

# POPULATION *Windows*



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A quarterly newsletter on population

## RH and MDGs

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## Role of Ulama in Population and Development

Islamabad, Pakistan's capital, hosted a three day international Ulama Conference on "Population and Development" in May this year. The aim of the conference was to provide a forum for Islamic scholars, opinion makers, researchers, students, development partners, and the national and international media to discuss the development and progress of the society in accordance with Islamic principles. The conference provided a forum for leading Muslim scholars and thinkers to share their successful experiences in social development.

Organized by the Ministry of Population Welfare, the Conference, attended by key scholars and thinkers from over 21 countries, was the first of its kind in Pakistan to deal with the population issues at this level. With a global population of 1.3 billion, Muslims can be a great power. However, there are several factors

impeding them. High population growth levels and increasing urbanization have negative implications for the economy, resources, planning and sustainable development, undermining efforts to raise the standard of living and impeding progress at both the macro and the micro levels. Despite advances in the global economy, including greater trading opportunities and more liberal policies, countries with a high rate of population growth will not derive any substantial benefits, nor will they be able to improve the quality of life of their people.

The Ulama can play a pivotal role in fighting age-old prejudices against family planning; in fact, they can guide the Muslim Ummah in this regard in order to bring about a positive change in the layman's opinion

Continued on page 3

## Reproductive Health and Millennium Development Goals

Dr. Inayat H. Thaver  
Health and Population Adviser, DFID Pakistan,  
British High Commission, Islamabad.



Sexual and Reproductive Health (SRH) is a basic requirement of each individual, couple and family, as well as for the social and economic development of communities and nations. However, there are concerns about the slow progress in improving SRH during the past decade and that

international goals will not be achieved without renewed commitment on the part of the international community. The MDGs provide the new international framework for measuring progress towards sustainable development and eliminating poverty. Of the eight MDGs, three improving maternal health, reducing child mortality, and combating HIV/AIDS, malaria, and other diseases are directly related to SRH, while others have a close relationship with it. SRH is a human right essential to development and to achieving the MDGs and Pakistan is firmly committed to the ICPD Programme of Action and should be making efforts to achieve reproductive health for all by 2015.

Sexual and Reproductive Health, including rights, faces a number of challenges:

- Gender inequities in health are often striking. Families often invest less in the nutrition, health care, schooling, and vocational training of girls than of boys.
- Poverty is almost universally associated with inequitable access to health services, particularly maternal health services. Too often, improvements in public health services disproportionately benefit the better-off. It is, unfortunately, theoretically possible to achieve some of the international health goals without including the lowest income quintile and vulnerable population groups.
- With the introduction of new mechanisms of external financing for health and population programmes (such as poverty reduction strategy papers, sector-wide approaches, and direct budgetary support), it is important to ensure that these new developments contribute to the building of sustainable health systems capacity, including that for SRH.
- In many countries, including Pakistan, inadequate human resources are major barriers to the expansion of comprehensive SRH and to better quality of care.
- Another challenge is the limited capacity for appropriate strategic planning, based on adequate qualitative and quantitative data, and

the inability to scale up small successful projects related to reproductive health.

- The biggest challenge is to ensure political commitment, policies, and regulations that are supportive in implementing some of the sensitive components of SRH, as well as ensuring religious-cultural acceptability of such measures by the local community.

Some of the challenges identified earlier necessitate a strategy with the objective of accelerating progress towards meeting internationally agreed goals. The guiding principle should be to focus on human rights and, in particular, reproductive health rights.

- Core aspects of SRH services (such as maternal and newborn health, family planning including fertility services eliminating unsafe abortions, combating sexually-transmitted infections, including HIV/AIDS, and promoting sexual health) need to be implemented in a manner that ensures maximum synergy and integration where feasible. Interventions in one area are likely to have a positive impact on others.
- A pre-requisite for attaining MDGs, especially those related to SRH, is the existence of a functioning system of essential health care at the primary, secondary, and tertiary levels. In this context, the role of non-state providers (both for profit and not-for-profit) and civil society organizations need to be appreciated. Further, a formal framework and mechanisms should be developed to foster partnerships which facilitate the development of systems for implementing core SRH packages, along with social mobilization for SRH rights.
- Planning at the national and provincial levels and now at the local government levels for SRH should cover sustainable financing mechanisms, human resources, quality in service provision, and use of services.
- Collection and analysis of epidemiological and social sciences data is needed to understand the type, severity, and distribution of SRH - risk exposure and ill-health in the population, to help interpret the dynamics that lead to poor SRH. This would also aid in setting priorities and ensuring cost-effectiveness for the necessary interventions.
- Mobilizing political will at all levels will help to overcome inertia, galvanize investment, and establish high standards for performance and accountability. This requires the involvement of not just the ministries and departments of Health and of Population Welfare, but also the ministries of Finance, Education, Social Welfare and Women Development, and their counterparts at the provincial and district levels.

In its third meeting, held on 1 June 2005, the Executive Council 2005-06 agreed that PAP's Sixth Annual Population Research Conference would be held from 29 November to 1 December 2005 in Islamabad, Pakistan. The theme of the conference will be 'Linkages between Population and Millennium Development Goals: The Asian Perspective'. The conference will be co-sponsored by international donors/agencies partners in the social sector development.

The conference will focus on critical population issues pertaining to MDGs in the Asian context. The sharing of knowledge among scholars and professionals will give them an opportunity to learn from each other's experiences and identify avenues for future collaboration at the regional level.

The following International Scientific Committee will review and recommend financial support for paper presenters.

