

# ICPD+5

## ROUND TABLE ON PARTNERSHIP WITH CIVIL SOCIETY

**MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW)**  
**GOVERNMENT OF THE PEOPLE'S REPUBLIC**  
**OF BANGLADESH**

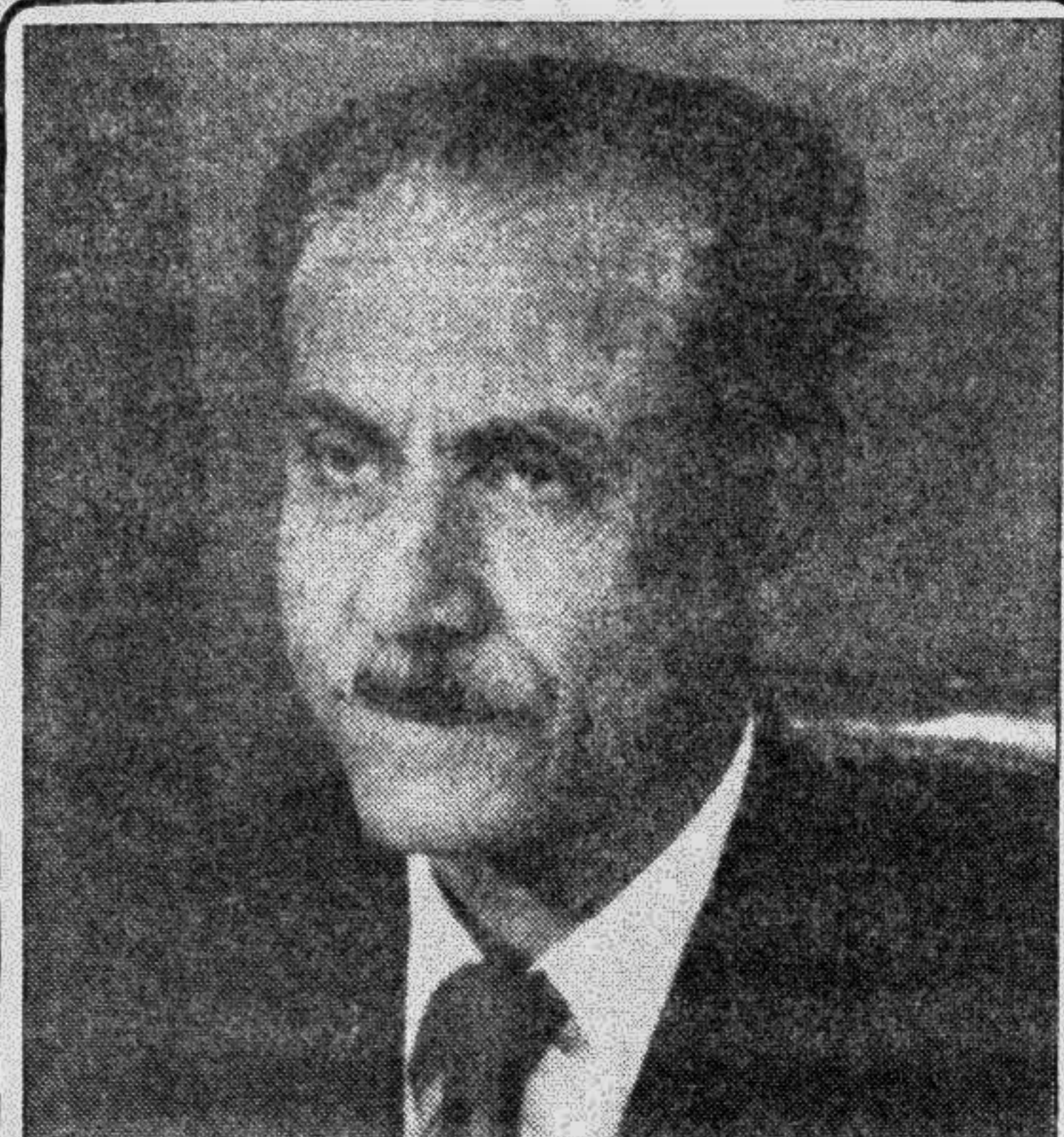
**DHAKA, BANGLADESH**  
**27-30 JULY 1998**

