



**United Nations  
Economic Commission for Africa**

# **Africa's Population and Development Bulletin**




**June - July 2000**



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Cover photo: Women making clay pots in Burkina Faso. UN Photo #152855C

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# Editorial

This is the second issue of an initiative of the Food Security and Sustainable Development Division (FSSDD) of the Economic Commission for Africa (ECA). The first two issues of *Africa's Population and Development Bulletin* have been published with the support of the United Nations Population Fund (UNFPA). The *Bulletin* aims to encourage the exchange of experiences among African countries in the implementation of the 1992 Dakar/Ngor Declaration (DND), and the Plan of Action that emanated from the 1994 International Conference on Population and Development (ICPD-PA), which were endorsed in 1999 by the Special Session of the United Nations General Assembly. The information in the *Bulletin* provides a platform to discuss research results, policy initiatives, policy outcomes, and activities at the grassroots level. The *Bulletin* is disseminated to planners, policy makers, universities and researchers, non-governmental organizations (NGOs), international organizations and the public at large.

To serve effectively as a discussion platform, FSSDD invites all interested parties to make contributions to *Africa's Population and Development Bulletin*. Researchers and NGOs are specially invited to report on their activities. FSSDD would also appreciate information on recently held and upcoming events particularly the reports of workshops, and other scientific conferences, as well as recently published material on the subject matter.

The general topics included in this issue are recurrent. The *Bulletin* will continue to cover ICPD-related events and the issue of HIV/AIDS in Africa, and will include a Data Corner, a focus on UNFPA-CSTs, on the work of an NGO, research notes, etc. The Editorial Board remains, however, open to suggestions for articles and topics to be covered.

In order to be as responsive as possible to readers' interest, the editors would highly appreciate feedback from readers. To this end, the editors would like to thank all those who accepted our invitation to make a contribution to the *Bulletin*.

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# Issues for the 21<sup>st</sup> Century<sup>1</sup>

Population issues are development issues. Although analytical and empirical findings have provided an ambiguous conclusion about effects of rapid population growth on economic development, there is sufficient evidence to support the conclusion that “*on balance, ... slower population growth would be beneficial to economic development for most developing countries*”.<sup>2</sup> The position that lowering population growth rates would make a crucial contribution to improving living standards and to promoting sustainable development is also articulated in many of the global United Nations conferences of the 1990s.

At the World Summit for Social Development (Copenhagen, 1995), the international community including African countries, made a strong plea for the reduction of poverty by half by 2015. To attain this goal, Africa will require a 4 per cent annual reduction in the number of people living in poverty (on \$US 1 or less per day) and an average economic growth rate of at least 7 per cent per annum. But Africa’s economy recorded only an average growth of 3.3 per cent in 1998. At the same time, the population is presently growing at an average rate of about 2.4 per cent per annum. This margin of barely a one percentage difference between economic and population growth rates indicate a precarious situation.

The race between population growth and economic development is on and its outcome will shape the economy and society of African countries in the 21<sup>st</sup> century. However, our attention cannot be limited to population growth

only. There are several other population-related issues that deserve urgent attention by African policy makers such as rapid urbanization, the status of women, the young age structure of the population, HIV/AIDS, refugees and displaced persons, and the position of the elderly in the future African society.

## Rapid population growth

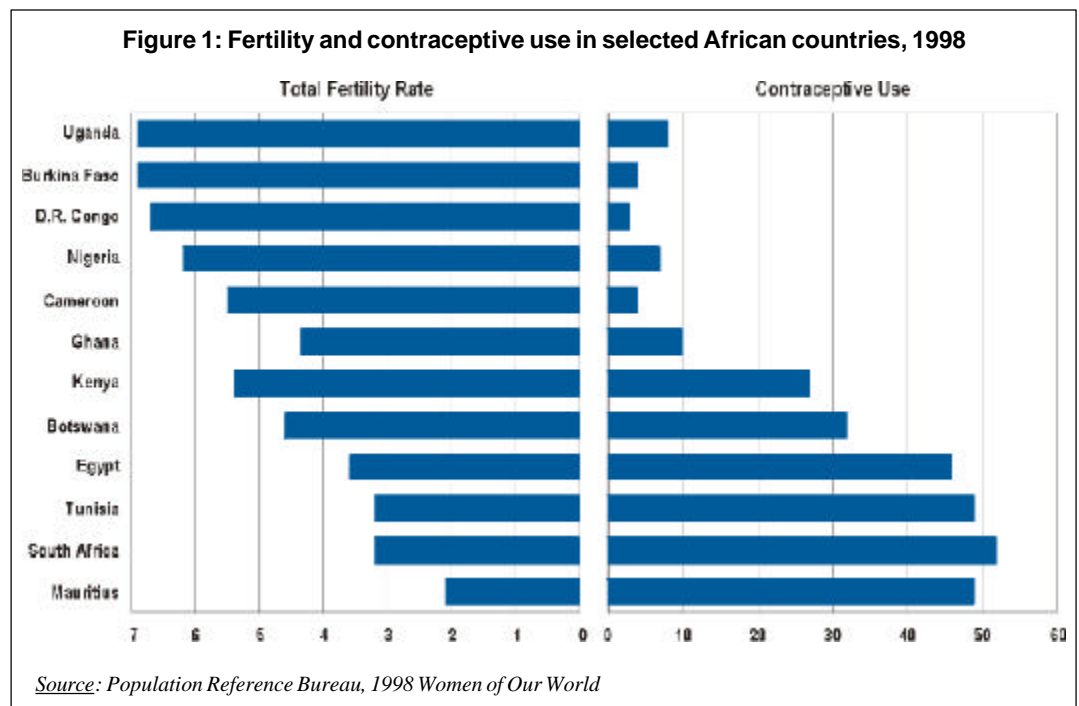
Africa has witnessed a relatively rapid decrease in mortality due to agricultural and nutritional improvements and the introduction of low-cost technologies in the health sector such as antibiotics, oral rehydration methods and vaccines. Fertility levels, nevertheless, have remained relatively high. In 1950, Africa’s population was less than half that of Europe but 50 years later, Africans easily outnumber Europeans. At a current growth rate of 2.4 per cent per annum, Africa will again double its population by 2035. Progress in reduc-

ing the fertility rates has been limited to the countries of Northern Africa, the small island States and a few countries in Southern Africa. Most sub-Saharan African countries have made little or no progress and these are typically the countries with low modern contraceptive prevalence rates (see figure 1), low economic performance and a heavy dependence on women’s and children’s labour.

## Rapid Urbanization

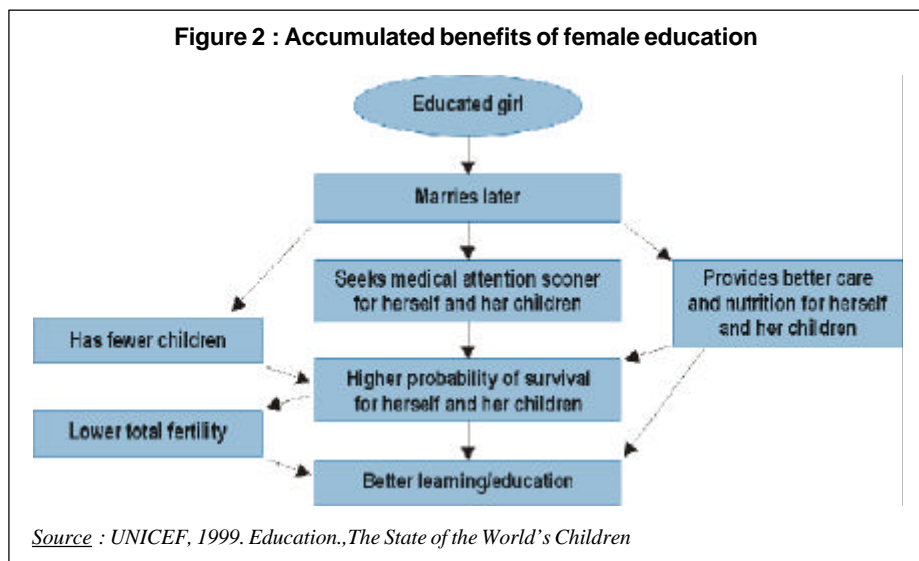
In Africa, as elsewhere in the world, the percentage of people living in urban areas has increased dramatically during the past fifty years. In 1970, only about a quarter of all Africans lived in urban centres. By 1995, the proportion (urban) had increased to over one third (35 per cent) and it is projected that over half of the population (about 51 per cent) will live in cities by 2025.

Most of the growth has been through



1 This article is a summary of the scientific keynote address of Dr. Makinwa-Adebusoye to the Third African Population Conference (Durban, South Africa, 6-10 December 1999). The full text can be obtained from ECA - FSSDD, P.O. Box 3001, Addis Ababa, Ethiopia.  
 2 National Research Council, 1986, p.90.

Figure 2 : Accumulated benefits of female education



rural-urban migration, reflecting people's hopes for finding urban jobs and better living conditions. Yet, the economic situation in an era of structural adjustment programmes (SAPs) is such that formal employment in African cities is hardly growing, and the informal sector cannot keep pace with 5-10 per cent annual increase in the urban working population.

### Women's status

Women in African societies have subordinate status to men. Nevertheless, most African women play an important role in the provision of food for the household. Additionally, they fulfil their primary roles of wife and mother, child-bearing being an important determinant of their social status. All these tasks, responsibilities and expectations put a serious burden on women's development potential. Unequal access to education is both a cause and effect of women's low status. Figure 2 summarizes the importance of female education.

### A large proportion of young people between 15-24 years

High fertility in the past has resulted in a young age structure. Those in the 15-24 age group numbered 149 million in 1998, constituting about 20 per cent of the total African population. With an annual growth rate of over 3 per cent, the youth population is estimated to

reach 258 million by the year 2025. The sheer size and potential growth of this sub-group are sufficient reasons for special attention from policy makers.

The youth of today constitute Africa's major resource for tomorrow, and Africa stands to reap a demographic bonus in the next 15 to 20 years. The demographic bonus refers to the structural population transformation with potentially profitable dividends when this bulge of young people comes into the workforce while fewer children are born. If jobs can be found for these prospective entrants into the labour force, the 'workforce bulge' can be the basis for more investments, greater labour productivity and rapid economic development. This will generate revenues for social investments in health, education and social security to meet the needs of both the young and an increasing number of the elderly, thus securing the basis for future development. The next ten years will be critical. Meeting the youth's education and employment needs as well as their reproductive health needs will be among the most important political challenges in the coming decade. The amount and quality of investments in these young people will determine the extent of the benefits accruing for Africa's social and economic development in the 21st century.

### HIV/AIDS: Africa's scourge

The critical figures are fairly well known. At the end of the 1990s, sub-Saharan Africa accounted for about 70 per cent of the HIV/AIDS cases in the world. The worst hit countries are in Eastern and Southern Africa and there is also evidence of a rising level of HIV infections in Western Africa. The lack of serious policy attention on the part of governments is partly responsible for the disturbing figures shown in figure 3. HIV/AIDS should figure high on the political agenda in the next few decades.

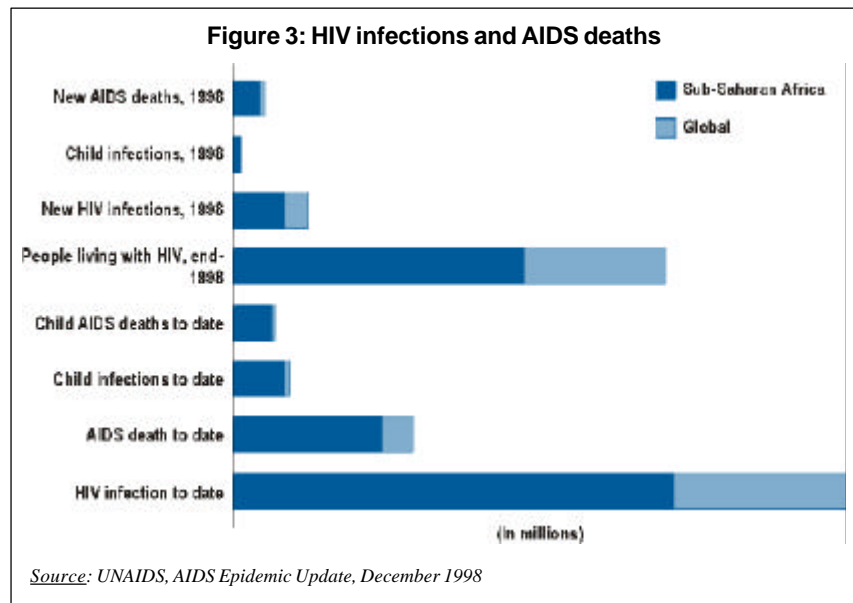
### Refugees and displaced persons

There are an estimated 16 million refugees and displaced persons in Africa. It is only an estimate but it clearly illustrates the magnitude of a problem that has become a permanent characteristic of the political landscape in Africa. Unfortunately, there is still a lack of research on the status of refugees and displaced persons, but it is known that female refugees and displaced persons are particularly disadvantaged in terms of access to education, health services and resources to establish independent livelihoods. Additionally, female refugees are often exposed to sexual violence with an intensified risk of HIV transmission.

### The elderly in the future African society

The proportion of the elderly aged 65 years and above, though still relatively small, is increasing. Their number is expected to rise from 22 million in 1995 to 52 million in 2025. The largest percentage increases in the world's elderly population are projected to occur in the world's poorest regions, including Africa, where their growth rate is about 2.9% per annum. This increase in the number of the elderly is occurring at a time when the traditional African support system for the elderly, the extended family, is being eroded. As a result of increases in rural-urban migration, more children live separately from their aged parents who remained in the villages. Additionally,

severe economic difficulties in the 1980s and the early 1990s have increased household poverty. As a result, women who need to supplement family income by working outside their homes are no longer available to care for aged parents. The aging population will strain medical systems that must at the same time meet the needs of the young population. Yet, elderly people are a valuable resource for development. It is, therefore, necessary that effective public policies be adopted to ensure that society makes the most of their potential for societal benefits.



# Towards ICPD+10 in Africa

The Special Session of the United Nations General Assembly (UNGASS) met in July 1999, to review further implementation of the International Conference on Population and Development-Programme of Action (ICPD-PA), and culminated in the adoption of a final document entitled, “*Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development*”. This document noted the limited success in the implementation of ICPD-PA, and outlines key future actions needed to achieve the goals and objectives of the ICPD.

## ECA’s assessment of DND and ICPD

To date, there have been four assessments of the recommendations of the Dakar/Ngor Declaration (DND) and the ICPD-PA undertaken by ECA in collaboration with OAU, ADB and UNFPA. The Africa-specific DND had been inspired by the need for ECA member States to learn from success stories and identify, as early as possible, the problems and constraints that impede progress.

The first assessment took place during an Experts’ and NGO Workshop on the implementation of the DND and the ICPD-PA, which was held in Abidjan in 1995. The second assessment was by the Joint Conference of African Planners, Statisticians, Population and Information Scientists, which was held in Addis Ababa in 1996. The third and fourth assessments took place in Addis Ababa in 1997 and 1998 during the meetings of the Follow-up Committee on the Implementation of the DND and the ICPD-PA.

## Continuous monitoring

ECA will continue to monitor the country-level implementation of the DND and the ICPD-PA and to co-ordinate the preparation of Africa’s input into the 10-year review and appraisal of ICPD, which will be completed in 2004. The monitoring process involves the convening of annual meetings of the

### Constraints encountered in implementation of the ICPD-PA

- Financial constraints have hampered the capacity of developing countries to implement the ICPD-PA. Developed countries have also not yet met the agreed target of allocating 0.7 per cent of their GDP as official development assistance (ODA). At least 4 per cent of ODA should be devoted to population-related activities.
- Many young people still lack access to appropriate information and services; and the political commitment to promote adolescents’ rights and reproductive health is still weak in some countries. However, acceptance of the concept of reproductive and sexual health is growing and adolescent reproductive health (RH) issues now form part of the public debate in many countries.
- Limited progress has been made in reducing high levels of maternal mortality and morbidity in a number of countries. Additionally, the HIV/AIDS pandemic is out of control in many African countries.
- Unsafe abortion is still not adequately addressed as a public health issue. Consequently, several countries have not been able to reduce the prevalence of unsafe abortion through the provision of family planning services and information.
- Violence against women and children in the form of rape, incest, sexual violence, female genital mutilation and sex trafficking remains rampant. This is in spite of the fact that many countries have enacted gender action plans aimed at promoting and protecting women’s rights.