### International Scientific Committee:

Dr. Mehtab S. Karim (Pakistan)  
Dr. Gavin Jones (Singapore/Australia)  
Dr. Naushin Mahmood (Pakistan)  
Dr. Mercedes Concepcion (Philippines)  
Dr. Zeba A. Sattar (Pakistan)  
Dr. Mohammad Jalal Abbasi (Iran)  
Dr. M. Nizamuddin (Pakistan/USA)  
Dr. Marwan Khwaja (Lebanon)  
Dr. Gita Sen (India)  
Dr. John Cleland (UK)  
Dr. Moneer Alam (India)  
Dr. Amy Tsui (USA)  
Dr. Barkat-e-Khuda (Bangladesh)

### Conference Sub-Themes\*:

1. Poverty and Population Growth
2. Gender Equality and Women's Empowerment
3. Educational Development and MDGs
4. Maternal and Child Health and Mortality
5. HIV/AIDS and other Sexually-Transmitted Diseases
6. Public Private Partnerships in Family Planning and Reproductive Health
7. Role of Fertility Transition in Achieving MDGs
8. Migration, Urbanization, and Sustainable Development

### Important Dates:

Submission of Abstract	15 August 2005
Acceptance of Abstract	30 August 2005
Submission of Final Paper/Poster	30 Sep 2005
Conference Dates	29Nov-1Dec 2005

For further details about the conference, please visit [www.pap.org.pk](http://www.pap.org.pk).

'The Role of Media in Population and Health Sectors' was agreed as the theme for the series of seminars to be held in 2005-06. This was also agreed that the seminars will be held in other major cities of Pakistan such as Hyderabad, Sukkur, Multan, Faisalabad, etc. along with Provincial and Country Capital. The seminars will be conducted in collaboration with International donors, the media, and, wherever possible, government officials.

\*Additional Topics can be added, depending upon the quality of abstracts/papers. Members and other individuals are encouraged to submit abstracts that conform to the Conference Theme, even if they do not fall into any of the sub-themes. They should, however, address population and reproductive health issues of concern in to the region.

## Investing In Development

Jeffrey D. Sachs

Jeffrey D. Sachs is Project Director of the UN Millennium Project and its Task Forces, which comprise more than 250 experts from around the world, including scientists, development practitioners, parliamentarians, policy-makers and representatives from civil society, UN agencies, the World Bank, the IMF, and the private sector.

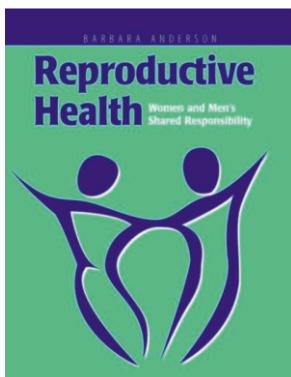


The book discusses the Millennium Development Goals (MDGs) the targets set for reductions in poverty, improvements in health and education, and protection of the environment around the world by the year 2015. In September 2000, world leaders pledged to achieve the MDGs, including the overarching goal of cutting poverty in half by 2015. This report examines the progress made towards reaching these goals on a country-by-country basis. The Human Development Report 2003 also features a wide variety of national development indicators for 174 countries including demographic trends, educational levels, gender disparities, and macroeconomic indicators. It is an important tool in the formulation of government policy.

## Reproductive Health: Women and Men's Shared Responsibility

Barbara Anderson

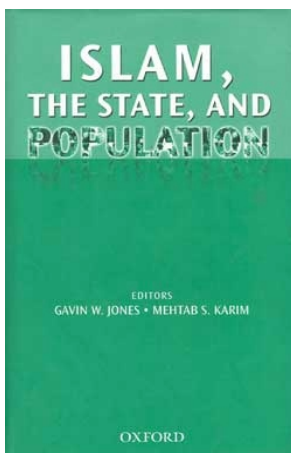
The text approaches women's and men's health in a balanced, interactive approach by presenting case studies that link program and policy issues to practical experiences. This text also addresses: global action and advocacy, sexuality, family decisions, factors undermining reproductive health, and controversial contemporary issues. In ten chapters, scholars of health, sociology, anthropology, women's studies, and religion present an agenda for reproductive health reflecting the shared responsibilities of men and women, the value of community support, and the demands of human rights. Chapters discuss ethics, expectation and life paths, cultural scripts, family planning, adoption, infertility, infections, violence, and environmental and behaviour threats.



## Islam, The State and Population

Gavin Jones & Mehtab S. Karim (Eds.)

Fertility in many Islamic populations has fallen sharply in recent years, giving the lie to the 'Islamic fertility' argument. Using this phenomenon as a starting-point, the contributors consider what circumstances prompt Muslim populations to experience a sharp fertility decline and ask whether there are elements of Islamic belief that require a different approach to understanding relative fertility trends and reproductive behaviour in Islamic and in non-Islamic populations. This book examines these issues in the six largest Muslim-majority countries: Indonesia, Pakistan, Bangladesh, Iran, Turkey, and Egypt. Scholars from these countries examine fertility trends and their causes, the development of official population policies and attitudes of Islamic leaders and scholars to RH issues.



## Role of Ulama in Population .....

Continued from page 1



about family planning.

In his inaugural address, the Prime Minister, Mr Shaukat Aziz, said that the political leadership has provided a holistic vision and commitment for addressing these complex issues. Now, religious scholars, community leaders, and workers at the grass-roots level should be mobilized to popularize the concept of small families, thus helping to save the lives of millions of mothers and newborns. A number of sessions dealing with different aspect of population and development were held, including sessions on 'Family planning and Islam', 'The status of women in Islam', and 'Mother and Child Health'.

