

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD), PREPCOM

Hurly Burly of the Preparatory Meeting

by Sandra Mustafa Kabir

THE third Preparatory Committee (Prepcom) meeting of the International Conference on Population and Development (ICPD) was held at the UN from 4 to 22 April 1994. ICPD will be held in September this year in Cairo, Egypt. It may result in the acceptance of the Programme of Action to the year 2000 in the field of population and development. Nations signing the document will be demonstrating their commitment to its contents and will hopefully formulate their policies and programmes along the lines of the programme.

Examples could go on ad infinitum. From the women's perspective, policies and programmes should not focus merely on population/family planning, but have a broad spectrum, covering sexual and reproductive health care. Programmes should be formulated with a holistic view of women's lives. They should include extension of services for ante and post natal care, safe delivery, family planning, safe abortion, treatment of sexually transmitted diseases/HIV/AIDS, besides counselling and health education. These programmes should be available, affordable and accessible to women. They should be participatory in terms of planning, design, implementation, monitoring and evaluation. At present, the vast majority of national, NGO or private programmes cater separately to health and sepa-

surely not the philosophy aims or objectives of the United Nations! The Vatican also opposed the use of the terms fertility regulation or safe abortion. At one point in the proceedings, the Vatican even opposed the word 'condom' being used in the text. They were also vehemently against sexual education or reproductive health services being provided to adolescents. The issue of sovereignty of nations came up predominantly when human rights was discussed. Iran and China were the two most active pleaders of sovereignty when they did not want to toe the line with regard to human rights. What a contrary world we live in!

The monetarily better off nations dug in their heels when it came to allocation of financial resources. The European Union, with Greece as its spokesperson, attempted to reduce the amount of funds to be allocated. They also did not agree with the 20:20 policy introduced by the United Nations Development Programme (UNDP). Follow-up to the International Conference on Population and Development detailed half-hearted efforts to ensure nations implement the Programme of Action. It was also an attempt to entrench UNFPA into the UN system by allowing it to have a separate Executive Board. Any attempts by the non-governmental organisations (NGOs) who participated in the Prepcom as observers from the gallery, to ensure that mechanisms of accountability were included in the document, were ignored by delegates. Canada was almost the only nation to support the NGO move.

So, what was the end result of the Preparatory Committee meeting of ICPD? On the personal side, frazzled nerves and total exhaustion. On the procedural side, a document heavily bracketed, with numerous bones of contention and the strong possibility of nations having to compromise to reach a consensus which will endanger the lives of millions of women over the coming years. On the more positive side, four-fold more funds were allocated to reproductive health, the concept of sustainable human development was included in the document, in addition to the vision of sexual and reproductive health.

The negative and anti-progressive forces active during the Prepcom are surely nothing that the human race can be proud of. I, for one, am dejected and ashamed that an illustrious body, such as the United Nations, has dropped abysmally to this depth of inhumanity. The author is the Founder President and Executive Director of the Bangladesh Women's Health Coalition. She is an activist and lobbyist for reproductive health and women's rights.



A view of the UN conference room where Prep Com 3 met. Photo: The Earth Times

ration of resources; and, (8) follow-up and accountability. The first five items were prodigiously opposed by The Vatican, a Permanent Observer of the United Nations. It insisted upon the bracketing of each and every mention of these phrases in the document. This, of course, involved bracketing the entire content of the contents and making the document meaningless. A Programme of Action dealing with population and development could hardly be of any sense without reference to sexual and reproductive health, reproductive rights, safe abortion, fertility regulation, or safe motherhood. Women's groups and many delegates preferred substitution of the word 'population' as this has negative connotations. Sexual and reproductive health would take the place of 'population'. Population programmes are commonly associated with national policies that aim to increase or decrease the growth rate of population purely for demographic reasons. This has led to programmes of coercion, both overt and subtle. Classic examples include forced sterilisations during Rajiv Gandhi's rule. Ultimately leading to his downfall, Singapore has a policy whereby educated women are encouraged to have more children (with the use of incentives) to enlarge the potential number of middle-class educated people. Countries, such as the UK, use injectable contraceptives for minority group women, although this method is not widely available in the national health system.