Working Group of the Follow-up Committee with a view to defining the guidelines for the substantive preparation of the ICPD+10 event. In preparing the appraisal activities, ECA will collaborate with the Organization of African Unity (OAU), the African Development Bank (ADB) and UNFPA. ECA will also co-ordinate the contributions of sub-regional population and development institutions such as the *Institut de Formation et de Recherche Démographiques* (IFORD, Yaoundé), the *Regional Institute for Population Studies* (RIPS, Accra), the *Institut Africain de Développement Economique* (IDEP, Dakar), and the *Centre de Recherches en Population pour le Développement* (CERPOD, Bamako).

The preparation of a detailed country questionnaire on implementation of the DND and the ICPD-PA will be initiated during the year 2000. Based on the experience of the ICPD+5 review process, a team approach will be used for preparation of the questionnaire, which will involve the expertise available at the three

UNFPA/CSTs based in Addis Ababa, Dakar and Harare.

Analyses of the completed questionnaires are expected to contribute to reports on the country-level implementation of the DND and the ICPD-PA. These will include best practices and programme needs which will be prepared for presentation and discussion at the subsequent meetings of the Follow-up Committee.

In 2001 and 2003 the Fourth and Fifth Meetings of the Follow-up Committee will be organized to enable partners, including African governments, international organizations, donors and NGO’s, to review individual country-specific and regional reports on implementation of the DND and the ICPD-PA.

## Expected results

The final outcome of ECA’s monitoring and coordination of the ICPD+10 assessment process is a comprehensive regional report which will highlight the main achievements in the goals of the DND and ICPD-PA, as well as constraints hindering progress in the key programme

areas. A concluding section of the report will provide recommendations on the way forward.

*Official United Nations Documents for the Twenty-first Special Session of the General Assembly, 30 June-2 July 1999, are available at the global POPIN web site: <http://www.undp.org/popin/unpopcom/32ndsess/gass.htm>*

#### Key actions for further implementation of the ICPD-PA

- To alleviate poverty, (a major goal of the ICPD-PA), the international community and governments need to create conditions that enable African and other developing countries to achieve sustained economic growth and establish means for managing resource flows. In this regard, countries need to be supported in their efforts to eradicate poverty, by ensuring an open, equitable international trading system, encouraging direct investments, debt reduction and cancellation, and by ensuring that SAPs respond to social and environmental concerns.
- Countries need support in the collection of data and establishment of indicators for monitoring progress; promotion of a multisectoral approach to population issues; improving national capacities; strengthening partnerships; and in promoting strategies to increase awareness.
- Both donors and developing countries should fulfil their funding commitments, particularly in financing HIV/AIDS prevention efforts. In this regard, the ICPD-PA target of \$1.3 billion for this effort should be reached as soon as possible. Governments should commit themselves to HIV prevention, to alleviate the impacts of AIDS morbidity and mortality and to improve care for HIV-infected persons.
- Greater efforts are needed to combat sexual violence, which threatens girl's and women's human rights and puts them at risk from sexually transmitted diseases including HIV/AIDS. Actions should be taken to eliminate negative traditional, religious and cultural attitudes and practices that subjugate women, reinforce gender inequality, and negatively affect women's health.
- Countries emerging from war, civil strife, climatic disasters and economic crises should receive special financial and technical assistance to strengthen their ability to address population and development concerns.
- In the area of gender equality and the empowerment of women, gender mainstreaming should be incorporated in all development initiatives. Health sector reforms must also give priority to gender and adolescent-sensitive reproductive health services. The impact on women of globalization and the privatization of social and health sectors must be monitored, and requisite mitigating measures adopted.
- National plans for investing in young people should be developed and implemented with the full involvement of adolescents. Such plans should include education, professional and vocational training, income-generation and sexual and reproductive health information and services.

# The ICPD in Africa: Political Engagements and the Reality on the Ground

*Gervais Beninguisse, IFORD, Cameroon<sup>1</sup>*

Although many African countries were previously unwilling to adopt family planning policies and programmes, most of them are now determined to control population growth through lowering fertility rates. This evolution in the position of African governments has been expressed on several occasions during the global conferences of the 1990s and particularly at the ICPD in 1994. Political stances passed from a pronatalist or non-interventionist position in 1974 in Bucharest to support for an affirmed interventionist action within an integrated framework of population issues at the ICPD in Cairo in 1994. Today, family planning is generally accepted as an essential part of reproductive health (RH) programmes. The political engagements are there, but the question remains of how they are reflected and implemented on the ground.

In Cairo, a consensus was found on the necessity for an integrated approach to the most important aspects of development, namely population, poverty, sustainable development and human rights. The African preparatory conference in Dakar (1992) had also favoured an integrated approach to population and development programmes and strategies. This vision seems to be the result of abandoning self-sufficiency development strategies, the negative effects of the Structural Adjustment Programmes (SAPs) and the spread of poverty. The ICPD also marks a changing strategic approach in the application of family planning programmes. It was stressed in the Programme of Action that family planning needs to be integrated in maternal and child health care services. Prenatal, obstetrical and post-partum care, and the fight against infertility or under-fertility,

sexually transmitted diseases and AIDS were henceforth to be seen as necessary components of family planning services. The new approach with reproductive health (RH) programmes targeting couples, also appears to have been equally indispensable for the success of interventions together with those targeting individuals. The often observed gap between female fertility intentions and behaviour suggests that women are not always the ones making decisions in this domain.

What are the realities that can be observed on the ground? One may ask whether the programmes that have been developed measure up to the political commitments made by the countries in the ICPD-PA. Without claiming to be exhaustive, some indicators of programme performance are examined here in order to appreciate the direction, shortcomings and/ or inconsistencies in programme implementation.

## **Increasing availability of services vis-à-vis poor accessibility and poor information**

In most African countries the geographical accessibility to modern contraceptives remains difficult, especially in rural areas. This is not only due to the remoteness of some areas but also to the absence and poor quality of the transportation infrastructure. Another problem is the availability of the different methods of contraception. Although supply has increased, it is far from being sufficient. In a number of countries, only the male condom is available and economically accessible through groceries or the itinerant tradesman. Other contraceptives are distributed through the health infrastructure and pharmacies. Information on the strengths and weaknesses and the side

effects are not always available. This creates potential for various prejudices and thus nourishes a climate of suspicion around several contraceptive methods. It is difficult to promote modern contraceptive methods in a context where the services and products cannot be sufficiently and efficiently delivered in the field. Therefore, it is necessary to review legislation and policies to ensure distribution of the different methods of birth control and to inform the population adequately on their characteristics.

After more than two decades of family planning in Africa, the results, as evidenced by the World Fertility and Demographic and Health Surveys, are positive. Modern contraceptive use, although still relatively low, is rising. These improvements observed on the national level, however, mask important differences when contraceptive use is disaggregated by socio-economic class and sub-national geographical units. Modern contraceptive use remains particularly low in rural areas, among the economically underprivileged and among the less educated. Furthermore, the impact of contraceptive use is limited without a transition from willingness to space children towards motivation to limit the number of children. This underscores the need for a greater focus on the factors that lie at the origin of the demand for children and the efficiency of national family planning programmes.

## **Integrated programmes in precarious health structures**

Most family planning programmes function through existing medical and health structures. This reflects the global approach of integrated maternal and child health care. Family planning can no

<sup>1</sup> This article is a summary of a presentation made at an international workshop on "Reproductive Health in Africa", ENSEA/IRD, Abidjan, Côte d'Ivoire, 9-12 November 1999.

longer be promoted solely on the basis of the desire to reduce or better space the number of children. The protection of the health of the mother and child must be considered as well. The success of such an approach depends on efficient functioning of the health infrastructure and improvement of maternal and child health through better management. However, the use of health care services is far from being universal in Africa. The integration of the child delivery services in the medical system is often complicated because of the weak geographical and financial accessibility to medical infrastructure: long waiting lines, shortage of equipment, insufficiently qualified staff, etc. With the intractable economic crisis in most African countries and the resultant cutbacks in expenditures, the health systems have deteriorated due to reductions in their budgets. The required means to follow-up and evaluate medical interventions are not always available and also lack co-ordination.

### **Maternal and child health: a particularly unfavourable epidemiological context**

Africa is the region in the world where pregnancy- and childbirth-related risks are highest. It is also the region where

maternal and child health services are most under-used. It is therefore difficult to promote family planning in a context where infertility and maternal and infant mortality remain high, and ante-natal services are still unsatisfactory.

Regardless of the likely underestimation due to social censoring, numerous pregnancies in Africa do not result in live births. It is to be feared that the inability (voluntary or not) to bring pregnancies to a live birth increased appreciably. In spite of the repressive legal arrangements, abortions and their ominous consequences (maternal death, barrenness) are legion in Africa. It would be beneficial to many to adapt the current legislation to reality, not necessarily in liberalizing abortion completely (because of the sensitivity of the issue), but to widen its legal application for juridical (rape, incest) and socio-economic reasons.

### **Conclusion**

The differences between the political commitments of African States in the ICPD on the one hand, and the realities on the ground deduced from the implementation of programmes and contraceptive and procreative behaviour on the other hand, are some-

what mixed. Although it may be argued that the rationale and design of family planning programmes in Africa are in line with the political commitments of States, one cannot come to a similar conclusion with respect to their operational effectiveness and their impact on contraceptive and procreative behaviour. The political commitments in a number of African countries are still adversely affected by factors such as legislation restraining legal abortions and the promotion of contraceptives; serious cuts in social and health-related expenditures; the absence of family health education in school curricula; the absence or insufficient liberalization in the production, import and distribution of contraceptives; and a very restrictive legal context when it comes to abortion.

Nevertheless, there remains hope for a sustainable fertility transition due to increases in ages at marriage. In addition, socio-economic development programmes deserve particular attention because of their capacity to affect contraceptive use for birth reduction positively rather than for birth spacing. It is probably within this context that the future of sustainable African fertility decline will unfold.

# International Migration in ICPD

## Growing attention for international migration

Migration is usually embraced when it offers individuals and households opportunities for personal and professional development that they cannot find in their places of origin. Contrarily, migration is to be considered negative when people are forced to move due to political instability, environmental degradation and/or poverty. Similarly, orderly international migration can have positive impacts on both the communities of origin and destination *'providing the former with remittances and the latter with needed human resources. International migration also has the potential of facilitating transfer of skills and contributing to cultural enrichment. However, international migration entails the loss of human resources for many countries of origin and may give rise to political, economic or social tensions in countries of destination'*<sup>1</sup>.

The complexity of international migration, both in terms of its causes and consequences, is one of the reasons that hinder international co-operation. Unlike issues of morbidity, mortality and fertility, migration involves border crossing and is often considered as a potential threat to national sovereignty. Additionally, there seems to be a cleavage of interests between countries that more or less corresponds with the distinction between developing and developed countries. Therefore, multilateral co-operation has mainly been about regulation and exclusion to safeguard the national sovereignty of immigration countries, rather than about multilateral action to maximize the benefits of migration for all parties concerned. This is shown most clearly in the failure of all States except a handful of emigration countries to ratify the 1990 United Nations Convention on the Rights

of Migrant Workers and Members of their Families. International co-operation in the field of migration is further hindered by the lack of a single international body dedicated to improving the understanding and management of migration and its consequences. At present UNFPA, the International Labour Organization (ILO), the United Nations High Commission for Refugees (UNHCR) and the International Organization for Migration (IOM) share this responsibility.

In the ICPD, migration issues were given considerable prominence. However, deep divisions remained between sending and receiving countries. Countries of emigration and immigration were, for example, unable to reach agreements on certain basic principles such as the rules on family reunion. One of the objectives of the ICPD-PA, *'to encourage more co-operation and dialogue between countries of origin and destination in order to maximize the benefits of migration to those concerned and to increase the likelihood that migration has positive consequences for the development of both sending and receiving countries'*, did not get high level political support either. Therefore, the holding of the Technical Symposium on International Migration in The Hague in 1998 as part of the evaluation process leading to ICPD+5 was a useful step forward, but was also a compromise. A meeting of experts had far less political significance than a full-blown intergovernmental meeting. A report of the Secretary General to the Fifty-fourth Session of the General Assembly also revealed that most member States are not yet ready to convene a global political conference on international migration and development. As a technical meeting, the symposium was envisaged as a forum for detached and objective assessment of the migration issues facing policy makers in

the countries of origin and destination. Among the issues discussed were the relationship between migration and development, the root causes of migration, the lack of adequate data to study migration issues, remittances, women in migration, brain drain and the position of migrants in the host countries.

A report of the symposium was presented in March 1999 to the thirty-second session of the Commission on Population and Development. The ambiguous character of migration poses special problems for policy makers. This is highlighted in a summary of the discussions during the Technical Symposium by the rapporteur<sup>2</sup> of the meeting and covers the importance of networks in migration systems, women in migration, the often-assumed dichotomy between settlement and return, and the relationship between migration and development.

## The Technical Symposium on International Migration and Development

As economic disparities alone cannot explain migratory flows fully, the importance of networks in explaining migration has become more and more important since the 1980s. Social networks, however, have an ambivalent character and this has its consequences for formulation of clear policies around the issue. On the one hand, networks may smooth the migration process and improve conditions for the migrants concerned. On the other hand, social networks challenge official policies and the image of a nation State in control. Because of the potentially undermining effect of social networks in migration, governments tend to ignore them. During the symposium, it was stressed that such a political attitude opens the door for disorderly movements and abuse of the weakest.

Another pending issue is the scope

1 ICPD-PA, § 10.1

2 Stephen Castles was the General Rapporteur of the Technical Symposium. An article on his view on the key issues and problems discussed at the symposium can be found in a special issue on Migration and Development, in *International Migration*, vol. 37, n°1, 1999. The discussion that follows is based on that article.

and character of the feminization of migration. In quantitative terms, the symposium indicated that the proportion of woman in the migrant stock increased from 47 per cent in 1965 to only 48 per cent in 1990. However, women tend to migrate more and more autonomously as opposed to migration as dependants of male migrants. The increasing education of women and the loosening of restrictive values and norms definitely plays a role in explaining this as well as the desire of employers for cheap and easily controllable labour on the basis of patriarchal stereotypes. Family strategies may reinforce the independent migration of women as they are sometimes seen as more easily dispensable in agricultural activities at home and more reliable in sending remittances. Women and children also make up a growing number of refugees and asylum-seekers. The feminization of migration has thus been identified as a valid and important concept with regard to qualitative changes in migration systems during the last decades. This feminization is partly due to the increased empowerment of women but also to their exploitation. The trafficking of women (and children) is a growing international problem and women are particularly vulnerable to extremely low pay and poor working conditions if they migrate through illegal channels.

It was also recognized during the symposium that the often assumed-dichotomy between settlement and return is not relevant for the understanding of

contemporary migration. New technologies of transportation and communication facilitate the two-way mobility between countries that have become part of a migration system. Remittance flows, cyclical movements between the two areas and permanent return migration should all be seen as part of the same broad relationship. Contrary to the dominant line of thinking before, it is now recognized that the settler community can be as important as the returnee for the development of the area of origin, both in terms of economic contributions and as a provider of new cultural impulses. The relationship between migration and development for the sending country nevertheless remains very unclear. Through remittances and the return of migrants, emigration definitely carries development potential for the sending countries. However, much migration is irregular and leads to insecure and exploitative employment, which gives few benefits in terms of training and investment. Furthermore, a lot of the remittances and savings goes into consumption or low productivity service enterprises. Finally, the loss of skilled and active personnel can inhibit development because many of the most skilled migrants simply never return.

Migration, development and empowerment are related to each other in ambiguous ways and the interests of sending and receiving countries do not always seem to coincide. As it has been argued here and before, this multifaceted char-

acter of migration is precisely one of the important inhibitors of international co-operation on the issue. However, one of the key statements emerging from the symposium is that political co-operation does matter. Regardless of the superficial conflict in interests between sending and receiving countries, both types of countries may find advantages in orderly migration, regulated conditions for settling migrants and strategies that support the sustainable development of the sending country. Migration can help to contribute to more productive economies and more prosperous societies, that are likely to benefit everybody through greater international trade and security, as well as through social and cultural interaction.

*Sources: UNFPA (1996); International Conference on Population and Development-Programme of Action, New York, UNFPA. Castles, S. (1999); International Migration and the Global Agenda: Reflections on the 1998 UN Technical Symposium, International Migration, vol. 37, n°1, Special Issue on Migration and Development, p. 5-19. UNGAS, Report of the Secretary General to the General Assembly on International Migration and Development, Fifty-fourth session of the GA, Report A/54/207 (report available at <http://www.undp.org/popin/wdtrends/wdtrends.htm>).*

*A wallchart on international migration policies can be obtained from the Global POPIN web site (<http://www.undp.org/popin/wdtrends/migpol95/imp.htm>).*

# Brain Drain: The scope and Africa's responses

*International Organization for Migration (IOM)*

Developed countries are increasing their efforts to limit the access of economic and even political emigrants to their territory; yet, they offer scholarships for highly qualified nationals from developing countries that are aimed at the development of Africa's human resources. Ironically enough, many of those with a scholarship never return. This is only one, but an important mechanism through which Africa loses much of its intellectual capital and thus, the benefits of investments in the primary, secondary and even higher education of its population.