At the end of the three-day conference, the participants adopted 'The Islamabad Declaration', acknowledging previous international commitments, while highlighting its concerns about the prevailing demographic conditions in Muslim countries and communities and urging them to immediately initiate and intensify measures to ameliorate these conditions. The Declaration also urged all Muslim countries to formulate population policies in accordance with country-specific needs and work for the integration of these policies in their national development plans.

## READER'S *forum*

Dear Reader,

Greetings from Editorial Board

First of all on behalf of the editorial board, let me thank you for completing the evaluation form sent with Volume 6 Issue 1 of Population Windows. We appreciate your comments and suggestions.

We are encouraged to note that most of you consider the Population Windows to be a useful and relevant source of information.

Many of our readers have requested that future issues may cover areas such as Women, Empowerment, Poverty. We hope that in future these issues will be covered. Your contribution of news items articles etc. for upcoming issues will be highly appreciated.

Thanking you once again

Sincerely

Akhlaq Ahmed  
Managing Editor



**Prof. Amy Tsui**, Director, The Bill & Melinda Gates Institute of Population & Reproductive Health, Johns Hopkins, Bloomberg School of Public Health

## Leadership in Reproductive Health Discourse and Action: Local to Global

*“As a physician, I have cared for pregnant women for many years, and I cannot accept that anyone, anyone, can care about the embryo and the fetus the woman is carrying more than the woman herself. I know what pregnancy means to a woman. But as a physician also, I have the privilege to practice in a part of our country where people are poor and where women are the poorest of the poor. And I have always been impressed by the ability of these poor women, who are mostly illiterate, the ability to make sound correct decisions about their lives and the lives of their families, when they are allowed to make those decisions. I have full trust in the ability of these women to decide. They are even more correct because they have a relatively much narrower safety margin for error in their positions”.*

**Dr. Mahmoud Fathalla**, Professor of Obstetrics and Gynecology, Assiut University, Egypt invited lecture at Ipas, June 10, 2005

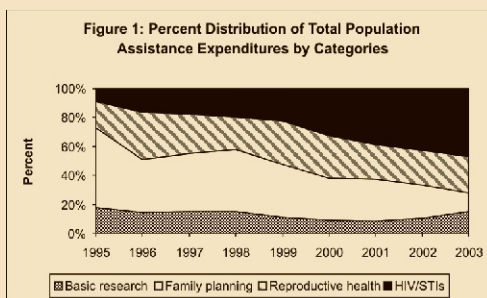
Where is today's leadership in family planning and reproductive health? Do we find it more at the global, country or community level? Why is the visibility of family planning, acclaimed to be one of the most successful reproductive and public health interventions of the past century, declining internationally? Finally, why do leaders vex about the absence of a reproductive health goal in the Millennium Development Goals framework? The answers to these interconnected questions have profound consequences for human development in this decade and century.

The United Nations adopted the Millennium Development Goals (MDG) framework in 1999 to reduce the global burden of poverty, poor health and social inequity by 2015. Among its eight goals, none explicitly or holistically address the improvement of reproductive health. Laudably there are five that directly impact on reproductive health—the eradication of extreme poverty and hunger, reduction of child mortality, improvement of maternal health, achievement of universal primary education, promotion of gender equality and women's empowerment, and combating HIV/AIDS, malaria and other diseases. Indeed, the remaining two—ensuring environmental sustainability and developing a global partnership for development are arguably equally important for reproductive health. As a focused strategy, however, the absence of a reproductive health goal in the MDG framework is lamentable and has not gone unnoticed. For instance, see the last two issues of the journal, *Studies in Family Planning*, for stimulating commentary.

Inevitably a global development agenda with just eight goals will raise concerns among experts in other sectors. Just to name a few, proponents of safe water and hygiene, energy services, safeguards for youth and street children, and land tenure reform have voiced apprehension over the exclusions. Still in today's global discourse on development, the MDG framework rules and efforts to modify it occur primarily at the margin and secondarily by positioning excluded areas as targets toward one of the goals.

When a goal, such as reproductive health improvement, is missing, though, the risk is political in consequence. Reproductive health policymaking can lose its focus, political support becomes difficult to galvanize, financial resources are diluted or diverted, and progress, or the lack thereof, is not

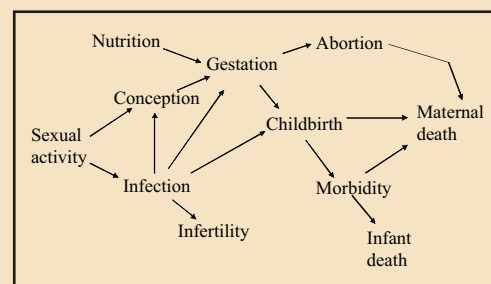
openly monitored. The ultimate risk is the field loses its visibility and falls off the international development agenda. Take the example of family planning. Over a series of international population and development conferences beginning in 1974, family planning was linked closely to national efforts to manage rapid population growth through the prevention of excess fertility. Donor involvement and resources were strong and substantial. At the 1994 Cairo conference, however, family planning was incorporated into a broadened reproductive health framework. Since then, as the graph from Blanc and Tsui (2005) below shows, the percentage of global population assistance expenditures for family planning has declined steadily. Remarkably the percentage for reproductive health (RH) has also declined since 2000, one year after the UN launch of the MDG framework, while that for HIV/AIDS, with its own MDG goal, has risen. Is this cause and effect? Probably not, although the association is intriguing and the trends troubling.