rately to family planning. This entails duplication, double costs and is most inconvenient for the users. Today the majority of women must go to one location on one day for a health service for herself or her children and to another location on another day for family planning services. The inconvenience and absurdity of this is obvious. Reproductive rights of women and men are a basic human right, are inalienable and cannot be called into question. Women bear the brunt of the physical and emotional burden and involvement for child bearing. This obviously gives women the right to choose to have a child (or children), when to have a pregnancy, whether to continue it or not and how many children to have. Even this basic right of choice was called into question by The Vatican. It is strongly felt by feminists that any programmes, be they for health, education,

Cairo in September. At the most, it was envisioned that financial pledges would be left to the time of the Conference. This plan has been sabotaged and considerable work will have to be undertaken in Cairo, between 5 and 13 September 1994, to finalise the Programme of Action. During the three weeks of debate earlier this month, thousands of women were dying or becoming sick from too frequent and too close pregnancies and unsafe abortions. Does The Vatican, ruled by celibate men who have no experience or understanding of child bearing or parenthood, have the right to hold the entire world at ransom? Avid supporters of The Vatican included, Honduras, Nicaragua, Argentina and Benin. A band of around ten nations were able to hold back consensus on the document and thereby put the lives and well-being of hundreds of thousands of women and children at stake. This is

THE Prepcom was the last meeting where the draft Programme of Action or the Cairo document was to be finalised which will be presented in the ICPD. But what was to be finalised? A position of the world governments on the issues of population and development? Did the Prepcom address all these questions properly?

The PrepCom was an interesting event to see the differences of positions between the governments, between governments and non-government organisations, between and among NGOs, women's organisations, environmental organisations, etc. It was also important to identify the trend which is taking shape for the ICPD, and how it is being dictated by the international population control establishment.

The three weeks were spent by the delegates from the government and non-government organisations with lots of working sessions, discussions and debates. Various chapters on the Programme of Action were discussed and finalised with changes suggested by the delegates. The official delegates included NGO representative. In this case, the NGO representatives were mostly the representatives of family planning organisations. They were also from the affiliate bodies of the International family planning organisations, such as The International Planned Parenthood Federation (IPPF), family Planning Associations in different countries, Population Council, International Women's Health Coalition, and various organisations closely related to Rockefeller, Ford Foundations, and many private foundations.

Besides the official delegates, the most active section of the delegates were the Women's Caucus. The Women's Caucus comprising of the Women and Development Organisation (WEDO), DAWN, International Women's Health Coalition (IWHC) and other women's organisations were actively working to include their viewpoints in the conference's draft Programme of Action.

The representation of NGOs was seen as the most positive aspect of the Prepcom. But who were the NGOs? Very few development NGOs showed up. Among the environmental NGOs, those who strongly believe that population is the cause of "environmental degradation" were represented, but those who question the consumption pattern were absent. There was hardly any representation of the people's organisations. Among the women's groups, the dominant organisations were the mainstream population control groups who are taking up issues of women's reproductive right to materialise population control goals. At some point, the NGO circle looked like women's conference, as there were mostly women and hardly any men.

The activist women's organisations were also not present in large numbers. Those who were present, had to remain busy in confronting the mainstream discussions of population and to raise real issues of concern related to development. As the NGO participation was largely dominated by family planning organisations led by elite classes, it was difficult even to have a dialogue between these divergent groups. The so-called family planning organisations engaged in implementing the population policies of their respective governments have been boasting of their role that they were helping the poor to

From ICP to ICPD to ICPC?

by Farida Akhter

reduce the number of their children. These organisations have been working for more than thirty years and believe in population control on racist and eugenic ground. The activities on population control have become their source of livelihood. These pro-population control women's groups and the family planning organisations, collectively seen as NGOs, received much attention because of their activities and their positions which was in line with the main ideological position of the UNFPA.

