking.

The two main recommendations emerging from this study are to improve family planning services in Pakistan and to strengthen post abortion care. More and better quality family planning services, especially those that encourage the consistent and correct use of contraceptives as well as allay women and men's fears of side effects of contraception need to be strengthened. Also family planning services need to be more accessible and less costly.

The other major recommendation is to improve the medical care for post-abortion complications. Post-abortion care must become a central concern in the maternal health agenda. Among improvements that can be recommended are increasing the number of facilities that offer post-abortion care (more rigorous training of staff, upgrading of equipment and supplies) and, more specifically, increased availability of well-trained female staff. Similarly, provision of post abortion counseling including family planning advice and services to prevent recurrence must be routinely offered at all facilities.



World Watch

Mexican-Americans higher risk of stroke: ANN ARBOR, Mich., Aug 09, 2004 (United Press International via COMTEX) A University of Michigan researcher found that Mexican-Americans have a higher chance of suffering a stroke than non-Hispanic whites. The studies, published in the American Journal of Epidemiology and Neurology, use an in-depth population-based project called BASIC, for Brain Attack Surveillance in Corpus Christi, Texas. Lead author Dr. Lewis Morgenstern called the studies a "wake-up call to the country." Stroke is the third leading cause of disability in the nation and Mexican-Americans make up two-thirds of Hispanics, the nation's largest minority group. "This is a best-case scenario population of Mexican-Americans, who have been in this country for several generations and have few cultural and language barriers to getting medical care," Morgenstern said. "This is the tip of the iceberg for the nation's broader Mexican-American community as it grows older." The Journal of Epidemiology study shows that Mexican-Americans from age 45 to 59 were twice as likely as their non-Hispanic white counterparts to have any sort of stroke or near-stroke, and those in their 60s and early 70s were about 60 percent more likely to have a stroke or near-stroke.

In Zambia 20% of population believed to be HIV positive: Zambia is providing partly subsidized AIDS drugs to more than 12,000 sufferers as part of its long-term goal to have 100,000 patients on life-prolonging treatment by next year, the health minister said Tuesday. "The drugs are now available in both public and

private hospitals," Health Minister Brian Chituwo told parliament. Patients are required to contribute a monthly 40,000 kwacha (about eight dollars / seven euros) toward their treatment. The anti-retroviral drugs cost around 90,000 kwacha and the government has been criticized for charging a levy. Many say it is too costly for the southern African country where three quarters of the 11 million-strong population lives on less than a dollar a day. One in every five Zambians is believed to be HIV positive. The health minister told lawmakers that his government was consulting with various interests groups to try and organize free medicine. "We recognize that the cost-sharing measures are a hindrance to the universal access to ARV's for patients," Chituwo said but added that the government introduced a fee to avoid the abuse of the AIDS drugs. Children under the age of five and people older than 60 years can access the drugs without any cost. Zambian President Levy Mwanawasa announced in January this year that his government would provide free anti-retroviral drugs to about 100,000 patients by next year through the public health system. Chituwo said that target was still on track. "We intend to provide ARVs to 100,000 people by the end of 2005." The government has opened anti-retroviral treatment centres in all the nine provinces and around 300 doctors have been trained in administering the medicine.

India's Population, to be the biggest: The Population Reference Bureau (PRB) says the next half-century will see swings in population. The number of people on earth will reach 9.3 billion by 2050, compared to 6.3 billion today. Britain's population is likely to overtake that of France, while the US will grow by nearly 50%. The general trend will be for Western developed nations to decline slightly the US being the major exception, while developing

states continue to expand. At present nearly 99% of population increase takes place in poor countries. India is expected to overtake China; the US will grow to 420 million from 294 million people. Britain is expected to grow to 65m, from 59.5m, while many European neighbours decline. Bulgaria could lose 38% with Russia declining by 17%. Anomalies affect prediction. The study cannot predict how migration may affect population growth. Most recent population studies agree, however, that humanity will grow rapidly in the near future and that the planet's resources will be increasingly stretched.

Bangladesh: The UN to the Rescue. Bangladesh is suffering from floods, with more than 600 dead, millions marooned or homeless, and water-borne diseases on the rise. The UN estimates \$400 million in crop and livestock losses, where 60% of the work force depends on agriculture. This is typical of natural disasters in the developing world. Overpopulated, with a poor infrastructure and inadequate health care, these countries suffer disproportionately. Buildings crumble, power and freshwater systems collapse, and diseases rage. The UN was able to use an existing distribution network to dispense high-energy bars and rice to 1.8 million people. Donor nations need to look beyond the geopolitical squabbles to the work the organization does every day. In Gujarat, India, an earthquake killed 20,000 people and left communities in ruins. The Development Program worked to build houses, repair dams, and restore electricity. It also supported literacy for women and sustainable development. For all its inefficiencies, the UN is one organization that takes the long view, understanding that the immediate relief period after a disaster is more urgent, but no more important, than the recovery period that follows.