Why should reproductive health have its own Millennium Development Goal? Part of the response lies in valuing reproductive health at the macro level as importantly as economic health. Where the latter relies on growing a vibrant economy with manufacturing, agriculture and trade, the former relies on nurturing a dynamic population through healthy sexuality and childbearing. As constructs, both are equally complex with multiple components and require the full participation of women and men. Improving reproductive health nationally offers the chance to better the whole human condition beyond the sum of five MDGs.

The other part of the response lies in understanding the micro-level linkages behind reproductive health. There is a “behavioral epidemiology” to sexual, reproductive and child health, and thus family

health and national development, applicable both to women and men. The primary behavioral events of interest and their interrelationships are shown in this diagram. The linkages point to the importance of healthy practices at the outset, whether to safeguard sexuality, reproduction, pregnancy, childbirth, or neonatal and infant survival. In particular, repeated exposure of individuals to the dual risk of unwanted pregnancies and sexually transmitted infection (STI) from unprotected sexual intercourse can be followed by harmful sequelae, such as unsafe abortion, life-threatening pregnancy complications, male or female infertility, HIV transmission to partners and newborns, and mortality.



This behavioral epidemiology seen in a single person's life course begins with his or her conception, when fetal nourishment with micronutrients is known to have lifetime consequences for cognitive development, chronic disease and healthy aging. It progresses into the individual's adolescent years when a healthy entry into sexual and reproductive life can be protected by adequate schooling, non-harmful rites of passage, nutrition, family life education, productive employment and a supportive communal and familial environment. Unfortunately a high percentage of youth in developing countries, who as a group represent some 40% of the population, do not experience these protections due to them from society. Once sexually active, the risk of unwanted conceptions and infections is present through sexual encounter in the absence of effective measures, such as condom use, abstinence, or contraception. As sexual activity frequents our daily lives, lifetime exposure to such risks is high, especially in the young adult years. Except in a few countries, the total need for contraception is satisfied for less than half of couples and STI prevention is marginal. The annual worldwide incidence of STI at 340 million relative to the 2.4 billion or so who are sexually active suggests as

many as 1 out of 7 acquire an infection in a given year. Male partners often introduce STIs, including HIV/AIDS, to women. If positive cases go untreated and pregnancies subsequently occur, the man and woman are each individually exposed to significant morbidity risks, such as infertility and reproductive organ cancers, and for newborns, blindness and congenital abnormalities. Lifetime and recurring exposure to ST infection, unplanned pregnancy, as well as a number of other health assaults—malaria, tuberculosis, respiratory infection, and malnutrition—whose levels are unacceptably high in poverty-stricken areas compromise the individual's right to a healthy existence and to enjoy his or her life relatively free of the burden of disease.

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The behavioral epidemiology of reproductive health thus represents a fundamental progression of life through entry into and exit from sexual and reproductive behavior that is treated with sanctity by nearly all cultures, societies, religions, communities and governments.

Just three decades ago, the UN, in Bucharest, Romania in 1974, in which 135 countries participated, organized the first World Conference on Population. That Conference's historic legacy

was to position population as an integral factor of social and economic development efforts. International policy discourse at Bucharest and the subsequent Mexico City population conference in 1984 continued to raise the specter of population issues—their relevance, content and influence—as a macro-level force. Population growth, composition, and distribution were examined in relation to economic development, social change, and environmental impact, with attendant policies focused on influencing the fertility and mortality transitions. Population policy, unfortunately, over time became synonymous with fertility management policy and seen as threatening reproductive rights. Today family planning is often viewed suspiciously as a government policy instrument, connoting a suppression of individual rights, rather than the positive opportunities for choice it affords.

Today the varying pace of fertility transitions in the developing and developed regions has generated a diverse set of other demographic issues for many countries, including very young and very old age structures, rapid urbanization, and international and internal voluntary or involuntary population movement. The Cairo Conference was exceptional in its shifting of global discourse from macro-level concerns of reproduction and welfare to micro-level concerns for reproductive rights and women's health. Unfortunately for the neo-movement, the shift was too abrupt and the logic connecting reproductive health to development is being lost.

In 2004 the United Nations did not convene the usual decennial international population and development conference, a significant lost opportunity for the global community to affirm the population, development and reproductive health calculus. Recalling that the 1974 Bucharest conference motto was "Development is the best contraceptive", we might well ask whether 2004 represents "Bucharest+30" or "Cairo+10"? In light of the prevailing MDG framework, we appear have come full circle to Bucharest+30, with family planning, as well as reproductive health, nominally important and development remaining the heralded solution.

Economist and philosopher, Amartya Sen has argued that the process of development should be conceptualized in terms of people's ability to do or be (1999), placing the notion of human freedom at the center of the development agenda. Positive freedom is what a person can actually do. Whether for man or woman, positive reproductive freedom is his or her ability to actualize reproductive goals. How well can a nation achieve its MDGs without enabling people the opportunity to actualize those goals? If we consider those subpopulations enjoying freedom from hunger, poverty, illiteracy, poor health, and unemployment, do they have the same high levels of unwanted fertility found among those without these freedoms? How does a just society morally permit the persistence of inequitable access to reproductive freedom?