Important African migration to the West began in the 1960s, when most African countries became independent. Initially, the former colonizing countries were the major places of settlement for sub-Saharan African emigrants in the 1960s and 1970s. Most recently, the United States has become the second developed country of African immigration after the United Kingdom. This shift in destination countries of African migration is partly due to the implementation of more restrictive immigration policies in Western Europe. According to census data, the number of Africans living in the United States was 225,000 in 1980 and currently it is estimated to be around 1 million. These figures indicate a growth in African migration to the United States of 6 per cent a year. Contrary to the situation in the 1980s, black African immigrants now outnumber white African immigrants. The major sending countries are Nigeria, followed by Ethiopia, Ghana and Liberia. About 83 per cent of black African immigrant men in the United States have had some college education, making them better educated than white African immigrants and African Americans. Similarly, the 1991 census in Britain revealed that

black Africans immigrants had the best educational qualifications, in this case followed by the Chinese. According to a World Bank report of 1995, Africa has lost one third of its professionals to the developed countries between 1960 and 1987 and the IOM currently estimates that the percentage of nationals with university education living abroad is higher than 35 per cent in at least 21 African countries. All these data support the hypothesis of the "reverse transfer of technology" by which Africa and other less developed regions of the world lose their highly trained and qualified personnel.

Since 1983, IOM has been trying to assist in reversing this brain drain through its Return of Qualified African Nationals Programme (RQAN). The programme helps developing countries to identify priority skills needs, matches them with qualified nationals abroad willing to go back, and then supports their return and reintegration. Between 1983 and the end of 1999, IOM assisted in the return and reintegration of 1937 African professionals (excluding dependants), and up to 1995, 2565 ex-students with higher education were assisted in their return to Africa.

The issue is also making its way to the political agenda of many African countries and institutions. Already in the late 1980s a Presidential Task Force was set up in Nigeria to study the causes and consequences of brain drain. In February this year, ECA, IOM and International Development Research Centre (IDRC) held a regional conference on brain drain and capacity building. The purpose of the conference was to provide a forum for discussion and critical examination of the key issues pertaining to brain drain in Africa in the context of the current debate about capacity building on the con-

tinental. From the analysis and discussions during the conference, three priority areas were identified. First, supporting capacity-building efforts in Africa as well as limiting the negative aspects of brain drain must be based on concrete facts, data and information. ECA will therefore take the lead in establishing a database for monitoring the scope and impact of brain drain in the region. To complement national efforts in addressing deficiencies in education and training capacities, it was proposed that various knowledge blocks should be established. IDRC will be the lead agency in setting up these networks of research and training institutions in the south and the north to respond to the need for highly skilled human resources in core areas of the labour market. Finally, the conference identified the exploitation of the existing capacity within the network of highly skilled African expatriate groups in the diaspora as a third priority area. The lead agency in this initiative will be IOM.

*Source: Djamba Y. (1999); African Migration to the United States: Volume, Trends and Employment Opportunities, in: UAPS, Proceedings from the Third African Population Conference, Durban, 6-10 December 1999, vol. 2, p.471-483.*

*For more information on the RQAN Programme contact: IOM, 17 Route des Morillons, PO Box 71 CH-1211, Geneva 19, Switzerland, tel. +41 22 717 92 39, fax. +41 22 798 61 50, e-mail: elnour@iom.int, Internet: [http://www.iom.int/iom/Programs\\_and\\_Activities/rqan/RQANA.html](http://www.iom.int/iom/Programs_and_Activities/rqan/RQANA.html) For more information and documentation on the Regional Conference on Brain Drain and Capacity Building in Africa contact: Joseph Ngu, ECA - ESPD, PO Box 3001, Addis Ababa, Ethiopia, e-mail: ngu@un.org*

## Opened society, closed borders. Post-Apartheid migration issues in South Africa

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Many southern African economies have become utterly dependent on employment in the Republic of South Africa as a source of external revenue and as an employment outlet for a growing population. Hence, migration will doubtlessly play an important role in the region in the years to come. South Africa's economy has always served as a magnet to many of the unemployed people in the surrounding countries. The lifting of domestic legal constraints to freedom of movement (repeal of the Group Areas Act and influx control) together with the demise of apartheid further facilitated such movements. However, while borders have opened widely for trade, South Africans are more reluctant towards intensified transnational labour flows.

It is widely accepted that the flow of both legal and undocumented migrants to the country from the Southern African Development Community (SADC) and beyond has grown markedly since the dismantling of apartheid. Most contract migrants are found in the South African mining industry. The relative growth in the number of foreign miners is striking. While South African miners have apparently borne the brunt of retrenchments, between 1986 and 1994 the foreign component has risen from around 40 to 55 per cent of the current labour force of 314,717. This increase benefited the Mozambican component the most. In 1996, there were 73,787 Mozambican miners at work in South Africa. The importance of emigration for the SADC countries is also illustrated in the level of remittances. It is estimated that Basotho workers remitted South Africa rand 329 million during 1994. This accounts for 40-50 per cent of the GNP and roughly

equals the GDP of Lesotho. It is clear that the dismantling of apartheid has raised prospects for a richer, safer life for skilled people from poor and unstable countries. As 'brain drain' attracts people from all over the continent, South Africa itself has equally experienced a significant haemorrhage of skilled people over the past decade. Data in this regard, however, seem near worthless as reports of gains from receiver countries far outstrip that of South African losses.

In addition to the increased labour migration into South Africa, the influx of people from a war-ravaged Mozambican economy into South Africa has continued, and even escalated. They have been joined by a growing number of (illegal) migrants and refugees from other parts of the region, and increasingly, Africa as a whole. The numbers involved is a question of continuous debate. Estimates range from 2 to 9 million although 5 to 6 million seems to be more accurate. Precise estimates cannot be justified due to a lack of reliable information. Although deportations are only the proverbial ears of the hippopotamus, they do give an indication of both the numbers and countries involved in clandestine migration. Over the past few years, the majority of illegal migrants were repatriated to Mozambique (75-85%), Zimbabwe (10-15%) and Lesotho (5%). Between 1988 and 1995, South Africa deported 637,495 people, 157,084 in 1995 alone. In 1996, the figure rose to 180,713. Almost all deportations were to SADC countries.

While the interest of migrants (clandestine and otherwise) have in the past been met without adversely affecting the (perceived) interests of South Africans, increased immigration following the dismantling of apartheid, however, coincided with height-

ened expectations among locals, worsened economic conditions and increasing levels of unemployment. Many South Africans have hitherto identified (illegal) migration as one of the greatest challenges facing the society at present and in the future. Similarly, the authorities are not very keen to support fully the idea of free movement of people in the subregion although the fall of the apartheid regime had raised expectations in that direction. Not surprisingly, the Draft Protocol on the Free Movement of Persons in the SADC countries (1996) received a lot of criticism from Botswana and South Africa. Nevertheless, it seems that political objectives on migration in the subregion remain loyal to the idea of the transfer of controls to the external borders with minimum control at the borders between the countries of the SADC. This is an issue to be followed up.

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# Trends in the Use of Modern Contraception in Africa: 1986-1998

In the last fifteen years, demographic and health surveys (DHS) have been conducted in most African countries. A cross-country analysis of DHS data yields very informative results. Modern contraceptive use is fairly recent in Africa. The contraceptive revolution that preceded the fertility transition in the West is only just being felt in the continent. The data also reveal that by level of modern contraceptive use, African countries fall into two distinct categories, low and medium-to-high contraceptive prevalence countries.

## Regional variations in contraceptive use

Very low proportions of women use contraceptives in Africa. As shown in table 1, modern contraception was seldom used up to the late 1980s. Although there has been a significant increase in contraceptive use in the 1990s, most countries still register a low level of contraceptive prevalence (under 15%), except a few countries of Northern, Southern and Eastern Africa where this level is relatively advanced (18-46%).

Countries falling in the low prevalence group are to be found mainly in West, Central and East Africa (except Kenya). Figure 1 reveals a further divi-

sion within the low prevalence group. In countries, such as Zambia, Malawi, Ghana and Tanzania, over 12% of women in reproductive ages use modern contraceptives, while these rates fall below 10% in other countries, such as Cameroon, Madagascar, Senegal, Togo and Uganda, and below 5% in Mali and Niger.

In contrast to this pattern of low contraceptive prevalence countries, more than one third of women in reproductive ages, on the average, use at least one modern method of contraception in North and Southern Africa, called the medium-to-high contraceptive prevalence group. Kenya, the only country of East Africa belonging to this group, is an example of African countries in which there has been a dramatic increase in contraceptive use, i.e. from 9.7% in 1987 to 17.9% in 1989, 27.6% in 1993 and to 31.5% in 1998. The Kenya story demonstrates the impact of continued political commitment to, and support for family planning by policy makers and well-planned, effective family planning programmes. A replication of the Kenyan success is possible in other African countries. Figure 2 shows countries, notably Egypt, Kenya, Morocco and Zimbabwe, where a combination of political commitment and a strong family planning programme has facilitated a con-

stant increase in the proportion of women using modern contraceptives.

## Changing method mix

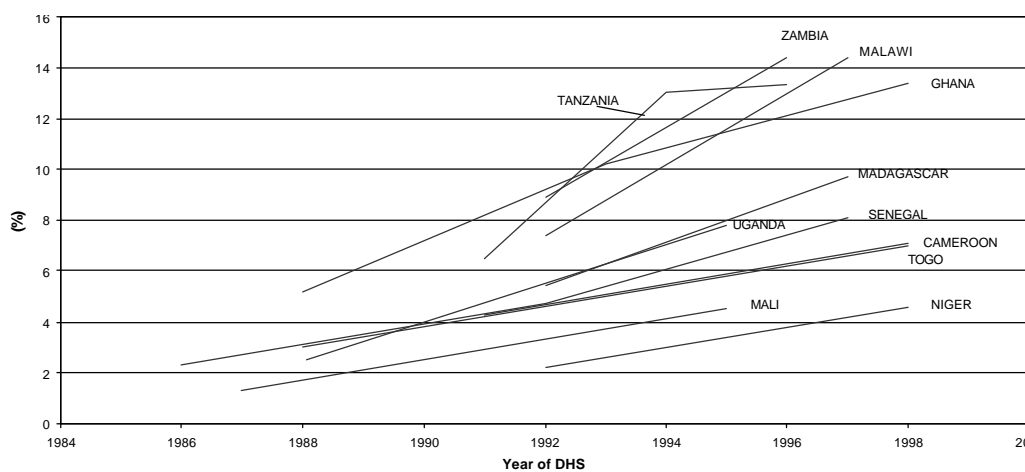
The percentage distribution of current users of contraception by method is both an indicator of family planning service utilization and a major tool used in the projection of service needs. It reflects the policy environment of such services (provider bias, supply problems, etc), as well as local method preferences.

For the past fifteen years, the pill has been the most widely used modern contraceptive method (see table 2). In all DHS countries, except Burundi and Togo, at least 20% of users of modern methods are pill users. In Morocco and Zimbabwe more than 75% of current users of modern contraception rely on the pill. However, as contraceptive use increases, there is a downward trend in the share of the pill in the overall method mix. This is confirmed in most of the countries with at least two DHS surveys (table 3). This shift seems to favour methods labeled "Other" which comprises mainly injectable and sub-dermal contraceptives (Norplant). In sub-Saharan African countries with three DHS data points, these methods have emerged as a substantial component of the method mix. During the 1989-1998 period, their share in the total distribution of modern methods has risen from 21% to 41% in Kenya. The corresponding figures are 6% to 34% for Tanzania during the 1991-1996 period, and 4% to 26% for Senegal between 1986 and 1997.

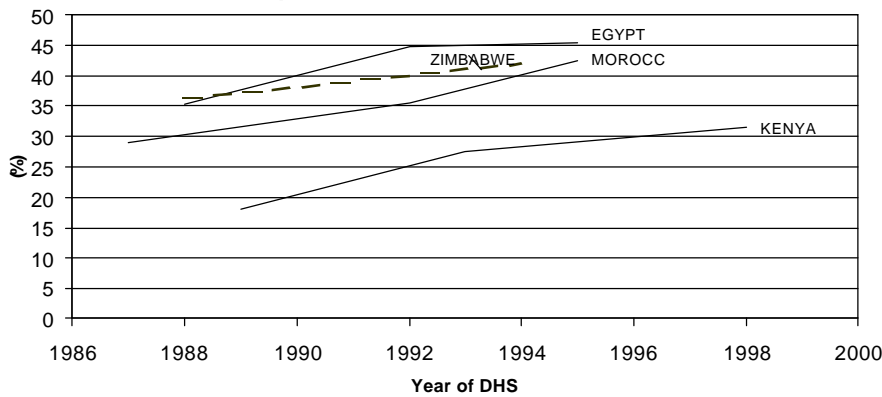
## Socio-economic development and contraceptive use

Levels of socio-economic development correlate fairly well with observed rates of contraceptive use in various regions of the world. Contraceptive prevalence rates are much

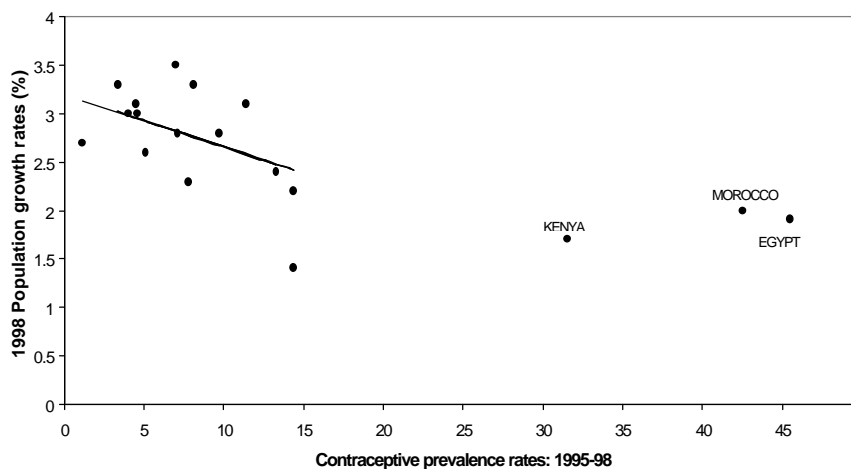
**Figure 1: Trends in contraceptive prevalence rates among low prevalence countries 1986-1998**



**Figure 2: Trends in contraceptive prevalence rates among medium-to-high prevalence countries, 1986-1998.**



**Figure 3: Contraceptive prevalence and population growth rates in Africa, 1995-98**



Fertility Surveys and recent DHS data, there is scarce published evidence on the association between population growth and contraceptive use. Yet, one of the ultimate goals of family programmes is to reduce aggregate rates of population growth.

In figure 3, contraceptive prevalence rates have been plotted against the 1998 population growth rates. The 1998 population growth rates are the most recent available statistics. In order to maintain causal consistency in the relationship between contraceptive use and population growth, observation points in figure 3 are restricted for the 1998 period. The DHS data for sub-Saharan Africa countries presented in this figure show that as contraceptive use increases, population growth slows down. The linear relationship fitted on the observed data for sub-Saharan Africa suggests that one percentage increase in the contraceptive prevalence rate corresponds to a decline in the population growth rate of 0.05%. The relationship also indicates that for a zero contraceptive prevalence rate, the population growth rate for the region will be around 3.2% per year, a figure that is consistent with the population growth rate of about 3% for countries with low contraceptive prevalence rates in table 1.

Another important pattern exhibited in figure 3 is the plateau at higher levels of contraceptive prevalence rates. Although contraceptive prevalence rates in Egypt (45.5% in 1995) and in Morocco (42.5% in 1995) are much higher than those of Kenya (31.5% in 1998), the population growth rates in these three countries are quite similar; 1.9%, 2% and 1.7% respectively. This stalled relationship suggests that as contraceptive use increases, there will be a need to address various other socio-economic, health, and cultural factors in order to sustain the downward trend in population growth. This is another major indication of the importance of faithfully implementing the DND and the ICPD-PA in African countries.

higher in developed countries than in less developed ones. In Africa, the use of modern contraception is more prevalent in urban areas as compared to rural settings. Educated women are more likely to use modern family planning methods as compared to those with no formal education. However, there is convincing evidence that low levels of economic development are not a barrier to the increase in the use of modern contraceptives. In sub-Saharan Africa, family planning programmes have played an important role in increasing couples' awareness of, and access to modern contraceptive methods.

Trends in contraceptive use shown in figures 1 and 2 are consistent with the

pace at which family planning programmes have been implemented in the region. Northern African countries have relatively old family planning programmes. Egypt, for instance, established its family planning programme in 1966. The steady increase in contraceptive prevalence rates in Kenya and Zimbabwe reflects, to some extent, government support of family planning services in these countries.