Indonesia: Vitamin A Shown to Lower Infant Mortality Rate. A medical expert has said that vitamin A reduced infant mortality rate in children under 5 from 70 to 40 per 100,000. Many people think it is useful only for sight. Last year's free vitamin A program failed to reach the target of 80% of Indonesia's infants and toddlers due to a lack of public awareness. The program covered only 56.63% of the country's infants and 71.53% of toddlers. This year only 60% of the infant population was covered in February. Indonesia's population below five is 20 million, while babies below 12 months are four million. In 2002, the program was successful as it covered 83.6% of infants and 85.1% of toddlers. Vitamin A is given to children and postpartum mothers free every February and August. Health clinics, community centres in districts, and hospitals will work together to distribute the vitamin

UNICEF to Launch Survey on Street Children in Myanmar: UNICEF will assess children in Yangon, Mandalay and Patheingyi to determine their living conditions and their vulnerability to abuse and exploitation. The agency has trained social and religious workers, teachers and caretakers in the two prior cities on protecting children and those infected by HIV. A study is being made by on internal and cross-border migration in five townships, to monitor the link between migration and human trafficking. Myanmar is drafting a plan of action, which includes 21 goals focusing on education, combating HIV and protecting children from abuse and exploitation. The agenda is targeted to achieve within a decade. Myanmar became a signatory to the UNCRC in 1991 and afterwards the country enacted its child law in 1993 prohibiting child labour.

WEBSITE WINDOW

Canadian International Development Agency (CIDA)
www.acdi-cida.gc.ca/index-e.htm

Japan International Cooperation Agency (JICA)
www.jica.go.jp/english

The World Bank
www.worldbank.org

Department For International Development (DFID) Publications:
<http://www.dfid.gov.uk/dfidaroundworld/asia/pakistan.htm>

United States Agency for International Development (USAID)
www.usaid.gov

Asian Development Bank (ADB) Pakistan
<http://www.adb.org/Pakistan/default.asp>

Small Grants Programme
<http://www.undp.org/gef/sgp/sgpasia.htm>

The Pakistan Poverty Alleviation Fund (PPAF)
www.ppap.org.pk

Key Social Marketing (KSM)
www.key.org.pk

Family Planning Association of Pakistan (FPAP)
<http://www.brain.net.pk/~fpapak/index.html>

National Commission for Human Development (NCHD):
www.nchd.org.pk/ws/intro.htm

Pakistan Public Health Foundation
<http://www.pphf.org/>

Greenstar Social Marketing
www.greenstar.org.pk

Marie Stopes Society – International
<http://www.mariestopes.org.uk/www/pakistan.htm>

OPPORTUNITIES

Conferences/Trainings

College of Physicians and Surgeons, Pakistan - One-year diploma: The College of Physicians and Surgeons, Pakistan is offering a one-year diploma in Health Profession Education, for medical and dental graduates, starting from January 3rd, 2005. DCPS in HPE has been specifically designed to meet the needs of medical education in the country. The aim is to prepare the participants to deal effectively with academic activities in health care institutions in the public and private sectors. The programme includes progression to fellowship qualification, a combination of face-to-face supervised learning and accreditation by CPSP. The last date for the submission of an application is October 1st, 2004. Further details can be obtained at www.cpsp.edu.pk. Contact Dr Tabassum Zehra, Course coordinator Department of Medical Education, CPSP, Tel: 92-21-5883701, 5892802-10

XXV IUSSP International Population Conference 18 - 23 July 2005 will be held at the Vinci Convention Centre in the city of Tours in France. It will include 164 regular sessions, several poster sessions, two plenary and three debate sessions and a number of additional training sessions or side meetings. Members of the population community are invited to submit abstracts of their papers and poster proposals before September 15th 2004. For further information visit <http://www.iussp.org> Tel: +33 1 56 06 21 73 - Fax +33 1 56 06 22 04

PHYLLOSPHERE: 24 -27 July 2005, Oxford, United Kingdom: This international conference will address the ecological role of the diverse micro biota of aerial plant surfaces, a micro biota which can include plant, animal, and even human pathogens, as well as micro organisms important in ecosystem processes. The scientific program will include invited speakers, posters, and a limited number of oral presentations to be chosen from submitted abstracts; For further details see <http://www.nerc-oxford.ac.uk/cehoford/> Contact: Professor Mark Bailey; email: sewe@ceh.ac.uk

Hope 2005: 3 to 5 November 2005, Mumbai, Maharashtra, India is the third International conference organized by DAIRRC in association with the Ministry of Health, Government of India, to address five main issues threatening the survival of our planet today. This mega-conference will be held at twin venues in Mumbai and will have simultaneous, concurrent sessions on Environment, Population & Sustainable Development, HIV/AIDS, Alcohol Abuse, Drug Abuse, and Human Rights. Deadline for abstracts/proposals: 31 July 2005 Website: <http://www.internationalconference2005.com> Contact name: Dr Yusuf Merchant; E-mail: drmerchant@hopeconference.org