Many have observed the declining visibility of international family planning, and a recent assessment can be found in Blanc and Tsui (2005). This paper suggests that the development lens on

population change is refracted by the diverging demographic concerns of more developed versus developing countries. According to the United Nations Population Inquiry, in 1976 21% of MDCs reported their official position on fertility was to raise it, climbing to 58% in 2003. By comparison in 1976 47% of LDCs reported their position was to lower their fertility levels, climbing to 58% in 2003. Thus, in 2003 an equal percentage of the developed world is as interested in raising fertility as the developing world is in lowering it. For better or worse, the global identification of, dialogue on and external assistance for development issues, frameworks and strategies originate primarily from opinion leaders and donors in the developed world. The majority of the resources to implement development solutions in the developing world, however, are to be found in national government budgets and private household expenditures in the region. Why should the origins for leadership on reproductive health and development not also be internal and local?

The scholarship of Amartya Sen notwithstanding, the opening quote from Dr. Mahmoud Fathalla exemplifies the compassion and wisdom of a visionary leader from Egypt who impacted the thinking of the international community leading up to and following the Cairo Conference. The probability is great that there will be others like Dr. Fathalla with the same compassion and wisdom in the developing world and in countries like Pakistan. Leadership in family planning, reproductive health, population and development has no geographic bounds. During my most recent visit to Pakistan, I read of the Prime Minister asking the nation to make history by strengthening its competitive edge in economic development, including managing population needs in health, and not risk becoming history. There are other champions in government, private, academic, and nonprofit circles in the country. In 2014 which will be 40 years after Bucharest, 20 years after Cairo and one year before the MDG account comes due, let us look forward to a shrunken developing world brought about by strong voices and actions from leadership within working on behalf of the reproductive health and development needs of their underserved populations.

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## Far Too Many Women Risking Death to Give Life (UNFPA) UN Unveils Progress Report on Development Goals

According to a Report, recently launched by the United Nations in New York, on the progress and challenges in attaining the Millennium Development Goals (MDGs), Dr. Thoraya Ahmed Obaid, Executive Director of UNFPA, stated that '...living in a world, in which, a woman risks death each minute in order to bring new life, must be transformed, ...'

'We must create a better, more caring world by doing all we can, to prevent millions of our less fortunate sisters from losing their lives to pregnancy and childbirth, especially when we know how to avoid these tragic deaths,' Dr. Obaid said at the launch. 'Countries have long agreed that no woman should be left to die for lack of reproductive health services, and today's Report reaffirms that universal access to reproductive health care, including family planning, is the starting point for maternal health and saving women's lives,' she added.

'Maternal health also frees women to pursue opportunities in work and education, giving them power to make decisions to improve lives in their families and communities,' said Ms. Obaid. 'The empowerment of women ... is prerequisite to overcoming poverty, hunger, and disease, and to achieving all development goals.'

'Despite some progress over the last five years, the Report clearly shows that we must do far more to reduce poverty and save lives around the world. Promoting the rights of girls and women, securing their reproductive health and the means to protect themselves from sexually-transmitted infections, particularly HIV/AIDS, are the surest ways to realize the development goals of all countries, rich or poor.'

Currently, 200 million women have an unmet need for safe and effective contraceptive services. According to the World Health Organization, if these women used effective contraception, more than 100,000 maternal deaths, one-fifth of the world total could be avoided each year.

Assessing the progress report on the MDGs, based on input from 25 UN agencies and global organizations, it is evident that success in fighting poverty has been very uneven. Obaid said she would tell skeptics in the US Congress and elsewhere that, 'Multilateral aid to break the cycle of poverty means global peace and security ... For the US ... it's a moral commitment and it's a human rights commitment to fight poverty. The Millennium Development Goals are the minimum. By providing additional aid, you're ensuring that young people have a life and have hopes.'

At the conclusion, the Report 2005 called for pragmatic and forward-looking approaches to prevent the spread of HIV/AIDS. 'Because there is no cure for AIDS, prevention is essential,' it states, adding, 'Treatment and care need to be expanded to reach millions more,' who are HIV-positive.

The Report acknowledged that some progress had



Under-Secretary-General for Economic and Social Affairs José Antonio Ocampo (L), UN Secretary-General Kofi Annan, and UNFPA Executive Director Thoraya Obaid, at the release of the Report

been made in fighting poverty, promoting the rights of women, and improving maternal health, as well as in combating HIV/AIDS. However, far more action is needed. Empowering women is a pre-requisite to overcoming hunger, poverty, and disease. Gender equality, together with reproductive and maternal health, provides women with opportunities and gives them decision-making powers that '...helps attain other development goals,' concluded Obaid.

Source: [www.unfpa.org](http://www.unfpa.org)

## Pakistan shows potential of achieving UN Millennium Development Goals

In a lecture recently delivered at the Pakistan Social Sciences Forum, Dr Pervez Tahir, Chief Economist, Pakistan, said, 'They are doable,' in reply to a question posed by Dr Attiya Enayetullah regarding Pakistan's ability to reach the UN MDGs.

Dr Attiya Enayetullah was presiding over the forum and monitored the discussion, which was attended by a large number of economists, government officials from the departments of economics and planning, and representatives from the civil society organizations.

Dr Tahir said that the goals were mutually-agreed targets and government policies had been fashioned to achieve them. Pakistan might be at a disadvantage, but it is highest on the list of Muslim countries in reaching some of the goals, including openness in democracy and politics.

A chart of the MDGs and the proposed targets was presented. One was the eradication of extreme poverty among people who earn less than a dollar a day; another was halving the number of those who suffer from extreme hunger between 1990 and 2015. Ensuring that, by 2015, children everywhere would be enabled to complete a full course of primary schooling was another goal.

The goals call for further development of an open, rural based, non-discriminatory trading and financial system, to deal with the debt problems of developing countries through generous national measures.