### Impact of contraceptive use on population growth

Although increased contraceptive use and fertility decline have been investigated in-depth using data from the World

Table 1. Population growth and contraceptive prevalence rate in Africa– 1986-1998.

Regions and Countries	Population growth rate in 1998 (%)	Contraceptive prevalence rate (%)	Year of survey
<b>Medium-to-High Prevalence Group</b>			
<b>EAST AFRICA</b>			
Kenya	1.7	17.9	1989
		27.6	1993
		31.5	1998
<b>NORTH AFRICA</b>			
Egypt	1.9	35.4	1988
		44.8	1992
		45.5	1995
Morocco	2.0	29.0	1987
		35.6	1992
		42.5	1995
Tunisia	2.9	40.4	1988
<b>SOUTHERN AFRICA</b>			
Botswana	1.1	31.7	1988
Namibia	1.6	26.0	1992
Zimbabwe	1.1	36.2	1988
		42.1	1994
<b>Low Prevalence Group</b>			
<b>EAST AFRICA</b>			
Burundi	2.4	1.2	1987
Comoros	3.1	11.4	1996
Eritrea	3.0	4.0	1995
Madagascar	2.8	5.4	1992
		9.7	1997
Rwanda	2.0	12.9	1992
Sudan	2.9	5.6	1989
Uganda	2.3	2.5	1988
		7.8	1995
Tanzania	2.4	6.5	1991
		13.0	1994
		13.3	1996
<b>CENTRAL AFRICA</b>			
Cameroon	2.8	4.3	1991
		7.1	1998
Central African Republic	2.2	3.3	1994
Chad	2.7	1.2	1996
<b>SOUTHERN AFRICA</b>			
Malawi	1.4	7.4	1992
		14.4	1997
Mozambique	2.6	5.1	1997
Zambia	2.2	8.9	1992
		14.4	1996

Table 1. Population growth and contraceptive prevalence rate in Africa– 1986-1998.

Regions and Countries	Population growth rate in 1998 (%)	Contraceptive prevalence rate (%)	Year of survey
<b>WEST AFRICA</b>			
Benin	3.3	3.4	1996
Burkina Faso	2.9	4.2	1993
Côte d'Ivoire	2.6	4.3	1994
Ghana	2.2	5.2	1988
		10.2	1993
		13.4	1998
Guinea	2.4	1.0	1992
Liberia	3.1	5.4	1986
Mali	3.1	1.3	1987
		4.5	1995
Niger	3.0	2.2	1992
		4.6	1998
Nigeria	2.9	3.5	1990
Senegal	3.3	2.3	1986
		4.7	1992
		8.1	1997
Togo	3.5	3.0	1988
		7.0	1998

**Sources** Rates of natural increase are from U.S. Bureau of Census, Report WP/98, World Population Profile: 1998 U.S. Government Printing Office, Washington, DC, 1999. Contraceptive data are from Demographic and Health Surveys.

Table 2. Modern contraceptive use by method in Africa – 1990s.

REGIONS AND COUNTRIES	Methodmix					Contraceptive prevalence rate (%)
	Pill	IUD	Condom	Fem. Ster	Other	
<b>Medium-to-High Prevalence Group</b>						
<b>EAST AFRICA</b>						
Kenya	27.0	8.6	4.1	19.7	40.6	31.5
<b>NORTH AFRICA</b>						
Egypt	22.9	65.9	3.1	2.4	5.7	45.5
Morocco	75.8	10.1	3.3	10.1	0.7	42.5
Tunisia (1)	21.8	42.1	3.2	28.5	4.5	40.4
<b>SOUTHERN AFRICA</b>						
Botswana (1)	46.7	17.7	4.1	13.6	18.0	31.7
Namibia	31.9	8.1	1.2	28.5	30.4	26.0
Zimbabwe	78.6	2.4	5.5	5.5	8.1	42.1
<b>Low Prevalence Group</b>						
<b>EAST AFRICA</b>						
Burundi (1)	16.7	25.0	8.3	8.3	41.7	1.2
Comoros	25.4	2.6	8.8	24.6	38.6	11.4
Eritrea	50.0	15.0	7.5	7.5	20.0	4.0
Madagascar	24.7	5.2	7.2	10.3	52.6	9.7
Rwanda	23.3	1.6	1.6	5.4	68.2	12.9
Sudan (1)	69.6	12.5	1.8	14.3	1.8	5.6
Uganda	33.3	5.1	10.3	17.9	33.3	7.8
Tanzania	41.4	4.5	6.0	14.3	33.8	13.3
<b>CENTRAL AFRICA</b>						
Cameroon	28.2	8.5	29.6	21.1	12.6	7.1
Central African Republic	33.3	3.0	30.3	12.1	21.2	3.3
Chad	50.0		16.7	16.7	16.6	1.2
<b>SOUTHERN AFRICA</b>						
Malawi	23.6	2.8	11.1	17.4	45.1	14.4
Mozambique	27.5	5.9	5.9	13.7	47.0	5.1
Zambia	50.0	2.8	24.3	13.9	9.0	14.4
<b>WEST AFRICA</b>						
Benin	29.4	14.7	20.6	11.8	23.5	3.4
Burkina Faso	50.0	16.7	19.0	7.1	7.1	4.2
Côte d'Ivoire	51.2	7.0	16.3	4.7	20.9	4.3
Ghana	31.4	8.8	21.6	8.8	29.4	10.2
Ghana	29.1	5.2	20.1	9.7	35.9	13.4
Guinea	50.0	0.0	10.0	0.0	40.0	1.0
Liberia (1)	61.1	11.1	0.0	20.4	7.4	5.4
Mali	68.9	6.7	8.9	6.7	8.9	4.5
Niger	60.9	--	0.0	--	39.1	4.6
Nigeria	34.3	22.9	11.4	8.6	22.9	3.5
Senegal	40.7	19.8	7.4	6.2	25.9	8.1
Togo	17.1	14.3	21.4	5.7	41.5	7.0

**Sources** Demographic and Health Surveys

Notes: (1) For these countries, data correspond to the late 1980s when the survey took place.

Table 3. Shifts in contraceptive method mix in Africa – 1980s-1990s.

REGIONS AND COUNTRIES	Year	Methodmix					Total
		Pill	IUD	Condom	Fem. Ster	Other	
<b>EAST AFRICA</b>							
Kenya	1989	29.1	20.7	2.8	26.3	21.2	100.0
	1993	34.8	15.6	3.3	20.3	26.1	100.0
	1998	27.0	8.6	4.1	19.7	40.6	100.0
Madagascar	1992	27.8	11.1	11.1	18.5	31.5	100.0
	1997	24.7	5.2	7.2	10.3	52.6	100.0
Uganda	1988	44.0	8.0	0.0	32.0	16.0	100.0
	1995	33.3	5.1	10.3	17.9	33.3	100.0
Tanzania	1991	52.3	6.2	10.8	24.6	6.2	100.0
	1994	43.1	7.7	13.1	15.4	20.8	100.0
	1996	41.4	4.5	6.0	14.3	33.8	100.0
<b>CENTRAL AFRICA</b>							
Cameroon	1991	27.9	7.0	20.9	27.9	16.3	100.0
	1998	28.2	8.5	29.6	21.1	12.6	100.0
<b>NORTH AFRICA</b>							
Egypt	1988	43.2	44.6	6.8	4.2	1.1	100.0
	1992	28.8	62.3	4.5	2.5	2.0	100.0
	1995	22.9	65.9	3.1	2.4	5.7	100.0
Morocco	1987	79.3	10.0	1.7	7.6	1.4	100.0
	1992	78.9	9.0	2.5	8.4	1.1	100.0
	1995	75.8	10.1	3.3	10.1	0.7	100.0
<b>SOUTHERN AFRICA</b>							
Malawi	1992	29.7	4.1	21.6	23.0	21.6	100.0
	1997	23.6	2.8	11.1	17.4	45.1	100.0
Zambia	1992	48.3	5.6	20.2	23.6	2.2	100.0
	1996	50.0	2.8	24.3	13.9	9.0	100.0
Zimbabwe	1988	85.9	3.0	3.3	6.4	1.4	100.0
	1994	78.6	2.4	5.5	5.5	8.1	100.0
<b>WEST AFRICA</b>							
Ghana	1988	34.6	9.6	5.8	19.2	30.8	100.0
	1993	31.4	8.8	21.6	8.8	29.4	100.0
	1998	29.1	5.2	20.1	9.7	35.9	100.0
Mali	1987	69.2	7.7	0.0	7.7	15.4	100.0
	1995	68.9	6.7	8.9	6.7	8.9	100.0
Niger	1992	59.1	9.1	0.0	4.5	27.3	100.0
	1998	60.9	--	0.0	--	39.1	100.0
Senegal	1986	52.2	30.4	4.3	8.7	4.3	100.0
	1992	46.8	29.8	8.5	8.5	6.4	100.0
	1997	40.7	19.8	7.4	6.2	25.9	100.0
Togo	1988	13.3	26.7	13.3	20.0	26.7	100.0
	1998	17.1	14.3	21.4	5.7	41.5	100.0

Sources Demographic and Health Surveys

# HIV/AIDS and Rural Households

Whereas relationships between the pandemic and overall development are acknowledged widely, the effect on agriculture has received less attention because the epidemic was initially perceived as being largely urban. The existing evidence of the spread of the epidemic to rural areas was often overlooked because of poor data, the irregular pattern of spread and lower prevalence in the countryside than in urban areas.

Despite the difficulty in quantifying the impact of HIV/AIDS on rural households, several studies recently revealed its impact on both rural household incomes, agricultural production and, consequently, also household food security.

## Household income and expenditures

Studies on the economic impact of AIDS on households carried out by The Futures Group International (TFGI) indicate that the impact begins as soon as a member of the household starts to suffer from HIV-related illnesses. As the disease is fatal, the loss of income due to a reduction in labour is often permanent. Additionally, households have to cope with the increased expenditures for medical care and eventually funeral expenses. Indirect costs include time loss due to illness, funeral attendance and mourning periods, the training costs to replace workers and the care of orphans. Additionally, if these extra costs are financed out of savings, then the reduction in investment could lead to a significant reduction in economic growth. Household expenditures on education also tend to decline in order to save money and to increase household labour capacity.

All these effects remain difficult to quantify. One study in Côte d'Ivoire, however, reveals that households with an AIDS patient spent twice as much on medical expenses as other households. Furthermore, 80% of the expenditures went to the AIDS patient rather than to other household members. Average con-

sumption was estimated to decrease by 44 per cent in the year following the death of the AIDS patient.

## Agricultural production and food security

The impact of HIV/AIDS on agricultural outputs and food security takes on different forms, depending on the household structure and type of crops. In a recent publication, FAO identified some of the effects of declining financial and human resources on agricultural outputs. AIDS morbidity and mortality reduces the area of land under cultivation, as some households cannot cultivate the total land at its disposal. In one village in Tanzania for example, when a household had an AIDS patient, about one third of the household labour was spent on AIDS-related activities such as care of the patient and funeral duties. Delays and poor timing of activities and reduced technical inputs result in declining yields. It also seems that soil fertility is negatively affected as AIDS-affected households tend to give priority to immediate survival concerns over long-term land conservation measures. Change in cropping patterns and a decline in crop variety result from a change in labour-intensive crops to less labour-intensive crops and from inability to maintain enough labour for both cash and subsistence crops. A study by the Zimbabwe Farmers Union showed that the death of a breadwinner due to AIDS cuts the marketed output of maize in small-scale farming by 61 per cent and that of cattle owned by 29 per cent (see table 1).

Livestock often needs to be sold to provide for the medical costs incurred by those affected by HIV/AIDS. FAO also reports the loss of agricultural skills. Due to the gender division of labour and knowledge, the surviving parent is not always able to transfer the skills of the deceased.

**Table 1. Reduction in marketed output due to AIDS deaths in Zimbabwe**

Crops	Reduction in marketed output
Maize	61%
Cotton	47%
Vegetables	49%
Groundnuts	37%
Cattle owned	29%

*Source: Stover, John & Bollinger, Lori (1999), The Economic Impact of AIDS, TFGI. <http://www.tfgi.com/ecimaids.asp>*

Households affected by HIV/AIDS are thereby affected by a decline in the quantity and quality of food available for the surviving household members. Household food insecurity is further aggravated if families have to care for sick relatives or foster the children from parents that died. Due to the viral nature of the pandemic, the decrease is often clustered in specific households, thereby increasing the burden of food insecurity of some families while others remain relatively untouched.

## The gender dimension

The ratio of men to women living with HIV in sub-Saharan Africa is 5 to 6. In the younger age bracket (15-25 years), the HIV risk for African girls is even more disproportionate. In countries where youth accounts for 60% of new infections, young women outnumber their male peers by a ratio of 2 to 1. Women are biologically more vulnerable to HIV infection than men. In fact, the risk of becoming infected with HIV during unprotected vaginal intercourse is between two and four times higher for women than for men. Female morbidity and mortality have a particularly dramatic impact on the family, when households depend primarily on women's labour for food production, animal tending, crop planting and harvesting. Moreover, children's nutritional status tends to be more closely

related to the mother's work and income than to the father's.

### Household coping mechanisms for HIV/AIDS

Households adopt certain response mechanisms to cope with shocks and stresses. Unlike sudden shocks, which can be transitory in the sense that households survive the shock and eventually recover from it, in the case of HIV/AIDS, asset loss, war, etc., the households may not be able to recover from the shock.

It appears that when a household has been affected by male adult mortality, surviving widows and their families often have few, if any, assets to dispose of in their time of need. Thus, food security coping strategies may disintegrate quite soon after male adult death and food consumption may decline sharply.

Migration is a critical coping mechanism to food insecurity, but it can also be an important factor in the spread of HIV as it is usually accompanied by a disruption of family life. Often, it promotes the demand and supply of sexual services. Migration does not only render the migrants themselves vulnerable to HIV but also their families. A type of migration specifically related to the HIV epidemic can be added, namely, reverse migration of persons living with AIDS from urban centres back to their rural villages of origin. This last type of migration places a heavy burden on rural households in terms of time, money and labour.

*Sources: Daphne Topouzis (1999); The implications of Women's HIV/AIDS for Household Food Security in Africa. Paper presented at the Workshop on "Women's Reproductive Health and Household Food Security", organised by the FSSDD, ECA, Addis Ababa, 11-13 October 1999.*

*Guerny, J. de (2000); AIDS and Agriculture in Africa: Can Agricultural Policy Make a Difference? (<http://www.undp.org/popin/fao/faohome.htm>).*

*Stover, John & Bollinger, Lori (1999), The Economic Impact of AIDS, TFGI. (<http://www.tfgi.com/ecimaids.asp>).*

### Wife Inheritance Spurs AIDS Rise in Kenya

It was the summer of 1990, and Mildred Auma faced a deadly scenario. Her husband had just succumbed to AIDS. She knew he had infected her. Now her in-laws clamoured for her to allow one of her husband's brothers to inherit her as tradition in Kenya dictates. Auma, then 28, could scorn tradition, be driven from her community and face starvation with her 3 children. Or she could marry a brother-in-law, feed her offspring, protect her property – and pass on the virus. She chose the brother-in-law. He died of AIDS two years later, but not before infecting two other women. Then they both died. Another man has since inherited Auma, and when she was recently interviewed, she was 9 months pregnant with his child. She says she knows the child may have HIV. And she knows the disease will likely kill her inheritor just as it will soon kill her. "Because of the customs...I had to be inherited," Auma says. "They would have forced me. I would have been alone, homeless."

Most widows possess little education, have no property, do not hold jobs and do not have the skills to find one easily. They must choose, one AIDS activist says, "to [be inherited] and be infected and have food, or starve." The practice of wife inheritance is one reason Kenya's Busia district is reeling from AIDS. The infection rate in its towns runs about 30%. The rate in Busia's villages is 14-16%.

*Source: Stephen Buckley, "Wife Inheritance Spurs AIDS Rise in Kenya," Washington Post Foreign Service, November 8, 1997.*

### HIV/AIDS, Gender and Food Insecurity

Josephine, a widow in her late 30s, has seven children. Her husband has died of AIDS. She also has AIDS and is bedridden and incoherent at times. Josephine, who lives with her 19-year-old daughter and 12-year old son in a village in Eastern Uganda, is severely malnourished. Her biggest problem is that she does not grow enough food. The family diet consists of cassava, millet and a few greens. Josephine's daughter tries to prepare two meals a day but they often have only one. Eating the same food—boiled cassava without sauce (there is no money to buy oil with which to prepare the sauce)—has made Josephine lose her appetite, she said. She had not eaten fruit for a month.

Josephine has not received moral or material support from her late husband's family or from the community. No one ever comes to see her. Attitudes toward her and her family were very negative, she said. She does not want to ask for help from her husband's male relatives because she fears that their wives will suspect that she is sexually involved with them.