**UNITED NATIONS POPULATION FUND**  
**(UNFPA)**

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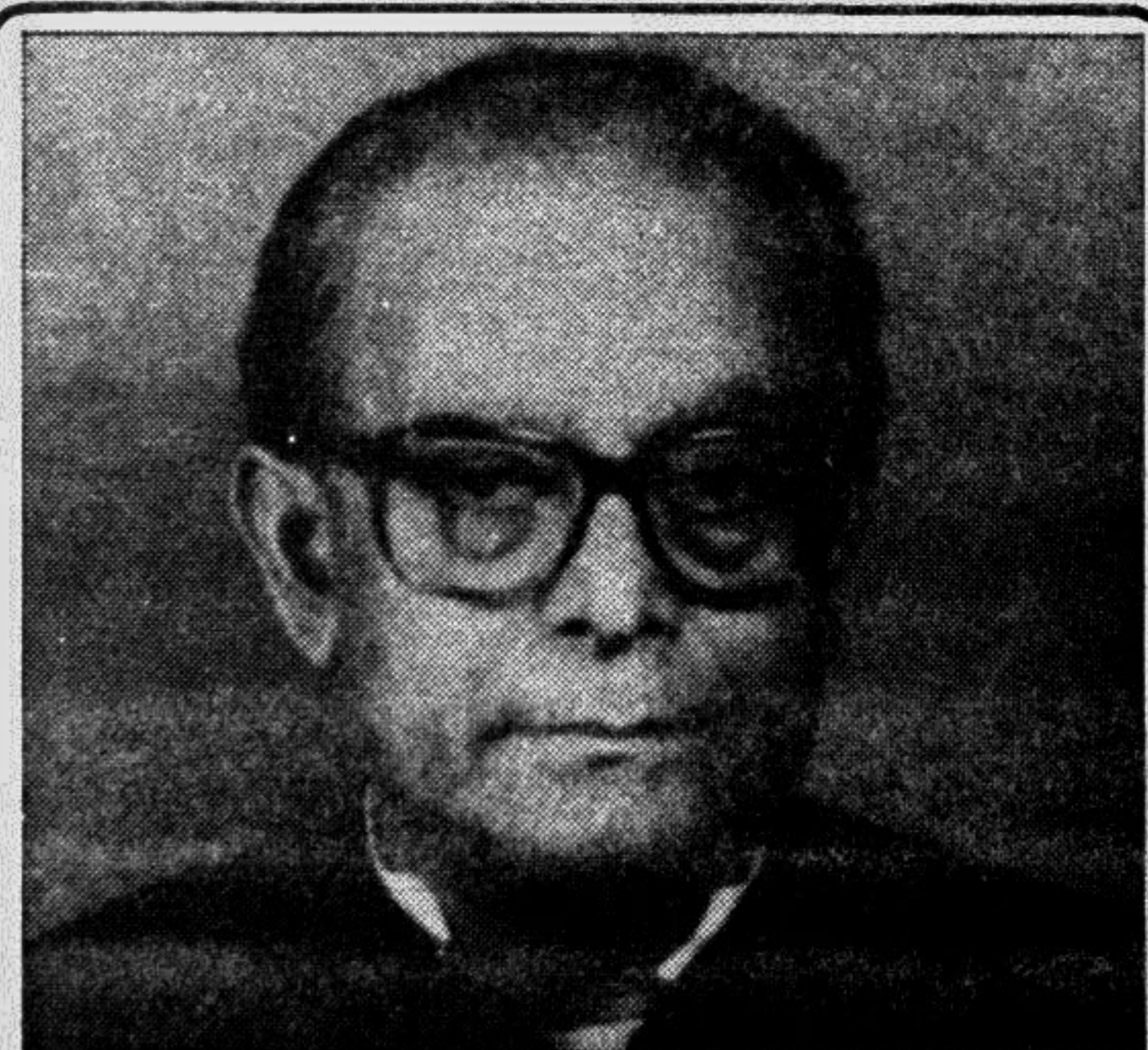
### MESSAGE

I welcome the International Conference on Population and Development in Dhaka. The objective of the ICPD, I am told, is to assess the progress achieved and constraints faced in the implementation of the Programme of Action adopted in ICPD, Cairo in 1994.