In response to a question regarding how Pakistan would achieve these targets, the chief economist announced that the Government of Pakistan was formulating a development plan for the next five

years (2005-2010). Development strategies were designed over the last 50 years as a 'fashion', a matter of concern for social scientists, who should be 'looking at issues behind the issues'.

In conclusion, the forum established that efforts to achieve the MDGs are well underway and set to bring major changes to Pakistan and the rest of the developing world.

## Call to reduce rate of population growth

The World Bank (WB) and the Asian Development Bank (ADB) have urged the Government of Pakistan to devise a long-term strategy to lower its population growth rate, which unofficially was still considered over two per cent. The WB and the ADB have attributed the 1.9 per cent population growth rate in Pakistan to widespread poverty in the country. The ADB has promised an additional Rs387.1 million in 2005, to fund the Ministry of Population Welfare's new programme to strengthen and expand its services, aimed at reducing the population growth rate from 1.9 per cent to 1.5 per cent.

The new programme will provide quality care and increased access to family planning services for the poorest communities by upgrading reproductive health facilities and human resource development. It is important to address the unmet need for family planning, help reduce maternal and infant mortality and total fertility rate, and lower the population growth rate through the involvement of NGOs and by strengthening public-private organizations.

The outcome should be an improvement in the status of women and poverty reduction through harnessing NGOs, training their co-ordinators, doctors, paramedics, and other personnel involved in reproductive health issues.

Latest reports show that Pakistan's rapid population growth rate of 1.96 per cent per annum has exacerbated poverty and negated the impact of development over the last decade. 'While fertility is declining, it has the potential to show the reverse trend, given the high unmet demand (33 per cent) for family planning,' the donors' report warns.

'Health status indicators have not improved much over the past decade,' the document showed, adding that the maternal mortality ratio was still very high due to poor birth practices at community, primary, and hospital level. Better maternal care would reduce infant mortality, including that caused by infections and malnutrition.

The new population welfare agenda provides for developing an umbrella programme within the institutional infrastructure of the Ministry, in collaboration with NGOs and the private sector. The donors' community expects the Ministry of Population Welfare to implement the communication strategy and specific activities will be developed and launched to meet the requirements of the target population. The main purpose of the activities will be to provide complete and correct information to overcome any inhibitions, fears, doubts, and misconceptions about family planning.

Source: <http://www.dawn.com/2005/06/14/nat1.htm>

## Stakeholder Forum Conference on MDGs' Review

The Millennium Declaration adopted by 189 States at the United Nations' Millennium Summit in 2000 and the eight key goals it identified for 2015 have become the central international roadmap for working on poverty eradication, health, education, and environmental sustainability in all parts of the world. Five years into the new millennium, the United Nations will review progress on this agenda at a Special Summit Session of the General Assembly in September 2005.

The Stakeholder Forum is organizing a programme of activities leading up to September 2005 to assist stakeholders to engage in the process of which the conference is a major event. It will provide a forum for major stakeholders, from all the key sectors, to articulate their views for assimilation into the national and international processes leading up to the UN review.

Whilst covering key themes of the MDGs debate, the conference will also facilitate exchange of information between stakeholders, the UK Government and UN officials about progress, opportunities, obstacles, challenges, and threats in the implementation of the MDGs; articulation of stakeholder views and positions on key issues as an input to the debate; and the identification of linkages between the MDGs review process and other major international processes.

A formal report of the conference will be widely circulated and key outcomes distributed at relevant UN meetings and other appropriate fora. In particular, the outcome of the conference will be presented at the UN MDG+5 review summit later this year. In the near future, Stakeholder Forum expects to take forward five key areas as working groups or roundtables to examine these issues in greater depth and help to develop stakeholder position.

Source: [www.unfpa.org](http://www.unfpa.org)

## World Development Strategies, Reproductive Health & HIV/AIDS

Members of the United Nations have emphasized the need to integrate the goal of universal access to reproductive health by 2015 in strategies to attain the world's development goals. Such access should be part of efforts to eradicate poverty, improve maternal health, reduce infant and child deaths, promote gender equality, and combat HIV/AIDS.

In order to fight AIDS cost-effectively, the countries emphasized the necessity of strengthening linkages and coordination between HIV/AIDS and reproductive health by including them in national development and poverty eradication plans. This will make anti-HIV/AIDS efforts more relevant and reduce the impact of the disease on families and communities. The UN members reiterated the point in a separate resolution on HIV/AIDS, and urged governments to take measures to increase the ability of adults and adolescents to protect themselves from HIV/AIDS by providing health care, including education regarding sexual and reproductive health.

The delegates stressed that young people should be ensured access to information, education including peer education and youth-specific HIV education, and sexual education and services needed to develop the life skills to reduce their vulnerability to AIDS. HIV/AIDS programmes should enable men to adopt safe, responsible sexual and reproductive behaviour and to use effective methods of preventing AIDS.

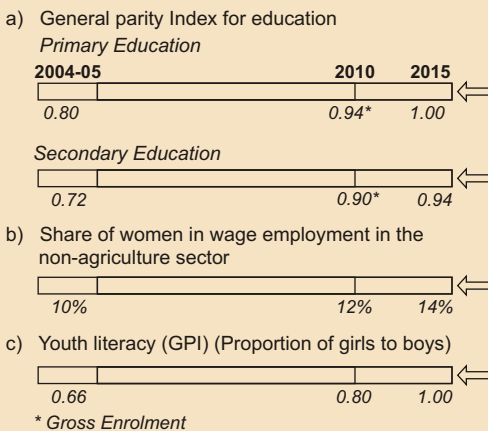
The feminization of poverty and HIV infection was tackled in the two main resolutions adopted by the United Nations members. The resolution on development goals stresses that women's reproductive health, enjoyment of all human rights and fundamental freedoms, empowerment, equal access to resources, and freedom from gender-based violence is essential to addressing the feminization of poverty and halving poverty. The separate resolution on HIV/AIDS urged governments to 'take all necessary measures to empower women and strengthen their economic independence', to enable all individuals to protect themselves from HIV, other sexually-transmitted infections, and reproductive ill-health.