One example of the most highlighted organisation was The Centre for Development and Population Activities (CEDPA), a Washington-based organisation. They were claiming that they have brought the "community-based women leaders" from 13 countries of the world. They were presenting their views to support "strong policies in favor of universal access to

promoted structural adjustment programmes and free trade as strategies in development. They also raised questions that the draft document did not acknowledge the whole issue of exiting inequalities between north and south, such as the unequal exploitative transfer or resources through declining terms of trade and debilitating effects of debts servicing. Overconsumption and global environmental deterioration are concerns for which the north must assume more responsibility. The casual treatment by the draft document of overconsumption in the north as a threat to development is an aberration. For the south this is a crucial issue that forms the heart of the sustainable development debate.

The southern NGOs have expressed clearly that their real concern was the manner in which the population and development issues were being

pected to be an action plan aimed at integrating population and development objectives over the next 20 years. One of their recommendations was to have "strong linkages between population, poverty eradication, sustained socio-economic growth and sustainable development". The linkage implicitly raises some of the major unresolved North-South issues, including debt, protectionism some of the need for a "favourable international economic environment".

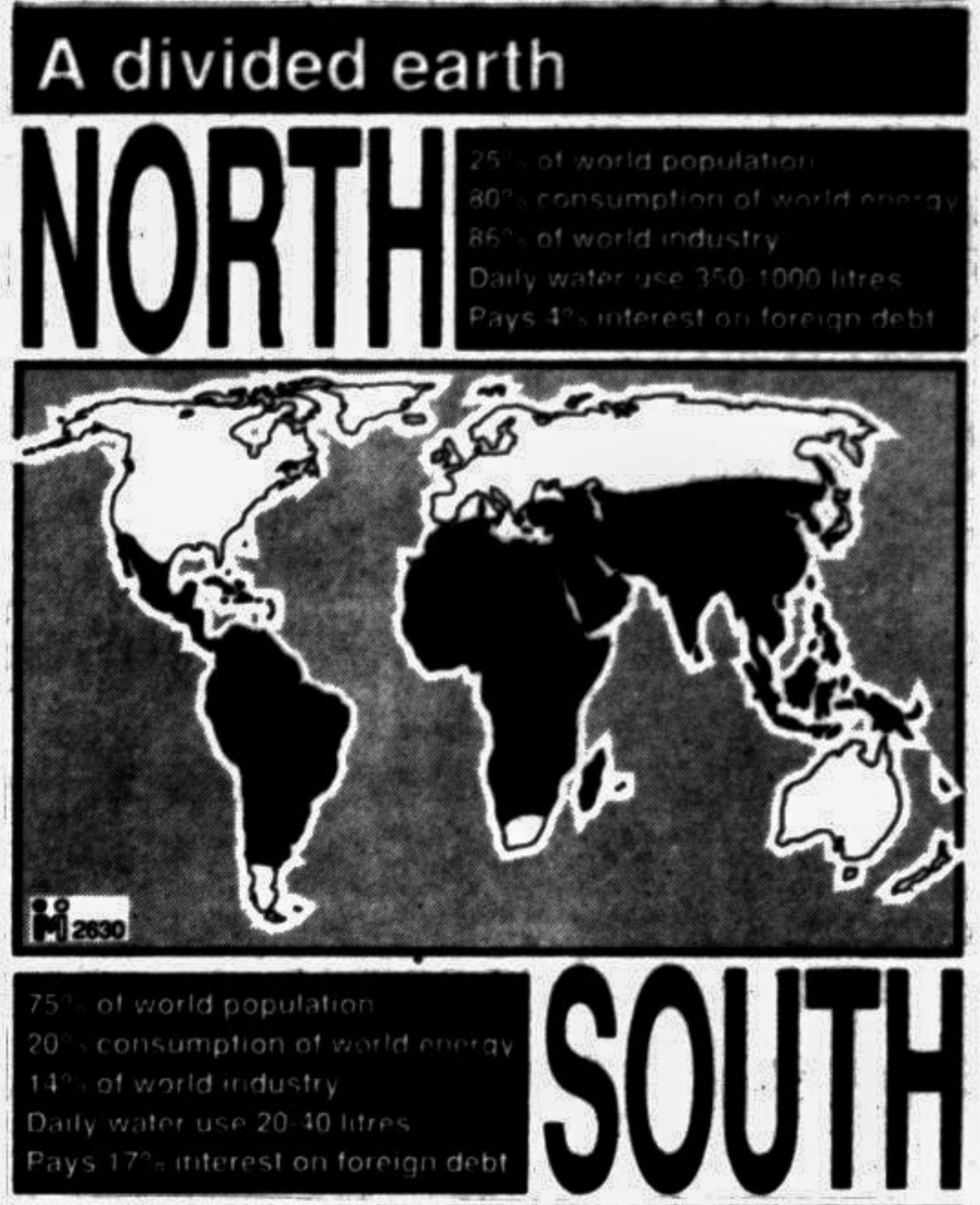
The draft Programme of Action Chapter III drafted by the secretariat (UNFPA) has blamed the population growth as the root cause of poverty, unsustainable growth and environmental degradation. Thereby, the solution to all these evils was proposed for reduction in the fertility rate in the developing countries as the major goal, without any reference to the responsibilities to be taken up by the northern industrialised countries for reducing consumption and wasteful life-style. This chapter, in particular, clearly unfolds the main intention of the ICPD, which is to have population control as the main Programme of Action. We can, therefore, rename the conference as ICPC (International Conference on Population Control), instead of having a pretentious title of ICPD.