Selection of Bangladesh by UNFPA as a venue of the international conference is most appropriate from the perspective of the problem of population faced by the country for last few decades. But it is also a timely step as the people of Bangladesh are taking a pledge to face the challenges of development, especially to alleviate poverty. Bangladesh has already demonstrated that it can achieve the goals of checking the unbridled growth of population.

The next agenda is to turn the number of population into a quality human resource and achieve the goals of development. I hope that this conference will provide us with strategies and insight to combat the problems of population towards achieving the targets of alleviating poverty and improve the quality of life.

**Justice Shahabuddin Ahmed**  
 President  
 People's Republic of Bangladesh



### MESSAGE

World population will reach six billion by the year 1999; it was only five billion a decade ago. It is also a matter of serious concern that the rate of population increase is much higher in the developing countries than what it is faced by the developed world. The pressure of population growth is intensely felt in the countries like Bangladesh, as the resources are already limited. The Programme of Action adopted by ICPD Cairo aims at achieving access to education by the year 2000; emergency assistance for children; food and nutrition; reduction in severe as well as moderate malnutrition; empowerment of all women and priorities to gender concerns; poverty eradication; and primary health care. Population and development are inter-linked; development cannot occur without quality human resource and development can in turn ensure quality of life. Hence pursuing the goals for checking unbridled growth of population simultaneous to the efforts for achieving social and economic development is critical for the developing countries and particularly for Bangladesh.

From 1 July, 1998, the Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh has launched Health and Population Sector Programme (HPSP) based on Health and Population Sector Strategy (HPSS). The HPSP will combat country's poverty issues by improving health and family welfare status of the population targeting the underserved population groups. In addition, it will pursue complementary Government action to support the efforts of the other sectors including NGOs, the private sector and civil society — especially concerning the education of girls, water supply and sanitation, malnutrition, environment, infrastructure, communication, and the legal status of women.

Bangladesh has certainly gained out of the deliberations and the Programme of Action adopted in Cairo, as the Health and Population Sector Strategy and the Health and Population Sector Programme have underscored unification of Health and Family Planning Programmes in the country with increased emphasis on reproductive health, especially improving maternal health. The deliberations in the ensuing ICPD+5 Conference in Dhaka from 27 to 30 July, 1998 will certainly enrich our level of information facilitating implementation of the ICPD Programme of Action in Bangladesh.

**Salahuddin Yusuf**  
 Minister  
 Ministry of Health & Family Welfare  
 Government of the People's Republic of Bangladesh

## Population and Development

# Issues, Strategies and Programmes

## in Bangladesh

By: **Muhammed Ali**

Secretary, Ministry of Health and Family Welfare  
 For the Round Table on Partnership with Civil Society (ICPD+5) Conference held in Dhaka, Bangladesh  
 27-30 July 1998

**1. Background Information:** ICPD 5-Year Review and Appraisal UNFPA is organizing a series of round tables and technical meetings between April and November 1998 to review experience on implementation of the programme of action of ICPD, Cairo at national and international levels. Participants include selected programme implementers, including representatives from government, civil society, non-governmental organizations; and other international organizations working in the field of population and development. The purpose of this roundtable is to provide an opportunity for leaders from a variety of backgrounds to present successes and challenges, and to propose solutions to overcome barriers to building collaboration and trust between government and civil society partners. Bangladesh enjoys a rare privilege of being one of the three countries in the world to host one of the Round Tables starting on 27 and ending on 30 July 1998. As many as 76 delegates from 58 countries and 17 experts on Population and Development from Bangladesh will participate in the conference.

The aims of ICPD+5 are to review and assess progress achieved and constraints faced in the implementation of the Programme of Action, as well as provide key future actions for the realization of ICPD goals. Special issues like the mobilization of resources made available — bilateral, multilateral and domestic — for population and development are being assessed. The priorities for the future will be determined through interactions among Governments and all partners to recommit themselves at the highest political level to achieve the goals and objectives contained in the Programme of Action.