When she is not bedridden, Josephine works as a casual labourer from 5:00 am to 9:00 pm for about 1,000 Ugandan Shillings (about \$US .80 in 1994). This long workday exhausts her, but she cannot afford to rest because then she and her daughter would not have enough food. She described this as a vicious circle. On the one hand, she cannot grow enough food to feed herself and her family because she is too weak and hungry, and on the other hand, she needs to eat properly in order to be strong enough to work.

*Source: Topouzis & Hemrich, "The Socio-Economic Impact of HIV/AIDS on Rural Families in Uganda: An Emphasis on Youth" UNDP Discussion Paper N. 2, 1996. UNAIDS Brief, June 1997.*

# ADF 2000: “AIDS: the Greatest Leadership Challenge”

The African Development Forum (ADF) is an initiative led by ECA to establish an African-driven development agenda that reflects a consensus among major partners and that leads to specific programmes for country implementation. The aim of the African Development Forum is to present the key stakeholders in Africa with the results of current research and opinion on key development issues in order to formulate shared goals and priorities, draft action programmes and define the environment that will enable African countries to implement these programmes. The Forum will meet annually on a different development issue. The 1999 Forum was the first, and was held in Addis Ababa, Ethiopia from 24-28 October 1999, on the theme “*The Challenge to Africa of Globalization and the Information Age*”. The second Forum, ADF 2000, will be held in Addis Ababa, Ethiopia from 3-7 December 2000 on the theme “*AIDS: the Greatest Leadership Challenge*”.

ADF 2000 is devoted to addressing the ramifications of HIV/AIDS on Africa’s development. The HIV/AIDS epidemic is taking a devastating toll in terms of human suffering; it is jeopardizing economic growth, development prospects and political stability, especially in sub-Saharan Africa (SSA). Given the degree to which HIV/AIDS is undermining progress in development, it is no longer merely a health problem, but poses a major development crisis on the continent. While SSA accounts for only one-tenth of the global population, it bears the brunt of the disease, with more than 80% of AIDS-related deaths world-wide. Current statistics indicate that two decades since the epidemic surfaced, sufficient actions have not been taken to mitigate the spread of the disease. The result is millions of new infections and unnecessary suffering and death. In 1999 alone, it was estimated that out of the 5.6 million newly infected



adults and children, 3.8 million were found to be in SSA.

African governments and people must lead the fight against AIDS. This year’s ADF theme is unique because it offers an opportunity to conduct critical appraisal of current strategies and approaches and to discuss how to secure the commitment of African leaders to take action now to implement prevention and care programmes. The overall objective of ADF 2000 is to serve as a major launching pad for a new level of commitment and action against HIV/AIDS as a

major threat to the development of the continent. This will be achieved by highlighting positive regional, national, and local experiences and by developing proposals for action.

*For further information on ADF, contact: ADF 2000 Secretariat, Economic Commission for Africa (ECA), P. O. Box 3001, Addis Ababa, Ethiopia, Phone: +251-1-51 65 13, +251-1-51 62 94 or +251-1-51 72 00, Fax: +251-1-51 44 16, E-mail: adf2aids@hotmail.com. Or consult ADF Web Site: <http://www.un.org/depts/eca/adf2000>*

## HIV/AIDS, Peace and Security<sup>1</sup>

AIDS is a many-headed threat to Africa and this reveals itself slowly but surely throughout the continent. Although not immediately obvious how the pandemic may entail a threat to peace and security, during debates in the Security Council in January, various arguments were raised to give HIV/AIDS particular attention in that context. The African Development Forum, to be held this year in Addis Ababa around the topic of HIV/AIDS also includes a session on the impact of AIDS on national security.

It was confirmed more than once during the debates at the Security Council that war and conflict had been a major instrument in the spread of AIDS as soldiers and displaced civilians were important sources of the dissemination of HIV/

AIDS, or, were often more vulnerable to forced sexual contacts with a higher risk of transmission. Furthermore, in areas of conflict, the fight against AIDS in terms of prevention and protection is particularly difficult because of the breakdown of health and educational services and the obstruction of humanitarian assistance.

But conflict not only fuels the spread of AIDS; AIDS in itself fuels conflict. Most obviously, national security is threatened through high prevalence rates among soldiers. It is no exception for ministries of defense to report HIV prevalence rates of 20 to 40 per cent. As the disease progresses, it means a loss of continuity at the command level and within the ranks of the army and thus, in the effectiveness and continuity of training.

<sup>1</sup> *This article is based on a Security Council Press Release, SC/6781, available on the internet at: <http://www.un.org/News/Press/docs/2000/20000110.sc6781.doc.html>, AIDS is Declared Threat to Security, Washington Post, Sunday 30 April 2000*

According to the United Nations Secretary General, AIDS was no less destructive than warfare itself. According to some estimates, AIDS in 1999 had killed about 10 times more people in Africa than had armed conflict. But its threat is often more invisible and goes further than is immediately evident. *'By overwhelming the continent's health services, by creating millions of orphans and by decimating health workers and teachers, AIDS is causing social and economic crises which, in turn threaten political stability. The disease also threatens good governance through high death rates among both public and private elites'*. In already unstable societies, Mr. Annan said, the cocktail of disasters is a sure recipe for more conflict. And conflict, in turn, provides fertile ground for further infections. In April this year, the Clinton administration formally designated the disease, for the first time, as a threat to U.S. national security that could topple foreign governments, touch off ethnic wars and undo decades of work in building free-market democracies abroad

### Up to 70% of the South African army may be HIV-positive

Up to 70% of the South African National Defence Force may be infected with HIV, according to preliminary military medical examinations, *The Johannesburg Mail & Guardian* has reported (31 March 2000).

In one unit in KwaZulu-Natal, 90% of the troops are infected. Some military units near Pietermaritzburg and on the South Africa-Mozambique border also have HIV-infection rates higher than 70%.

South Africa's military infection rate is similar to neighbouring countries. In Malawi, 75% of the military is HIV-positive, and in Zimbabwe, 80% have tested positive. Forces in the Democratic Republic of the Congo and Angola also have high rates of HIV infection.

*Source: UN Wire, 6 April 2000*

# The UNFPA/CST Thematic Workshop on HIV/AIDS

The three UNFPA Country Support Teams (CSTs) in Africa, based in Addis Ababa, Dakar and Harare, believe that at the country level opportunities for HIV/AIDS advocacy and prevention have not been fully exploited. They also feel an obligation to collaborate in their efforts to strengthen information sharing on best practices for the prevention of HIV/AIDS transmission. Some of the reasons for this conviction include the following:

- (a) Africa is the continent with the highest prevalence rate;
- (b) the continent has the highest number of people living with AIDS or with HIV-positive status; and
- (c) the populations are poor and cannot afford the high costs of available therapies. The CSTs must also contribute to the efforts to establish a consensus on the role that UNFPA can play in the fight against AIDS.

## Thematic Workshop on HIV/AIDS

To address these concerns, a UNFPA/CST Workshop, organized around key issues related to the HIV/AIDS epidemic in Africa, was held in July 1999 in Saly Portudal, Senegal. The workshop tried to establish elements of the ideal niche for UNFPA intervention while taking into account the comparative advantages of various stakeholders involved in national programmes for HIV/AIDS prevention. The workshop was also aimed at establishing relevant strategic areas in which CST interventions could contribute to:

- (a) preventing the propagation of HIV/AIDS;
- (b) supporting those living with HIV/AIDS infection;
- (c) reducing the vulnerability of the poorest populations; and
- (d) reducing the impact of the pandemic on social and economic development.

## Conclusions and recommendations of the Workshop

### Data requirements

The scarcity of reliable data on HIV/AIDS must be addressed as a matter of priority. Although projection techniques have been developed and applied by both the United Nations Population Division and the U.S. Bureau of the Census, the gap between data requirements and data availability is so great that there are doubts whether the countries can ever have reliable data on all the variables involved (infectivity, sexual behaviour, incubation period, survival time between infection and death, etc.). To increase credibility and utilization, a wider range of stakeholders should be involved in the collection and analysis of HIV/AIDS data.

### Impact on socio-economic development

HIV/AIDS impact includes human capital losses, orphanhood, and the diversion of farm-household resources from production to patient care. This is in a context of declining socio-economic development.

Impact on the agricultural sector includes reduction in acreages cultivated, yields, soil fertility, livestock production, etc. Impact on food security includes reductions in quantities and qualities of food available and increases in numbers of dependents in households. However, attempting to alleviate impact in the face of arguments which deny that HIV is a major problem, does not help efforts to design strategic interventions. Coping efforts linked explicitly with HIV/AIDS can be promoted in the health and education sectors and through household and community programmes. This would reinforce the case for taking account of HIV in sectoral planning as well as in planning prevention measures.

The pandemic affects all segments of society, the rich as well as the poor, and should be viewed as a problem primarily

related to unsafe sexual behaviour, and not intrinsically to poverty. Nevertheless, since the absolute numbers infected by HIV are much greater among the poor and since reaching them with information and services is more difficult, disproportionate resources should be deployed to ensure that the poor are provided with necessary life-saving information, treatment of other STDs, and access to condoms.

The disadvantaged status of women also contributes to the spread of HIV. Governments and civil society should be made more aware of these linkages. Efforts should be increased to move beyond gender awareness and favourable gender policies to promote changes, particularly of those negative behaviours towards women which facilitate the spread of HIV.

### Government policy

Given the scarcity of resources available for confronting the HIV/AIDS epidemic in Africa, CSTs should be in a position to advise governments on rational prioritization of prevention interventions. Even if HIV treatment has become more effective, the cure for HIV infection is not in sight. While the costs have decreased considerably over the past two years, drugs remain beyond the reach of African HIV/AIDS patients.

On the prevention side, many interventions are considered effective. In many countries, awareness of HIV/AIDS and the primary mode of transmission are already high. Hence, information, education and communication (IEC) efforts must focus on inducing behaviour change. Within the general population, some groups may be more likely to respond positively than others and there are firm grounds for prioritizing adolescents for special attention, while conducting activities aimed at the general population. CST experts by their training would, with up-grading on recent developments in the field, become more effective advocates for, and designers of, intensified prevention efforts in the region.

### Political commitment

High-level political commitment and multi-sectoral involvement are instrumental in increasing the effectiveness of the response across countries. Hence the importance of government action for successful intervention strategies such as condom use, including the female condom. As the “*first line of defence*” in the epidemic, condoms must be widely and regularly available. Irrespective of other contraceptive methods being used, condoms should be used correctly and consistently in every sexual encounter where there is risk of HIV infection. In the countries with high HIV prevalence, it must be assumed that everyone is at risk. Female condoms are very effective against HIV, if used correctly and consistently and therefore they merit further promotion, especially if the price could be reduced.

### Programmes and quality assurance

Socio-cultural and behavioural practices must be identified in relation to risk and vulnerability to HIV/AIDS at local, regional, country levels, and prevention programmes must be based on these factors.

Priority in decision-making should be given to maintaining confidentiality, and reducing stigma and secrecy. The practice of “*shared confidentiality*” may address these concerns in many cases. Compulsory reporting of HIV cases at the national and partner levels is being considered as a possible public health response to the epidemic in several countries. Mandatory testing (of certain populations, especially those at

high risk) is another effective policy option.

### Role of UNFPA/CSTs

During the UNFPA/CST Thematic Workshop on HIV/AIDS in Africa, participants highlighted the role that UNFPA-CSTs should play in order to strengthen their HIV/AIDS-related interventions. Recommendations were made in the areas of population and de-

velopment strategies, advocacy, reproductive health, interventions relating to IEC, gender and socio-cultural factors, youth, and data.

*Source: Summary of the report of UNFPA/CST Thematic Workshop on HIV/AIDS in Africa, Saly Portudal, Senegal, 5-9 July 1999.*

### Recommendations made during the workshop

- All UN agencies must redouble efforts to break the conspiracy of silence about HIV/AIDS and to encourage national leaders to overcome their reluctance to speak out about the epidemic.
- UNAIDS should urgently complete a matrix which prioritizes HIV/AIDS interventions or mixes of interventions according to country-specific factors such as prevalence as a guide to enable CSTs and Country Offices to determine the best interventions in terms of cost effectiveness. This matrix should be regularly updated.
- UNFPA Headquarters, TSS/CST and Country Offices should advocate for and act to form linkages with the private sector on HIV/AIDS.
- During CST internal seminars, national governments, NGOs, and other partners should be brought together with UNFPA Country Office staff so that a common understanding about AIDS prevention, treatment and mitigation is established.
- CST advisers must strive to understand and respond to the problems and vulnerabilities of each country within their subregion because countries have different experiences of the HIV/AIDS epidemic.
- Persons living with HIV/AIDS should be represented and consulted at all stages of programme development, implementation and evaluation, to the greatest possible extent.

# Social Marketing for Reproductive Health: PSI and DKT

Over the last few decades, social marketing established itself as a major channel for delivering health products and services to lower-income people in developing countries. Founded in the early 1970s, Population Services International (PSI) is one of the pioneers in the field of social marketing, delivering health products and services. In the late 1980s, it was joined by its sister company, DKT International. The latter focuses on selling contraceptives in countries with large populations to benefit from the economies of scale. DKT also has a decentralized structure and relies largely on local staff. Together, PSI and DKT have programmes in over 25 African countries selling, among others, condoms, contraceptive pills, injectable contraceptives, oral rehydration salts and mosquito nets. Given the rapid rise of HIV/AIDS in Africa, condom distribution and promotion occupy a central place in their activities.

## A market approach to reproductive health

The concept of social marketing is based on the observation that a large portion of the population is neglected through the channels that are traditionally used to deliver health products. Commercial firms sell products at relatively high prices and public health systems generally do not have the structure to support a wide and sustained distribution of products and information. The latter usually works with a generic product, which tends to be valued less by the consumer. Government institutions are also limited in the type and nature of motivational campaigns they can undertake.

Social marketing, to put it simply, uses commercial marketing techniques to meet humanitarian needs and it is meant to increase both the demand for and supply of health products and services. As it is practised by PSI and DKT, social marketing involves the distribution of health products to lower-income groups through existing commercial and

non-governmental infrastructures. Products are procured either directly from donors or through donor funding and are then distributed through the country's existing wholesale and retail network. Products are branded, attractively packaged and sold at prices affordable by the poor. In some cases, different market segments are identified and each segment is targeted with a different product, packaging, market strategy, etc.

An important characteristic of social marketing is that products are sold instead of given away. The reasons for this are twofold. People tend to place more value on products for which they have to pay and, by selling products, the existing commercial infrastructure can be used as they are financially motivated to stock and sell products. This also means that the products become available outside health clinics and pharmacies. Because of the remoteness of many rural areas in developing countries and the inaccessibility of health clinics, PSI and DKT recognize the importance of the distribution of their products through the private sector, NGO infrastructure and even rural kiosks and open-air markets.

As the retail price is often lower than the total cost of manufacturing, packaging and distribution, donor contributions are a vital element of the social marketing process. A key ingredient of successful social marketing is effective communication to encourage the adoption of appropriate health practices including the proper use of products. This is done by brand-specific advertising as well as by generic educational campaigns, using a mix of strategies and channels, including mass media and interpersonal communications.



Cloth printed with the name and logo of PSI's condom in Burundi add a twist to the tradition of carrying babies in a fabric wrap

## Evidence of success

Perhaps the most prominent indicator of success of social marketing programmes are its increasing sales. In 1991, social marketing programmes operated in 37 developing countries and sold about 575 million condoms. By the end of 1997, such programmes operated in at least 55 countries, most of them assisted by PSI, DKT or SOMARC (Social Marketing for Change) with support from USAID, other donors such as UNFPA and sometimes also national governments. In 49 of these countries, condoms were sold and the total sales to retailers amounted to 900 million. Within Africa, the increase in condom sales has even been more dramatic. In 1991, 31 million condoms were sold through social marketing programmes. By 1997, this figure had reached 201 million; a six-fold increase. In Ethiopia alone, socially

marketed condom sales have doubled in the three years between 1996 and 1999, reaching more than 40 million in 1999. In 1989, before the introduction of socially marketed condoms in Ethiopia, around 300,000 condoms were sold each year. Today, close to 150,000 condoms are sold every day. The increase in sales of oral contraceptive pills in Ethiopia is equally impressive. While, just over 10 thousand cycles of oral contraceptive pills were sold in 1996, by 1999, sales reached more than 1 million a year.

Another advantage of social marketing is its tendency to limit wastage. Research in Cameroon suggests that only 52% of those who obtained free condoms had ever used them, as opposed to 91% of those who bought socially marketed condoms and 84% of those who bought other commercial condoms. Free condom distribution is, nevertheless, complementary to social marketing programmes as it is better able to reach younger, sexually inexperienced adolescents.