In the last analysis, the prepCom III was about mobilization and allocation of funds. The draft of the final document prepared by the Conference secretariat, UNFPA, called for national population programmes to mobilize and allocate \$13.2 billion in the year 2000, \$14.4 billion in 2005, \$16.1 billion in 2010 and \$17 billion in 2015. At present the international aid agencies are providing \$1 billion dollars yearly to assist family planning programmes.

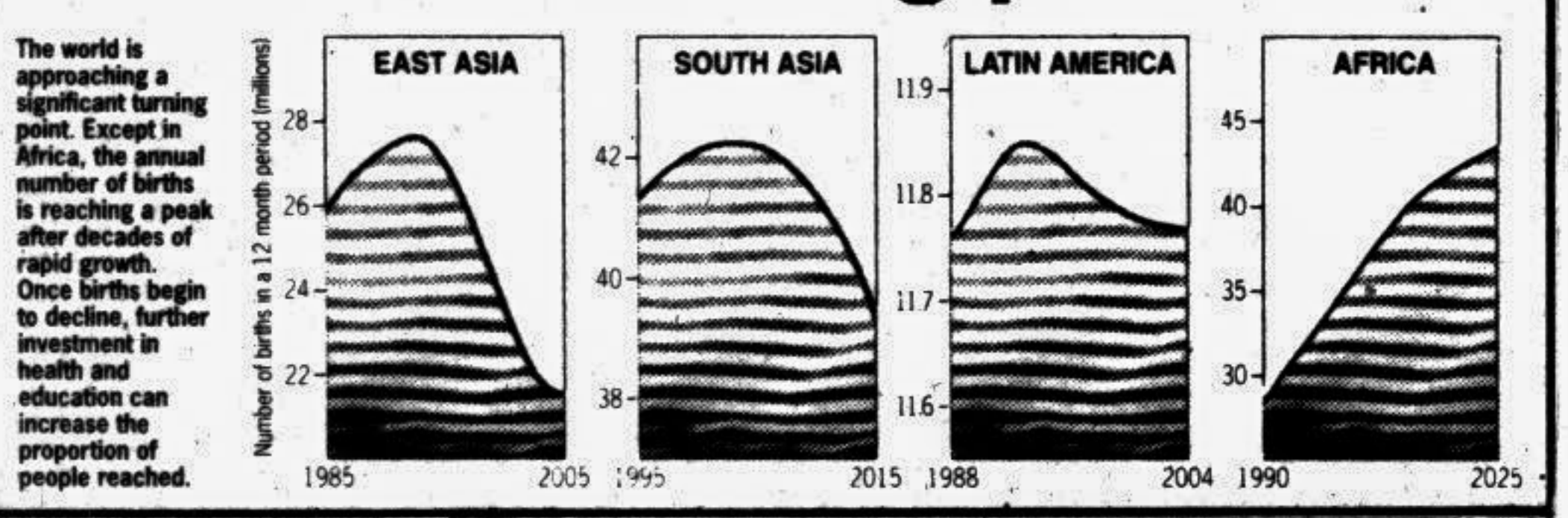
The draft projects that such aid will increase to \$4.4 billion by 2000. US alone has already pledged to provide more than \$1 billion.