Sustainable development includes concerns for the social dimension called human development. Population intervention is critical to achieve human resource development. "Population programmes are above all investments in humanity" (Sadiq, N. UNFPA). The programme of action adopted in ICPD Cairo underscores achievement of: access to education by the year 2000; emergency assistance for children; food and nutrition including reduction in severe as well as moderate malnutrition; empowerment of all women and priorities to gender concerns; poverty eradication; and primary health care. There is an urgent need to ensure that programmes for the prevention and treatment of AIDS, availability of clean water and safe sanitation. Prenatal care, safe and clean delivery, access to referral facilities in complicated cases, tetanus toxoid vaccination and prevention of anaemia and other nutritional deficiencies during pregnancy are other important interventions to ensure safe motherhood and a healthy start in life for the newborn.

**II. Bangladesh Context: Socio-Economic and Demographic Situations**  
 Bangladesh is endowed with a rich cultural heritage dating back hundreds of years. The total area of the country is 56,977 sq. miles or 1,47,570 sq. kilometers located within 20.34-26.38 degree north latitude and 88.01-92.5 degree east

longitude. Bangladesh is one of the world's largest deltas with fertile plain land all over the country, except some hilly regions in the north and south east. Tropical monsoon, characterized by warm and humid temperature, is the predominant climate of the country. Natural calamities at times cause severe damage to life and property. Eighty eight per cent of the people are Muslims, while the rest are Hindus, Christians and Buddhists.

Bangladesh is the world's ninth most populous country, with an estimated population of 124 million people. The country has 86,030 villages with average population of a village being 1300 to 1400. The country follows a multi-party democratic system to run the affairs of the government. The national parliament, the highest legislative body, has 300 elected members with an additional 30 seats reserved for women. Over 57 per cent of the adult males and about 35 per cent of adult females are illiterate. The overall literacy rate of the country being 44%. The initial enrollment of males and females at the primary level are 84% and 74% respectively.

Girls marry young and about 48% of the women below age 20 are married. Overall female school attendance is low, and there is an uneven ratio of male/female school enrollment, especially beyond the primary level. The situation today is gradually changing. Women's employment, with an emerging women work force, through planned interventions by the government, donors and the NGOs, constitute the focal strategy of development thrust in the country. Total labour force of the country is about 51.2 million of which 20 million are women. Sector-wise distribution of persons employed is: 65% in agriculture, 14% in industry, and 21% in the services. Bangladesh is predominantly an agrarian economy in which agriculture accounts for 48% of the GDP. The per capita income of the country is US\$ 260 per annum.

Resource scarcity and subsistence level economic conditions are impinging upon population and development efforts. Increasing population pressure on the land is continually decreasing the land: man ratio from 49 decimals in 1951 to 20 decimals in 1991. Although high yielding variety technology has expanded since the early 1960s covering about one quarter of cultivable land area, the per hectare yield is among the

lowest in the world. Socio-economically Bangladesh is comparatively disadvantaged compared to most countries of the region in terms of such key indicators as per capita income, proportion living below the poverty line.

**III. Bangladesh Programmes on Population and Development**  
 I. Achievements and Constraints; and II. Challenges and Directions.

A growing consensus between the government, donors and other stakeholders reflects that sustained progress toward improving health and slowing the growth of population in Bangladesh will require improvement in both quality and availability of health and family planning services. For Bangladesh, health and population are among the most urgent development issues.

Health and population programmes in the past have made significant achievements — especially in lowering fertility and improving child health status. The country has now moved into a demographic transition, in which further action will be required to reduce unwanted fertility and counteract the effect of demographic momentum. The contraceptive prevalence rate (CPR) has increased to 50 per cent and the total fertility rate (TFR) has declined to 3.3. Child immunization increased from 10 per cent to 70 per cent and the mortality of children under five has dropped considerably. Gender differentials in health remain a major challenge. Maternal mortality has remained almost unchanged for the past few years — representing one of the highest in the world. Less than 40 per cent of the population has access to basic health care, and 75 per cent of the pregnant women receive neither antenatal care nor assistance from a trained attendant at the time of birth. More than 90 per cent of the children are malnourished, and the main cause of death is poverty-related infectious disease, exacerbated by the effects of malnutrition.