### Limitations, difficulties and opportunities

Social marketing is one of many solutions to family planning and reproductive health in Africa. It is complementary to information campaigns and the distribution of products through the public health sector as well as to purely commercial distribution. Many of the PSI and DKT programmes for example, set as their objective, provision of a year's supply of condoms at the price of 1 per cent of the per capita income. For many of the poorest Africans, this means that the socially marketed products remain too expensive. This segment of the population still has to rely on the free distribution of contraceptives. The self-imposed price limit, on the other hand, means that many of the programmes of PSI and DKT need the continued support of donors or other agencies. They have been criticized, therefore, for not being sustainable. In some of the Latin American countries, however, programmes broke down even as per capita incomes increased and prices of contraceptives could be raised

**CONDOMS** The Condoms CD-ROM is a searchable, multimedia database allowing direct access to the most comprehensive international collection of information, education, and communication materials on condoms. The Condoms CD-ROM is an 'idea bank' for reproductive health professionals. By browsing one of several media indexes or using the powerful search engine, you can easily access hundreds of examples of print and promotional materials including posters, pamphlets, calendars, radio clips, and television clips. The Condoms CD-ROM also includes thousands of POPLINE citations with descriptive abstracts, 1200 pages of full text condom-oriented documents, and the entire new issue of Population Reports on 'Closing the Condom Gap'.

*The development, production, and distribution of CONDOMS CD-ROM is funded by the United Nations Population Fund. CONDOMS CD-ROM is available free of charge to organizations located in or working with developing countries. Contact John Hopkins University, Center for Communication Programs, 111 Market Place, Suite 310, Baltimore, MD 21202, USA, tel. (410) 659.6300, fax (410) 659.6266, e-mail: condoms@jhuccp.org, Internet: <http://www.jhuccp.org/popline/condom.stm>*

accordingly. The programmes in Africa have not yet reached that stage and subsidization is still preferred, as price increases tend to decrease contraceptive use considerably.

Other difficulties that social marketing campaigns for contraceptives have to deal with in Africa are the dissemination of information and legal and cultural barriers to promotion of contraceptives and condoms in particular. The existing commercial distribution infrastructure used for the sale of products is not always an ideal medium to communicate information on the proper use and possible side effects of the products. The sale, distribution and correct use of products thus have to be supported by information campaigns. Most social marketing programmes, therefore, set up country-specific communication programmes that range from interpersonal communication, distribution of posters and leaflets to organization of plays/theatricals and production of radio and television programmes. Setting up such campaigns is not always as straightforward as it may seem. Many of the subjects and products covered are still surrounded by taboos and legal constraints. Until 1990, for example, the word 'condom' was still prohibited in advertizing in Kenya. In other countries, products have been taken



The 'national banner condom' reveals implicit government support in a condom marketing campaign of the Society for Family Health in South Africa

off the market, as governments considered the packaging not compliant with moral standards. Many of these legal and cultural barriers are breaking down, however, and in many countries, a mutual understanding between government agencies and NGOs has developed for supporting each other's roles in tackling issues related to lowering the rate of population growth and fighting the spread of

HIV/AIDS. Governments are aware of the comparative advantage of NGOs in opening up discussion on reproductive health. Governments themselves are often in a difficult position to do this as they need to recognize and respect a broad spectrum of ideas and philosophies. NGOs are better placed to convey sensitive messages and information and can be more easily 'bold' in their approach.

*This article has been prepared with the inputs of Mr. Chris Purdy of DKT-Ethiopia.*

*More information on the social marketing programmes of PSI and DKT can be obtained from: Population Services International (PSI), 1120 19th Street, N.W., Suite 600, Washington, DC 20036, Phone: (202) 785-0072, Fax: (202) 785-0120, e-mail: generalinfo@psiwash.org, Web: <http://www.psiwash.org/> DKT-International, 1120 19th Street, N.W., Suite 610, Washington, D.C. 20036, Phone (202)785 0094, Fax: (202)223 5351, e-mail: dktmichele@delphi.com.*

*Many reports and country case studies on social marketing for reproductive health can be obtained from: John Hopkins University, Center for Communication Programs web site: <http://www.jhuccp.org/>*

*Another interesting resource on social marketing is a recently published book by the president of DKT International: Philip D. Harvey (1999), *Let Every Child Be Wanted: How Social Marketing is Revolutionising Contraceptive Use Around the World*, Greenwood Publishing Group.*

### The lives and times of the condom

Early accounts of condoms date back as far as the ancient Egyptians. They developed condom-like devices although it remains unclear whether they used these to protect themselves against STDs or as physical decoration. The sole reference to condoms in Greek or Roman literature is that of King Minos of Crete who supposedly used the bladder of a goat to protect his wife Pasiphae, from his semen "containing serpents and scorpions".

In modern times, references to the use of condoms for disease prevention date back to as early as the 16<sup>th</sup> century. Although the originating country remains unknown, the Italian anatomist, Gabriello Fallopio, was the first to describe the condom as a means of protection against syphilis in "*De Morbo Gallico*" published in 1564. In that period, the condom was often referred to as the "*English Rendigote*". The term "condom" first appeared in print in 1717, in an English publication on prevention against syphilis. The etymological origin has been ascribed to several sources including the Latin word *condus* meaning "*that which preserves*", the Persian word *kondu* "a vessel for storing grain", the French city of Condom in Gascony, and Dr. *Quondom*, a physician (or a knight) of the English King Charles II who prescribed its use to his principal.

By the mid-1700s, condoms were openly sold in London, Berlin, Paris, and St Petersburg. They were used by members of the upper class to prevent pregnancy and as protection from diseases. Marquis de Sade and Casanova both wrote of frequently using condoms. Casanova even performed inflation tests to ensure he was not using a defective instrument. Later, condoms became associated with sexual encounters outside marriage, prostitution and immorality, causing the medical community's reluctance to promote condoms as prophylactics.

In the early 20<sup>th</sup> century, women began to speak out against the negative image of contraceptives and actively promoted their use as a woman's right. However, it was the exigencies of World War II that brought about the first large-scale systematic promotion of condoms to prevent venereal diseases. After that period, condom use really grew through all social strata. Since the 1980s, the epidemic of HIV/AIDS further underscored its importance and widespread use.

The first condoms were made from fish bladder, animal intestines (calf, sheep) or linen cloth, and were very expensive. The use and shape of the condom - also called a rubber, sheath or prophylactic - as we know it today, goes back to the 18<sup>th</sup> century. The discovery of the rubber tree and the invention of the process of vulcanization in 1840 facilitated more durable, marketable, and usable latex condoms. Since the beginning of the 20<sup>th</sup> century and the development of plastic, condoms have been manufactured on a large-scale, for a more reliable and less expensive product.

*Sources: Several documents on the Condoms CD-rom, John Hopkins University Center for Communication Programs*

# ECA's contribution to modelling Population, Environment, Development and Agriculture interactions for policy analysis and advocacy

During the 1998-1999 biennium, ECA developed the first prototypes of the Population, Environment, Development, and Agriculture (PEDAs) simulation model, a user-friendly computer model for analysis of the population, environment, agriculture and development interactions (i.e. the nexus issues). The PEDAs model is useful as an advocacy tool to demonstrate the likely impact of alternative policy options on the food security status of the population of a country. As food security is a factor of development in the areas of population, the environment, agriculture and socio-economic development, the model also demonstrates the relationships between these fields. The first experiments have been carried out to introduce an HIV/AIDS component and to illustrate its impact on the other variables in the model. As such, the PEDAs model will be able to provide answers to a wide range of policy questions regarding the nexus interactions.

To date, the PEDAs model has been developed for Burkina Faso, Cameroon, Madagascar, Mali, Uganda and Zambia, using internationally available data, and PEDAs went through an extensive period of sensitivity analysis. The model structure and assumptions of the prototypes have been tested extensively by African and international scientists and professionals. The model was formally presented at a workshop on modelling the interactions between population and the environment at the Max Planck Institute for Demographic Research in August; at the Catholic University of Louvain in Belgium; at the International Conference on Population, Environment and Development in Africa hosted by the Technical University of Lisbon in November and it was introduced to the Third African Population Conference in December in the scientific keynote address. A training workshop was held for African experts in Addis Ababa in June 1999 for

**Sample policy questions**

*"What is the impact of increased education on the environment and land degradation?"*

*"How does a decrease in fertility rates influence the agricultural production in a country?"*

*"What is the impact of HIV/AIDS on agricultural outputs?"*

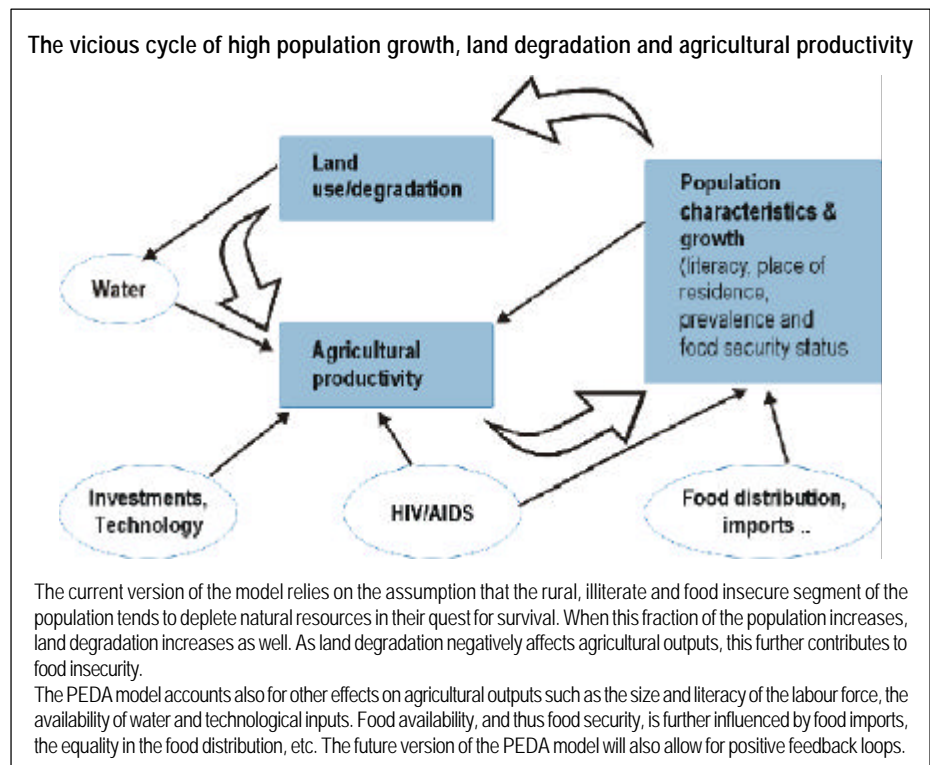
*"What will be the effect on the food security status of the population if the government takes measures to increase fertiliser and machinery use in agriculture by 2% a year?"*

*"What will be the impact on the food security situation in a country if the educational enrolment rates could immediately be brought up to 75% for both sexes?"*

them to evaluate the model, to give further suggestions for its development and to enable them to use it as an advocacy tool. In addition, the model has been introduced in the curricula of training programmes at IDEP and IFORD in Africa. In anticipation of a real PEDAs web

site, a number of web pages have been included in the POPIN-Africa web site to distribute the software and accompanying publications.

The year 2000 is an important year for further development of the PEDAs model. After the first round sensitivity



analysis, the model will be adapted and improved to incorporate suggestions from scientists in different fields and the model will be made more flexible. It will be generalized (to allow for other theoretical assumptions than the vicious cycle model), it will be made time independent (to allow for the replication of history) and a system will be developed to make the software independent from the data. Additionally, some refinements will be made in the software and new output variables will be introduced. Among the most important new features in the model are the dynamic treatment of mortality in the population projections and new output

variables such as the aggregated number of food-insecure people and literate life expectancy (i.e. the expected number of years a person is expected to live by literate status) as an indicator of social development.

As this is considered to be an important stage in the development of the software, a user's manual and a technical manual will accompany the distribution of the model as well as some advocacy booklets that support ECA's mission of awareness creation on the nexus interactions.

In 2000, ECA will start carrying the model to the subregional level and organize workshops for policy makers and

researchers at the Subregional Development Centres (SRDCs). In collaboration with IFORD, a country-specific data collection workshop will be held to generate country-specific data for Cameroon. This workshop will contribute to the knowledge and skills of national scientists and government officials in data collection and to use of the PEDA model as an advocacy tool.

*Software and documentation can be downloaded from the POPIN-Africa Web Site: <http://www.un.org/Depts/eca/divis/fssd/popin/>. For more information mail to: [peda@uneca.org](mailto:peda@uneca.org)*

# Urbanization in Eastern Africa<sup>1</sup>

## Low urbanization, but high urban growth rates

The degree of urbanization, or the proportion of the population living in urban areas in Eastern Africa, is among the lowest in Africa. It ranges from less than ten per cent in Burundi and Rwanda to around thirty per cent in the Comoros, the Democratic Republic of the Congo, Kenya, Madagascar and Tanzania. Djibouti and the Seychelles are the exceptions with much higher urbanization rates. Despite this relatively low degree of urbanization, the annual growth rates of the urban population in the region are among the highest in Africa. In all the countries considered, the urban growth rates are also higher than rural growth rates (see table 1). In some countries, the urban growth rates are more than three times higher than the rural growth rates. Similarly, the rural growth rates are smaller than the total population growth rates, suggesting erosion of the rural population that is moving to urban centres. This phenomenon is most pronounced in the Comoros, Ethiopia, Kenya and Madagascar.

It is estimated that at the current level of urban growth, it will take only fourteen years for the subregion to double its urban population size as opposed to thirty years for the rural population.

Nevertheless, Eastern Africa is generally characterised by very unequal urbanization. There are very few large towns in the region. Eastern Africa accounts for only 6 of the 31 towns in the continent with more than one million inhabitants. At the same time, these big cities (generally the capitals) often accommodate more than one quarter of the total urban population and they generally have disproportionately high growth rates as well. This is, for example, the case for Addis Ababa, Antananarivo, Kampala, Kinshasa, and Nairobi.

## Factors of urbanization

The single most important factor in these high urban growth rates is rural-urban migration. The city attracts those seeking to improve their life economically on one hand. Civil strife and political upheavals which literally “drive” people from the rural areas are, on the other hand, responsible for the growth of Asmara, Kampala, Kigali, Mogadishu, and several towns in the Democratic Republic of the Congo. In other cases, environmental degradation and disasters push people to the cities.

Other components of the high urbanization rates in the region are the relatively small differences in rural and urban fertility. In addition, the Plan of Action of the United Nations Conference on Human Settlements (Habitat II, Istanbul, 1996) has re-described the classification of some settlements in rural areas, which have been designated as population growth poles to provide viable agricultural markets, schools and health facilities, transport hubs and other infrastructure. An increasing number of previously rural areas thus become classified as urban centres. Kenya and Uganda are some of the countries leading the implementation of the recommendations of Istanbul Conference in the region. In Rwanda, the *Imidugudu* policy of group resettlement sites is being piloted.

**Table 1. Population growth and level of urbanization in Eastern Africa**

Countries	Population growth rates,(%) 1995-2000 total population			Urban population as % of in 1995
	Total	Urban	Rural	
Burundi	1.68	5.19	1.36	7.5
Comoros	2.72	4.47	1.90	30.5
Congo, DR	2.57	3.63	2.13	28.7
Djibouti	1.19	1.47	-0.15	82.0
Eritrea	3.78	5.62	3.38	17.1
Ethiopia	2.45	5.16	1.91	15.4
Kenya	2.00	4.93	0.70	28.6
Madagascar	2.97	5.22	2.09	26.5
Rwanda	7.71	9.37	7.61	5.7
Seychelles	1.06	2.59	-1.38	58.9
Somalia	4.16	5.56	3.65	25.6
Tanzania, UR	2.27	6.31	0.55	26.9
Uganda	2.80	5.23	2.42	12.5
Total	2.50	5.20	2.40	22.1

*Source: UN: World Urbanization Prospects, 1999 Rev.*

## Challenges of urbanization

A rapidly growing urban population presents specific problems such as housing shortage, unemployment, poor administration of urban areas and food insecurity. These problems are common in all countries of the subregion and yet, urban areas remain centres of hope and most indicators of sustainable development tend to have better scores in urban than in rural areas. Rates of fertility and mortality are lower in urban than in rural areas. Access to education, proper sanitation, health care facilities and water supply are more favourable in towns and cities than in the countryside (see table 2).