The increase in the resource allocation is merely seen in the context of meeting the costs of "unmet needs". The UN Population Fund has estimated that there are about 120 million couples with unmet contraceptive needs, over and above more than 500 million currently using contraceptives in developing countries. The draft Programme of Action of the Cairo document estimates that "if all needs for family planning were to be met over the next two decades, contraceptive use in the developing world would rise from the present average of 58 per cent to 69 per cent. The estimate of \$13.2 billion is to provide a set of package services to achieve 69 per cent of contraceptive use. For population controllers like Werner Fornos the two-third share of the cost to be provided by the developing countries themselves will be in the benefit of these countries, so they must spend this money. According to him: "That amount should be easily met by a developing world that accrue economic and health benefits from smaller families".

The donor commitment has been demonstrated by US and Japan. US has already committed \$1.2 billion by the year 2000, Japan has committed \$3 billion over the next seven years, seven times the current Japanese contribution to such programmes. US wants to be leader in the population control activities world wide, therefore was quick in committing resources. Japan has followed the US line.



Births: the turning point



A Plan for Avoidable Disablement

by Rashed Mahmud Titumir

ON April 28, IMPACT Foundation Bangladesh launched a Plan of Action against Avoidable Disablement, according to its Dhaka Declaration, which is a major cause of human suffering and economic loss in Bangladesh. Thus, Bangladesh became the second nation in the SAARC region to launch a Plan in this field in response to IMPACT, the international initiative against avoidable disablement promoted by the UNDP, WHO and Unicef.

This Plan of Action came out from a national seminar on 'Accessible, Available and Affordable Services for Prevention against Avoidable Disablement in Bangladesh', which was attended by the President of the Republic, ministers, UN representatives, experts and members of the press. The initiative, now known as 'Impact Bangladesh', read out by Mansur Ahmed Chowdhury, director of the organisation, has two aims: (a) to initiate, augment and intensify action against the causes of massively prevalent disablement against which there exist a potential for prevention and control that can be delivered through an on-going health and development programmes; (b) to treat an estimated 10 million people who are disab-

bled by visual impairment, hearing impairment and physical handicaps, by restoring sight hearing and mobility as well as facing any possible action to prevent and mitigate mental impairment. Dr Rezaul Haque, in his paper titled 'Community based Disability Prevention: Problem and Prospects', identified the major cause of preventable disablement, both medical and social, and outlined the need and prospects for community-based disability prevention using a comprehensive approach involving members of the society. Quoting from different survey reports, Dr Haque said that it is estimated that between 8 to 10 per cent of the total population is suffering from some form of disability, of which there are about half-a-million multi-handicapped and 3 million disabled children in Bangladesh. He said approaches to disability are complicated by families who ascribe disability to fate or super natural forces. "There is no alternative to disability prevention because no nation can afford the huge