Health and Population Sector Programme (HPSP) based on Health and Population Sector Strategy (HPSS) launched by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh since 1 July, 1998 will use three separate approaches to combat the country's poverty issues. First, it will work toward improving the health and family welfare status of the population. Secondly, it will target underserved population groups. And finally, it will pursue complementary Government action to support the efforts of the other sectors — especially concerning the

education of girls, water supply and sanitation, environment, infrastructure, communication, and the legal status of women. It may be noted that Bangladesh took the ICPD Programme of action most seriously and is one of the few countries which formulated a detailed Plan of Action on ICPD follow-up.

Under the HPSS, Bangladesh has selected a client-centered reproductive health approach, one which has been shown to be the most effective way to reduce unwanted fertility. By offering a broad range of services and focusing on client need, rather than demographic targets, this approach both increases utilization of available services and helps to make those services more cost-effective. It does this by providing clients with a "one-stop shopping" option for reproductive and other basic services. Using the interventions identified by the 1993 World Development Report, an essential services package (ESP) has been grouped into five priority areas: Reproductive Health Care, Child Health Care, Communicable Disease Control, Limited Curative Care and Behaviour Change Communication.

The principles on which the vision of the HPSS is based include the following:

- Improving the quality and efficiency of services, and equity of access.

- Improving and expanding other (hostital-level) health services through greater delegation of administrative and financial authority as well as decentralization.

- Meeting demand for health/family planning sustainably by improving cost recovery in the public sector.

- Commitment from donors to finance the strategy's implementation.
- Ensuring communication between all stakeholders (clients and providers) with regard to the implementation of the strategy.

- Utilizing supportive activities in other sectors to increase the impact and efficiency of the strategy.

**IV. Role of ICPD+5 Conference in Bangladesh**

ICPD in Cairo is a landmark event in the field of population and development. It has helped to sensitize political and professional leaders concerned with population and development all over the world. The follow-up activities in many countries including Bangladesh have generated increased participation of the stakeholders representing government, NGOs and civil society in population and development activities and forums for determining policies and strategies. Bangladesh has certainly gained out of the deliberations and the Programme of Action adopted in Cairo, as the Health and Population Sector Strategy and the Health and Population Sector Programme have underscored unification of Health and Family Planning Programmes in the country with increased emphasis on reproductive health, especially improving maternal health. The deliberations in the ensuing ICPD+5 conference in Dhaka from 27 to 30 July, 1998 will certainly enrich our level of information facilitating implementation of the ICPD programme of Action in Bangladesh.