Despite the fact that urban centres seem to carry positive characteristics in terms of the quality of life, the rapid growth of cities puts pressure on them. The rapid influx of population from rural to urban areas brings with it the characteristics of rural poverty. Overcrowding

<sup>1</sup> Contributed by the Eastern Africa – Subregional Development Centre (SRDC) of ECA

**Table 2. Urban development in Eastern Africa in 1990s**

Countries	Access to safe water (%)		Child mortality below 5 (%o)	
	Total <sup>1</sup>	Urban <sup>2</sup>	Total <sup>1</sup>	Urban <sup>2</sup>
Burundi	52	93	179	106
Comoros	53	-	106	-
Congo, DR	42	70	139	-
Djibouti	90	69	174	156
Eritrea	22	-	146	-
Ethiopia	25	77	184	152
Kenya	53	93	104	82
Madagascar	34	95	116	73
Rwanda	-	48	202	120
Seychelles	-	79	-	4
Somalia	-	-	204	-
Tanzania	38	60	130	110
Uganda	46	87	173	130

Source: UNCHS (Habitat) Database at: <http://www.urbanobservatory.org/indicators/database/>

-: Not available

<sup>1</sup>: Data relate to the whole area of the country

<sup>2</sup>: Data relate to the area of capital cities.

in cities planned for fewer people in terms of housing and availability of services results in over-utilization. The population pressure on facilities for adequate human settlements is mostly felt in the unplanned peri-urban squatter and shanty compounds.

Although cities used to be privileged in the access to food, the food security of the urban households in the subregion has become precarious too. There is often a lack of adequate supply and a lack of resources to buy the food on the market. Some city dwellers therefore engage in urban agriculture to supplement their diet. The smallholding known in Swahili as *shamba* is

a common way of growing food crops to supplement supply of food in towns. In Addis Ababa, Antananarivo, Arusha, Dar es Salaam, Kampala, Kinshasa and Nairobi, about one tenth of food available is from urban agriculture.

In sum, poverty arising from sombre economic performance, weak democratic institutions and lack of transparency in management and administration of cities and towns have aggravated the decay of urban areas in the subregion. Service infrastructure is being outpaced by the large influx of people from the rural hinterlands. Poverty-related diseases such as cholera, malaria, and dysentery are associated with urban poverty and poor living environments. Literacy rates are also very low for urban centres and the situation is worrying when data are gender disaggregated, as a greater proportion of women are illiterates. Cities carry major development potential. However, with the current speed at which they are growing in East Africa - outpacing physical resources and employment opportunities - they hardly seem to be able to fulfil that commitment.

# Utilization of Maternal Health Services during Pregnancy and Delivery

Francis Sala-Diakanda<sup>1</sup>

The Plan of Action emanating from the International Conference on Population and Development (ICPD-PA), which was held in Cairo in 1994, places reproductive health (RH) at the centre of international concerns. In Africa, problems related to RH are still grave. Efforts are directed mainly at family planning programmes, without sufficient attention to other important causes of maternal morbidity and mortality.

The Demographic and Health Surveys which have been conducted in many African countries since the mid-1980s, show that many women still fail to take advantage of antenatal care and delivery with qualified assistance. These are among the major causes of maternal and infant morbidity and mortality. Data from a survey conducted by the "Institut de Formation et de Recherche Démographiques" (IFORD) on "Determining factors of maternal and infant health, family planning and STD/HIV/AIDS in Bafia, Cameroon" make it possible to pinpoint some of the elements determining the usage of health care during the pregnancy and delivery.

## Antenatal consultations

Antenatal care involves keeping a close watch over the mother's health and the development of the foetus, the early detection of any abnormalities, and a full-term delivery. To be effective, antenatal consultations should start in the course of the first three months of pregnancy. They also have to be regular, that is, carried out at least five times during the pregnancy and should be performed in a hospital or maternity hospital by a physician or a midwife.

In the town of Bafia, Cameroon, 91% of pregnant women have had an antenatal consultation. Of these, 51% made the first antenatal consultations within 3 months of pregnancy, and 38.1% after 4 months or more. Only 25% of the women have had an intensive medical supervision, which is at least 5 antenatal consultations. Some 61.5% of women have had a less intensive medical follow-up of not more than 4 antenatal visits.

About 55% of the antenatal consultations were performed in general hospitals, 10% in maternity hospitals and 22% in community clinics. Women who attend community clinics for their antenatal consultations are exposed to some risks because these clinics are not well equipped with quality equipments and materials, and they lack qualified personnel. About 33% of the women have consulted a physician, and 22% a midwife. In contrast, more than a third of the women (32.8%) consulted a nurse; an indication that many women failed to meet the requirement for a good follow-up of the pregnancy.

## Deliveries

Minimum hygienic conditions are compulsory during delivery to guarantee the health of mother and child. These conditions depend mostly on the type of sanitation prevailing in the delivery place and the quality of the assistance during the event. Data from the IFORD survey show that in Bafia 77% of the deliveries took place in hospitals and maternity homes, whilst 11% took place at home or in a traditional type of environment. Women were assisted by doctors (14% of cases), or by midwives (27.2%) or by

nurses (40%). As nurses are not trained to perform delivery, the chances of a successful delivery, especially in the occurrence of any complication, are seriously jeopardized.

## Determining factors

Analysis has shown two important elements among the factors influencing women to seek antenatal and maternal care. The women who seek antenatal care earliest and attend clinics most frequently, who visit a hospital or a maternity clinic with a doctor or a midwife, and who call qualified persons for their delivery are literate women of post-primary level and those working in the modern sector. The lower the education levels of the women, and the more they are employed in the agricultural sector, the less women use the maternal care services efficiently. Hence, the need to introduce courses on maternal and child health, to favour the young girl's education and to ease women's access to income-generating activities.

Women whose partners (women living in unions) or parents pay the expenses for the antenatal consultations and the delivery are those who consult earliest, most frequently, and consult and deliver in a hospital assisted by a doctor or a midwife. This suggests the importance of the couple – which is the ideal place for exercising fatherhood and motherhood – and of the solidarity bond of the family. Hence, the need to initiate IEC and awareness campaigns to encourage communication between spouses and among parents and children, as an important factor in managing maternal health.

<sup>1</sup> This article is a summary of a communication presented at the international workshop on « Reproductive health in Africa », ENSEA/IRD, Abidjan, Côte d'Ivoire, 9-12 November 1999.

# “We, the Peoples”

## Millennium Report of the UN Secretary-General: The Role of the United Nations in the Twenty-first Century

The United Nations Secretary-General plans to use the Millennium Summit as an opportunity for member States to renew and rededicate themselves to the mission of the United Nations. This is why the Millennium Report is a comprehensive presentation of the UN's mission in its fifty-five year history, containing specific goals and initiatives. As Mr. Annan states in the introduction to the Report, “*the new millennium and the Millennium Summit, offer the world's peoples a unique occasion to reflect on their common destiny, at a moment when they find themselves interconnected as never before. They look to their leaders to identify and act on the challenges ahead. The United Nations can help meet those challenges, if its members share a renewed sense of mission. Founded to introduce new principles into international relations in 1945, the UN has succeeded better in some areas than others. This is a chance to reshape the United Nations so that it can make a real and measurable difference to people's lives in the new century*”.

The Millennium Report attempts to present a comprehensive account of the challenges facing humanity as we enter the twenty-first century, combined with a plan of action for addressing them. Central to the Report is the view that globalization is an extraordinary, powerful force offering both unique opportunities and challenges for nations and people. Among its problems is that its opportunities are far from equally distributed. The overarching challenge today is to make globalization mean more than bigger markets. The challenge, Mr. Annan concludes “*is clear: if we are to capture the promises of globalization while managing its adverse effects, we must learn to govern better, and we must learn how better to govern together*”.



### Fundamental human freedom as a global issue

As stated in the Report, the gross disparities in today's world make the present model of development unsustainable, unless remedial measures are taken by common agreement. The Report groups the global issues on which States need to work together under three headings, each of which relates to a fundamental human freedom: *Freedom from Want, Freedom from Fear, and the Freedom of Future Generations to sustain their lives on the planet.*

On *Freedom from Want* much depends on developing countries themselves adopting the right policies. At the same time, the industrialized world, too, has a vital part to play. It is vital to form new partnerships to make the most of new technology. With regard to *Freedom from Fear*, present threats require that thinking on security is less in terms of merely defending territory, and more in terms of protecting people. That means tackling the threat of conflict at every stage in the process. The best way to prevent conflicts is to promote political arrangements in which all groups are fairly represented, combined with respect for human rights and minority rights and broad-based economic development. Better ways must be found to enforce humanitarian and human rights law, and to ensure that gross violations do not go unpunished. The third fundamental *Freedom of Future Generations* is the most alarming chapter of the Report. *The Freedom of Future Generations* to sustain their

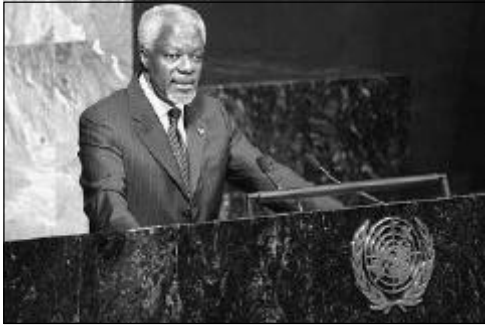
### The Millennium Summit

The Secretary-General's report will be considered by a special Millennium Summit to be held from 6 to 8 September 2000 at United Nations Headquarters in New York. Likely to be the largest-ever gathering of Heads of State or Government, the Summit will be a historic occasion for the 188 member States of the United Nations to address the challenges of the new century. According to Secretary-General Kofi Annan, “*it is essential that the Millennium Summit should provide an opportunity for a “moral recommitment” to the principles of the UN Charter and new political momentum for international cooperation*”.

At the Summit, Heads of State and Government will deliver formal statements and will have the opportunity to engage in interactive discussions by participating in several roundtable meetings. Mr. Annan will ask world leaders to consider the Millennium Report and its numerous specific goals and programme initiatives.

As a companion event, and further to the Secretary-General's recommendation, civil society organizations will hold a “Millennium Forum” on 22-26 May 2000 at United Nations Headquarters.

In preparation for the Millennium Assembly and of the report to be submitted by the Secretary-General to the Millennium Assembly, five informal regional hearings have been held in Beirut for Western Asia, in Addis Ababa for Africa, in Geneva for Europe, in Santiago de Chile for Latin America and the Caribbean, and in Tokyo for Asia and the Pacific, to elicit the views of civil society with respect to the Millennium Assembly.



Kofi Annan, Secretary-General of the United Nations, addresses to the General Assembly on 3 April 2000 to present his 21<sup>st</sup> Century action plan – UN Photo

lives on the planet could not have been anticipated by the UN's founders but it is now very urgent, as we have been plundering our children's heritage to pay for unsustainable practices. Changing this is a challenge for rich and poor countries alike. Until now our responses have been too few, too little and too late. Before 2002 the debate must be revived and new commitments defined. Mr. Annan concludes this chapter by calling for a "new ethic of stewardship" and a system of "green accounting" to ensure that environmental costs and benefits are integrated into economic policies.

### Renewing the United Nations

In the Millennium Report, the United Nations Secretary-General, invites member States to recommit themselves to what he sees as core values of the United Nations: freedom, tolerance, equity, non-violence, respect for nature, and shared responsibility. The Report also proposes an ambitious series of changes for the United Nations itself. According to Mr. Annan, "without a strong UN, it will be much harder to meet all these challenges". This is why the theme of the Millennium Summit is "the role of the United Nations in the twenty-first century". Strengthening the UN depends on Governments, and especially on their willingness to work with others to find consensus solutions. The UN must act as a catalyst, to stimulate action by others. And it must fully exploit the new technologies, especially information technology. To make the United Nations a more effective instrument in the hands of the world's peoples, the Report urges

#### Heads of State and Government:

- To reform the Security Council, in a way that enables it to carry out its responsibilities more effectively and gives it greater legitimacy in the eyes of all the world's peoples.
- To ensure that the United Nations is given the necessary resources to carry out its mandates.
- To ensure that the Secretariat makes best use of these resources in the interests of all member States, by allowing it to adopt the best management practices and technologies available, and to concentrate on those tasks that reflect the current priorities of member States.

To give full opportunities to non-governmental organizations and other non-state actors to make their indispensable contribution to the Organization's work.

*Based on documents prepared by the United Nations Department of Public Information, DPI/2106 - March 2000.*

*For more information on the Millennium Summit and the Millennium Report of the Secretary General visit <http://www.un.org/millennium/> or contact Public Affairs Division, United Nations Department of Public Information, tel. (212) 963-6870 or 1453, fax (212) 963-0536.*

### Recommendations and New Initiatives identified in the Millennium Report

In his Millennium Report, the Secretary-General urges nations to commit themselves to an ambitious twenty-first century agenda. He proposes a number of priorities for member States to consider at the Millennium Summit. Outlined below are the recommendations he has outlined for consideration:

- *Freedom from Want: the Development Agenda*  
Heads of States and Government are urged to take action in the following areas: poverty, water, education, HIV/AIDS, clearing the slums, youth employment, and building digital bridges.
- *Freedom from Fear: The Security Agenda*  
Heads of States are urged to commit themselves in the following areas: international law, peace operations, targeting sanctions, small arms, and nuclear weapons.
- *A Sustainable Future: The Environment Agenda*  
Heads of State and Government are urged to adopt a new ethic of conservation and stewardship; and, as first steps commit themselves in the following areas: climate change, green accounting, ecosystem assessment, and to Earth Summit+10.

The Secretary-General has also recommended several immediate steps that can be taken at the Summit itself. Outlined below are the new initiatives he is proposing:

- A volunteer corps, called the United Nations Information Technology Service ('UNITeS'), to train groups in developing countries in the uses and opportunities of the Internet and information technology.
- A Health InterNetwork, to establish 10,000 on-line sites in hospitals and clinics in developing countries to provide access to up-to-date medical information.
- A disaster response initiative, "First on the Ground", which will provide mobile and satellite telephones as well as microwave links for humanitarian relief workers in areas affected by natural disasters and emergencies.
- A global policy network to explore viable new approaches to the problem of youth employment.

# Women's Reproductive Health and Household Food Security in Africa

A workshop on women's reproductive health and household food security was organized by the Food Security and Sustainable Development Division (FSSDD) of ECA from 11 to 13 October 1999 in Addis Ababa. The expert group workshop aimed to identify the research gap on women's reproductive health and household food security and to propose ways and means of conducting studies on the interrelationships.

While much research exists on food security and on reproductive health as separate issues, researchers have paid little attention to the relationship between the two. The dual roles that women play in producing and preparing food, as

well as in bearing and rearing children underscore the need for better understanding of the relationships between reproductive health and household food security. A more complete understanding of the strengths and significance of this relationship is necessary in order to optimally develop policies that improve the quality of life of women and their families.

During the workshop, participants focused on the interrelationships between the two issues, the adequacy of the methodology used in existing research, the gaps of conducted research, and priorities for the future. The workshop successfully set out guidelines for a research agenda covering

justification, thematic areas, methodological considerations, geographical and comparative considerations as well as modalities for implementation.

To implement the research agenda, FSSDD plans to constitute networks and a pool of technical experts to facilitate research. A website with a mailing list is to be created on the subject to foster dissemination and exchange of information.

*For more information on the research agenda, contact: UNECA – FSSDD, P.O. Box 3001, Addis Ababa, Ethiopia, Tel (251) 1 517200/510406, Fax (251) 1 514416, e-mail: [ecainfo@un.org](mailto:ecainfo@un.org), <http://www.un.org/Depts/eca/>*

# Nairobi Declaration on NGO Partnerships for Sexual and Reproductive Health

The Conference on NGO Partnership was organized by the Centre for African Family Studies (CAFS), 4-6 November 1999, in recognition of the importance of partnership for implementing ICPD-PA in sub-Saharan Africa and as a strategy to improve health services. The conference was attended by 114 participants from NGOs, international organizations, and representatives of the public and private sectors of 30 countries.

The objectives of the conference were to stimulate communication and collaboration among NGOs, the private sector, and governments to identify priority areas and to develop a framework for partnerships in implementing the ICPD-PA.

At the conference, partnership was accepted as an important strategy to pool resources and ultimately improve reproductive health in Africa. Participants agreed that partnerships work well when transparency exists at all levels and clear

objectives are determined. Partnership should be based on the strengths of each partner in order to build on complementarity. It is successful only if founded on good governance in the participating organizations. Moreover, efforts have to be made to move from theory to practice and to real commitment of NGOs. The conference adopted the Nairobi Declaration on NGO Partnerships for Reproductive Health. A Task Force was also established to chart the way forward, including the modalities of the partnerships. The Nairobi Declaration states, among others:

- The need to strengthen institutional capacity and partnership among NGOs as an important strategy to improve reproductive health on the continent and to strengthen and extend these partnerships to other stakeholders;
- NGOs in the region should develop



**Centre for African family Studies**  
**Le Centre d'études de la famille africaine**

*Building Africa's Capacities for Healthier Families*

sustainable institutions and implement strategies and programmes that respond to the dynamic needs emerging in Africa;

Partners and stakeholders should support NGO partnerships.