and scope for the participation in every tier of the political parties", recommended Anam. He also said: "The government and private sector should employ more disabled people. Provision for tax rebate in the private sectors, which employ disabled people should be made." "No national survey has yet been done in Bangladesh to find out the exact number of disabled persons, their types of distribution", said Prof Rabiul Hussain, in his paper on "Multi Sectoral Approach in Treatment and Cure of Disability in Rural Bangladesh". Dr Hussain mentioned that health workers and doctors should receive training for identification and treatment of different types of disability in the primary level. He suggested that institutional services should be made available in the rural areas including facilities for surgical operation. "As a great majority of our population lives in the rural areas, mobile service delivery is the answer at the moment", recommends Dr Hussain. Prof M N Amin, official discussant, pointed out that the treatment in fact starts from prevention and it should end at rehabilitation. "Multi-sectoral approach would require multi-disciplinary action involving different types of people and institution", concluded Dr Amin.

Guidelines for Prevention of Disability

- 1. Information, education and communication:
- Identification, through a means of survey, of the relative proportion of the different forms of disability and their social and economic dimensions.
- Promotion of public awareness of individual, corporate and state responsibilities concerning the prevention of accidents, violence against people, abuse of drugs, as well as the control of communicable and endemic diseases and malnutrition.
- Promotion of public awareness of disability associated with child abuse, neglect, exploitation, and victimisation in situations of armed conflict.
- Promotion of public awareness of mental disability.
- Development of media and campaign activities on the prevention of causes of disability that support the right of people with disabilities to live.
- Dissemination of information on disability-related aspects of environmental and public health issues to lay persons, technicians, administrators and decision makers.
- Inclusion of disability issue in school curriculum at the primary level and non-formal education sector.
- Emphasis on women's activities to address disability issue through them.
- Increased use of media facilities and provide training to journalists.
- Training of school teachers on the issue of disability, so that they can act as message disseminator, both to students and their parents.
2. Promotion of health and safety through measures that include:
- Improvement of ante-, pre- and neo-natal care.
- Training of traditional birth attendants and midwives in the prevention of obstetric trauma and the prevention and management of infections in the newborn, as well as the detection of congenital anomalies.
- Development of skills for prevention of disability through training among health care personnel, including traditional healers.
- Expanded provision for safe drinking water, water management and sanitation systems.
- Encouragement of community sanitation and personal hy-

- gene practices.
- Expansion of immunisation coverage, with special emphasis on the control of measles and polio.
- Strict control of the use of hazardous substances.
- Adherence to established safety criteria for the disposal of garbage.
- Promotion of healthy and safe working conditions for workers in the industrial, agricultural and construction sectors.
3. Special attention to the production and consumption of foods through such measures as:
- Promotion of school and family food gardens to ensure adequate food supply to social groups at risk of being disabled as a result of deficiencies in total food intake and micro-nutrients.
- Distribution of iodised salt.
- Reduction of the risk of toxicity in the food chain.
4. Strengthening of assessment, management and referral covering, inter alia:
- Early detection and management of congenital abnormalities, infections, conditions and injuries that can lead to disability.
- Maintenance of records of children at risk of disability due to pre-, and post-natal causes and follow-ups for early detection.
- Development of routine screening programmes.
- Eye and ear camps for low-income groups.
- Improvement of referral service.
5. Improvement of access, particularly in rural areas, to timely surgical interventions through, for example:
- Development of basic surgical facilities using inter-disciplinary teams.
- Support for mobile teams to provide services to people with disabilities in remote communities.
6. Support for control of leprosy through long-term public education combined with improved access to multi-drug therapy, training and counselling.
7. Strengthening of coordination of NGOs working on disability issue.
- The chairperson also gave a suggestion to take up actions which are doable and can contribute practically for the betterment of the target people.