### MESSAGE

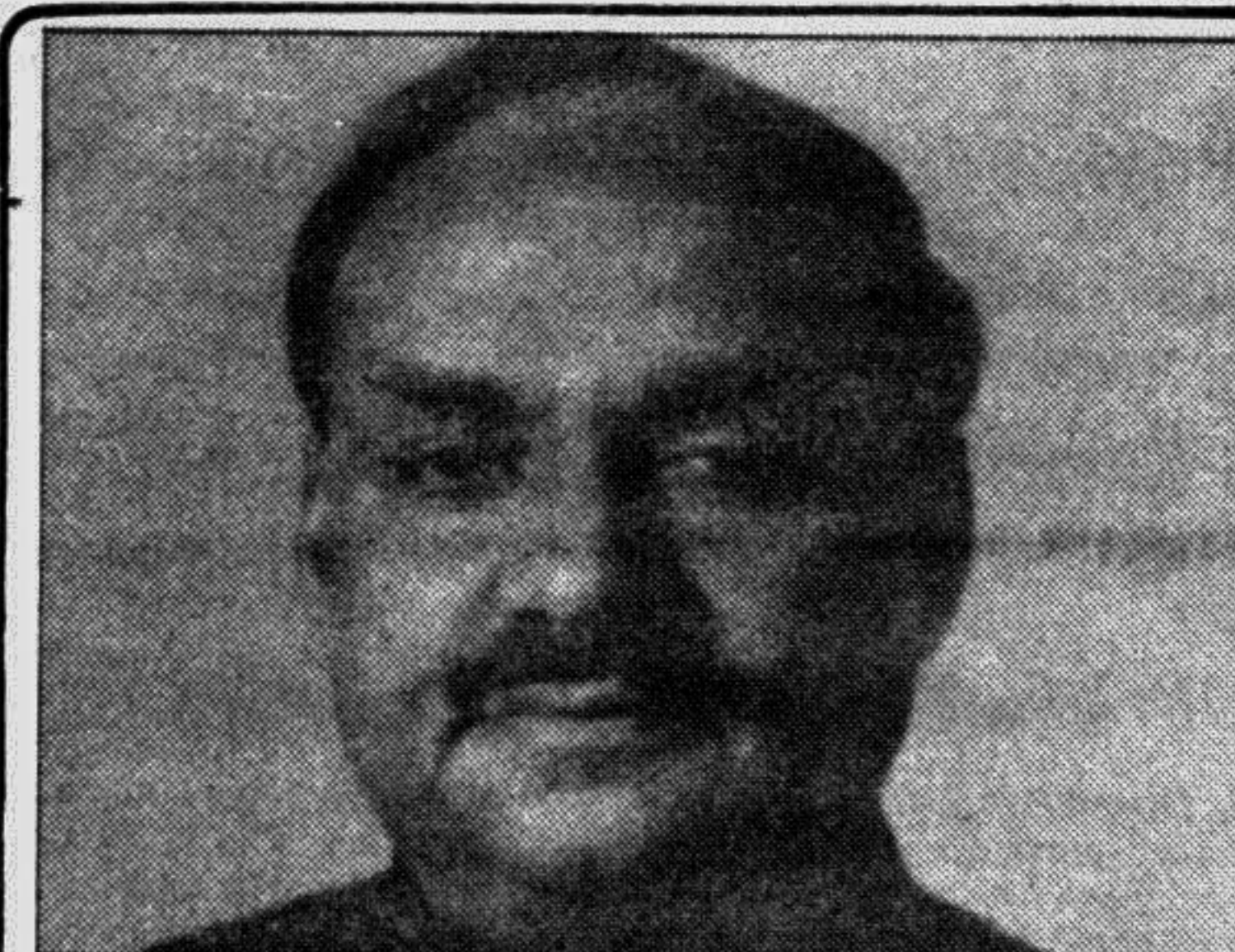
The unbridled growth of population is one of the major problems of Bangladesh and it is impeding the pace of development. During the post-liberation period, the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman realised the urgency to check population growth and assigned topmost priority to the problem. The farsighted decision resulted in a tremendous success in reducing the growth of population from 2.7 per cent in the seventies to 1.6 per cent currently. The Total Fertility Rate (TFR) in Bangladesh has also declined from 6.3 in 1975 to 3.3 now.

At the advent of the twenty-first century, our commitment is to strive for achieving the goals of development. Our democratic government commits to turn the sheer number of population into human resources and use the same for achieving the targets of alleviating poverty. To achieve the targets, our primary goal is to further strengthen health and population programme, especially to reduce fertility, mortality and morbidity.

I congratulate UNFPA and the Ministry of Health and Family Welfare in organising a timely International Conference on Population and Development in Dhaka, Bangladesh. I believe the deliberations of the conference will help us achieve cherished goals for development.

**Joi Bangla, Joi Bangabandhu**  
 May Bangladesh Live Forever

**Sheikh Hasina**  
 Prime Minister  
 Government of the People's Republic of Bangladesh



### MESSAGE

ICPD Conference in Cairo in 1994 is a landmark event in the field of population and development. It has helped to sensitize political and professional leaders concerned with population and development all over the world. The follow up activities in many countries including Bangladesh have engendered increased participation of the stakeholders representing government, NGOs and civil society in population and development activities and forums for determining policies and strategies. Bangladesh has certainly gained enough from the deliberations and the Programme of Action adopted in Cairo. Health and Population Sector have underscored the need for increased emphasis on reproductive health, especially improving maternal health, not forgetting HIV/AIDS/STDs and women empowerment.

Under the HPSS, Bangladesh has selected a client-oriented reproductive health approach, one which has been shown to be the most effective way to reduce unwanted fertility. By offering a broad range of services and focusing on client need, rather than demographic targets, this approach both increases utilization of available services and helps to make those ser-

vices more cost-effective. It does this by providing clients with a "one-stop shopping" option for reproductive and other basic services. Using the interventions identified by the 1993 World Development Report, an Essential Services Packages (ESP) has been grouped into five priority areas: Reproductive Health Care, Child Health Care, Communicable Disease Control, Limited Curative Care and Behaviour Change Communication.