*More information on the conference and its follow up can be obtained from CAFS, Pamstech House, Woodvale Grove, Westlands, PO Box 60054, Nairobi, Kenya tel: (254)-2-448618, fax: (254)-2-448621, e-mail: [info@cafs.org](mailto:info@cafs.org), web site: <http://www.cafs.org/>*

## POPLINE: a Bibliographical Resource for Researchers

The world's largest bibliographic population database, **POPLINE** (POPulation information onLINE) brings together over 250,000 records representing published and unpublished literature in the field. Online POPLINE is updated each month; POPLINE CD-ROM is updated every six months. POPLINE provides citations with abstracts of the worldwide literature on population, family planning, and related health issues. POPLINE is maintained by the Population Information Program at the Johns Hopkins School of Hygiene and Public Health and is funded primarily by the United States Agency for International Development. The United Nations Population Fund supports the production of POPLINE in compact disc form, which is available free of charge to qualified organizations in developing countries.



Popline is accessible online through the Internet Grateful Med at: <http://igm.nlm.nih.gov/index.html>. Also visit Popinform to browse the most recent records of Popline <http://db.jhuccp.org/popinform/index.stm>.

For more information contact: Popline, John Hopkins University, Center for Communication Programs, 111 Market Place, Suite 310, Baltimore, MD 21202, USA, tel. (410) 659.6300, fax (410) 659.6266, e-mail: [popline@jhuccp.org](mailto:popline@jhuccp.org)

<http://www.istanbul5.org/>

## Population Information Network Africa



<http://www.un.org/dept/eca/divis/fssdd/popin>

To support an exhibition of population resources for Africa during the African Development Forum (ADF) 1999 and ADF 2000, FSSDD of ECA (with support from the Global Population Information Network (POPIN) and UNFPA-Country Support Team (CST) in Addis Ababa) has set up a population information website for Africa. The web site collects resources and links relevant for all those concerned with population and reproductive health-related issues in Africa. The site gathers links to websites of NGOs, intergovernmental organisations (IGOs), governmental institutions and universities active in the field and it presents links to journals, downloadable demographic software, bibliographic resources, etc. With the Population Information Network - Africa website, Africa's first comprehensive population gateway to the Internet is born.

## Beijing+5

UNIFEM's website on the General Assembly Special Session Women 2000: Gender Equality, Development and Peace for the 21st Century.

The UN held a General Assembly Special Session (5-9 June, 2000) to review and appraise the achievements made in implementing the Beijing Platform for Action. This site contains background and current information.

<http://www.unifem.undp.org/beijing+5>

UNIFEM

## Conferences, Meetings and Workshops organized by the United Nations Economic Commission for Africa (UNECA)

For more information contact UNECA, P.O. Box 3001, Addis Ababa, Ethiopia, Tel (251) 1 517200, Fax (251) 1 510350, E-mail: [ecainfo@un.org](mailto:ecainfo@un.org), or visit Internet: <http://www.un.org/Depts/eca/>

### Tenth Meeting of the Coordinating Committee on African Statistical Development

9-13 October 2000, Addis Ababa, Ethiopia. Organized by UNECA – DISD

### Second Advisory Board Meeting on Agriculture, Population and Environment

26-28 October 2000, Addis Ababa, Ethiopia. Organized by UNECA – FSSDD

### African Ministerial Conference on Istanbul +5

6-8 November 2000, Addis Ababa, Ethiopia. Organized by UNECA – FSSDD

### Eighth Session of the Conference of African Ministers of Finance

15-23 November 2000, Addis Ababa, Ethiopia. Organized by UNECA – ESPD

### African Development Forum 2000: "AIDS: the greatest leadership challenge"

3-7 December 2000, Addis Ababa, Ethiopia. Organized by UNECA – ADF 2000 Secretariat  
Internet: <http://www.un.org/Depts/eca/adf2000/>

### Subregional Training Workshop on the PEDA Model

11-18 December 2000, Lusaka, Zambia, SRDC-SA. Organized by UNECA – FSSDD

### Workshop on the use of new technologies for the development and the dissemination of prototypes of common databases in the framework of the United Nations Economic, Social and Information System (UNESIS)

December 2000, Addis Ababa. Jointly organized by DISD/UNSD

## Events organized by other institutions or organizations

### 55<sup>th</sup> Session of the United Nations – The Millennium Assembly

6-8 September 2000, UN, New York.

For more information contact Public Affairs Division, United Nations Department of Public Information, Tel. (212) 963-6870 or 1453, fax (212) 963-0536, Internet <http://www.un.org/millennium>

### 26<sup>th</sup> Session of the FAO Committee on World Food Security

18-21 September, Rome

For more information contact: Barbara Huddleston, FAO;

E-mail: [Barbara.Huddleston@fao.org](mailto:Barbara.Huddleston@fao.org); Internet: <http://www.fao.org/events/>

### 10<sup>th</sup> Session of the FAO/ECA Working Party on Women and the Agricultural Family in Rural Development

4-7 October 2000, Austria

For more information contact: Tomasz Lonc, ECA Secretary, FAO Regional Office for Europe, Rome;

Tel: +39-06-570-52898 or 570-55631; e-mail: [Tomasz.Lonc@fao.org](mailto:Tomasz.Lonc@fao.org); Internet: <http://www.fao.org/regional/europe/eca.htm>

**Facing the New Millennium: Gender in Africa and the African Diaspora – Retrospection and Prospects (Third International****Conference on Women in Africa & the African Diaspora (WAAD III))**

6-13 October 2000 in Antananarivo.

*For more information contact: the Convenor, Third WAAD Conference, Women's Studies Programme, Cavanaugh Hall, Room 001C, Indiana University, 425 University Boulevard, Indianapolis, IN 46202, USA;*

*Tel: +1-317-278-2038 or +1-317-274-0062; fax: +1-317-274-2347; Internet: <http://www.iupui.edu/~aaws/> (click on "Action Alert").*

**International Conference on Health Research for Development**

10-13 October, 2000, Bangkok

*For more information contact: Conference 2000 Secretariat, COHRED*

*c/o UNDP, Palais des Nations, CH-1211 Geneva 10, Switzerland; Tel: +41-22-917-8554; fax: +41-22-917-8015;*

*E-mail: [Conference2000@cohred.ch](mailto:Conference2000@cohred.ch); Internet: <http://www.conference2000.ch/eventscalendar.html>*

**African Ministerial Conference on Istanbul +5**

6-8 November 2000, Addis Ababa.

*For more information contact: Alioune Badiane, United Nations Centre For Human Settlements (Habitat), PO Box 30030, Nairobi, Kenya; Tel: +254-2-621234 ext 3075; fax: +254-2-624266/7; Internet: <http://www.unchs.org/unchs/english/calendar/>*

**34<sup>th</sup> Session of the United Nations Commission on Population and Development**

2001, New York, at a date to be determined.

*The theme for the meeting will be "Population, environment and development." For more information contact: Population Division; fax: +1-212-963-2147; e-mail: [population@un.org](mailto:population@un.org); Internet: <http://www.undp.org/popin/unpopcom/33rdsess/official/l5e.pdf>*

**Istanbul +5. Special session of the UN General Assembly for an Overall Review and Appraisal of the Implementation of the Habitat Agenda**

June 2001, New York

*For more information contact: Axumite Gebre-Egziabher, Coordinator, Istanbul+ 5, United Nations Centre for Human Settlements (UNCHS-Habitat), P.O. Box 30030, Nairobi, Kenya; Tel: +254-2-623831; fax: +254-2-624262;*

*E-mail: [Axumite.Gebre-Egziabher@unchs.org](mailto:Axumite.Gebre-Egziabher@unchs.org); Internet: <http://www.istanbul5.org/meetings/>*

**IUSSP, XXIVth General Population Conference**

18-24 August 2001, Salvador de Bahia, Brazil

*For further information contact the Conference Secretariat: Pierre Alderson, Conference Co-ordinator,*

*International Union for the Scientific Study of Population, 34, rue des Augustins, 4000 Liège - Belgium, Tel: +(32) 4 222 40 80, Fax: +(32) 4 222 38 47, Email: [Alderson@iussp.org](mailto:Alderson@iussp.org), Internet: <http://www.iussp.org/Brazil2001/index.html>*

### Charting the Progress of Populations

United Nations, Department of Economic and Social Affairs, Population Division, 2000 (ST/ESA/SER.R/151)

The present publication grew out of the participation of the Population Division, Department of Economic and Social Affairs, in activities aimed at ensuring a coordinated and system-wide implementation of the goals and commitments adopted by the global conferences of the 1990s. The report provides information on 12 key socio-economic indicators related to the goals of the conferences. Goals are explicitly identified in documents adopted at the International Conference on Population and Development, the World Summit for Social Development, the Fourth World Conference on Women and the Second United Nations Conference on Human Settlements (Habitat II). The indicators are: total population, access to health services, contraceptive prevalence, underweight prevalence among preschool children, maternal mortality, infant and child mortality, life expectancy at birth, school enrolment, adult illiteracy, access to safe water, access to sanitation, and floor area per person. The data are the latest available as of September 1999.

For more information contact: Director, Population Division, Department of Economic and Social Affairs, United Nations, New York, 10017, USA, fax: 1-212 963 2147. The document can be downloaded from <http://www.undp.org/popin/wdtrends/chart/chart.htm>.

### The State of Food Insecurity in the World 1999

FAO, Rome, 2000

In the developing world, 790 million people do not have enough to eat, according to the most recent estimates (1995/97). That represents a decline of 40 million compared to 1990/92. At the World Food Summit in 1996, world leaders pledged to reduce the number of hungry people to around 400 million by 2015. At the current rate of progress, a reduction of 8 million undernourished people a year, there is no hope of meeting that goal. According to *The State of Food Insecurity in the World 1999*, the current reduction does not indicate uniform progress throughout the world. Indeed the data reveal that, in the first half of this decade, just 37 countries achieved a reduction in the number of undernourished, totalling 100 million people. Across the rest of the developing world, the number of hungry people actually increased by almost 60 million. The State of Food Insecurity in the World also points out that hunger is not limited to the developing nations. The report presents the first assessment of the number of undernourished people in the developed world, finding 8 million in the industrialized countries and 26 million in the countries in transition. There is no single prescription for action to combat hunger. The goal agreed to at the 1996 World Food Summit - a reduction by half in the number of hungry people by the year 2015 - must be translated into concrete objectives at local, national and regional levels. This

will enable people and their leaders to take action that will guarantee the birthright of everyone on this planet - enough to eat.

*The State of Food Insecurity in the World 1999* is available in English and French. The full coverage of this publication is also available in these languages from FAO website at <http://www.fao.org>. Contact address: FAO, Viale delle Terme di Caracalla, 00100 Rome, Italy. Fax: +39 06 5705 3360, e-mail: [publications-sales@fao.org](mailto:publications-sales@fao.org)

### The State of World Population 2000. Lives Together, Worlds Apart: Men and Women in a Time of Change

UNFPA, New York, 2000



This year's report examines a broad range of evidence from around the world showing that systematic discrimination against women and girls causes extensive suffering and lost opportunities for both women and men, and holds back efforts to reduce poverty, improve health, stem the spread of HIV/AIDS and slow rapid population growth.

- Millions of women are denied reproductive choices and access to health care, contributing each year to 80 million unwanted or mistimed pregnancies and some 500,000 preventable pregnancy-related deaths. Nearly half of all deliveries in developing countries take place without a skilled birth attendant present.
- Violence against women and girls is widespread—one woman in three will experience violence during her lifetime, most often at the hands of someone she knows. Each year 2 million girls are at risk of genital mutilation, and up to 5,000 women and girls are the victims of so-called “honour” killings.
- Women's lack of control over sexual activity and its consequences is a major factor in the spread of HIV/AIDS, now the fourth most common cause of death worldwide and the leading killer in Africa, where infected women outnumber infected men by 2 million.
- Two thirds of the 300 million children without access to education are girls, and two thirds of the 880 million illiterate adults are women.

Making this harmful discrimination and violence visible to policy makers and family members, and designing ways to end it, are urgent human rights and development priorities, the report stresses. It documents the high economic and social costs of inaction, and outlines the remedies

Contact: United Nations Population Fund, 220 East 42nd Street, New York, NY 10017, USA, e-mail: [joaquin@unfpa.org](mailto:joaquin@unfpa.org). Electronic versions of the publication are available in English, French and Spanish from the following web site: <http://www.unfpa.org/swp/swpmain.htm>

### African Development Indicators 2000

World Bank, Herndon, 2000

*African Development Indicators 2000* provides the most detailed collection of development data on Africa in one volume. It presents data from over 50 African countries arranged in separate tables or matrices for more than 500 indicators of development. This edition provides data from 1970-1998 with a wealth of indicators, grouped into 15 chapters: background data; national accounts; prices and exchange rates; money and banking; external sector; external debt and related flows; government finance; agriculture; power, communications, and transportation; public enterprises; labour force and employment; aid flows; social indicators; environmental indicators; and household welfare indicators. New purchasing power parity (PPP) indicators have now been added to African Development Indicators 2000. Each chapter begins with a brief introduction on the nature of the data and their limitations, followed by a set of charts, statistical tables, and technical notes that define the indicators and identify their specific source. The electronic version of the African Development Indicators 2000 is available in the *World Bank Africa Database 2000 CD-ROM*. The CD-ROM offers year-by-year time-series of most indicators back to 1970. These series provide analysts data needed to help place the most recent years in a historical context.

Contact address: The World Bank, P.O. Box 960, Herndon, VA 20172-0960, U.S.A., tel (1-800) 645-7247 or (1-703) 661-1580, Fax (1-703) 661-1501, e-mail: [books@worldbank.org](mailto:books@worldbank.org), <http://www.worldbank.org>

### The State of the World's Children 2000

UNICEF, New York, 2000



*The State of the World's Children 2000* is a rallying call to governments, civil society, the private sector and the whole international community to renew their commitment to children's rights by advancing a new vision for the 21st century: a vision in which every infant has a healthy beginning, every child a quality education and every adolescent the opportunity to develop his or her unique

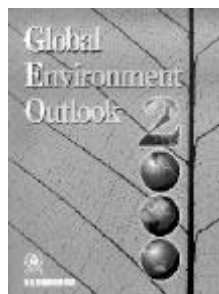
abilities. It is also a call to families and communities — and to children and adolescents themselves — to make their voices heard in helping translate this vision to reality in their daily lives. This report reviews different ways the world's commitment to children has been translated into action in the past decades, particularly since the adoption of the Convention on the Rights of the Child in 1989 and the 1990 World Summit for Children. Today, more children are born healthy and more are immunized; more can read and write; more are free to learn, play and simply live as children than would have been thought

possible even a short decade ago. Despite the progress made, this is no time to stand on past achievements. Millions of children continue to endure the dreadful indignities of poverty; hundreds of thousands suffer the effects of conflict and economic chaos; tens of thousands are maimed in wars; many more are orphaned or killed by HIV/AIDS. *The State of the World's Children 2000* begins and ends with the premise that the wellspring of human progress is found in the realization of children's rights. It spells out a vision in which the rights of all children, without exception, are realized.

This report is available in English, French and Spanish. For more information, comments, suggestions or requests, email the [netmaster@unicef.org](mailto:netmaster@unicef.org). For hard copies of UNICEF publications, contact your nearest UNICEF Field Office. Ordering information and form can be found from the UN Publications website at <http://www.un.org/Pubs/unicef/e00swc.htm>. The full coverage of the publication can be accessible through the UNICEF website at <http://www.unicef.org/sowc00/>.

### Global Environment Outlook 2000

UNEP, 1999



*Global Environment Outlook 2000 (GEO-2000)* is a comprehensive and authoritative review and analysis of environmental conditions around the world. It is the flagship publication of the world's leading environmental organization, the United Nations Environment Programme (UNEP), and is based on information provided by more than 30 regional and international collaborating

centres. The book presents a region-by-region analysis of the state of the world's environment, highlighting key global concerns and making recommendations for policy action. The regions covered include Africa, Asia and the Pacific, Europe and Central Asia, Latin America and the Caribbean, North America, West Asia and the Polar Areas. GEO-2000 will be the benchmark reference and guide to the state of the global environment. Written in clear, non-technical language and supported throughout by informative graphics and tables, it is essential reading for all those involved in environmental policy making, implementation and assessment, and for researchers and students of regional and global environmental issues.

UNEP GEO team, Division of Environmental Information, Assessment and Early Warning (DEIA&EW), P. O. Box 30552, Nairobi, Kenya, tel: +254 2 621234, Fax: +254 2 623943/44, e-mail: [geo@unep.org](mailto:geo@unep.org), <http://www.unep.org/unep/eia/geo2000/> On-line ordering form is available at <http://www.earthscan.co.uk/>