'This is a victory for all the women and men of the world and an affirmation that their pains and concerns are being addressed by United Nations members,' stated Thoraya Ahmed Obaid, UNFPA's Executive Director. 'We pledge to continue doing our utmost to support governments and civil society in dealing with population, development, reproductive health, HIV/AIDS, and gender equality to meet the needs of women, men and young people, who remain our guiding light.' The delegations encouraged UNFPA and other agencies to continue implementing HIV- prevention strategies, recognizing sexual and reproductive health programmes as key entry points for HIV prevention. The Fund was commended for its 'Global Strategy on Reproductive Health Commodity Security' and contributions are urged to its trust fund.

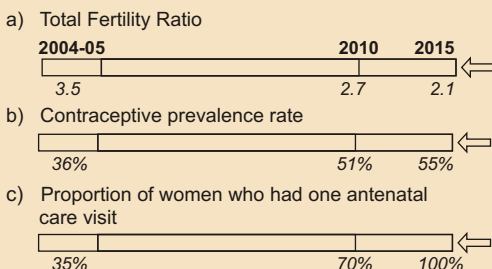
## Status of Reproductive Health MDGs in Pakistan

### MTDF TARGETS AND MDGs (on Track Indicators)

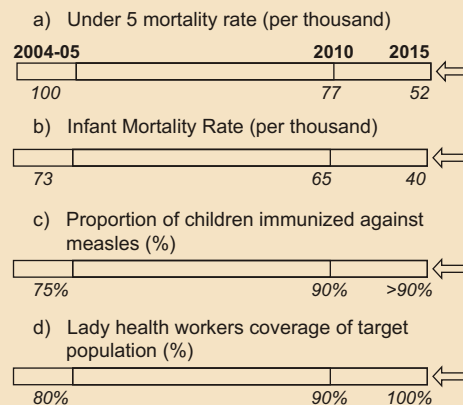
#### Three related Women Empowerment



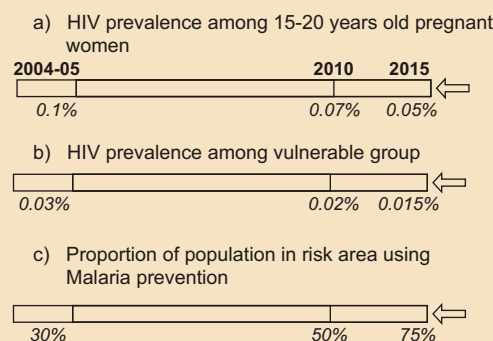
#### Three Maternal Health care measures



### Four Child Health measures

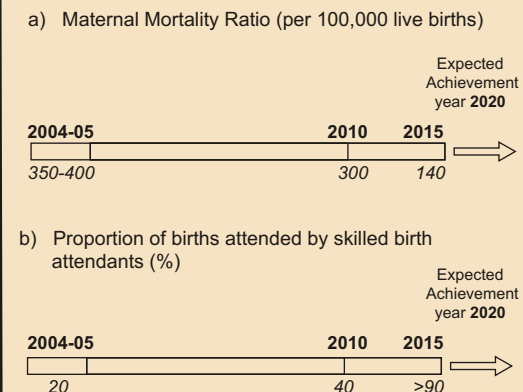


### Three concerning HIV/AIDS, Malaria and other diseases

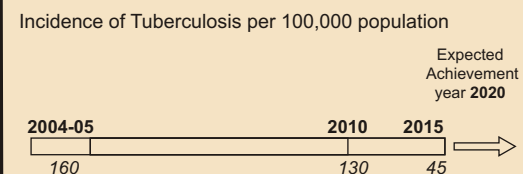


### MTDF TARGETS AND MDGs (lagging Indicators)

#### Two associated with improving Maternal Health



#### One concerning HIV/AIDS, Malaria and other diseases



Source: Medium Terms Development Framework (MTDF) 2005-10, Planning Commission Government of Pakistan

# World Watch

WORLD POPULATION DAY 11 July 2005

STATEMENT by Thoraya Ahmed Obaid, Executive Director, UNFPA

Sixty years ago, the founders of the United Nations proclaimed their determination to save succeeding generations from the scourge of war, to reaffirm faith in human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small. They pledged their determination to establish conditions under which justice and the rule of law could be maintained and social progress and better standards of life in larger freedom could be promoted.

Six decades later, it is clearer than ever before that human rights must be at the center of efforts to reduce poverty, discrimination and conflict. Today on World Population Day, let us recommit ourselves to this vision of a better world. Let us commit ourselves to equality, justice and human rights for all.

The benefits of gender equality are many. They include a higher quality of life for individual women and girls, and stronger families, communities and countries.

On the other hand, the costs of maintaining inequality are also high and can be measured by broken bodies, shattered dreams and crushed spirits. The costs include

high rates of maternal death and disability because women's health is not made a political priority. Today, poor sexual and reproductive health is a leading cause of death and illness for women in the developing world. No other area of health reflects the large inequities between rich and poor, both among and within countries. Poverty and inequality also fuel the acceleration of HIV infection, because women lack the power to negotiate their personal safety. Another cost is the continuation of harmful practices that place the lives of women and girls in danger. For tens of millions of girls, child marriage and early childbearing mean an incomplete education, limited opportunities and serious health risks. But perhaps the highest cost of gender discrimination is widespread violence against women and girls, which remains one of the most pervasive and shameful human rights violations, compromising the personal security, liberty, dignity and well-being of millions of women and children worldwide.