I congratulate UNFPA for selecting Bangladesh as one of the few countries to host the ICPD+5 Conference in Dhaka from 27 through 30 July, 1998. Development and population experts from both home and abroad will dedicate their valuable time to deliberate on the issues concerning population and development and suggest measures for implementation. Their recommendations will certainly go a long way to benefit the concerned countries in general and Bangladesh in particular.

**Prof Dr M Amanullah**  
 State Minister  
 Ministry of Health & Family Welfare  
 Government of the People's Republic of Bangladesh

### MESSAGE

This week here in Dhaka, under the auspices of the UNFPA, a round table conference is being held. The participants will include governmental representatives as well as members of the civil society, including non-governmental organizations. At the International Conference on Population and Development (ICPD) in Cairo, in 1994, 180 nations agreed that a new and more holistic approach to reproductive health and services was necessary. It was also agreed universally that reproductive health and rights are basic human rights. In order to implement these new methods, a Programme of Action was ratified, and it has served as a blueprint for future goals.

The key to this new approach is empowering women and providing them with more choices through expanded access to education and health services, skill development and employment, and through their full involvement in policy and decision-making processes at all levels.

One of the primary goals of the Programme of Action is to make family planning universally available by 2015 as part of a broadened approach to reproductive health and rights. It also includes goals regarding education, especially for girls, and reducing levels of infant, child and maternal mortality. Some of the issues it addresses include: population; environment; prevention and control of HIV/AIDS; the family; adolescent reproductive health; research and development; and partnership with the non-governmental sector.

Reflecting a growing international recognition of governments' limitations, the

ICPD acknowledged and gave legitimacy to the involvement of civil society groups in population and development activities. This involvement is essential to the success and sustainability of programmes, as noted in Chapter 15 of the Programme of Action.

It is generally accepted that there is no single agreed definition of civil society. This is understandable since different societies have varied understandings of the relationship between the State and the people, and of the scope and roles of non-governmental groups and community leaders and their relationship to the State.

In any event, there is widespread agreement today on the value of developing partnerships involving the broadest possible range of partners; governments; NGOs and other private associations; community institutions; religious leaders; business associations; professional groups; trade unions; media; and various activist groups and individuals. And these groups have essential roles to play, since they have the flexibility to act in areas where governments are not able or willing to act because of political sensitivity or logistical obstacles.

With the ICPD's adoption of a broad reproductive health agenda and its goal of universal access to reproductive health care, the potential role of non-governmental groups has widened considerably. As with family planning in the past, these groups' leaders today can address key but sometimes sensitive issues, such as adolescent reproductive health, prevention of HIV/AIDS, male involvement and women's empower-



ment. They are also assisting in training both government and non-governmental staff, and testing new approaches that can be used by larger public programmes.

The private sector clearly has an important role to play in promoting reproductive health. Companies can manufacture and distribute contraceptive commodities; private employers can educate their workers about issues such as gender-based violence and human rights. Other influential figures such as lawmakers and religious leaders can also make a difference. For example, they can advocate greater male responsibility in reproductive health matters, and oppose early marriage for girls, and harmful practices such as female genital mutilation.

For more than 15 years, UNFPA has been working successfully with civil society

groups. A critical aspect of building partnerships is overcoming mistrust between people. The Fund is committed to helping remove barriers to closer cooperation. It is imperative to increase the essential participation of civil society in ICPD implementation, and this meeting is key forum on how best to translate ideas of partnership from the abstract to the concrete.

UNFPA and its partners in the UN system are in the midst of a review of progress in implementing the ICPD Programme of Action. The review will culminate in a special session of the UN General Assembly in June 1999, five years after the International Conference on Population and Development in Cairo. In February 1999, an international forum will be convened in The Hague where representatives from 120 countries will assess progress, review obstacles and formulate plans to move the process forward.

The meeting in Dhaka is the third of four round tables which will provide inputs for the Hague Forum and the General Assembly Special Session. Also on the schedule are a series of technical meetings in preparation for the Forum. Of all the round tables and technical symposia, this meeting is one of the most vital, as it deals with a crucial strategy: building broad partnerships to advocate for, plan and help implement the Programme of Action.

**Dr Nafis Sadik**  
 Executive Director of the  
 United Nations Population  
 Fund  
 Dhaka, Bangladesh.