The world can do better. The solutions are well known and effective. They include universal education for all girls and boys, the removal of barriers to women's equal participation in social, cultural, economic and political life, the engagement of boys and men in the struggle for equity, mass awareness raising campaigns, and the implementation of laws and policies that promote and protect the full range of internationally agreed human rights, including the right to sexual and reproductive health. All of these actions fall under the banner of 'equality'.

Equality is an end in itself and a cornerstone of development. Equality is a goal that demands sustained political commitment and leadership. Today, on World Population Day, I urge leaders at every level to speak

about the great gains that equal rights offer the entire human family and to take concrete and urgent action to make these rights a reality.

Source: <http://www.unfpa.org/news/news.cfm?ID=637>

## United Nations Population Award

A leading demographer, Mercedes Concepcion, of the Philippines, and Guatemala's largest private family planning provider, Asociación Pro-Bienestar de la Familia de Guatemala (APROFAM ONG), have won this year's United Nations Population Award. The Award goes each year to individuals and institutions for outstanding work in population and in improving the health and welfare of individuals.

The Award Committee, chaired by Ambassador Judith Mbula Bahemuka of Kenya, selected the two winners after reviewing nominations from around the world. The Committee is made up of 10 United Nations Member States, with UNFPA, the United Nations Population Fund, serving as its secretariat. Each winner will receive a diploma, a gold medal and an equal share of a monetary prize. Awards will be presented to winners this July at a ceremony at the United Nations Headquarters, New York.

The Economic and Social Council elects members of the Award Committee for three-year terms. They are Algeria, Bangladesh, Belarus, Cameroon, Guyana, Haiti, Iran, Kenya, the Netherlands and Peru. Secretary-General Kofi Annan and UNFPA Executive Director Thoraya Ahmed Obaid serve as ex-officio members.

## WEBSITE

*window*

### Global Reproductive Health Forum at Harvard South Asia

The Global Reproductive Health Forum South Asia Site seeks to bring together discourses on reproductive health and women's rights that are of particular interest and concern in the South Asian region. Much of the information originates from South Asian organizations and universities. This provides a forum in which academics, scholars, and activists can disseminate their works to an international audience.

<http://www.hsph.harvard.edu/Organizations/healthnet/SAasia/forum.html>

### UNFPA ICPD & Follow up on Millennium Development Goals (MDG's)

The official website for the UNFPA, the United Nations Population Fund, an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. Latest news on the close links between development and reproductive health, gender equality, Millennium Development Goals and strategies/policies in other key areas within the development sector.

<http://www.unfpa.org/icpd/index.htm>

### CDC Reproductive Health Glossary of Terms

A Site formed by The Center for Disease Control and Prevention (CDC.) One of the 13 major operating components of the Department of Health and Human Services, which is the principal agency in the United States government for protecting the health and safety.

[http://www.cdc.gov/reproductivehealth/epi\\_gloss.htm](http://www.cdc.gov/reproductivehealth/epi_gloss.htm)

### Global Reproductive Health Forum Research Library: Abortion Procedures and Clinical Information

An online research library providing links and useful information on Reproductive Rights Laws, Database of Population Laws, Population Policies, Post-Abortion Health, Maternal Health and much more valuable information.

<http://www.hsph.harvard.edu/Organizations/healthnet/abor/topic01.html#2>

### Reproductive Health Response in Conflict Consortium

The website for Reproductive Health Response in Conflict (RHRC) Consortium, is dedicated to the promotion of reproductive health among all persons affected by armed conflict. The RHRC Consortium promotes sustained access to comprehensive, high quality reproductive health programs in emergencies and advocates for policies that support reproductive health of persons affected by armed conflict.

[Http://www.rhrc.org](http://www.rhrc.org)

## OPPORTUNITIES

*conferences/trainings*

### Asia Pacific Summit 'Population and Development

1 to 3 August 2005

Bangalore, India, Karnataka, India

To explore the political dimensions and understand the pattern of influence that gave shape to and substance to population and development discourses. To have a birds view of an epistemic community a community of experts who share

Website: <http://>

Contact name: Prof. M. G. Krishnan

E-mail: [bangaloresummit@rediffmail.com](mailto:bangaloresummit@rediffmail.com)

Organized by: Center for Adult and Continuing Education and Extension, Bangalore University, Bangalore 560056, India

### 10th International Women & Health Meeting

21 to 25 September 2005

New Delhi, India

The International Women and Health Meeting (IWHM) has its roots in the global women's movement and includes a wide range of organizations, networks, and grassroots women's groups.

Website: <http://www.10iwhmindia.org>

Contact name: Manisha Gupte

E-mail: [coordinator@10iwhmindia.org](mailto:coordinator@10iwhmindia.org)

### Second South Asian Conference on Sanitation (SACOSAN 2005)

21 to 23 November 2005

Islamabad, Pakistan, Pakistan

Website: <http://www.environment.gov.pk/sacosan-2005>

Contact name: Dr. Murtaza Malik, Conference Coordinator

E-mail: [neapspl@isb.comsats.net.pk](mailto:neapspl@isb.comsats.net.pk)

Organized by: Ministry of Environment, Government of Pakistan .

## BOOK POST

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